Chapter 2
Governance of AIDS and Actions Taken

2.1 Outbreak of AIDS

AIDS, known as the most serious public health problem in the twentieth century, is also named the “Black Death of the twentieth century”, because of its infectious and high fatality rate. The epidemic has been extended to the twenty-first century, and there is no trend of slowing down. AIDS, short for Acquired Immune Deficiency Syndrome, is caused by retrovirus infection of human immunodeficiency virus (HIV). It infects human immune system cells, destroying or damaging its function. There are no symptoms in the early stages of infection. But, as infections develop, the immune system begins to weaken, and infected people are more likely to suffer from so-called opportunistic infections. It shows a comprehensive condition that contributes to a variety of clinical symptoms, rather than a mere disease.

Because the HIV virus itself is very small, the existing testing methods do not determine the presence of HIV. Only after the human body is infected with HIV for a period of time, the blood will produce the corresponding HIV antibody. At this time the test will show what we call a positive reaction. However, the time at which individuals produce antibodies varies from person to person and is generally considered to be 6–12 weeks after infection, with the longest clinical report being 12 months. This period is often referred to as the window period. But as the test approach progresses, the window period has now been shortened to 1–2 weeks. Unlike other viruses, HIV infection does not immediately lead to a clinically symptomatic response. On the contrary, it has an incubation period in the human body, as fast as half a year and as slow as more than 10 years.

When an individual is still in its incubation period, it is traditionally referred to as an infected person or a carrier living with HIV. In the event of an opportunistic infection, or according to medical diagnostic criteria, such as the CD4 (an important immune cell in the body’s immune system) of an infected person less than 350, it is recommended to take antiviral drugs.

The vitality of HIV virus is relatively fragile, so it will die when exposed to air for a few minutes. Its transmission pathway is mainly through direct contact with
mucosal tissue of the mouth, genitals, anus, etc. or with the virus of blood, semen, vaginal secretion, breast milk. Therefore, all kinds of sexual behavior, blood transfusion, shared needles, drug intravenous injection are known routes of transmission. In addition, there is a risk of cross-infection of the virus, if the medical device is not thoroughly disinfected in all traumatic medical examinations, such as colonoscopy and gastroscopy, tooth washing and fillings.

The world’s first report on AIDS appeared in the United States. In June 1981, the U.S. Center for Disease Control and Prevention reported the world’s first case of HIV infection. Because the infected person is a gay man, AIDS has been regarded as a disease of homosexuals, especially gay men, in the many years that followed. Homosexuality is even equated with AIDS. Since the discovery of AIDS, human beings have begun to fight against AIDS. However, early medicine is often helpless to AIDS, so that many infected people suffer from pain and death. AIDS has been overshadowed by a layer of terror. It was not until 1996, when Dr. David Ho, a Chinese American scientist, pioneered cocktail therapy to effectively control the replication of HIV in the body, delaying the onset of most infected people and beginning to significantly reduce their mortality rate. But today, scientists around the world are still conducting much research and many clinical experiments, hoping to find a cure as soon as possible.

However, since its diagnosis, AIDS has not only been a disease problem. In the past more than 30 years, it has killed tens of millions of people. According to a 2016 report by the United Nations Programme on HIV/AIDS, UNAIDS, the number of people living with HIV worldwide was 36.7 million (30.8–42.90 million), of which 34.5 million (28.8–40.2 million) adults and 2.1 million (1.7–2.6 million) children (younger than 15 years of age). Only in 2016, 1.8 million (1.6–2.1 million) of new infections were added. Today, AIDS has become a worldwide problem, not only bringing pain, fear and even death for the infected themselves, but also seriously affecting the stability of the country and economic and social development. What is more, nearly half of the infected people do not know they are ill or refuse to check because of their own window period, incubation period and social stigmatization. All exacerbates the risk of HIV transmission. In addition, HIV is spreading to the general population through sexual transmission by people with high-risk behaviours (gay men, co-needles, sex workers and clients), and the rate of sexually transmitted infections between the same gender is increasing at a significant rate.

Unlike ordinary diseases, AIDS cannot be cured only through research in the field of medicine or biology. Because of the spread of HIV through blood, sex and other means and the stigma associated with it since its birth, AIDS has been more manifested as a serious social problem. Today, the spread of AIDS in China has been spread from high-risk groups to the general population. People become jittery at the mere mention of AIDS in society. This is not because AIDS is incurable, and it alone is not fatal, and effective control of HIV can be achieved through the continuous use of antiviral drugs. In terms of its infectivity alone, HIV will die in the air for a few seconds to a few minutes, and its transmission pathway is limited to few transmission methods, such as blood and body fluids, which are simply less contagious than SARS virus, hepatitis virus, tuberculosis virus and many other viruses. However, AIDS has
become the most frightening disease in today’s society. It gradually evolved from the initial purely medical problems into a major public and social problems affecting social security and stability.

