

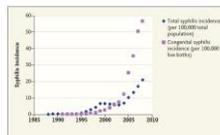


STI Control among Pregnant Women in China

What Accounts for Political Priorities?

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MTCT of Syphilis vs MTCT of HIV in China



	MTCT of syphilis	MTCT of HIV
Prevalence among pregnant women	0.5%	0.057 in general population
Number of cases reported	10,757 in 2009	57 in 2009
Cost per case averted	US\$ 4,391	US\$ 7,420
Cost per infected mother detected	US\$ 770	US\$ 875

Source:

1. Surveillance data from the National Center for STD Control, China CDC.
2. The MDG of People's Republic of China: China 2010 UNGASS Country Progress Report, 2010.
3. Cheng JQ, Zhou H, Hong FC, et al. Syphilis screening and intervention in 500,000 pregnant women in Shenzhen, the People's Republic of China. *Sex Transm Infect.* 2007;83(5):347-350.
4. Hong F-C, Liu J-B, Feng T-L, et al. Congenital syphilis: an economic evaluation of a prevention program in China. *Sex Transm Dis.* 2010;37(1):26-31.
5. Qiu X, Wang L, Fang L, Qiao X, Sun J. Cost-effectiveness analysis for integrated prevention of mother-to-child transmission of HIV. *Chinese Journal of Preventive Medicine.* 2009;43(13):996-999.

Political Attention and Resources Allocated to MTCT of Syphilis and HIV, 1991 - 2010

	MTCT of syphilis	MTCT of HIV
1990s	<ul style="list-style-type: none"> 1st sentinel site established in 1991 National standard for diagnosis and management of syphilis issued in 1994 	<ul style="list-style-type: none"> 1st sentinel site established in 1997
2000s	<ul style="list-style-type: none"> A city-level pilot programme first initiated in 2002 	<ul style="list-style-type: none"> Commitment to provision of PMTCT of HIV services first stated in the <i>China Action Plan on HIV/AIDS Containment and Prevention (2001-2005)</i> The national programme first piloted in 2002 PMTCT of HIV included in government annual budget planning in 2003 The national <i>Working Guidelines</i> issued in 2004 <ul style="list-style-type: none"> To screen 85% of pregnant women To intervene 90% HIV positive mothers and their infants PMTCT of HIV ratified by the <i>Regulations on Prevention and Treatment of HIV/AIDS</i> (State Council decree) in 2006
2010	<ul style="list-style-type: none"> <i>China 2010-2020 Plan for Syphilis Control and Prevention</i> <ul style="list-style-type: none"> To reduce the reported incidence < 15 per 100,000 live births by 2020 The dual elimination with MTCT of HIV 	

Questions

1. Why MTCT of syphilis had a lower political/resource priority compared to MTCT of HIV, despite the former presenting a much larger and growing burden, in China, prior to 2010?
2. What lessons can be learnt from this comparative case study for political priority generation for STI control in China in the post-2015 period?

A Comparative Policy Analysis

- Data Collection
 - Documentation review:** government reports, policy documents, technical guidelines, epidemiological and implementation reports, training materials, published research, and mainstream media coverage
 - Stakeholder interviews:** 9 national, 3 provincial and 12 city-level
 - Nonparticipant observation:** meetings and trainings relevant to PMTCT of syphilis and HIV at national, provincial and city levels, national academic conferences, and expert discussions
- Shiffman's analytical framework on factors influencing political priority generation
- Process tracing

Global Shaping of National Norms

MTCT of HIV

- MDG 6: combat HIV/AIDS
- The UNGASS on HIV/AIDS (2001):
 - To reduce the number of infants infected with HIV by 50% by 2010
 - To ensure that 80% of pregnant women have access to PMTCT of HIV services
- The Global AIDS Reporting Mechanism
 - The biennial UNGASS report
 - Two core indicators related to PMTCT of HIV

MTCT of Syphilis

- No such high-level commitment or expectations for national actions from the global level
- The WHO action plan for the elimination of congenital syphilis issued in 2007
- No global reporting instrument

