政策影响评估报告

Report on Policy Impact Evaluation

中国—盖茨基金会艾滋病防治合作项目

China-Gates Foundation HIV/AIDS Prevention Cooperation Program

清华大学艾滋病政策研究中心

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1. Introduction

China-Gates Foundation HIV Prevention Cooperation Program is a public health program jointly launched by Chinese Ministry of Health, State Council AIDS Working Committee Office and Bill & Melinda Gates Foundation in mainland China. The goal of China-Gates HIV Program is to explore into the feasibility of and approaches to scaling up HIV/AIDS response in program areas, reduce new HIV infections, contain the spread of HIV/AIDS, and promote the replication of effective HIV/AIDS response strategies in other areas.

China-Gates HIV Program had a total budget of USD 50 million and was originally planned for a duration of five years, i.e. from August 2007 to July 2012. Due to some activity adjustments, the program was extended to June 2013. China-Gates HIV Program has been implemented in 14 cities (Beijing, Shanghai, Tianjin, Chongqing, Guangzhou, Wuhan, Shenyang, Nanjing, Harbin, Xi'an, Hangzhou, Changsha, Kunming and Qingdao) and Hainan Province. Since August 2008, field HIV/AIDS activities have been conducted in these project sites. From August 2008 to August 2010, the program targeted men who have sex with men (MSM), female sex workers (FSWs) and drug users. Since August 2010, China-Gates HIV Program has completely focused on MSM. In China, China-Gates HIV Program plays a leading role in both the program scale and fund input for HIV/AIDS response in MSM population.

China-Gates HIV Program has three important features. First, China-Gates HIV Program has insisted on two core concepts, i.e. "Testing as Intervention" and "Treatment as Prevention". The first concept emphasizes the role of testing as an core element of behavioral intervention with most-at-risk populations and an entry point to care and treatment. The second concept emphasizes the management of PLHA, timely access to ART and role of care and treatment as effective tools to contain the spread of HIV.

Second, China-Gates HIV Program has explored the "three-in-one" model at two aspects, i.e. "three-in-one" of centers for disease control and prevention (CDCs), health facilities and non-governmental organizations (NGOs)/CBOs and "three-in-one" of intervention & mobilization, testing result notification and treatment & care. The "three-in-one" model is designed to promote multi-sectoral cooperation and leverage the roles of CSOs and health facilities under the leadership of the government, so as to increase the coverage of intervention, testing and treatment.

Third, China-Gates HIV Program has paid special attention to the roles of NGOs, CBOs, MSM groups and PLHA groups. Prior to the launch of the program, NGOs only had limited enthusiasm and participation in HIV/AIDS response. China-Gates HIV Program has supported NGOs in many components. One of the measures to ensure successful participation of NGOs in HIV/AIDS response is to make dual disbursement, i.e. respectively disbursing funds to government departments and NGOs in strict accordance with program requirements, in a bid to ensure adequate funding support for NGOs.

China-Gates HIV Program will be concluded at the end of June 2013. Systematic methodology is needed to evaluate policy impact of the program. After several rounds of discussions between the National Program Office and Gates Foundation Beijing Office, the AIDS Policy Research Center of Tsinghua University was commissioned to conduct policy impact evaluation and prepare the evaluation report. During the evaluation process, the major question is whether and what policy impact has been produced by China-Gates HIV Program at the national level and in program sites.

On November 21, 2012, the evaluation team started to collect relevant data through questionnaire survey, field interview and telephone interview. Members of the evaluation team included Mr. Jing Jun, Mr. Han Junkui, Mr. Zhang Jun, Ms. Xue Weiling, Ms. Tan Xiaoping, Mr. Liu Qingyu and Mr. Wang Wenqing, respectively from Tsinghua University, Beijing Normal University and Beijing Institute of Technology.

Sincere thanks are given to directors and staff members of the National Program Management Office and local program offices for their strong support during the evaluation process. Thanks are also given to subjects completing questionnaires and informants receiving in-depth interview for their trust and support.

2. Evaluation Methodology

The analysis of policy impact produced by China-Gates HIV Program needs to answer three progressively interrelated questions. First, are there any changes to policy environment for HIV/AIDS response in program sites before and after the implementation of China-Gates HIV Program? Second, to what extent are such changes related to the implementation of China-Gates HIV Program? In other words, what degree of impact has brought by China-Gates HIV Program to HIV/AIDS policies in program sites? Third, in which aspects the policy impact of China-Gates HIV Program is witnessed, and how is the policy impact come into play? Information needed to answer these questions cannot be found in policy documents from national or local governments. Comprehensive analysis methods are needed to find answers to these questions. Given the features of China-Gates HIV Program, the following methods were adopted to collect data during the evaluation process.

2.1 Comparison of changes over time

A standard questionnaire was used to look at changes before and after 2007. Staff members from CDCs of program cities and Hainan Province who have directly participated in China-Gates HIV Program were invited to answer ten questions. These questions are designed according to HIV/AIDS policies in China as well as features and strategies of China-Gates HIV Program and respectively stand for ten measurement indictors for policy environment.

The ten questions are: 1) Have officials of health bureaus in program sites emphasized the importance of HIV/AIDS response among MSM at formal meetings? 2) Have formal documents for HIV/AIDS response among MSM been issued by health bureaus in program sites? 3) Have key officials of health bureaus in program sites clearly encouraged the development of CBOs in HIV/AIDS response? 4) Have formal documents been issued by health bureaus in program sites to encourage the development of CBOs in HIV/AIDS response? 5) Have CDCs in program sites conducted HIV sentinel surveillance among MSM? 6) Have CDCs in program sites built close partnerships with CBOs in HIV/AIDS response among MSM? 7) Have CDCs in program sites built close partnerships with community health service providers in HIV/AIDS response? 8) Have CDCs in program sites invited social work organizations to participate in HIV/AIDS response among MSM? 9) Have CDCs in program sites scaled up rapid tests in HIV/AIDS response among MSM? and 10) Have CDCs in program sites assisted media to make reports on HIV/AIDS response

among MSM?

Comparing the situations before and after 2007 makes it easy to identify the policy or strategic breakthroughs at the program sites. We assume that it is probable that the positive answers for the ten questions for the years after 2007 will be much more than those for the years before 2007. This difference can suggest policy environment changes. On such basis, we further evaluate to what extent such policy environment changes are associated with the launch and implementation of China-Gates HIV Program: 1) Among the various factors contributing to the improvement in policy environment, how significant is the impact of China-Gates HIV Program? 2) To what extent has China-Gates HIV Program contributed to the improvement in policy environment? Finally, we attempt to assess the sustainability of policy impact of China-Gates HIV Program.

To ensure accuracy of information, directors of CDCs who directly took charge of program sites were required to complete questionnaires. Respondents must fully understand the launch and implementation of China-Gates HIV Program. During the questionnaire survey, respondents were asked to briefly describe specific policy or strategic breakthroughs relating to the above ten questions in addition to the answer of "Yes/No".

This report analyzes 17 copies of the Questionnaire on Changes in Policy Environment which were collected from 14 program cities and one program province. Specifically, Hainan Province submitted three questionnaires, outlining the overall situation in the province and situations in Haikou City and Sanya City.

2.2 Scoring on impact

To understand whether the policy changes revealed by the comparison of changes in policy environment are associated with China-Gates HIV Program, we summarized and analyzed the questionnaire survey findings and sent the analysis report to four types of 150 persons, including staff of all CDCs participating in China-Gates HIV Program (provincial/city levels), staff of all preventive medical associations and associations of STD&AIDS prevention and control participating in China-Gates HIV Program, medical staff of all health facilities participating in China-Gates HIV Program and key members of all civil society organizations (CSOs)/community-based organizations (CBOs) participating in China-Gates HIV Program.

The first key question is "Is the gradual improvement in policy environment for HIV/AIDS response among MSM in program sites related to China-Gates HIV Program?" If the answer is "Yes", we requested the respondents to give a score in the range of 1-10 to indicate the level of association between the policy environment changes and China-Gates HIV Program. To facilitate analysis, we believe it necessary to examine 15 elements of the policy impact of China-Gates HIV Program, and requested the respondents to give scores in the range of 1-10. These 15 elements include: 1) degree of overall impact produced by China-Gates HIV Program on HIV/AIDS response in program sites; 2) degree of impact produced by China-Gates HIV Program on the implementation of "Four Free and One Care" policy in program sites; 3) degree of impact produced by China-Gates HIV Program on the implementation of "social participation" policy in program sites; 4) degree of impact produced by China-Gates HIV Program on the improvement of survival and development environment for CBOs in program sites; 5) degree of impact produced by China-Gates HIV Program on the participation of CBOs in HIV/AIDS response in program sites; 6) degree of impact produced by China-Gates HIV Program on the participation of health facilities in HIV/AIDS

response; 7) degree of impact produced by China-Gates HIV Program on the participation of community health service providers in HIV/AIDS response; 8) degree of impact produced by China-Gates HIV Program on the "three-in-one" model among government departments, health facilities and NGOs; 9) degree of impact produced by China-Gates HIV Program on the acceptance of result-based supervision and management mechanism by participating partners; 10) degree of impact produced by China-Gates HIV Program on a closer attention to HIV surveillance in program sites; 11) degree of impact produced by China-Gates HIV Program on the acceptance of the strategy for scaling up HIV testing in program sites; 12) degree of impact produced by China-Gates HIV Program on the enhancement of HIV tests in program sites; 13) degree of impact produced by China-Gates HIV Program on the application of rapid test technologies in program sites; 14) degree of impact produced by China-Gates HIV Program on the acceptance of the strategy for enhancing treatment for PLHA in program sites; and 15) degree of impact produced by China-Gates HIV Program on the access of PLHA to treatment and care services.

The advantage of collective scoring is that the presence and level of association between policy or strategic breakthroughs revealed by the comparison analysis report and the implementation of China-Gates HIV Program can be inferred based on the analysis of the opinions of various stakeholders with experience in the program.

This report analyzes 149 copies of Questionnaire on Policy Impact Scoring, including 58 questionnaires completed by staff of local CDCs, 28 questionnaires completed by staff of preventive medical associations and associations of STD&AIDS prevention and control, 30 questionnaires completed by medical staff of health facilities and 33 questionnaires completed by key members of CSOs.

2.3 Interview with informants

A structured open-ended interview guide was used to collect qualitative data. As originally planned, 45 key informants would be invited (including directors of national and provincial/city health departments, experts and scholars involved in HIV/AIDS response and program implementers) to describe policy impact produced by China-Gates HIV Program at the national level and in program sites. We paid particular attentions to the specific cases related to policy issues and the views of the informants. Although this part focuses on qualitative data, the importance of this part is that the informants can share their views regarding how China-Gates HIV Program differs from other programs in the past and how this has influenced the relevant polices formulated by the State and program sites. To expand the visions, we distributed the analysis reports drafted on the basis of the comparison and scoring exercises. Specifically, nine informants would be experts, scholars and program implementers involved in HIV/AIDS response and 36 informants would be from nine program sites. For six program sites not covered by the field interview, telephone interview was conducted for key informants.