First of all, the transmission of AIDS includes the most obscure human transmission through sex (hepatitis virus will also be transmitted through sex, but there is no stigma such as AIDS), which makes the AIDS population with an unclean stereotype, even more filthy than syphilis. Coupled with the link between aids and drugs, homosexuality, sex workers and multi-partner sex, AIDS has become a target of stigma, and infected people have been shamed. Second, because the disease destroys the body’s immune system, it causes individuals to suffer from other diseases due to defects in the immune system. For infected people themselves, the disease destroys their immune system, preventing individuals from invading other viruses and causing disease, which is medically referred to as opportunistic infections. The disease, known as opportunistic infections, rarely occurs in the general population, such as Kaposi sarcoma, Pneumocystis and pneumonia caused by cytomegalovirus infection. Its symptoms (especially reports of skinny and festering infections) are often chilling. Third, because of the problem of their own immune system, the condition of infected people is very easy to relapse, and the effect of treatment is not obvious, known as “like cancer invasion”. As a result, many concerns and fears, like HIV, often coexisted with infected people, so that they can not bear the weight of life and emotion. Finally, the spread of AIDS has turned to the general public, forming an infection through relationship and an emotional isolation. In other words, two people who pass by usually do not have any relationship or emotion, and will not be infected. AIDS hit the most central circle of mankind, especially for the Chinese people. If you use Fei Xiaotong’s differential order pattern to describe their interpersonal relationship, the fact of being infected, just like the stone thrown into the lake, not only aroused thousands of waves in the life of infected people, more importantly, its spread mainly from the most inside out. The most susceptible to infection is their own lover or sexual partner and other most intimate people. The first to cause fear and stigmatization of infection is the infected person and his partner and family. Furthermore, after the infection, the first to suffer from the disease is what the Chinese consider to be the closest relationship group or important person. Afterwards, from the most intimate relationship to the outward rupture, along with the social stigma and fear, infected people gradually face the fracture and miss of their own surrounding relations, and then bring emotional ups and downs. To sum up, the infection has since become an unspeakable secret for infected people. They not only combat the physical torture caused by HIV, but also silently bear the fear, anger and sadness caused by the infection (being) negative feelings (negative affect), More likely to present (expression) a combination of negative emotions, including shame, guilt, and alienation. The whole society needs to face the negative emotion of the infected person and the concentrated outbreak and presentation of its cocktail form, which affects the harmony and stability of the society.
2.2 AIDS Governance in China

2.2.1 Status Quo of AIDS Population

AIDS ravages in the world, with no exception in China of the world’s largest population. In the past more than 30 years, China’s AIDS epidemic has experienced the introduction period (1985–1988), diffusion period (1989–1993), rapid growth period (1994 to date) based on the division of the epidemic trend of AIDS. 1 of thousands of infected people from Argentina died of complications at Peking Union Medical College Hospital in June 1985. Subsequently, in the AIDS monitoring work in Zhejiang and Guangdong, 4 hemophilia patients and 1 Congolese international students who had used imported blood products were found to be infected with HIV. In February 1987, another case of AIDS was detected in Fujian province. This series of individual cases has become the first wave of AIDS landing in China’s territory. In 1989, the first large-scale AIDS outbreak occurred in Yunnan province on the border between China and Myanmar in the group of intravenous drug users (Liu 2005). With intravenous drug infection gradually spread from rural areas along the border to the urban area, China’s HIV transmission rate began to accelerate significantly. Especially since 1994, the AIDS epidemic in China has shown a rapid upward trend. At present, the AIDS epidemic in China has spread to 34 provinces, municipalities and autonomous regions (including Hong Kong, Macao and Taiwan). Under the powerful impact of AIDS, all the provincial regions of China have not been spared. China has become one of the fastest-growing countries in Asia to spread AIDS. As of May 31, 2017, China has reported a total of 708,158 cases of HIV infection and AIDS patients, a cumulative report of 219,050 deaths of people living with HIV. There were 413,369 cases of HIV infection alive and 294,789 cases of AIDS patients.

Because of the incubation period of AIDS itself and the concealment of infected people, the actual number of infected people is much larger than the cumulative number of reported people. Besides, HIV is sexually transmitted by people with high-risk sexual behavior to the general population, and the rising rate of same-sex transmission is obvious. Although modern medicine has confirmed that the way HIV is transmitted is limited to three finite forms of mother-to-child transmission, blood transmission and sexual transmission, and policies such as “Four-Free and One-Care” also provide drug security for infected people, drugs do not solve all the problems of infected people. As the perspective of today’s popular trinity of physiology, psychology and society shows, drugs can only solve the viral problems of the AIDS population themselves, and cannot eliminate the side effects caused by drugs, such as the psychological problems of death caused by HIV. And under the influence of the national mainstream values, there has always been a tendency to “demonize” AIDS. This is actually inseparable from the ideas and ethics of people in China for more than thousands of years. The spread of AIDS in China is often contrary to the
Confucian tradition and social mainstream values, so the AIDS population is also considered to be social fringe or vulnerable groups contrary to the mainstream value. Therefore, the problem of AIDS has also evolved from the initially pure medical to major public issues affecting public safety in society. The academic research covers various fields such as medicine, epidemiology, public health, biology, psychology, sociology and so on.

2.2.2 Prevention and Treatment of AIDS

(I) Prevention of AIDS

Modern Chinese Dictionary interprets prevention as a response measure to tackle that may deviate from the subjective expected track or objective universal law in the course of the development of things in advance. It is what we often say a precaution. In the field of medicine, the prevention of diseases has to go through three stages: the prevention of pathogenic factors, pre-clinical prevention (or pre-symptom prevention) and treatment as a means of clinical prevention.

At present, China’s AIDS has entered a period of rapid growth, and the epidemic and spread of AIDS has become more serious. Internationally, it took more than 5 years to control AIDS falling, 14 years for the United States, where the outbreak has been severe, and 12 years for Thailand, which has undergone twists and turns. As far as the field of medicine is concerned, due to the earlier detection of AIDS abroad, relatively perfect scientific and technological facilities, research in prevention has basically entered a mature stage, currently mainly focused on AIDS treatment and prevention and control of vaccine research and development. From the point of view of social science and humanities, the burden of AIDS social prevention is even heavier. Each country or region forms self social prevention model in its response to the AIDS challenge. From a global perspective, the more successful cases of AIDS social prevention are: changing the unsafe behaviour of gay or bisexual men in the United States; developing needle exchange and marketing in Australia; promoting condom use in Thailand; methadone substitution and withdrawal therapy in Hong Kong, China, etc. In the area of AIDS prevention, Taiwan, China, introduced the “AIDS Case Manager Program” in 2005, which has achieved good results in the prevention of AIDS and the behavioural change of infected people.

