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

<table>
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<tr>
<th>MTCT of HIV</th>
<th>MTCT of syphilis</th>
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<tr>
<td>Prevalence among pregnant women</td>
<td>0.5%</td>
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<tr>
<td>Number of cases reported</td>
<td>10,757</td>
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<tr>
<td>Cost per case averted</td>
<td>US$ 4,391</td>
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<tr>
<td>Cost per infected mother detected</td>
<td>US$ 770</td>
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Source:
1. Surveillance data from the National Center for STD Control, China CDC.

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

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<tr>
<th>MTCT of syphilis</th>
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<tr>
<td>1990s</td>
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<tr>
<td>• 1st sentinel site established in 1991</td>
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<td>• National standard for diagnosis and management of syphilis/patients 1991</td>
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<tr>
<td>2010</td>
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<tr>
<td>• China 2010-2020 Plan for Syphilis Control and Prevention</td>
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<tr>
<td>• To reduce the reported incidence of 15 per 100,000 live births in 2010</td>
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<tr>
<td>• The national definition of MTCT of HIV</td>
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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 MTCT 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):
  - 70% of pregnant women have access to PMTCT of HIV services
  - 80% of pregnant women have access to PMTCT of HIV services
- The Global AIDS Reporting Mechanism
  - Biannual 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**
  - 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 6,480 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!

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- The National Center for Women and Children’s Health, China CDC
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- Guangdong Provincial Dermatology Hospital, China
- Dr Bin Yang
- Dr Ligang Yang
- The 24 interviewees

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