2.4 Literature review

Key data were collected and analyzed, such as the development of CBOs with support of China-Gates HIV Program, an increase in the number of people receiving HIV test, an increase in the referral rate of patients, and changes to the number of social work organizations participating in China-Gates HIV Program and the accessibility to treatment. Most data can be found in annual reports of China-Gates

HIV Program, but efforts should be made to verify data and find continuous and comparative data. Also, supplementary data are needed to be collected from some program sites.

Two rounds of questionnaire surveys were conducted from November 21 to December 8, 2012. Under the support of China-Gates HIV Program, we released and reclaimed the Questionnaire on Changes in Policy Environment and the Questionnaire on Policy Impact Scoring via the Internet, and then data collation and analysis were conducted. From December 23, 2012 to January 23, 2013, the evaluation team was divided into three small groups to conduct field interview respectively in nine program sites, covering 42 informants. After returning to Beijing, interview was conducted for another seven key informants. Actually, a total of 49 informants were interviewed.

3. Policy Impact of China-Gates HIV Program

Both quantitative and qualitative methods were used to analyze policy impact of China-Gates HIV Program. Quantitative method aimed to answer the question about the extent of the policy impact. Qualitative method aimed to answer the question regarding the manifestation and realization of the policy impact. The results with the two methods are provided below.

3.1 Results of quantitative analysis

Results of quantitative analysis include the analysis results with the Questionnaire on Changes in Policy Environment and the analysis results with the Questionnaire on Policy Impact Scoring.

3.1.1 Analysis results with the Questionnaire on Changes in Policy Environment

3.1.1.1 Extent of improvement in policy environment

Table 1-1 summarizes the changes of ten policy environment indicators in 17 program sites in 2007, 2010 and 2012. Each figure in the table indicates the number of program sites that achieved the indicators by a certain year.

Table 1: Comparison of policy environment before and after the implementation of China-Gates HIV Program

Policy environment indicator	By year		
	2007	2010	2012
Emphasizing the importance of HIV/AIDS response among MSM at formal meetings	2	16	17
Issuing official documents on HIV/AIDS response among MSM	0	9	10
Clearly encouraging the development of CBOs	3	14	16
Issuing official documents to encourage the development of CBOs	0	3	7
Conducting HIV surveillance among MSM	8	16	16
Closely collaborating with CBOs	9	17	17
Closely collaborating with community health service providers	6	13	16
Inviting social work organizations to participate in HIV/AIDS response	0	7	7
Scaling up HIV rapid tests	2	11	16
Assisting media to make reports on HIV/AIDS response	4	12	14

As indicated in Table 1, the implementation of China-Gates HIV Program has contributed to significant improvement of all policy environment indicators and remarkable increase in the number of program sites achieving targets. After 2010, all indicators witnessed constant improvement except three ones (i.e. "Closely collaborating with CBOs", "Conducting HIV surveillance among MSM" and "Inviting social work organizations to participate in HIV/AIDS response"). By 2007, for example, officials of health bureaus in only two program sites emphasized the importance of HIV/AIDS response among MSM at formal meetings. By 2010, after the implementation of China-Gates HIV Program, the number of similar program sites reached 16. So far, officials of health bureaus in all program sites emphasized the importance of HIV/AIDS response among MSM at formal meetings.

3.1.1.2 Priority order of factors contributing to the improvement in policy environment at program sites

As mentioned above, policy environment in program sites has significant improvement after the implementation of China-Gates HIV Program. In practice, to what extent is such improvement related to the launch and implementation of China-Gates HIV Program? This is evaluated via two considerations: 1) Among the various factors contributing to the improvement in policy environment, how significant is the impact of China-Gates HIV Program? 2) To what extent has China-Gates HIV Program contributed to the improvement in policy environment?

This section focuses on the first question. The table below summarizes how the heads of the 17 program sites view the importance of the impact of China-Gates HIV Program on the improvement in policy environment.

Table 2: Priority order of factors contributing to the improvement in policy environment

Influencing factor	Order		
	No. 1	No. 2	No. 3
Promulgation of three laws/regulations and three programmatic documents by the state [1]	6	3	2
Launch and implementation of China-Gates HIV Program	5	5	6
Large-scale epidemiological investigation	5	2	3
Prosperous development of CSOs	1	1	3
Launch and implementation of other international programs	0	6	2
Active advocacy by experts and scholars	0	0	1
Strong demand by MSM	0	0	0
Attention paid by media to MSM	0	0	0
Other factor (to be specified)	0	0	0

Table 2 suggests that among the factors contributing to the improvement in policy environment at the program sites, the top three factors are, in descending order, "Promulgation of three laws/regulations and three programmatic documents by the state", "Launch and implementation of China-Gates HIV Program" and "Large-scale epidemiological investigation"; respectively 6, 5 and 5 respondents ranked these three factors on the top. In other words, all but one heads of the program sites believe one of the three factors is the most important one. Besides, five heads ranked "Launch and implementation of China-Gates HIV Program" as the second most important factor, and six ranked it as the third most important factor. 16 respondents ranked "Launch and implementation of China-Gates HIV Program" among the top three factors, while respectively 11 and 10 respondents selected "Promulgation of three laws/regulations and three programmatic documents by the state" and "Large-scale epidemiological investigation". This suggests that the heads of the program sites generally believe that the launch and implementation of China-Gates HIV Program have played a very remarkable role in the improvement of HIV/AIDS response policy environment at the program sites.

3.1.1.3 Level of impact of China-Gates HIV Program on the improvement in policy environment

Next, we will assess the level of impact of China-Gates HIV Program on the improvement in policy environment. The greater the score (in the range of 1-10), the greater the impact. The scores given by the heads of the 17 program sites are provided below.

[1] The three laws/regulations include: Law of the People's Republic of China on the Prevention and Treatment of Infectious Diseases, Regulations on HIV/AIDS Prevention and Control, and Several Provisions on HIV/AIDS Surveillance Management; and the three programmatic documents include: China Medium and Long Term Plan for HIV/AIDS Prevention and Control (1998-2010), China Action Plan to Prevent and Control HIV/AIDS (2001-2005), and China Action Plan to Prevent and Control HIV/AIDS (2006-2010).

Table 3: Level of impact of China-Gates HIV Program on the improvement in policy environment

Score	Frequency	Percentage
1	0	0.0
2	0	0.0
3	0	0.0
4	0	0.0
5	2	11.8
6	1	5.9
7	6	35.3
8	6	35.3
9	2	11.8
10	0	0.0
Total	17	100.0

Table 3 suggests that all the heads of the program sites (17/17) gave a score of 5 or above; over 80% of them (14/17) gave a score of 7 or above. The average score is 7.29. These suggest that the heads of the program sites believe that China-Gates HIV Program has played a significant role in driving the improvement in local policy environment.

3.1.1.4 Sustainability of policy impact produced by China-Gates HIV Program

As mentioned earlier, one important feature of China-Gates HIV Program is to promote active participation of CBOs in HIV/AIDS response and boost cooperation between government departments and CBOs. Since the shortage of fund is one of the important factors restricting the participation of CBOs, China-Gates HIV Program makes dual disbursement, i.e. respectively disbursing funds to government departments and NGOs in strict accordance with program requirements, in a bid to ensure adequate funding support for NGOs (including CBOs). Nevertheless, how can CBOs obtain adequate funding support after the conclusion of China-Gates HIV Program? Considering that the capacities of CBOs are inadequate for raising funds for the activities through their own efforts, can central and local governments provide funds to support continuous participation of CBOs in HIV/AIDS response by procuring services from CBOs? This to a large extent decides the extent to which the positive impact of China-Gates HIV Program can be sustained. Therefore, this can be an important indicator for the evaluation of the policy impact of China-Gates HIV Program.

Table 4 provides the scores given by the heads of the 17 program sites regarding the likelihood of governmental procurement of services to support CBOs' response to HIV/AIDS following the conclusion of China-Gates HIV Program. The likelihood scores range from 1 to 10; the higher, the greater the likelihood. Over 80% (14/17) of the heads of the program sites gave a score of 7 or above. The average score is 7.18. These suggest that the heads of the program sites generally hold an optimistic view regarding the likelihood of governmental procurement of CBOs services.

Table 4: Likelihood of continuous procurement of services by governments

Score	Frequency	Percentage
1	0	0.0
2	0	0.0
3	1	5.9
4	1	5.9
5	0	0.0
6	1	5.9
7	8	47.1
8	2	11.8
9	3	17.6
10	1	5.9
Total	17	100.0

3.1.1.5 Summary

Based on the above analysis, two basic conclusions can be made. First, the implementation of China-Gates HIV Program has contributed to significant improvement in policy environment for HIV/AIDS response among MSM in program sites, which can be proven by many objective evidences. Second, the launch and implementation of China-Gates HIV Program have major impact on the improvement in policy environment in program sites. This conclusion is made on the basis of the comments from the heads of the 17 program sites; due to the small number of respondents, the validity of this conclusion is yet to be verified through more extensive questionnaire survey.

3.1.2 Analysis results with the Questionnaire on Policy Impact Scoring

3.1.2.1 Presence and level of association between China-Gates HIV Program and improvement in policy environment

For the first question we raised, all the respondents (149/149) gave a positive answer; that is, the gradual improvement in policy environment for HIV/AIDS response among MSM is related to China-Gates HIV Program.

Table 5 presents the scores given by the respondents with regard to the level of association between China-Gates HIV Program and improvement in policy environment. The higher the score, the greater the level of association.

Table 5: Level of association between China-Gates HIV Program and improvement in policy environment[2]

Score	Frequency	Percentage
1	1	0.7
2	0	0.0
3	6	4.0
4	7	4.7
5	17	11.4
6	27	18.1
7	29	19.5
8	34	22.8
9	20	13.4
10	7	4.7
Total	148	100.0

As indicated in Table 5, over 90% (14/134) of the respondents gave a score of 5 or above; 60% of them gave a score of 7 or above. The average score is 6.89. This indicates that China-Gates HIV Program has significantly contributed to the improvement of local policy environment.

Table 6: Scores given by respondents regarding the level of association

Category	N	Mean value	Standard deviation
CDC	58	6.76	1.83
Society or association	28	7.29	1.68
Health facility	30	6.93	1.46
CBO	32	6.72	2.05
Total	148	6.89	1.78

Table 6 presents the means and standard deviations of scores given by respondents. The variance analysis results (not presented here) indicate that there is no significant difference in the average scores given by respondents of different categories of agencies ($P>0.05$) [3].

3.1.2.2 Extent of policy impact generated by China-Gates HIV Program upon different areas

Table 7 presents the estimated extent of policy impact generated by China-Gates HIV Program upon 14 specific areas and upon the HIV/AIDS response as a whole. The higher the score, the greater the extent of impact.

[2]The total number of respondents (i.e. N) for this table is 148, as one respondent failed to answer the appropriate question. This is also the case for the tables below for which the N is less than 149.