In 2003, the Chinese government formulated a series of new decisions and major measures, including “Four-Free and One-Care policy” and “AIDS Comprehensive Prevention and Control Area”. Effective strategies are seen by the international community to reduce the harm of AIDS, such as condom promotion, needle exchange and methadone substitution therapy, are also beginning to receive state support. In general, the prevention of AIDS in China is mainly reflected in the following two aspects.
preemptive measures for people at high risk

Although the route of AIDS transmission has been transformed from high-risk groups to the general population, the prevention of AIDS in high-risk groups can not be underestimated. High-risk groups mainly include sex workers and male objects, homosexuals. There are very few infected lesbians, but gay men have become a new growth point in the number of AIDS infections in China. Among them, sex workers include women and men who engage in sexual activity in places such as entertainment, communities and the streets. At present, sexual transmission has gradually become the main way of AIDS transmission in China.

In particular, sex workers in entertainment venues have many high-risk behaviors of infection and sexually transmitted diseases like AIDS. Multiple sexual partners, frequent replacement of sex partners, low condom use, menstrual sexual behavior and group sex, all increase their own risk of infection and transmission to others. Therefore, sex workers are not only the high-risk population of AIDS prevention, but also the important middle population of the transmission of AIDS through the general population. Thus, it plays an important role to carry out AIDS prevention and to improve the use of condoms in an all-round way, in the control of the AIDS epidemic and other aspects.

The problem of HIV transmission and infection among homosexuals has also attracted more and more attention, as a result of the sexual behavior of gay men. Severe friction causes skin breakage, so that HIV virus is very easy to invade the body. On the other hand, the survey shows that the phenomenon of multiple sexual partners and low condom use among gay men is more common. Consequently, gay men are subject to a high risk of HIV infection in many countries. For them, there are standardized health education models, participatory training models, peer education models and so on based on individual cognitive psychological models. For example, with the support of the Global Fund, many regions of China give full play to the advantages of non-governmental organizations and to facilitate communication with homosexuals, recruit peer educators and carry out peer health education models. In the course of practical operation, some scholars have summed up the following experiences: establishing an objective and scientific attitude towards homosexuality, and helping them to communicate with their families to seek understanding and reduce their possibility of marrying the opposite sex because of social pressure; creating a relaxing social environment, and changing the situation of multiple sexual partners among them; helping them to establish a correct attitude towards AIDS, and have regular HIV testing; enhancing their awareness of condom use, and designing and producing condoms suitable for their use; strengthening the training of medical personnel, and paying attention to gay population in outpatient STD patients, having HIV test for them and providing effective physical and mental treatment in a timely manner.

China’s earliest AIDS outbreak occurred in Yunnan province among drug injecting populations. The sharing of needles caused their infection. It is also accompanied by
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the concurrency of drug addicts and AIDS infection, which sets off many social problems and personal physical and mental disorders. Many areas carry out service platform management and referral work for intravenous drug patients. The content of the work mainly includes three major parts: First, help people living with HIV to establish confidence, adapt to the living environment, and provide consultation for intravenous drug population testing before and after HIV testing. Publicize AIDS prevention and control knowledge and national policies and regulations, and provide psychological support for consultants, including emotional support, in order to eliminate doubts and psychological pressure. Second, carry out outreach services like health education and publicity activities related to AIDS knowledge and HIV voluntary counselling in communities, drug rehabilitation centres, detention centers, prisons, places where high-risk groups are more concentrated. Third, do a good job of cleaning needle exchange work by providing needle exchange services through peer education staff exhibition for intravenous drug users, and do a good job of needles, condom distribution and needle recovery and treatment.

2. Prevention measures for the whole population

At present, the AIDS epidemic in China has entered a period of rapid growth, and the outbreak began to spread from high-risk groups to the general population. Among them, although blood transmission is only one of the ways to spread AIDS, it can not be ignored that the blood is the most likely way to infection. The institutional system to ensure the safety of blood products is one of the ways to reduce social susceptibility. The way HIV is transmitted through the blood is also the most threatening way to make AIDS a “national tragedy” in China at present. Relevant prevention measures are adopted to ensure blood safety, including the sound establishment of a system of policies and regulations for the unpaid blood donations, the examination of HIV antibodies before blood collection, and the severe crackdown on illegal blood collection and supply.

According to the theory of “sexual social network”, Pan Suiming put forward that “bridge crowd” is the main risk group to spread AIDS, among which they are no longer the so-called commercial sex workers, but the male in the sexual relationship network. With the expansion of AIDS from high-risk groups to the general population, it is more important to carry out health education and behavior changes aimed at the general population, especially the bridge population. In terms of specific operations, it is important to carry out AIDS-related education mainly for the general public, to enhance their knowledge of HIV epidemic, reduce the susceptibility to sexual behavior, improve condom use, and so on. At the same time, in order to reduce the susceptibility of adolescents, the national strategy should focus on strengthening family communication, creating safe space and occasions for peer communication; reducing the probability of infection among underage girls; strengthening the human rights protection of people living with AIDS; developing relevant curricula in educational institutions; and establishing health and welfare services that benefit young people; reducing the vulnerability of children and young people; and reducing the susceptibility of unemployed youth.
In addition, with the economic development in recent years, the number and mobility of floating population is increasing, so China has increased the education of AIDS knowledge, and issued China Action Plan to Curb and Combat AIDS (2001–2005), China Medium and Long-term Plan for the Prevention and Control of AIDS (1998–2010), Publicity on Prevention and Treatment of AIDS and Sexually Transmitted Diseases, AIDS Control and Regulations and other regulations and policies. All these have greatly promoted the prevention and control of AIDS in social policy.