International Support

MTCT of HIV

- A funding priority for China's international development partners since the late 1990s
- Financial and technical support from the UNICEF, WHO, Global Fund, and bilateral donors
- The national PMTCT of HIV programme first jointly piloted in 2002

MTCT of Syphilis

- No financial support from any of the international agencies
- Too limited international technical support to be influential

Policy Community Cohesion

MTCT of HIV

- A tightly coalesced and strong policy network
- Clear monitoring and accountability mechanisms
- A powerful leading institution: the NCWCH*
- The members transferred their knowledge-based authorities into political influence: focus events, credible indicators, policy alternatives

MTCT of Syphilis

- A poorly unified policy community
- Unclear accountability mechanisms and institutional leadership
- Fragmented governance of the PMTCT of syphilis efforts
- Resulted in the national decision-makers' insufficient understanding of the risks of MTCT of syphilis and policy options

* The National Center for Women and Children's Health

Focusing Events

MTCT of HIV

- International: the 2001 UNGASS on HIV/AIDS
- National:
 - The "blood selling" scandal, "AIDS villages" in the late 1990s
 - The SARS crisis in 2003

MTCT of Syphilis

- Surveillance data published in two leading medical journals in 2007 and 2010
- Pressure from western media
- The national decision-makers' concerns on the negative influence on China's international image
- The Expo 2010 in Shanghai

Political Transitions

MTCT of HIV

- Change of national leadership in the late 2002
 - Former Premier's visit to AIDS patients in 2003
 - AIDS was painted as a potential obstacle on China's way to achieve a "harmonious society" (raised by former president Hu Jintao in 2004)
- The New Health System Reform in 2009
 - To promote equal access to basic public health services such as PMTCT of HIV

MTCT of Syphilis

- **Criminal Law (1997) Article 360.**
 - Those engaging in prostitution or visiting a whorehouse knowing that they have STIs shall be deemed guilty
- Testing and treatment for STIs not covered by any basic health insurance scheme
- Significant geographical differences in financing and priority setting due to decentralization and autonomy of the local government of China

Framing of Issue

MTCT of HIV

- HIV: an epidemic with severe impacts on public health, economic development, social stability and national security, and thus could only be solved 'politically'
- AIDS patients: 'innocent' especially women and infants who were 'victims of the 'blood selling' scandal'

MTCT of Syphilis

- Syphilis resurgence: a consequence of increased levels of extramarital sex, commercial sex, homosexuality and drug use, which are closely linked with 'immorality', 'self-abuse' and 'guilt'
- STD patients: 'condemnable' and 'punishable'
- Syphilis: 'a disease without severe symptoms and can be easily cured by cheap drugs'
- Successful framing: 'In 2008, an average of more than one baby per hour was born with congenital syphilis in China, for a total of 9,480 cases.' - Joseph et al., 2010.

Conclusion

The lower priority accorded to MTCT of syphilis in China prior to 2010 can be attributed to:

1. Relative neglect of the issue at global level;
2. Dearth of international financial and technical resources for MTCT of syphilis control;
3. A poorly unified national syphilis policy community with weak accountability mechanisms and unclear institutional leadership;
4. Insufficient understanding of the epidemic and policy options among the decision-makers; and
5. A prevailing framing of syphilis associating it with immorality and criminality.

Implications for STI control in China in the post-2015 period

- Stronger leadership from the STI control policy community;
- The policy community reframes the issue to overcome stigmatization against those affected STIs;
- The policy community transfers global norms, establishes international partnerships, and supports efforts to generate credible indicators and feasible policy alternatives;
- The policy community contextualize the advocacies into the national policy environment, integrates STI control with existing health priorities (such as HIV control, and other New Health System Reform priorities), and organizes focusing events to attract political attention;
- The STI policy community works closely with the HIV policy community to enhance the recognition of the need and feasibility of controlling the STI and HIV simultaneously at both the national and sub-national levels.

Thank you!



Picture: Female sex workers in Shanghai were organized and tested for syphilis during the Mass STD Prevention Campaign in the 1950s

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The 24 interviewees