[3]The variance analysis results indicate that there is no significant difference in the average scores given by respondents of different categories of agencies for any questions; therefore, the specific variance analysis results are not provided in this report.

Table 7: Policy impact generated by China-Gates HIV Program upon different areas

Policy element	N	Mean value	Standard deviation
Promoting the participation of CBOs	149	8.11	1.53
Improving the development of CBOs	149	7.74	1.69
Strengthening HIV test	149	7.73	1.68
Increasing the acceptance of the strategy for scaling up HIV test	149	7.72	1.73
Overall impact on HIV/AIDS response	148	7.32	1.87
Promoting the "three-in-one" model	147	7.17	1.76
Promoting social participation	147	6.86	1.91
Increasing the acceptance of result-based supervision and management mechanism	147	6.80	1.90
Paying a closer attention to HIV surveillance	147	6.71	2.07
Increasing the acceptance of the strategy for enhancing treatment	146	6.68	2.04
Promoting the implementation of "Four Free and One Care" policy	148	6.59	2.22
Increasing the accessibility of treatment and care services	146	6.51	1.98
Promoting the application of rapid test technologies	149	6.50	2.13
Promoting the participation of community health service providers	76[4]	6.36	2.39
Promoting the participation of health facilities	147	6.06	2.29

As indicated in the above table, policy impact of China-Gates HIV Program is most reflected in two elements (respectively with a score of 8.11 and 7.74), i.e. promoting the participation of CBOs in HIV/AIDS response and improving the environment for survival and development of CBOs. Next, policy impact of China-Gates HIV Program is well reflected in promoting HIV test, i.e. not only increasing the acceptance of the strategy for scaling up HIV test in program sites (with a score of 7.72) but also strengthening HIV test and expanding the coverage of HIV test (with a score of 7.73). Finally, policy impact of China-Gates HIV Program is effectively reflected in promoting the "three-in-one" model, with a score of 7.17. Overall, respondents highly recognized policy impact of China-Gates HIV Program, with a score of 7.32.

In all elements, China-Gates HIV Program had lower impact on promoting the participation of community health service providers and health facilities[5] in HIV/AIDS response, respectively with a score of 6.36 and 6.06[6]. In fact, promoting the participation of community health service providers in HIV/AIDS response was piloted in the later stage of China-Gates HIV Program, and due to the limited duration of implementation, the policy impact has not be fully manifested. Nevertheless, according to the variance analysis results, the scores

[4]Promoting the participation of community health service providers in HIV/AIDS response was piloted in the later stage of China-Gates HIV Program. The pilot was conducted in eight out of 15 program sites (i.e. Beijing, Shanghai, Chongqing, Harbin, Nanjing, Hangzhou, Changsha and Guangzhou). The data in this table are based on the questionnaires reclaimed from the pilot areas.

[5]No clear definition is given for "health facilities" in the questionnaires; this term is a more extensive concept and can include community health service providers. This term is used to measure the overall impact of China-Gates HIV Program on promoting the participation of (all types of) health facilities. The question corresponding to "community health service providers" is used to measure the impact of China-Gates HIV Program on the participation of a certain type of health facilities.

[6]Here it should be noted that 6 points out of ten points equal to 60 points out of 100 points. The Chinese education system generally utilizes hundred-mark system to evaluate the academic performance of students, and 60 points suggest "Pass". Beyond the education system, 60 points typically mean "the minimum,acceptable standard is reached". Respondents gave positive comments on policy impact of China-Gates HIV Program on promoting the participation of both community health service providers and health facilities since these two elements had a score higher than 6.

given by the pilot areas are significantly higher than those given by non-pilot areas (respectively 6.36 and 4.50; $P<0.001$). This suggests that, despite the short duration of implementation, the activity has generated remarkable policy impact. In China, many health facilities in the existing medical system are driven by profits, while the participation in HIV/AIDS response may be in conflict with profit maximization. Such an institutional constraint has caused a big barrier to efforts of China-Gates HIV Program in promoting the participation of health facilities. Besides, since "health facilities" include "community health service providers", the comments regarding the involvement of health facilities contain the views with regard to the involvement of community health service providers, and therefore may have been affected by the efforts of China-Gates HIV Program to involve community health service providers in the pilot activities. Variance analysis was conducted to compare scores (respectively 6.43 and 5.68) for promoting the participation of health facilities in pilot areas and non-pilot areas. Analysis results showed significant difference ($P<0.05$). If the difference is related to the presence of pilot activities, this proves the policy impact of China-Gates HIV Program.

3.1.2.3 Sustainability of policy impact produced by China-Gates HIV Program

As mentioned earlier (refer to the explanations regarding the analysis results with the Questionnaire on Changes in Policy Environment), to evaluate the sustainability of the policy impact of China-Gates HIV Program, we requested the respondents to estimate the likelihood of procurement of services by governments to support continued HIV/AIDS response among MSM following the conclusion of China-Gates HIV Program. Similar comments are offered in the analysis of the Questionnaire on Changes in Policy Environment, but the analysis conclusion is yet to be further verified through the analysis of the Questionnaire on Policy Impact Scoring, because of the small number of samples (17 copies of questionnaire).

Table 8 presents the scores given by the 149 respondents with regard to the likelihood of procurement of services by governments. As mentioned above, the higher the score, the greater the likelihood. Over 80% (125/149) of the respondents gave a score of 5 or above; over 45% (67/149) of them gave a score of 7 or above. The average score is 6.30. These suggest that the respondents generally hold an optimistic view regarding the likelihood of procurement of services by local governments following the conclusion of China-Gates HIV Program.

Table 8: Likelihood of procurement of services by governments

Score	Frequency	Percentage
1	1	0.7
2	2	1.3
3	13	8.7
4	8	5.4
5	23	15.4
6	35	23.5
7	25	16.8
8	22	14.8
9	14	9.4
10	6	4.0
Total	149	100.0

3.1.2.4 Summary

The sample size for the Questionnaire on Policy Impact Scoring is larger, and the findings support the analysis of the Questionnaire on Changes in Policy Environment and suggest that the launch and implementation of China-Gates HIV Program has generated significant impact on the improvement in the policy environment in the program areas. First, all respondents believe that the improvement in the policy environment at program sites is associated with China-Gates HIV Program, and generally believe that the association is significant. Second, the policy impact of China-Gates HIV Program upon all the specific areas is remarkable, particularly upon the promotion of CBOs development, HIV testing, and "three-in-one" cooperation mechanism. Finally, respondents gave positive comments with regard to the sustainability of China-Gates HIV Program policy impact, believing that governments at the program sites probably would continue to support HIV/AIDS response among MSM through procurement of services following the conclusion of China-Gates HIV Program.

3.2 Results of qualitative analysis

The advantage of quantitative analysis is that it can clearly show the policy impact of China-Gates HIV Program upon the different areas through quantitative scores, but it can hardly reveal the underlying implications and processes. Therefore, qualitative analysis is necessary.

According to the interview of informants, China-Gates HIV Program has significantly improved the environment for development and implementation of HIV/AIDS policies at the national level and in program sites. Specifically, China-Gates HIV Program has directly and indirectly boosted the promulgation of some HIV/AIDS policies, and contributed to the development some operational working mechanisms, change of concepts and attitudes, capacity building of participating partners and evidence for decision-making. Next, we will first discuss the manifestations of policy impact of China-Gates HIV Program upon the specific areas, and then review the approaches to the realization of the policy impact; finally, we will discuss the sustainability of policy impact of China-Gates HIV Program.

3.2.1 Manifestations of policy impact

3.2.1.1 China-Gates HIV Program has significantly improved policy environment for HIV/AIDS response among MSM.

Prior to the launch and implementation of China-Gates HIV Program, MSM and HIV/AIDS epidemic among MSM were sensitive topics unintentionally and even intentionally ignored to some extent. Although national authorities were gradually aware of the importance of HIV/AIDS response among MSM and started to organize relevant training workshops and preliminary surveys, It was very difficult to promote HIV/AIDS response among MSM. Particularly at the local level, officials in some program sites tended to deny the existence of this group or believe the group was very small and the HIV/AIDS epidemic was not serious among the group. Consequently, no HIV/AIDS activities were designed to target MSM, leading to little data on MSM.

Against this backdrop, China-Gates HIV Program identified MSM as a primary target group when it was launched in 2007 and then completely focused on MSM in 2010, with ice-breaking implications. An expert

with a long history of working with MSM and HIV/AIDS issues held that "China-Gates HIV Program has significantly promoted HIV/AIDS response among MSM and brought epoch-making impact in China. China-Gates HIV Program has made undeniable contributions. One of its contributions is to raise awareness of MSM among government officials and change their attitude towards HIV/AIDS response among MSM."

At the very beginning of China-Gates HIV Program, many competent government departments in some program sites simply aimed to carry out HIV/AIDS response among MSM as a task assigned by the government authorities at higher levels, with limited commitment and motivation due to lack of understanding of MSM and HIV/AIDS epidemic among MSM. Nevertheless, the severity of HIV/AIDS epidemic among MSM was recognized along with the progress of the program and the collection of relevant data. Program data are very convincing. An informant from CDC in a program site told us: "Data speak. Upon receipt of many data, the officials at the health department explicitly expressed the commitment to prioritizing HIV/AIDS response among MSM."

The China Action Plan to Prevent and Control HIV/AIDS during the 12th Five-Year Plan issued in 2012 and subsequent action plans issued in program sites clearly set out provisions on HIV/AIDS response among MSM. Although it is difficult to measure the specific contribution of China-Gates HIV Program, this suggests that central and local governments have acknowledged the efforts of China-Gates HIV Program. More importantly, awareness and attitude of policy implementers at various levels are key to successful operation of provisions regarding MSM in these action plans. In this regard, China-Gates HIV Program has laid solid foundation over the past years, creating a favorable policy environment for future HIV/AIDS response.

3.2.1.2 Strategy and practice of China-Gates HIV Program for scaling up HIV test have produced significant policy impact.

In China, there is a big gap between the reported number of HIV/AIDS cases and the estimated number of HIV/AIDS cases. This means that many PLHA are unaware of their HIV status. As a result, ART may be delayed, posing negative impact on the health of PLHA. Also, PLHA may ignore protective measures and thus transmit the virus to others. The Government of China has always paid special attention to HIV testing and surveillance and emphasized the importance of developing and improving HIV testing and surveillance systems and networks in several HIV/AIDS policy documents. Nevertheless, the big difference between the reported and estimated numbers indicates the need to further strengthen HIV testing.

Against this backdrop, China-Gates HIV Program has made great efforts in promoting the strategy of "scaling up HIV test" and increased investment in strengthening HIV test among MSM, significantly promoting HIV testing and surveillance in program sites. Comparing the statements of HIV testing in HIV/AIDS policy documents issued before and after 2010, efforts made by China-Gates HIV Program in scaling up HIV test have been recognized by the central government. The Notice of the State Council on Further Strengthening HIV/AIDS Response issued in 2010 and the China Action Plan to Prevent and Control HIV/AIDS during the 12th Five-Year Plan issued in 2012 both mentioned the need to "expand the coverage of HIV testing and surveillance and maximize the detection of PLHA". Compared to the past emphasis on the establishment of HIV testing and surveillance and networking, the central government has significantly increased understanding of the importance of HIV testing.