(2) Treatment of AIDS

The term “treatment” usually refers to the process of intervening or altering a particular state of health and the activities carried out to eliminate the pain. With the progress of science and technology and the deepening of the understanding of the essence of life and disease, the medical treatment methods have made great progress since the nineteenth century. In addition to traditional internal and surgical treatment, there are new treatments such as physical therapy, radiotherapy, nuclear medicine, psychotherapy, physical therapy, biological feedback, organ transplantation, and medical engineering. New therapies are emerging like mushrooms, but for the purposes of their clinical selection of therapies, the following three are necessary.

1 Elimination of Etiology

It is also known as special-effect therapy and considered to be more ideal therapy, that is, the purpose of treatment is to eliminate the cause, and to achieve radical treatment, such as the use of chloramphenicol in the treatment of typhoid patients and surgical correction of deformities. As far as the particularity of AIDS is concerned, there are no relevant medical methods or drugs that can achieve the effect of eradicating the etiology. However, since the discovery of HIV virus, domestic and foreign scholars conduct research from the perspective of etiology, epidemiology and other aspects, and are devoted to exploring its pathogenesis and vaccine research and development, and put forward a series of treatment methods to regulate the immune system. The literature published in professional journals and included in the PubMed has been as many as millions, but the progress of its research has not kept pace with the AIDS epidemic.

2 Symptomatic Therapy

It is also called palliative therapy. The purpose of symptomatic therapy is not to eliminate the cause, but to relieve certain symptoms. When the cause of many diseases is not recognized, the treatment measures taken fall within the scope of symptomatic treatment. In modern medicine, symptomatic treatment is a necessary and correct choice, when sometimes the cause is unknown or known, but it cannot be eliminated, for example, tumor resection or when the symptoms themselves pose a threat to life, such as shock correction, organ transplantation and so on.

With regard to the treatment of AIDS, no drug or therapy has been effective in reducing mortality since the first case of AIDS was detected in the United States
in 1981. The number of people dying of AIDS in the world increases year by year, and once contracted, they will be ostracized and isolated, waiting for death to occur, suffering from discrimination and illness. Until 1995, there was a breakthrough. The cocktail therapy, invented by Chinese-American scientist Dr. He Dayi, is not a cure, but it significantly reduces mortality, delays the onset of the disease indefinitely, and reduces the number of viruses in the AIDS population to a standard of almost zero medical testing, thus significantly improving the survival of the AIDS population. However, cocktail therapy does not completely eliminate HIV, it also has strong side effects for some infected people. The medical community believes that AIDS can not be called a curable disease. It is worth mentioning that traditional Chinese therapies such as traditional Chinese medicine, traditional Chinese medicine therapy and integrated traditional Chinese and western medicine therapy account for a significant proportion of symptomatic treatment. So far, the vaccine that can be applied has not been produced, but TCM has some drugs that can be used to assist in the treatment of AIDS patients, and this treatment is complementary to antiviral therapy.

3 Supporting Therapy

The purpose of supporting treatment is neither to eliminate the cause nor to treat certain symptoms, but to improve the general situation of the patient, such as mental state, medical protection, etc. Strictly speaking, all treatments must be based on supportive treatment, but this is easily overlooked by medical staff, especially the mental support for patients and the improvement of the medical environment.

If psychology can only be sidelined in the field of AIDS prevention, then in terms of support for treatment, it happens to be the field in which psychology plays a role. Although the drug can enable infected people to maintain a “healthy” state for a long time, the blood virus load can also reach the almost zero medical test, it can not completely eliminate the HIV virus in the AIDS population. Therefore, too much emphasis on drug treatment has not been able to meet the objective needs. Many scholars have suggested that, in addition to drug treatment, the role of emotional therapy can not be ignored. It is necessary and humane to provide them with psychological care and emotional support and also a necessary way to induce them to fulfil their obligations and protect others from infection.

Studies have shown that psychological problems of AIDS people mainly include fear, stress, negativity, revenge and numbness. It needs a long process of psychological transformation from the initial stress state to the acceptance of reality, and with a positive attitude towards the treatment. As a result, their mind tends to behave differently at different stages. Before diagnosing HIV infection, there is the possibility of psychological symptoms associated with infection, such as anxiety and depression caused by excessive panic, especially those with high-risk behaviors that are even accompanied by obsessive-compulsive disorder or “false AIDS syndrome”, which is also known as “phobia”. After the diagnosis of HIV infection, infected people may first show a strong psychological response, such as shock, denial, ashamed, anger, fear, despair. Some people will retaliate against others at this stage or use suicide to escape reality. Depression and anxiety is the most common emotional expression of
AIDS people. A domestic survey in China found that 25% of infected people suffered severe depression, 60.7% moderate and above. In addition to primary anxiety in the AIDS population, quite a lot result from poor physical and medical conditions such as endocrine disorders, drug side effects and other anxiety. The second is sleep disorders, especially insomnia very common in the AIDS population. Although sleep disorders are not a serious mental illness, it greatly affects the quality of life of patients and their own immunity. Again, it is rare to have a state of paranoia associated with an infected person. The incidence of dementia in patients with advanced AIDS is as high as 20%. In addition, those infected during this period often endure the double pain of untreated physical pain or untreated depression, which is prone to suicidal thoughts and actions. There are also infected people who do not want to endure this pleading way of life and choose to die with dignity. It has been documented that the suicide rate among people living with AIDS is 7.4 times that of non-AIDS people. Domestic surveys have also found that the proportion of suicidal willingness among people infected with drug-sharing syringes is 31.11%, well above the 8.57% of sexually transmitted infections and the 3.23% of people infected with blood transmission. Limited by the sample of the survey, the results of these surveys do not clearly represent the psychological attitude of all infected people, but they also reflect from one side the necessity of psychological support for the AIDS population and the worrying situation of the psychological status of infected people.