With the impetus generated jointly by China-Gates HIV Program and central policy documents, some program sites have made active efforts in exploring effective models to strengthen HIV testing and issued a

series of local policy documents. For example, the new strategy of provider-initiated testing and counseling (PITC) was mobilized in health facilities with HIV screening laboratories in Nanjing and achieved good results. In 2011, Nanjing Health Bureau issued the Notice on Expanding HIV/AIDS IEC and HIV Testing/Counseling in Health facilities in Nanjing. Based on successful experiences in Nanjing, Jiangsu Provincial Health Department issued the Notice on Further Strengthening HIV Testing, deciding to promote PITC in all health facilities across the province. These policy documents have provided sound basis for further strengthening HIV testing in the future.

Some program sites have not issued official policy documents on HIV testing yet, but have accepted the strategy for scaling up HIV test and are aware of the importance of expanding the coverage of HIV test thanks to efforts from China-Gates HIV Program. Many informants told us that governments in program sites would increase investment in scaling up HIV test after the conclusion of China-Gates HIV Program, so as to expand the coverage of HIV test and boost intervention, treatment and care.

3.2.1.3 China-Gates HIV Program has significantly promoted the participation of CBOs in HIV/AIDS response.

Prior to the launch of China-Gates HIV Program, the Government of China issued several policy documents, emphasizing the need to promote multi-sectoral cooperation and social participation in HIV/AIDS response. In practice, however, the participation of CSOs and CBOs was very limited, particularly in HIV/AIDS response among MSM. In some program sites with poor performance in HIV/AIDS response, there were even no CBOs working with MSM or PLHA. In some program sites with sound performance in HIV/AIDS response, the cooperation between government departments and CBOs in HIV/AIDS response was very limited, generally featuring temporary, reliance on personal relationship and superficial participation of CBOs.

To promote the participation of civil society in HIV/AIDS response, China-Gates HIV Program insisted on a principle in design, i.e. boosting and directly supporting the participation of CBOs and enhancing cooperation between government departments and CBOs. Since the shortage of fund is one of the important factors restricting the participation of CBOs, China-Gates HIV Program makes dual disbursement to ensure adequate funding support for CBOs. To promote cooperation between government departments and CBOs, China-Gates HIV Program has implemented strict performance management and design indicators that can only be achieved through close cooperation between government departments and CBOs. Director of a CBO was deeply impressed by the dual disbursement and said: "Personally I believe it has the advantage of implementation in two fronts which finally converge. That is to say, CBOs and specialized agencies manage their own funds and ultimately merge, which firmly binds them together and makes the cooperation compulsory. If the specialized agencies fail to cooperate with CBOs, they will not be able to use the funds effectively or achieve the targets. If the CBOs fail to cooperate with the specialized agencies, they will not be able to complete the activities on their own. Therefore, this effectively stimulates their initiativeness. This mechanism binds them together. Thus, we have accumulated sound experience cooperating with CDC in 2009-2010."

During the implementation of China-Gates HIV Program, the cooperation between government departments and CBOs has been gradually enhanced. In addition to the strong impetus from the program management mechanism, government departments have gradually recognized such advantages of CBOs as easy access to particular social groups, flexible working modes and high efficiency and increased the

willingness and demand to cooperate with CBOs. In Tianjin, the chief of HIV/AIDS Division in a district CDC went to work at the office of a CBO and the district CDC funded the recruitment of a nurse to cooperate with the CBO, in a bid to promote cooperation between government departments and CBOs. In Beijing, CBOs have made great contributions during the participation in China-Gates HIV Program. Beijing CDC actively communicated with health departments and clearly defined the roles and status of NGOs in the Protocol for Reporting, Epidemiological Investigation and Follow-Up Management of People Living with HIV/AIDS in Beijing (Trial) issued by Beijing Health Bureau. In Changsha, the pilot work of procuring services from CBOs by governments with special HIV/AIDS funds was launched in 2011, and the Guidelines for Participation of CSOs in HIV/AIDS Response were developed based on the pilot work.

By encouraging the participation of CBOs, China-Gates HIV Program has significantly boosted the development of CBOs. First, China-Gates HIV Program increased the number of CBOs in program sites,. Particularly, the number of CBOs involved in HIV/AIDS response grew out of nothing in a few program sites. Second, China-Gates HIV Program has built the capacity of CBOs. The director of a CBO said: "China-Gates HIV Program offers new perspectives and approaches for us to carry out HIV/AIDS prevention and treatment, allowing us to make new breakthrough, to learn, and make innovation." Third, China-Gates HIV Program has increased the sense of mission among CBOs as non-governmental public service organizations. These positive impacts have laid solid foundation for further participation of CBOs in HIV/AIDS response.

3.2.1.4 China-Gates HIV Program has significantly promoted the institutionalization of "three-in-one" model.

The success of HIV/AIDS response depends on close cooperation among government departments, health facilities and NGOs. Prior to the launch and implementation of China-Gates HIV Program, however, both NGOs and health facilities had very limited participation in HIV/AIDS response. Generally, HIV/AIDS activities in health facilities were restricted to the provision of HIV/AIDS treatment services by designated hospitals and the routine HIV testing performed by eligible hospitals. Due to the limited cooperation between health facilities/NGOs and CDCs, the linkages among the three parties seem even weaker. Currently, the HIV/AIDS epidemic in China is becoming more serious and the burden undertook by CDCs in HIV/AIDS response is on an increase, it is essential to explore feasible strategies of enhancing multi-sectoral cooperation and social participation, so as to further strengthen HIV/AIDS response in China.

Against this backdrop, China-Gates HIV Program has actively advocated the "three-in-one" model at two aspects, i.e. "three-in-one" of centers for disease control and prevention (CDCs), health facilities and non-governmental organizations (NGOs)/CBOs and "three-in-one" of intervention & mobilization, testing result notification and treatment & care. The "three-in-one" model is designed to promote multi-sectoral cooperation and leverage the roles of CSOs and health facilities under the leadership of the government, so as to increase the coverage of intervention, testing and treatment.

The cooperation among CDCs, health facilities and CBOs has been increased along with the implementation of HIV testing and care activities with support of the program. Particularly, three sides have made great efforts in promoting cooperation in the care for PLHA. In all program cities, clear provisions have been formulated for three sides to define the time limit for referral, division of responsibilities and application of statistical methods, boosting the development of "three-in-one" model. To further strengthen the cooperation among these three sides, some program sites tried to establish stable communication mechanisms. For example, joint meeting systems were established in Guangzhou and other program sites.

Regular meetings with the participation of these three sides were held to present the latest progress and data on care for PLHA and discuss existing problems and solutions. Particularly, some program sites have tried to institutionalize the "three-in-one" model by summarizing and learning from successful experiences of China-Gates HIV Program. For example, Hainan Provincial Health Department issued the Notice on Piloting the "Three-in-One" Model in Case Management of PLHA in Haikou in 2012, deciding to pilot the "three-in-one" model in case management of PLHA in Haikou in accordance with successful experiences of China-Gates HIV Program. Locally appropriate "three-in-one" model would be explored and then replicated across the province. As mentioned earlier, Beijing Health Bureau issued the Protocol for Reporting, Epidemiological Investigation and Follow-Up Management of People Living with HIV/AIDS in Beijing (Trial) in 2010, which is another example for the institionalization of "three-in-one" model with support of China-Gates HIV Program. These efforts will help consolidate and improve the sustainability of policy impact produced by China-Gates HIV Program.

3.2.1.5 China-Gates HIV Program has significantly boosted HIV/AIDS treatment and care.

China-Gates HIV Program has actively advocated the strategy of "positive prevention" and insisted on strengthening prevention among PLHA. Based on the scale-up of HIV testing and the promotion of positive detection, efforts will be made to provide necessary knowledge and information for PLHA, encourage PLHA to take active prevention measures, start ART for eligible PLHA in a timely fashion, reduce the risk of cross-infection, repeated infection and opportunistic infection (OI), promote a favorable environment to improve life quality of PLHA and contain the spread of HIV. China-Gates HIV Program aims to address three major challenges facing HIV/AIDS response in China by promoting the strategy of "positive prevention", i.e. low HIV testing rate, low uptake of ART and inadequate care and social support for PLHA. In a word, China-Gates HIV Program hopes to better meet needs of PLHA and contain the spread of HIV. To promote positive prevention, China-Gates HIV Program has taken many measures, including the scale-up of HIV testing, enhanced positive result notification, psychological counseling, increased access to ART, improvement of environment for OI treatment, enhanced medical follow-up and social care.

With support of China-Gates HIV Program, some program sites have conducted active explorations and developed replicable practices. For example, Nanjing Program Office of China-Gates HIV Program launched the "Sunshine Doctors" project in order to address the difficulty of PLHA in accessing medical services. Clinicians have been recruited from health facilities in Nanjing to help PLHA. These "Sunshine Doctors" can not only provide professional therapeutic counseling for clinical medical staff involved in HIV/AIDS response through the platform of "National HIV/AIDS Treatment Information Network", but also provide professional treatment services by protecting the privacy of PLHA. To boost effective implementation of activities, Nanjing Health Bureau issued the Notice on Circulating Leaflets for Voluntary Services from Sunshine Doctors in Nanjing and the Notice on Circulating "Director Accountability System". The former aims to help PLHA find "Sunshine Doctors" via leaflets, and the latter aims to establish the protocol for hospital performance evaluation to encourage hospitals where "Sunshine Doctors" work to provide support for volunteers. Although the voluntary nature of "Sunshine Doctors" cannot completely address the difficulty of PLHA in accessing medical services, but is very important to improve the accessibility of OI treatment services, boost the improvement of medical environment and speed up the promulgation of relevant systems.

As another remarkable example, policy progress has been made in the provision of social care for PLHA in Hainan Province. Since April 2009, Sanya Program Office of China-Gates HIV Program, Sanya

Preventive Medical Association and CBOs have cooperated in conducting baseline survey among PLHA and their families and reporting survey results and local epidemic data to higher levels, in a bid to help poor PLHA and their families improve the quality of life, improve adherence of PLHA to follow-up, care and treatment and contain further spread of HIV. It is recommended to incorporate PLHA into the minimum living protection system and protect the privacy of PLHA. It was recommended that the procedures for approval and public announcement by subdistrict and town governments be canceled, and CDCs could handle the procedures instead. These policy recommendations were finally approved by Sanya People's Government. Based on the successful experience in Sanya, the Implementation Protocol of Opening Green Channel for PLHA to Apply for Minimum Living Protection in Haikou was issued in 2012, which established the policy status of the mechanism in the city.

3.2.1.6 China-Gates HIV Program has demonstrated the important role of result-based performance management mechanism in HIV/AIDS response.