Most of the existing research in academic circles is quantitative research, which tends to make regression analysis of the psychological obstacles that occur to infected people. Results demonstrate that, because of the infectious, incurable and high fatal rates of HIV, AIDS is often perceived as linked to bad behaviors, such as homosexuality, drug use and sexual disorder. Once diagnosed with HIV, infected people are alienated, evaded and discriminated against by society, medical personnel and even family members, so that they suffer social exclusion and isolation. In addition, the infected people are mainly young adults. Difficult to face the threat of loss of family, work and life, it is easy for them to have a variety of negative psychological performances. The second is the treatment from drugs. Many drugs related to AIDS treatment are likely to cause mental illness. If the patient is also a user of alcohol or drugs, the interaction of drugs will aggravate the mental and psychological disorders of the infected person. Studies have shown that the heavier the physical discomfort and symptoms caused by AIDS, the more likely it is to increase the concern and anxiety of the infected person about the disease, thus exacerbating the original emotional problems. Finally, because of the change of their own image, especially in the later stage of AIDS, self-esteem of infected people was often hurt because of the so-called typical “AIDS appearance” like extreme emaciation, skin damage. In particular, those infected in rural areas often suffer from poverty and can’t afford high treatment costs. In addition, the psychological problems of infected persons are closely related to the occurrence of their previous high-risk behaviors. Studies have found that when asked about the initial psychological feelings after learning of the infection, the proportion of “refusing to accept” infected by sexually transmitted people is as higher as 34.29%, while infected people who are transmitted by blood feel “unacceptable and helpless”. Compared with the above two, the psychological
feeling of drug addicts is more intense, the proportions of “refusing to accept”, “fear”, “loneliness”, “suicidal thoughts” and “pain” are very high, and sexually transmitted infected people hope that the less others know how they are infected, the better it is.

In the support of AIDS people, domestic and foreign research has shown that: to provide appropriate psychological care and emotional support for infected people can reduce mental stress, delay the onset period, prolong survival time, and improve the quality of life, improve the compliance of treatment and make the antiviral effect of the drug more durable, so as to achieve better therapeutic effect. Deng (2005) help infected people proactively avoid high-risk behaviors, and take effective preventive measures to actively protect others. Appropriate psychological support also contributes to the harmony of family relations among people living with AIDS, and it can be their families, friends, health service personnel, community volunteers, professional social workers, non-governmental organizations or other social groups that provide psychological care to those infected. It can also be a mutual aid group made up of people living with AIDS. The way of psychological support can also be aimed at different patients, different stages of development using a variety of psychological intervention methods.

The first is psychological counseling, a service that does not rely solely on drugs has increasingly become an important part of holistic treatment and care for people living with AIDS. Domestic studies have shown that psychologists and clinicians work together to supply psychological counseling with infected people. It can significantly reduce the degree of psychological depression and anxiety, and improve their quality of life and social support status through listening to build trust with them, and to provide them with psychological support. In group psychotherapy, infected people can face reality, accept themselves, reduce loneliness in the process of experiencing interaction and self-help methods, so as to achieve mutual support, rebuild life confidence, improve the quality of life of the treatment purposes. Second, studies by Heath and Rodway (1999) found that in peer education, most infected women want to communicate with other counterparts, so that some infected people in better condition provide psychological support services to other patients to help them accept reality and provide the information that best meets their needs, in order to achieve good results that the medical treatment can not achieve.

In recent years, the academic community has also become increasingly aware that the support and psychological care of infected people can not be separated from the comprehensive support of communities and families. Community support for infected persons includes both basic medical care for patients and families, as well as economic, cultural and social interactions. The establishment of social support network can decrease the depression of infected people, contribute to the individual’s ability to anticipate and cope with life routines, improve the quality of life, and relieve negative emotions. Infected people with adequate social support are better able to adapt to the disease than those who are not adequately supported, and reduce negative emotions such as anxiety and depression, adapt to post-illness roles, establish new relationship models with friends and family, and reduce the sense of social isolation in order to live an active life.
Community support programmes for infected persons in some developed countries began in the late 1980s and the 1990s. Over the past more than 20 years, they have evolved with considerable experience in providing psychological care to those infected through the community support. The United Kingdom has established a community service network of various NGOs and volunteers, which, in addition to providing health care for infected persons, provides psychological counselling to them and their families to bring patients’ family connections into harmony. Many parts of the United States emphasize providing long-term care to infected people through community support programs, conducting psychological counseling, providing spiritual and emotional support, helping themselves, spouses and other family members overcome fear and emotional frustration, accept reality and reduce shame, and proactively seeking community care and help. In some community support systems in Australia, there are many informal support groups of community residents who provide psychological and emotional assistance to infected people, their families and friends, reduce the isolation of infected people from society and reduce their sense of shame as a result of HIV infection. At the same time, infected people can also exchange experience through emotional support to alleviate pain and adopt self-help measures to deal with the disease. In addition, in the Canvanca community in the hard-hit area of AIDS in Uganda, infected people can seek psychological counseling from senior experts through hospitals, AIDS information centres and AIDS support organizations, as well as experts to coordinate family relationships. Meanwhile, religious organizations also play a very important role in community support. When Christians visit a patient, they usually bring friendship, understanding, and support to the patient’s home, giving the patient great psychological support.

The family is the cell of society, so family care is a kind of nursing service provided to patients in the family by professional and non-professional caregivers as well as the families of patients. The aim is to provide quality and appropriate care for infected persons so that they can maintain an independent state of life and maximize their quality of survival. Family care can be divided into health care, treatment services, psychological recovery, long-term maintenance, family pressure relief and other forms (Sun 2011). The psychological care of infected people based on the family can not only relieve the pressure of hospitals, families and communities, but also enable infected people to receive better care. Australia developed a family care plan for people living with AIDS in the early 1990s, which included psychological support and mental health services for people living with AIDS. The implementation of the scheme has improved the living conditions of infected people and met the spiritual needs of those infected. The French Community established the AIDS organization in the early 1990s to train nursing staff in special skills and provide psychological support and care services to patients in the course of the family care programme.
However, many developing countries, including China, have not experienced the development of social support and guarantee for vulnerable people in Europe and the United States. Therefore, the model of community support and family care for infected persons suitable for Chinese social and cultural background has not yet been established. But in recent years, the Chinese government has also made great efforts in AIDS care. Some exploratory research on the model of community care for infected people has been done. But looking at the study of infected people in Chinese academic circles, the author finds that analyzing the psychological obstacles of infected people from the angle of psychoanalysis is in a state of “collective loss of voice”. Support for infected people is thus caught up in a non-professional, non-operational model that everyone can do, but often “don’t actually understand the fear of infected individuals.”

2.3 Policy Guarantees Related to AIDS

2.3.1 The Successive Introduction of AIDS Prevention and Treatment Measures

Over the years, in order to curb the spread of the AIDS epidemic and reduce the negative impact of AIDS on individuals and society, the Chinese government actively carries out the prevention and treatment of AIDS and adheres to the principles of “Prevention, publicity and education first, combination of prevention and control, treatment of symptoms and root causes, and comprehensive management”. Health authorities began with the AIDS prevention and treatment process as early as 1985. In September 1986, China set up a national “AIDS Prevention Working Group”, followed by a special leadership group or coordination meeting system in the country’s 31 provinces, autonomous regions, province-level municipalities directly under the Central Government (except Hong Kong, Macao, Taiwan region). National AIDS prevention and control programmes were developed in 1987. Since 1994, the nation has further strengthened AIDS prevention and control, and successively promulgated a series of normative documents. For example, China’s first local regulation on the fight against AIDS, “AIDS Prevention and Treatment Measures in Yunnan Province” was also formally implemented in March 2004. The promulgation of this series of policy measures and laws and regulations provided policy and legal guarantee for China’s AIDS prevention and treatment work, and made a crucial contribution to China’s AIDS prevention and treatment. Meanwhile, it also shows that the Chinese government’s political attitude towards AIDS prevention and treatment and demonstrates its firm determination to curb the AIDS epidemic.
2.3.2 Institutional Guarantee of AIDS Medical Service System

For decades, the Chinese government’s involvement and intervention in the spread of AIDS projects and content concentrate mainly on the following aspects. The first is HIV testing. People can carry out free voluntary counselling and examination (VCT) for the early detection of infected persons. Advisory and testing is undertaken by all levels of disease prevention and control agencies and their selected medical institutions, involving free range of AIDS counselling and initial screening tests (multiple screening of high-risk groups). Those who are tested positive for two times, were recommended to do further confirmation tests. Local governments may grant appropriate subsidies for the cost of confirmation tests that they cannot afford.

The second is mother-to-child infection, which is one of the important ways of AIDS transmission. In order to cut off the route of transmission, the Chinese government has fully played the role of a three-level maternal and child health network. Health care institutions responsible for maternal health and midwifery services provide free AIDS counselling for pre-marital health care groups and pregnant women; conduct risk behaviour assessments; and recommend and mobilize free HIV antibody testing for premarital health care populations and pregnant women.

The last is treatment and care. On December 1, 2003, Premier Wen Jiabao, Vice Premier Wu Yi announced the four-free and one-care policy to combat AIDS. “Four free one care” mainly refers to: providing free antiviral drugs for rural and urban residents with financial difficulties who do not participate in the basic medical insurance and other medical security system; free counselling and screening for those who voluntarily undergo AIDS counselling and testing, provision of free mother-to-child blocking drugs and infant testing reagents for pregnant women infected with HIV, exemption from school fees for orphans of infected persons, inclusion of AIDS people living in difficult circumstances in the scope of government assistance, and provision of necessary life benefits in accordance with relevant national regulations, active support for AIDS people to carry out productive activities to increase income, strengthening the dissemination of knowledge on AIDS prevention and treatment, and eliminating discrimination against people living with AIDS. In addition, the State has also given appropriate relief to the cost of treatment drugs for common opportunistic infections among AIDS populations with economic difficulties in the severely affected areas. As breastfeeding increases opportunities for mother-to-child transmission of HIV, the Ministry of Labour and Social Security (now integrated into the Ministry of Human Resources and Social Security) include into the scope of medicare reimbursement Zidovudine (ZDV) capsules, tablets, stavudine capsules, didanosine dispersants, tablets, chewable tablets and granules, Lamivudine tablets, as well as Nevirapine tablets, capsules and other AIDS treatment drugs.
2.3.3 Funding Inputs for the Implementation of the AIDS Policy

Since 1996, the central finance has begun to allocate special funds for AIDS prevention and control, and the investment in AIDS prevention and control has been increasing. The cost of free voluntary counselling and testing for AIDS, the cost of AIDS screening reagents in severely endemic areas are covered by the central government. The cost of AIDS screening reagents in other regions is borne by local governments, and other AIDS counselling and testing related costs, such as counselling rooms, reagent management, training and publicity, are accommodated by local governments. The cost of drug treatment of AIDS common opportunistic infection is reduced, costs in endemic areas of AIDS people with antiviral treatment of free drugs, mother-to-child blocking of free drugs and infant testing reagents are arranged by the central finance. The costs of antiviral treatment drugs for AIDS populations in other regions are borne by local governments. The Ministry of Health (later renamed the National Health and Family Planning Commission) provides financial support for the demonstration area with the central financial subsidies, and local governments at all levels provide supporting funds in accordance with the central and local proportion of not less than 1:1, three-level joint commitment by the provincial, region (city), county, provincial matching ratio of no less than 50%, supporting funds in poor counties borne by provinces.