Many informants reported that China-Gates HIV Program was different from other HIV/AIDS programs since it implemented strict result-based performance management mechanism. Such a mechanism enables effective design, implementation, monitoring and evaluation of program progress via measurable core indicators. The close linkage of fund allocation and actual performance can not only improve the efficiency of resource utilization, but also ensure the achievement of program objectives. The performance management mechanism has contributed to the scale-up of HIV testing, participation of CBOs, operation of "three-in-one" model and access to HIV/AIDS treatment and care. Due to the absence of prior exposure to similar performance management mechanism, some program implementers and beneficiaries once had misunderstanding of China-Gates HIV Program. Particularly, they thought that China-Gates HIV Program just focused on "blood drawing" during the mobilization of HIV testing, with little attention to behavioral intervention, psychological counseling and social care for MSM, especially PLHA. To eliminate such misunderstanding, China-Gates HIV Program adjusted care indicators by promoting communication with management units and implementing agencies, such as training. The success of China-Gates HIV Program over the past years has raised awareness of the possibility of incorporating enterprise spirit (focusing on efficiency and benefit) into social development projects. Although the benefit of social development projects cannot be calculated with money, such benefit can be measured in other forms. Moreover, the result-based model also prioritizes the process. On the contrary, reasonable process indicators can be designed to ensure the quality of program implementation and the achievement of ultimate goal.

Informants from national and provincial program management units told us that the performance management mechanism has dramatic implication on future HIV/AIDS activities, such as further expanding the coverage of HIV testing, treatment and care, promoting the participation of CBOs, building the capacity of CBOs and boosting the "three-in-one" model. Particularly in the procurement of services by governments from CSOs, the result-based performance management mechanism provides a clear and feasible reference framework.

3.2.2 Approaches to the realization of policy impact

The manifestations of the policy impact described above reveal several important approaches to the realization of the policy impact of China-Gates HIV Program.

3.2.2.1 Providing evidence for policy-making

China-Gates HIV Program has provided sound evidence for policy-making at central and local levels. Such evidence can have at least two contributions to policy-making. First, the awareness of HIV/AIDS response among MSM has been raised for officials of competent government departments, contributing to the incorporation of policy-making into government agenda. As mentioned earlier, competent government departments in some program sites did not pay adequate attention to HIV/AIDS response among MSM at the very beginning of China-Gates HIV Program, due to lack of epidemic data and little understanding of serious epidemic among MSM. Along with the large-scale testing conducted by China-Gates HIV Program, however, the severity of HIV/AIDS epidemic among MSM was gradually recognized. Program data are very convincing. Second, the design of policies has been improved to ensure their reasonableness and effectiveness. With direct support of China-Gates HIV Program, a large number of surveys were conducted for MSM and PLHA in program sites, covering all aspects of life. Survey results have provided valuable information for the development of HIV/AIDS prevention and intervention policies as well as social and medical aid policies.

3.2.2.2 Directly participating in the policy-making process

Implementing agencies of China-Gates HIV Program have actively and directly participated in the policy-making process. Such participation is organized in at least two forms. First, governments invited implementing agencies (including CDCs, CBOs, health facilities, societies and associations) of China-Gates HIV Program to participate in discussions or provide recommendations on policies. For example, all sides involved in the "three-in-one" model participated in discussions on the Protocol for Reporting, Epidemiological Investigation and Follow-Up Management of People Living with HIV/AIDS in Beijing (Trial) issued by Beijing Health Bureau. Second, implementing agencies of China-Gates HIV Program actively drafted action plans and policy recommendations based on social survey and experience summarization, submitted them to competent government departments and boosted the promulgation of relevant policies. For example, program implementing agencies played an active role in the "Sunshine Doctors" Project and the institutionalization of "green channel" for PLHA to apply for minimum living protection.

It must be noted that the management framework of China-Gates HIV Program has effectively promoted the participation of program implementing agencies in the policy-making process. China-Gates HIV Program has established joint program management offices at provincial/city health administrative departments, consisting of full-time members from provincial/city health bureaus/departments, CDCs, societies and associations. Under the leadership and coordination of provincial/city joint program management offices, program staff are responsible for organizing and implementing program activities at provincial/city levels. This framework has directly promoted the integration of program activities with governmental HIV/AIDS response to a large extent, contributing to the role of governments in coordinating, managing and leading HIV/AIDS response. In this way, program activities are directly linked with routine duties of provincial/city health bureaus/departments, enabling the possibility of feeding successful experiences of China-Gates HIV Program into governmental decision-making.

3.2.2.3 Boosting the summarization and dissemination of successful experiences

China-Gates HIV Program has actively encouraged innovations and formulated a series of innovative and feasible working models. These models have attracted attention from more people through

dynamic program reports, local expert meetings, communication among program officers, national policy workshops and various training sessions. To provide replicable methods for local HIV/AIDS divisions and workers, China-Gates HIV Program had paid special attention to the summarization of experiences, and collated and compiled a large number of literatures, such as Collection of Best Program Practices, Our Stories, Summarization of Program Models and short films on best practices, and disseminated program achievements through a variety of channels to expand the influence of the program.

3.2.2.4 Enhancing institutional capacity building

China-Gates HIV Program has paid special attention to institutional capacity building. Specifically, the program held many training sessions on capacity building through program management, program implementation and multi-sectoral cooperation, and organized program staff from CDCs, health facilities and NGOs to attend field visits and study tours to Thailand, Hong Kong and other countries/regions, significantly contributing to awareness raising and capacity building among staff of implementing agencies.

Institutional capacity building and experience summarization and dissemination have directly or indirectly promoted policy development. A project officer with long-term experience in HIV/AIDS response at a government department indicated that "In the Chinese political system, changing the minds of government officials is critical for the work to progress smoothly. To change their minds, the project officers should first set up the appropriate minds. In this regard, I think China-Gates HIV Program has done a great job. Through institutional capacity building, China-Gates HIV Program first trained the project officers who in turn influenced the officials at higher levels, and the officials further mobilized the officials at other departments. In this process, the experience and outputs of China-Gates HIV Program are critical; otherwise, you could not change the minds of the officials. Once the officials acknowledged the practice, the best practice can be rapidly transformed into governmental policies."

3.2.3 Sustainability of policy impact

3.2.3.1 Favorable conditions to ensure sustainability

To what extent can policy impact of China-Gates HIV Program be sustained after the conclusion of the program? As mentioned earlier, China-Gates HIV Program has created some favorable conditions to ensure sustainability of policy impact. First, China-Gates HIV Program has contributed to the promulgation of several policy documents. After the conclusion of the program, these policy documents will continue to exist and play an important role in HIV/AIDS response. Second, China-Gates HIV Program has improved the capacity of implementing agencies. After the conclusion of the program, these implementing agencies can continue to boost the development and implementation of policies. Third, China-Gates HIV Program has contributed to positive changes in knowledge and attitude among officials of competent government departments through active policy advocacy. After the conclusion of the program, the overall trend will not be changed even if there is a turnover of individual officials. Finally, sound cooperation formed among CDCs, health facilities and NGOs during the process of program implementation will continue to exist. Even though there is no funding and document support from China-Gates HIV Program, three sides will actively enhance cooperation in some fields due to actual needs in HIV/AIDS response.

In fact, the range and scale of "three-in-one" model will be affected by the degree of support from

governments to a large extent. Particularly, the survival and development of CBOs and their participation in HIV/AIDS response after the conclusion of the program will largely depend on the fact that whether and how the government will procure services from them in a timely fashion. Next, we will discuss prospect of sustaining HIV/AIDS response among MSM via the procurement of services by the government after the conclusion of the program, which is a key factor for the sustainability of policy impact produced by China-Gates HIV Program.

3.2.3.2 Prospect of procuring services by the government

During the evaluation process, the prospect of procuring services by the government was a key concern among implementing agencies. Particularly for CBOs, the funding support from governments by procuring services is key to their survival and development after the conclusion of the program. For government departments, awareness has been raised regarding the importance of involving CBOs in HIV/AIDS response and the contribution made by CBOs to the fight against HIV/AIDS. HIV/AIDS response among MSM might be weakened by the interrupted participation of CBOs due to lack of funding support. Health facilities have similar concern; that is, treatment and care for PLHA might be negatively affected due to lack of cooperation from CBOs. Now, the procurement of services by the government from CSOs has become an important policy issue and attracted attention from central and local governmental decision-makers.

At the central level, prior to the World AIDS Day in 2012, Xi Jinping and Li Keqiang met with representatives from CSOs participating in HIV/AIDS response, highly recognized the contributions of CSOs to the fight against HIV/AIDS, emphasized the importance of involving CSOs in HIV/AIDS response and urged competent government departments to explore effective mechanisms of providing funding and technical support for CSOs and procuring services from CSOs. During the evaluation process, a senior official from a competent government department told us that basic principles were defined for the procurement of services by the government. Operation models from China-Gates HIV Program and Global Fund will be adapted to strengthen performance management for services from CSOs based on a system of core indicators. Nevertheless, there are still some key issues to be addressed.

At the local level, eight program sites (see Appendix 1) have started to provide funding support for CBOs during the implementation of China-Gates HIV Program, laying a good foundation for local governments to develop protocols for the procurement of services after the conclusion of the program. Based on existing data (see Appendix 1), 11 program sites have developed budget plans for 2013 for the procurement of services by the government from CBOs by the end of April 2013, of which budget plans have been approved by governments in six program sites, have been submitted to governments for approval in three program sites and are to be submitted to governments for approval in two program sites; two program sites are developing budget plans for 2013; and only three program sites have not started the development of budget plans for 2013. Moreover, some program sites have developed or start to develop budget plans for 2014, of which budget plans have been approved by governments in two program sites, are to be submitted to governments for approval in one program site and are under development in one program site.

It will take time to look at whether protocols for the procurement of services issued or to be issued by central level and program sites can sustain positive impact of China-Gates HIV Program and further create more favorable conditions.

4. Policy Recommendations

China-Gates HIV Program has produced significant policy impact in several important fields, but will be concluded soon. To further consolidate, expand and deepen policy impact of China-Gates HIV Program and sustain its successful experiences, effective models and best practices, the following policy recommendations are put forward.

4.1 Maintain and replicate reasonable models, mechanisms and practices of China-Gates HIV Program

China-Gates HIV Program has conducted valuable explorations into HIV/AIDS response (particularly among MSM) in China and developed many valuable models, mechanisms and practices. After the conclusion of the program, program sites should maintain these models, mechanisms and practices. Also, they should be replicated to more areas in China.

The following models, mechanisms and practices are particularly important.

4.1.1 "Three-in-one" model

The "three-in-one" model developed by China-Gates HIV Program represents the inevitable trend for HIV/AIDS response. From the perspective of organizational arrangements, HIV/AIDS response is not simply the responsibility of government alone, or can be achieved by government alone; cooperation must be strengthened with CSOs (including CBOs) and health facilities (including community health service providers). From the perspective of work flow, overall arrangements should be made because of close linkages among the mobilization of HIV testing, behavioral intervention, treatment and care, so as to improve the efficiency and effectiveness of HIV/AIDS response. After the conclusion of China-Gates HIV Program, program sites should continue to maintain and implement the "three-in-one" model and all sides should make efforts in replicating it to other areas.

4.1.2 Result-based performance management mechanism

Achievement and policy impact of China-Gates HIV Program are largely promoted by the result-based performance management mechanism. Incorporating enterprise spirit into social development projects can not only ensure the achievement of program objectives and maximize the use of limited resources in HIV/AIDS response, but also contribute to the achievement of targets in the fight against HIV/AIDS in program sites and other areas. The Government of China, Gates Foundation and civil society should make great efforts in promoting the result-based performance management mechanism in HIV/AIDS response.

4.1.3 Scale-up of HIV testing

The Notice of the State Council on Further Strengthening HIV/AIDS Response issued in 2010 and the China Action Plan to Prevent and Control HIV/AIDS during the 12th Five-Year Plan issued in 2012 both mentioned the need to "maximize the detection of PLHA". To achieve this objective, it is essential to "expand the coverage of HIV testing and surveillance". Since the scale-up of HIV testing is one of the priorities set out by China-Gates HIV Program, many successful experiences and best practices have been summarized in this regard, such as rapid tests performed by CBOs among MSM, skills for the application of rapid test technologies, cooperation among CDCs, health facilities and CBOs in HIV testing, and performance management for CBOs in HIV testing (e.g. "Triplicate Form"). These experiences and practices should be maintained and replicated.

4.1.4 "Sunshine Doctors" volunteer campaign

In response to the difficulty of PLHA in accessing medical services in Nanjing, the "Sunshine Doctors" volunteer campaign was launched with direct support of Nanjing Program Office of China-Gates HIV Program. Although the voluntary nature of "Sunshine Doctors" cannot completely address the difficulty of PLHA in accessing medical services, but this volunteer campaign is very important to improve the accessibility of OI treatment services, boost the improvement of medical environment and speed up the promulgation of relevant systems. Thus, it should be replicated to more areas. Currently, the "Sunshine Doctors" volunteer campaign has demonstrated positive impact, but such impact is not enough and more efforts should be made to expand the impact.

4.1.5 "Green channel" for PLHA to apply for minimum living protection

With support of China-Gates HIV Program, "green channel" has been launched in Haikou and Sanya for PLHA to apply for minimum living protection. In this way, PLHA are incorporated into the minimum living protection system. To protect the privacy of PLHA, the procedures for approval and public announcement by subdistrict and town governments were canceled, and CDCs began to handle the procedures instead. This practice can help poor PLHA and their families improve the quality of life, improve adherence of PLHA to follow-up, care and treatment and contain further spread of HIV. Thus, it should be replicated to more areas.

4.2 Improvement of existing models, mechanisms and practices of China-Gates HIV Program

It cannot be denied that models, mechanisms and practices of China-Gates HIV Program have certain shortfalls. Moreover, there may be some problems or challenges for program sites or other areas to implement these models, mechanisms and practices after the conclusion of the program. To address existing shortfalls and potential problems and challenges, the following recommendations are put forward.

4.2.1 Further promote the participation of health facilities and improve the "three-in-one" model

China-Gates HIV Program has created a sound framework for close cooperation among government departments, health facilities and NGOs in HIV/AIDS response. In practice, however, the application of this framework is restricted by many factors. As mentioned earlier, policy impact of China-Gates HIV Program in involving health facilities has the lowest score, possibly due to conflict between the pursuit of health facilities

for benefit and the public welfare nature of HIV/AIDS response.

Inadequate participation of health facilities is a weakness of the "three-in-one" model developed by China-Gates HIV Program. Therefore, the participation of health facilities should be further promoted in order to improve the "three-in-one" model. In this way, an effective mechanism should be developed to inspire adequate participation of health facilities. Such a mechanism should balance and take into account the pursuit of health facilities for benefit and equality. No specific recommendations are put forward in this regard. In fact, any single solution will not be enough to address this issue due to the diversity of health facilities and complexity of medical health system reform and disparity among regions. Explorations should be conducted into locally appropriate solutions.

4.2.2 Speed up the promulgation, implementation and evaluation of protocols for the procure of services by governments

In the "three-in-one" model, CBOs are an important component of the organizational structure and play a key role in the mobilization of HIV testing, behavioral intervention, care and support. Therefore, governments should insist on identifying CBOs as an essential collaborating party in future HIV/AIDS response.

After the conclusion of China-Gates HIV Program, many CBOs may face such challenges as shortage of fund and little chance of sustainability. To address these challenges and sustain existing HIV/AIDS activities in program sites, most program sites have started to develop protocols for the procurement of services by governments from CBOs, so as to support continuous participation of CBOs in HIV/AIDS response. Such protocols have been approved by governments and put into operation, are waiting for approval from governments, are to be submitted to governments for approval or are under development in some program sites. Nevertheless, a few program sites have not started to develop such protocols yet and are recommended to develop protocols as soon as possible. After the promulgation of protocols, governments, CSOs, health facilities and other social sectors should carefully monitor and evaluate the implementation and effectiveness of protocols and make necessary adjustments or revisions to protocols.

The "three-in-one" model and CBO involvement are not only very important in HIV/AIDS response in program sites, but also can be replicated to other areas in China. Other areas are recommended to develop and implement locally appropriate protocols for the procurement of services by governments in accordance with successful experiences from program sites.

4.2.3 Boost capacity building and standardized development of CSOs in HIV/AIDS response

During the evaluation process, many informants pointed out that the procurement of services by governments involves multiple parties; in addition to the awareness and attitudes of governments, the capacities of CBOs (and other CSOs) are also a key concern. In other words, CBOs (and other CSOs) should be able to provide services that can meet the demand of governments. Thus, the capacity of CSOs is closely related to the procurement of services by governments.

Nevertheless, this issue is far more complicated than one would image, and a dialectical view should be held towards it. Governments need to ensure the necessary, reasonable outputs of public fund investment, and have to raise requirements for the capacities CSO service providers. On the other hand, however, the capacities of CSOs cannot be built over night, but require constant investment and development. In the

Chinese context, the growth of CSOs (particularly grassroots CSOs) has been weak. Due to the severity of the HIV/AIDS epidemic, the governments should not expect the CSOs engaged in HIV/AIDS response to grow to a certain extent before they can provide services to the governments. Therefore, governments are obliged to promote the development of CSOs engaged in HIV/AIDS response. To promote the development of the CSOs and ensure the effective implementation of the policy for procurement of services by governments, we recommend the governments to proactively explore into the mechanism for the capacity building of CSOs in addition to the procurement of services, or consider the incorporation of the capacity building mechanism into the service procurement protocol and disburse funds specifically for capacity building as part of the funds for CSOs. In the long run, these efforts will strengthen the capacity of CSOs in self-support and diversify the sources of funds for CSO development, and thus gradually reduce their reliance upon procurement of services by governments.

Besides, it is recommended that the governments accelerate the exploration into the mechanism for driving the standardized development of CSOs engaged in HIV/AIDS response. Some informants at governmental departments disclosed to us that the upcoming protocol for the procurement of services by governments will not require the CSOs to be registered, as per the provisions of China-Gates HIV Program and Global Fund; in the long run, however, this represents an expedient arrangement only, and we will still face the challenge as for how to grant legal identity to CSOs and promote their standardized development.

4.2.4 Boost the institutionalization of reasonable models, mechanisms and practices

China-Gates HIV Program has explored and summarized a large number of valuable models, mechanisms and practices. Some of these models, mechanisms and practices have been officially accepted via policy documents in certain program sites (see the manifestations of policy impact). Such acceptance can help models, mechanisms and practices go beyond the program and sustain policy impact after the conclusion of the program.

Nevertheless, it should be noted that many reasonable models, mechanisms and practices have not been officially accepted by governments in program sites. Although this will not mean that these models, mechanisms and practices cannot sustain policy impact after the conclusion of China-Gates HIV Program, there are no formal institutional support for their sustainability, leading to more uncertainties. Therefore, program sites are recommended to issue official policy documents for reasonable and mature models, mechanisms and practices by fully summarizing local experiences and considering local actual situations and make necessary adjustments and revisions in the future in order to ensure sustainable and beneficial impact after the conclusion of China-Gates HIV Program.

Program sites should first institutionalize reasonable models, mechanisms and practices and then replicate them to other areas. In this way, policy impact of China-Gates HIV Program can go beyond the short duration and the selected program sites to create more value in more areas for a long term.

Appendixes

Appendix 1: Procurement of Services by Governments from CBOs in Program Sites

Table 1: Funds Invested by Governments in Procuring Services from CBOs in Program Sites During the Implementation of China-Gates HIV Program

Program site	2007		2008		2009		2010		2011		2012	
	Amount	Source	Amount	Source	Amount	Source	Amount	Source	Amount	Source	Amount	Source
Beijing	0		35	M	36	M	61.3	M/C	59.9	M/C	207.6	M/C
Guangzhou	0		0		25.76	M	47.86	M	32.12	M	50.1	M
Nanjing	5	P	5	P	5	P	5	P	5	P	10	P/M
Harbin	1	M	2	M	2	M	3	M	3	M	4	M
Haikou	0		0		0		5.7	M	10	M	13	M
Changsha	0		0		0		5	M	10	M	10.6	M
Xi'an	0		0		0		0		1.35	C	2.52	C
Qingdao	0		0		0		0		26.6	M	0	
Shanghai	0		0		0		0		0		5	C
Hainan	0		0		0		0		0		0	
Hangzhou	0		0		0		0		0		0	
Kunming	0		0		0		0		0		0	
Tianjin	0		0		0		0		0		0	
Wuhan	0		0		0		0		0		0	
Shenyang	0		0		0		0		0		0	
Chongqing	0		0		0		0		0		0	

Note: 1. The amount is in a unit of RMB 10,000; 2. In the column of "Source", M stands for municipal fiscal fund, P for provincial fiscal fund and C for government Transfer Payment.