2.3.4 Project Configuration for AIDS Prevention, Involvement and Intervention

It is generally accepted internationally that in-depth, lasting, scientific and correct publicity and education is one of the effective measures to prevent and control the spread of AIDS. However, in China, the development of publicity and education work is still very uneven, particularly weak in rural, remote and ethnic minority areas. China is currently strengthening publicity and education efforts in rural areas, schools, detention and compulsory management sites by increasing media publicity, making operational entertainment venues a focus of publicity, conducting in-depth and detailed publicity on the characteristics of young people, women, mobile populations, high-risk groups, vulnerable groups, and travellers, promoting the construction of urban public welfare billboards and other measures to popularize AIDS-related knowledge, combat discrimination, and create a good social environment for people living with AIDS. The promotion of condoms is a low-input, cost-effective intervention means to prevent and control the sexual transmission of AIDS. Condom supply is mainly commercial marketing, at the same time, free distribution for infected people. 100% condom use projects have been promoted and implemented in entertainment venues of Hainan, Sichuan, Hubei and other provinces. At the same time, methadone maintenance therapy and cleaning needle exchange are carried out to reduce drug
users’ sharing of syringes (Policy Analysis Report on AIDS Prevention and Treatment in China 2011). In response to the prevention of AIDS among drug addicts, the former Ministry of Health, the Ministry of Public Security and the State Administration of Food and Drug Administration have established a national working group on methadone community maintenance treatment, and a national guidelines for the treatment of addictive drugs have been introduced, and a methadone community maintenance clinic and a cleaning needle exchange site have been approved and launched.

2.4 Development of AIDS NGOS in China

An NGO is another sector that corresponds to the public sector, the private sector, also known as a non-governmental organization or a non-profit organization. Some public goods and services, which are not available to the Government or are not readily available, or which are inefficient and costly, can then be completed by non-governmental organizations. The World Bank argues that the effectiveness of public projects will be made more significant if non-governmental organizations absorb high-risk actors infected and transmitted by HIV as staff or represent the interests of such persons (Policy Analysis Report on AIDS Prevention and Treatment in China 2011).

In practice, NGOs have played a huge role in investigating the behavior habits of marginalized people, helping them to change their behavior patterns, changing their misconceptions through facts, and providing reference for government decision-making. All will be discussed in detail in the preceding part of this section.

2.4.1 The Development of AIDS NGOS in China

In the AIDS response, national experience has shown that non-governmental organizations have the flexibility to reach directly target populations for intervention, and have unique advantages in the fight against AIDS, compared with governments. The Russian experience, for example, shows that collaboration between non-governmental organizations and governmental agencies plays an important role in blocking the spread of the AIDS epidemic. Thailand’s network of people living with HIV has progressively improved the availability of antiviral drugs through various legal and policy advocacy activities, providing comprehensive services by volunteers and infected persons, assisting in follow-up and improving drug compliance. In addition, efforts have been made to provide community support for orphans and to reduce social discrimination against people living with AIDS. As AIDS prevention and treatment is a systematic project involving many aspects of society, China, drawing on foreign experience, has also witnessed a number of non-governmental organizations
that have developed rapidly and played an important role in the prevention and treatment of AIDS. The first non-governmental organization engaged in AIDS prevention and treatment in China is China STD and AIDS Prevention Foundation, which was established in October 1988. The rapid increase in NGO governance in the area of AIDS management is mainly after 2002, a trend linked to changes in our Government’s AIDS governance policy in 2003. The organizational forms of AIDS NGOs include: registered non-governmental organizations with a government background, including nationwide STD and AIDS associations, and organizations established in various localities that are led by all levels of government but are not subject to the central level of isomorphic organizations, such as the STD and AIDS Association in B City. In addition to the incorporation of government departments to form non-governmental organizations recognized by national laws, there are also a large number of three types of grassroots organizations (organizations of infected persons, civil society organizations, foundations) that cannot be registered in government departments.

Wang Ming, researcher of the NGO Institute at Tsinghua University, as well as Niu Caixia of the School of Public administration, found that more than half of the NGOs in the field of AIDS prevention and treatment are unregistered. According to the 2012 China AIDS Social Organization Directory, non-governmental organizations accounted for more than 80%. It contains nearly 65% of infected groups, with the goal of improving the survival of groups. The number of organizations is distributed as shown in Fig. 2.1.

Among them, self-help organizations for the infected are established spontaneously by infected people. They simply can not obtain government registration, but serve infected people long-term in the grass-roots front line, and are accepted by infected people. However, because of different capacities and development of the organizations of infected people, there are also great differences in the ability of the organization to work and the effect of intervention. These grassroots organizations are active in the forefront of AIDS prevention and treatment to varying degrees, providing care and assistance to people living with AIDS, orphans and their relatives, and working on the promotion of AIDS-related knowledge, anti-discrimination and self-rescue. At the same time, among sensitive groups that are inconvenient for the
government to intervene, such as sex workers, drug users and gay men, the infected organizations have also gradually carried out work, and some progress has been made.

At present, the main projects carried out by these civil organizations focus on three aspects of publicity and education, behavioral intervention and care and assistance. Among them, publicity and education is mainly committed to promoting the popularization of AIDS prevention and treatment knowledge and related research, training, promotion and other activities. Behavioral intervention are mainly aimed at adolescents, women, mobile populations, drug users, homosexuals, entertainment service personnel, etc., to carry out targeted behavioural involvement and intervention actions. Care assistance mainly includes the reduction of discrimination training, the provision of psychological care to people living with AIDS, helping infected people to help themselves, the adoption of AIDS orphans and so on. According to a survey conducted by the NGO Research Institute of Tsinghua University in 2005, 157 NGOs working on AIDS prevention and treatment in 24 provinces, municipalities and autonomous regions, including Yunnan, Xinjiang and Henan province, a total of 61 mainly conduct activities like advocacy, education and training for the main activities of the largest number of NGOS, accounting for 38.9%, a total of 32 organizations committed to the medical care, assistance, counseling, orphans foster care, accounting for 20.4%; a total of 8 organizations engaged in behavioural intervention, accounting for 5.1%; a total of 5 organizations engaged in legal aid, accounting for 3.2%; 8 organizations engaged in fund-raising and financing, accounting for 5.1%; and a total of 43 organizations carrying out comprehensive prevention and control work, accounting for 27.4%. However, there is no NGO specializing in the psychological guidance and emotional support of infected people, and there is a lack of relevant professional staff and work patterns.