Table 2: Fiscal Budgets Developed by Governments in Procuring Services from CBOs in Program Sites in 2013 and 2014

Program site	2013			2014		
	Budget plan	Amount	Source	Budget plan	Amount	Source
Guangzhou	Approved	184.2	M/C	Approved	133.2	M
Hangzhou	Approved	50	M	Approved	50	M
Beijing	Approved	81	M	Unavailable		
Haikou	Approved	130	M	Unavailable		
Nanjing	Approved	20	M	Unavailable		
Shanghai	Approved	20	C	Under preparation		
Kunming	To be approved	90	M/P/C	Unavailable		
Hainan	To be approved	35	P	Unavailable		
Qingdao	To be approved	10	M	Unavailable		
Changsha	To be submitted	20	M	To be submitted	30	M
Xi'an	To be submitted	40	M	Unavailable		
Tianjin	Under preparation	60-100	M/C	Under preparation	60-100	M/C
Harbin	Under preparation	20	M/C	Unavailable		
Wuhan	Unavailable			Unavailable		
Shenyang	Unavailable			Unavailable		
Chongqing	Unavailable			Unavailable		

Appendix 2: List of Informants

Informants in Guangdong Province

Xu Huifang	Chief of HIV/AIDS Division, Guangzhou CDC
Qi	Director of Lingnan Partner Community Support Center
Cai Weiping	Director of Infectious Disease Department, Guangzhou No. 8 Hospital
Lin Peng	Chief of HIV/AIDS Institute, Guangdong CDC

Informants in Hunan Province

Chen Xi Chief of HIV/AIDS Division, Hunan CDC

Ma Hailing Director of General Office, Hunan Provincial Preventive Medicine Association

Zhang Shaojun Deputy chief of Health Care Department, Xiangya Second Hospital, Central South University

Li Chengxi Director of Zhongda Sunshine Working Group

Informants in Yunnan Province

Li Yi Head of Yunnan Provincial-City Joint Working Office

Chen Xin Director, Kunming Hospital of Traditional Chinese Medicine

Wang Ruxun Ex-president of Yunnan Province Association of STD and AIDS Prevention and Control

Gai Zi Head of Yunnan Parallel Working Group

Informants in Chongqing

Wang Zhilun Chief physician at Chongqing Infectious Disease Hospital

Peng Chuanlun Deputy Director, Office of Chongqing Preventive Medicine Association

Nan Feng Head of Chongqing Tongxin Working Group

Mu Key member of Chongqing Tongxin Working Group

Zhou Ying Deputy division chief, Chongqing CDC

Ouyang Lin Project officer at Chongqing CDC

Informants in Hainan Province

He Qiya Director of Office of AIDS Prevention and Control, Hainan Province CDC

He Bin Deputy Director of Division of Science, Education and Information, Hainan Province CDC

Ye Feng Project officer, Hainan Province Preventive Medicine Association

Waiwai Head of Haikou City Tong Ai Working Group

Wang Yan Chief of Division of Prevention and Control, Haikou City Dermatosis Prevention Institute

Li Bin Head of Haikou City Bi Hai Jia Yuan Care Center

Informants in Beijing

Lu Hongyan	Director of Office of STD and AIDS Control, Beijing CDC
Zheng Zhiwei	President of Beijing Association of STD&AIDS Prevention and Control
Fu Yan	Nursing Supervisor, Infectious Disease Department 1, You'an Hospital, Beijing
Sun Lijun	Director of Center of STD and AIDS Diagnosis and Treatment, You'an Hospital, Beijing
Duan Yi	Head of Tian Yuan Working Group, You'an Hospital, Beijing

Informants in Jiangsu Province

Yang Haitao	Deputy Director, Jiangsu Province CDC
Chen Cheng	Coordinator, Nanjing Happy Life Working Group, Jiangsu Province
Ding Jianping	Project officer, NGO Management Team, Jiangsu Province China-Gates HIV Program
Zhang Xiang	Infectious Disease Management Office, Jiangsu Province People's Hospital

Informants in Tianjin

Zhu Xiaoke	Deputy Executive Director, Tianjin China-Gates HIV Program Office
Sun Yunhong	Head of Red Ribbon Home, Tianjin Infectious Disease Hospital
Gaga	Head of Tianjin Deep Blue Working Group
Han Li	Project officer, Tianjin Association of STD&AIDS Prevention and Control

Informants in Zhejiang Province

Zhao Shen	Physician at Dermatology Department, Jianggan District People's Hospital, Hangzhou City
Chen Shihua	Secretary General, Zhejiang Province Preventive Medicine Association
Pan Xiaohong	Director of Office of STD and AIDS Prevention and Control, Zhejiang CDC
Wang Long	Head of Care Working Group, Zhejiang
Shi Daiqiang	Dermatology Department, Hangzhou City No.6 People's Hospital

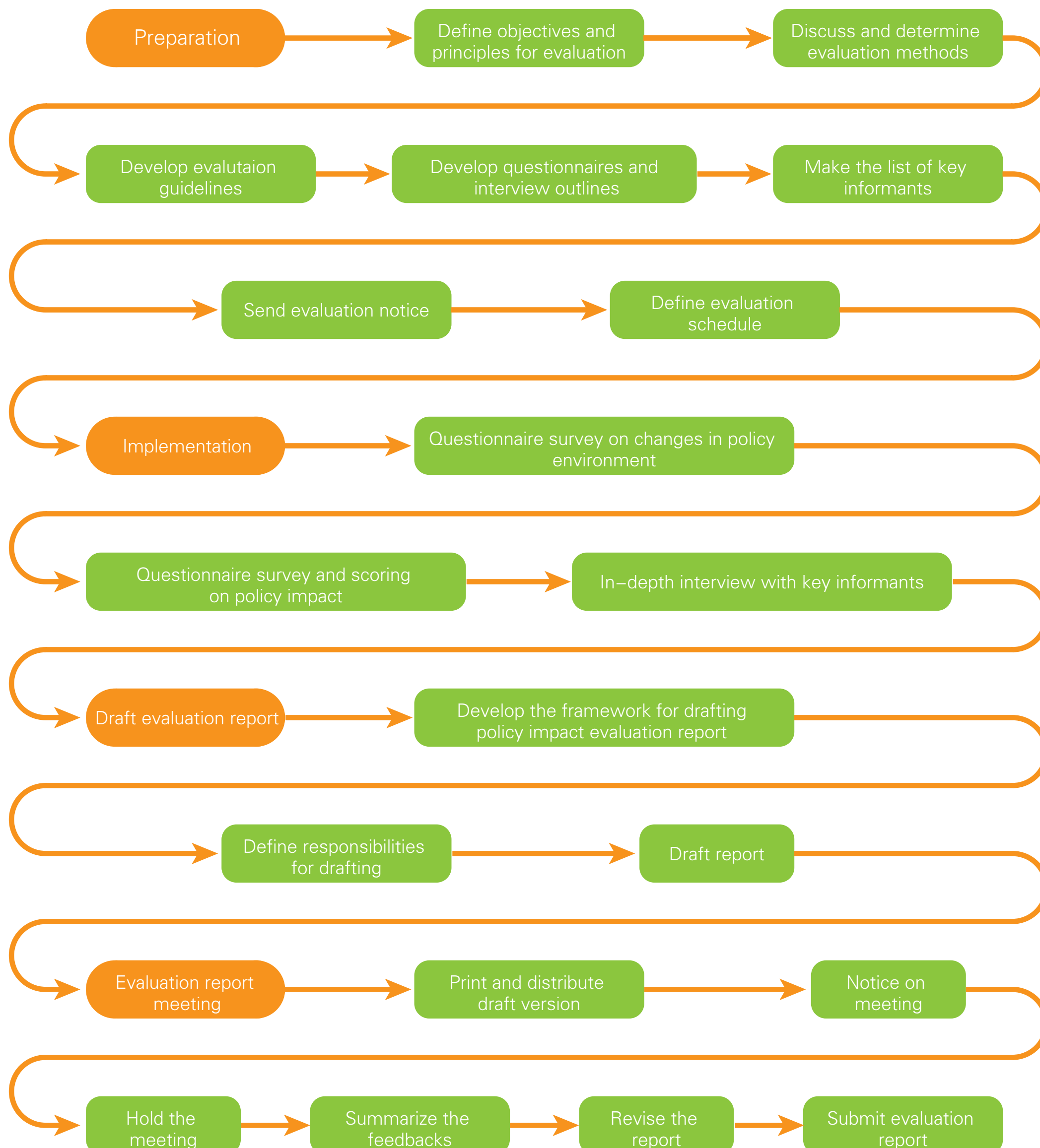
Informants at national level

Wang Ming	Director of NGO Research Institute, Tsinghua University

Wang Ruotao	China Red Ribbon Information Network
Zhang Beichuan	Professor at Hospital Affiliated to Medical College of Qingdao University
Cai Jiming	Secretary General, Chinese Preventive Medicine Association
Wu Zunyou	Director of NCAIDS, China CDC
Luo Mei	Secretary General, Chinese Association of STD and AIDS Prevention and Control
Thomas Cai	Head of AIDS Care China

Appendix 3: Work Flow Chart

To allow the readers to better understand the steps of the impact evaluation, a diagram of the work flow is provided below for reference.



Appendix 4: Questionnaire on Changes in Policy Environment

This questionnaire is designed to understand the changes in the policy environment for HIV/AIDS response among MSM at the program sites. The policy environment in 2007, 2010 and 2012 is compared. We request the directors of the CDCs implementing the program to fill in the questionnaire. To ensure accuracy of the information, the respondents must understand the initiation and implementation process of China-Gates HIV Program. If the respondents have a short history of participation in China-Gates HIV Program or do not understand certain issues, they are advised to consult the informants at their agencies.

Name of respondent: Program site: Job title: Mobile phone:

I. First, please answer the following ten questions by selecting the appropriate options for year 2007, 2010 and 2012.

If the respondent believes that there has been remarkable, gradual improvement in the policy environment for HIV/AIDS response among MSM at the program site, please describe briefly, legibly at the blank space below the questions:

1. Have officials of health bureaus in program sites emphasized the importance of HIV/AIDS response among MSM at formal meetings?

(By 2007 Yes/No) (By 2010 Yes/No) (By 2012 Yes/No)

Examples of emphasizing the importance of HIV/AIDS response among MSM by officials of health bureaus in program sites at formal meetings:

2. Have formal documents for HIV/AIDS response among MSM been issued by health bureaus in program sites?

(By 2007 Yes/No) (By 2010 Yes/No) (By 2012 Yes/No)

Names and dates of formal documents on HIV/AIDS response among MSM issued by health bureaus in program sites:

3. Have key officials of health bureaus in program sites clearly encouraged the development of CBOs in HIV/AIDS response?

(By 2007 Yes/No) (By 2010 Yes/No) (By 2012 Yes/No)

Occasions and dates of clearly encouraging the development of CBOs in HIV/AIDS response by key officials of health bureaus in program sites:

4. Have formal documents been issued by health bureaus in program sites to encourage the development of CBOs in HIV/AIDS response?

(By 2007 Yes/No) (By 2010 Yes/No) (By 2012 Yes/No)

Names and dates of formal documents issued by health bureaus in program sites to encourage the development of CBOs in HIV/AIDS response:

5. Have CDCs in program sites conducted HIV sentinel surveillance among MSM?

(By 2007 Yes/No) (By 2010 Yes/No) (By 2012 Yes/No)

Start/end dates and scales of HIV sentinel surveillance among MSM conducted by CDCs in program sites:

6. Have CDCs in program sites built close partnerships with CBOs in HIV/AIDS response among MSM?

(By 2007 Yes/No) (By 2010 Yes/No) (By 2012 Yes/No)

Examples of close partnerships built by CDCs in program sites with CBOs in HIV/AIDS response among MSM:

7. Have CDCs in program sites built close partnerships with community health service providers in HIV/AIDS response?

(By 2007 Yes/No) (By 2010 Yes/No) (By 2012 Yes/No)

Examples of close partnerships built by CDCs in program sites with community health service providers in HIV/AIDS response:

8. Have CDCs in program sites invited social work organizations to participate in HIV/AIDS response among MSM? (Note: "Social work organizations" refer to CSOs other than MSM groups and PLHA groups.)