2.4.2 Actions Taken by AIDS NGOs

In the field of AIDS prevention and treatment, a considerable number of NGOs provide support and care services for infected people, some of them specifically for infected people, some only as one of the organization’s tasks. Because of the fact of HIV infection, infected people are faced with many common problems and difficulties, thus they share common needs and demands. As a result, they have set up organizations spontaneously or with the support of governments and other organizations and individuals. However, the different modes of operation, funding capacity and objectives, the support content, support size and support style provided by relevant NGOs to infected people also vary, but in general, these NGOs do provide much valuable support to infected people.

First, help people living with AIDS to access the resources of the government, foundations and society. Because AIDS people often find it difficult to directly access these valuable support resources, AIDS NGOs, as a bridge between AIDS people and all kinds of resources, can bring together infected people. Under the leadership
of their core figures, they jointly find support resources, broaden the channels of resources, and help infected people to safeguard their legitimate rights and interests. Compared with the government, NGO can fill the gap of governance. Because directly facing the grassroots, civil organizations work in a flexible way, with low operating costs but high efficiency and remarkable actual work effect, so there is the work advantage an official agency can not replace.

Secondly, through the interaction and mutual assistance of the internal members of AIDS NGO, they create a support network for people living with HIV, and perform the support functions of emotional communication, information sharing, resource exchange, psychological and spiritual mutual assistance and promotion. Because of the pro-people nature of AIDS NGOs, they have more in-depth access to special social groups that are difficult for the government and the general public to reach, and are easily able to gain their trust. In particular, many AIDS NGOs are composed of infected people, facing many common difficulties, needs and interests, so it is often easy to resonate emotionally, act to form a joint force, achieve complementary resources.

Finally, help patients repair and improve the traditional individual support network. On the one hand, the inclusion of relatives of the AIDS population in the scope of work can make them have anti-discrimination education and training, create opportunities and conditions to increase the communication between patients and their families, thereby increasing the support from their families. On the other hand, we actively carry out anti-discrimination propaganda, change the attitude and concept of the general population, the media, work institutions, in order to create a tolerant and harmonious social environment for the AIDS population.

### 2.4.3 Criticism and Reflection on AIDS Governance and In-Place Action

China has achieved fruitful results in AIDS governance and action, it has also slowed the epidemic and spread of AIDS to a certain extent, and the living conditions of infected people have improved even more. However, the existing governance concepts and governance actions lack a certain degree of implementation deviation and the phenomenon of not being recognized and applied, mainly reflected in the following aspects.

First of all, one-sided emphasis on AIDS prevention. AIDS is considered as torrent and monster, on the other hand, emphasizing that AIDS governance should be “enemy outside the country”, on the other hand, the focus of governance to high-risk groups, once appeared to the trend of where everyone situation. This line of thinking deliberately expands the division standard and operation method of behavior in the specific work of public health, into the classification and characterization of individuals and groups in the sense of social stratification. It actually provides the theoretical basis
for the proliferation of AIDS discrimination, and constitutes one of the main reasons for the weak prevention and treatment of AIDS.

Secondly, AIDS has been constructed as a social problem. Although such a basic consensus “social problems should be solved by the whole society” has spread for many years, there is a deviation in the implementation. Since the early 1990s, the “multi-sector cooperation” proposition of AIDS prevention and control has been regarded as the leading idea of the government. This is more regarded as a panacea, but it is only the residual thought of “all-around government” in the previous planned economy period, which runs counter to the trend of division of social management and specialization that has begun at that time, and instead creates an awkward situation in which “all sectors cannot cooperate with one another”. In particular, this kind of proposition mainly stays on the level of public power, seriously binding the participation of other social forces, and also hindering the whole society to solve the AIDS problem together.

Thirdly, since the twenty-first century, although various non-governmental organizations have sprung up and achieved increasing results in the actual work of the AIDS prevention and treatment, the idea of “community subjects” has not been expanded in the field of AIDS so far. Theoretically speaking, there is still some tension between the two thinking lines of social governance and community subject, and there are indeed community struggles and conflicts in practice. Therefore, although the idea of taking the community as the main body may push the cause of AIDS prevention and control in China to a better new stage, it often lacks enough attention and full use in the actual practice, and lacks a new integration force that can lead the development of other aspects of the society.

Finally, though AIDS NGOs play an irreplaceable role in the support and care of people living with HIV, the grassroots organizations for the services of infected people are also different, because infected people are spread throughout all provinces, autonomous regions and municipalities in China. Even if some achievements have been made, the working methods of each organization often vary. In addition, while organizations focus on the psychological state of infected people, they are often infected with feelings such as “you don’t actually understand my fears”. Generally speaking, in the support and care of AIDS people in China, the support and help of psychological motivation has not received due attention. The first thing that comes to mind is still the treatment of AIDS. Admittedly, attention to health is primary and necessary. It is beyond reproach “to solve the survival and life problems of infected people” with the pursuit of social resources. It plays a great role in helping the AIDS population out of the predicament. However, in the psychological level of AIDS people, the corresponding intervention appears to be overstretched and insufficient, especially carrying out psychological motivation and support treatment from psychoanalysis and psychotherapy. It has become a weak loophole of many grassroots organizations.
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