(By 2007 Yes/No) (By 2010 Yes/No) (By 2012 Yes/No)

Examples of close partnerships built by CDCs in program sites with social work organizations:

9. Have CDCs in program sites scaled up rapid tests in HIV/AIDS response among MSM?

(By 2007 Yes/No) (By 2010 Yes/No) (By 2012 Yes/No)

Examples of scaling up rapid tests by CDCs in program sites in HIV/AIDS response among MSM:

10. Have CDCs in program sites assisted media to make reports on HIV/AIDS response among MSM?

(By 2007 Yes/No) (By 2010 Yes/No) (By 2012 Yes/No)

Examples of reports on HIV/AIDS response among MSM made by media with assistance from CDCs in program sites:

II. If the respondent believes that there has been certain gradual improvement in the policy environment for HIV/AIDS response among MSM at the program site, please select and list five most important factors contributing to the improvement, in descending order:

A. Promulgation of three laws/regulations and three programmatic documents by the state
B. Large-scale epidemiological investigation
C. Prosperous development of CSOs
D. Launch and implementation of other international programs
E. Launch and implementation of China-Gates HIV Program
F. Active advocacy by experts and scholars
G. Strong demand by MSM
H. Attention paid by media to MSM
I. Other (to be specified)

1.________

2.________

3.________

4.________

5.________

Please describe briefly if you select "Other":

III. If the respondent believes that there has been certain gradual improvement in the policy environment for HIV/AIDS response among MSM at the program site and to some extent is attributable to the impact of China-Gates HIV Program, please select a digit in the range of 1 to 10 to indicate the level of the impact (select one digit only; the same below):

Little impact				Average impact				Major impact	
1	2	3	4	5	6	7	8	9	10

IV. Following the conclusion of China-Gates HIV Program, how much is the likelihood that the government departments concerned at the program sites may continue HIV/AIDS response among MSM through the governmental procurement of services:

Unlikely				Probable				Highly probable	
1	2	3	4	5	6	7	8	9	10

V. Please leave supplemental remark, if any, in a succinct and legible manner:

Supplemental remark:

End of questionnaire. Thanks!

Appendix 5: Questionnaire on Policy Impact Scoring

Name of respondent: Program site: Job title: Mobile phone:

The evaluation team recently invited the directors of the program cities and Hainan Province CDC who directly participated in the program to answer the following ten questions on the policy environment at the program sites in 2007, 2010 and 2012:

1) Have officials of health bureaus in program sites emphasized the importance of HIV/AIDS response among MSM at formal meetings?

2) Have formal documents for HIV/AIDS response among MSM been issued by health bureaus in program sites?

3) Have key officials of health bureaus in program sites clearly encouraged the development of CBOs in HIV/AIDS response?

4) Have formal documents been issued by health bureaus in program sites to encourage the development of CBOs in HIV/AIDS response?

5) Have CDCs in program sites conducted HIV sentinel surveillance among MSM?

6) Have CDCs in program sites built close partnerships with CBOs in HIV/AIDS response among MSM?

7) Have CDCs in program sites built close partnerships with community health service providers in HIV/AIDS response?

8) Have CDCs in program sites invited social work organizations to participate in HIV/AIDS response among MSM?

9) Have CDCs in program sites scaled up rapid tests in HIV/AIDS response among MSM?

10) Have CDCs in program sites assisted media to make reports on HIV/AIDS response among MSM?

I. The findings of the analysis on the changes in policy environment suggest that the policy environment has witnessed gradual improvement at the program sites, which however needs further verification. Therefore, you are first requested to answer the following two questions based on your own judgment:

1. Is the gradual improvement in policy environment for HIV/AIDS response among MSM in program sites related to China-Gates HIV Program?

Yes/No

If "Yes", please continue. If "No", please describe the reason briefly below:

2. If your answer is "Yes" for the above question, please give a score to indicate the association between the improvement in the policy environment and China-Gates HIV Program
(Select one digit only; the same below)

Little impact				Average impact				Major impact	
1	2	3	4	5	6	7	8	9	10

II. To better analyze the policy impact generated by China-Gates HIV Program, please select a score for each of the following 15 elements:

(Element 1) Degree of impact produced by China-Gates HIV Program on the implementation of "Four Free and One Care" policy in program sites

Little impact				Average impact				Major impact	
1	2	3	4	5	6	7	8	9	10

(Element 2) Degree of impact produced by China-Gates HIV Program on the implementation of "social participation" policy in program sites

Little impact				Average impact				Major impact	
1	2	3	4	5	6	7	8	9	10

(Element 3) Degree of impact produced by China-Gates HIV Program on the improvement of survival and development environment for CBOs in program sites

Little impact				Average impact				Major impact	
1	2	3	4	5	6	7	8	9	10

(Element 4) Degree of overall impact produced by China-Gates HIV Program on HIV/AIDS response in program sites

Little impact				Average impact				Major impact	
1	2	3	4	5	6	7	8	9	10

(Element 5) Degree of impact produced by China-Gates HIV Program on the participation of CBOs in HIV/AIDS response in program sites

Little impact				Average impact				Major impact	
1	2	3	4	5	6	7	8	9	10

(Element 6) Degree of impact produced by China-Gates HIV Program on the participation of health facilities in HIV/AIDS response

Little impact				Average impact				Major impact	
1	2	3	4	5	6	7	8	9	10

(Element 7) Degree of impact produced by China-Gates HIV Program on the participation of community health service providers in HIV/AIDS response

Little impact				Average impact				Major impact	
1	2	3	4	5	6	7	8	9	10

(Element 8) Degree of impact produced by China-Gates HIV Program on the "three-in-one" model among government departments, health facilities and NGOs

Little impact				Average impact				Major impact	
1	2	3	4	5	6	7	8	9	10

(Element 9) Degree of impact produced by China-Gates HIV Program on the acceptance of result-based supervision and management mechanism by participating partners

Little impact				Average impact				Major impact	
1	2	3	4	5	6	7	8	9	10

(Element 10) Degree of impact produced by China-Gates HIV Program on a closer attention to HIV surveillance in program sites

Little impact				Average impact				Major impact	
1	2	3	4	5	6	7	8	9	10

(Element 11) Degree of impact produced by China-Gates HIV Program on the acceptance of the strategy for scaling up HIV testing in program sites

Little impact				Average impact				Major impact	
1	2	3	4	5	6	7	8	9	10

(Element 12) Degree of impact produced by China-Gates HIV Program on the enhancement of HIV tests in program sites

Little impact				Average impact				Major impact	
1	2	3	4	5	6	7	8	9	10

(Element 13) Degree of impact produced by China-Gates HIV Program on the acceptance of the strategy for enhancing treatment for PLHA in program sites

Little impact				Average impact				Major impact	
1	2	3	4	5	6	7	8	9	10

(Element 14) Degree of impact produced by China-Gates HIV Program on the access of PLHA to treatment and care services

Little impact				Average impact				Major impact	
1	2	3	4	5	6	7	8	9	10

(Element 15) Degree of impact produced by China-Gates HIV Program on the application of rapid test technologies in program sites

Little impact				Average impact				Major impact	
1	2	3	4	5	6	7	8	9	10

III. Finally, following the conclusion of China-Gates HIV Program, how much is the likelihood that the government departments concerned at the program sites may continue HIV/AIDS response among MSM through the governmental procurement of services (select one digit only)

	Unlikely				Probable			Highly probable	
1	2	3	4	5	6	7	8	9	10

IV. Please leave supplemental remark, if any, in a succinct manner:

Supplemental remark:

End of questionnaire. Thanks!

Appendix 6: Informant Interview Guide

Investigator: China-Gates HIV Program will be concluded in June 2013. Commissioned by the National Program Office, we are evaluating the policy impact of China-Gates HIV Program. To this end, we have selected 30 key informants to help us better understand several key issues. You are one of the key informants selected. This interview will take about 45 minutes and will be sound recorded. Your name may appear in the evaluation report. Do you agree to the sound recording and the inclusion of your name in the evaluation report?

Investigator: First, please describe the level of your understanding about China-Gates HIV Program.

Investigator: China-Gates HIV Program was launched in 2007 and initiated field activities in August 2008 in 14 cities and Hainan Province in China. From August 2008 to August 2010, the program targeted men who have sex with men (MSM), female sex workers (FSWs) and drug users. Since August 2010, China-Gates HIV Program has completely focused on MSM. Besides, one of the objectives of China-Gates HIV Program is to support the Chinese government to formulate HIV/AIDS policies and strategies. Therefore, what specific policies and strategies have been formulated by the Chinese government and health authorities with regard to HIV/AIDS prevention and control among MSM?

Investigator: Are there associations between the national policies and strategies you mentioned just now and China-Gates HIV Program? If "Yes", please try to explain with concrete examples if possible. If you believe that China-Gates HIV Program has generated impact on the HIV/AIDS response polices formulated by governments and health authorities at local level, please try to explain with concrete examples, too.

Investigator: China-Gates HIV Program has insisted on two core concepts, i.e. "Testing as Intervention" and "Treatment as Prevention". The first concept emphasizes the role of testing as a core element of behavioral intervention with most-at-risk populations and an entry point to care and treatment. The second concept emphasizes the management of PLHA, timely access to ART and role of care and treatment as effective tools to contain the spread of HIV. Have these two concepts promoted the HIV/AIDS policies in China at the time of the initiation and the early stage of China-Gates HIV Program? If "Yes", please try to explain with concrete examples if possible.

Investigator: According to the National Program Office, China-Gates HIV Program has explored the "three-in-one" model at two aspects, i.e. "three-in-one" of CDCs, health facilities and non-governmental organizations (NGOs)/CBOs and "three-in-one" of intervention & mobilization, testing result notification and treatment & care. The "three-in-one" model is designed to promote multi-sectoral cooperation and leverage the roles of CSOs and health facilities under the leadership of the government, so as to increase the coverage of intervention, testing and treatment. Please comment on the "three-in-one" model introduced by China-Gates HIV Program.

Investigator: HIV/AIDS response among MSM requires active participation of civil society. Thus, China-Gates HIV Program has paid special attention to the roles of NGOs, grassroots organizations, MSM groups and PLHA groups. Prior to the launch of the program, NGOs only had limited enthusiasm and participation in HIV/AIDS response. Do you agree to this view? If "Yes", do you think China-Gates HIV Program to a large extent has strengthened the awareness of civil society participation in HIV/AIDS response among Chinese HIV/AIDS strategy/policy markers?

Investigator: To sum up this interview, do you think China-Gates HIV Program has generated certain impact upon Chinese policies and strategies on HIV/AIDS response among MSM? If "Yes", please give a score in the range of 1-10 to indicate the level of impact. In other words, do you think the impact is minor, major or significant?

Investigator: Thanks for your cooperation. We can continue to talk if you have additional remarks. If you choose to remain anonymous in the finalized evaluation report for certain comments you will offer now, we will ensure anonymity for you.

政策影响评估报告

Report on Policy Impact Evaluation

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