State Council Office

Notice about the Distribution of the “China’s Action Plan (2006-2010) for Reducing and Preventing the Spread of HIV/AIDS”


The People’s Governments of Provinces, Autonomous Regions, and Municipalities and the Departments and Institutions of the State Council:

The “China’s Action Plan (2006-2010) for Reducing and Preventing the Spread of HIV/AIDS”, which has been proved by the State Council, now is distributed to you. Please conscientiously implement the action plan.

February 27, 2006

China’s Action Plan for Reducing and Preventing the Spread of HIV/AIDS

(2006 - 2010)

Over the past several years every region and involved department have been conscientiously implementing the “the notice about Chinese Long and Medium Term Plan for Preventing and Controlling the Spread of HIV/AIDS (1998 - 2010) ---State Council Document (1998) No. 38”, “the notice about sincerely enhancing the works on AIDS prevention and treatment ---State Council
Document (2004) No. 4", and “the notice about the distribution of China’s Action Plan for Reducing and Preventing the Spread of HIV/AIDS (2001 - 2005)---State Council Office Document (2001) No. 40". Education and communication on HIV/AIDS have been broadly developed, national epidemic surveillance has been carried out, intervention measures have been actively promoted, and the “four free and one care” policy has been conscientiously implemented. Now the working mechanism of government-led multi-sectoral assigned responsibilities with strong societal participation on HIV control has been gradually formulated. The primary spread of HIV/AIDS epidemic has been reduced. However, in some areas the trend of high epidemic appears, although the national prevalence of HIV/AIDS is low; the epidemic is spreading from “high risk population” to “general population”. We still face a serious challenge in HIV/AIDS control and prevention. Therefore, the “China’s Action Plan (2006-2010) for Reducing and Preventing the Spread of HIV/AIDS”, referred to as “action plan” hereby, was formulated to enhance the work on HIV/AIDS control and prevention, and to effectively protect the health of the people.

1. The working principles
(1) The government takes the leadership and organizational role and every department has its own specific responsibility with whole society participation.

(2) Comprehensive control should be implemented as the primary strategy in prevention and combined with treatment and care.

(3) Action according to the law, guided by science, and evaluated by comprehensive indicators.

(4) Concentrate on the epicenters of the epidemic, provide differentiated guidance according to the different situation, and evaluate the effectiveness by the change in real world.

(5) Manage the work by different levels, clearly defined responsibility, and enhanced monitoring.

2. Objectives and Working Indicators

2.1. General Objective

Further improving the working mechanism of government-led multi-sectoral assigned responsibilities with strong societal participation on HIV control; totally implementing the measures on HIV prevention, control and treatment; reducing the harm of HIV
on people living HIV, AIDS patients, their families as well as
general population. The number of HIV infections will be kept within
1.5 million by the year of 2010.

2.1 Specific objectives and working indicators

**By the end of 2007 should complete the following work objectives:**

(1). Each of Provincial (regional, city) and city (district) CDCs and
HIV/STD serious epidemic county CDCs should have independent
agency for AIDS/STD control and prevention with relevant
equipments and personnel. Build up the national (county and above)
HIV surveillance system and screening test lab network with a
function of directly on-line report of HIV surveillance information.
Build up reasonable surveillance network on STD in county or
above medical institutions for the purpose of HIV/STD
effectiveness evaluation. Each county (city) should set up, at least,
2-3 voluntary counseling and testing (VCT) points to provide free
HIV primary test and counseling services.

(2). Within the population of 15-49 years old, the knowledge of HIV
prevention and treatment and blood donation should be not less
than 75% among urban residents, 65% among rural residents, 70%
among floating population, 85% among school students and 65% among youths outside of school. Not less than 70% of the large people-flow public locations, such as air-ports, ship ports, railway stations, long-distance bus-stations, under-ground and ground train stations, and Customs-ports, should set-up non-commercial advertisement board. Not less than 60% of the air (train, bus, ship) waiting rooms should have HIV educational materials.

(3) Not less than 90% of the responsible persons of relevant departments at various level local governments should have been trained on HIV knowledge and policies; the national and provincial HIV control policy educational group should cover their training for not less than 90% of the counties (cities).

(4) Not less than 80% of the health staffs in city communities and rural township, and not less than 50% of village doctors and health staffs, should have been trained on knowledge and skills of HIV/AIDS prevention and treatment. Not less than 50% of maternity health staffs should been trained on the knowledge and skills of preventing mother-to-child HIV transmission.

(5) Not less than 80% of the staffs in HIV testing lab and other HIV prevention and treatment professional agencies should have been trained on basic VCT knowledge and skills.
(6) Not less than 70% of the floating population and people with high-risk behavior should have been covered by effective intervention measurement. County (city) with more than 500 registered drug-abusers should set up “drug-maintaining clinic” for not less than 40% opium abusers (specifically the heroin-abusers) providing drug-maintaining services. In clean needle and syringe exchange areas not less than 30% of injecting drug users (IDUs) should have been received clean needle/syringe. People with high-risk behavior should have at least 85% of the basic HIV knowledge and the condom-use rate not less than 70%. The needle/syringe sharing rate among IDUs should be controlled below 30%.

(7) The training and licensing system for blood management staffs working in medical institution or blood stations should been set up. 100% of these staffs should be trained by relevant HIV/STD prevention and treatment knowledge and skills. Not less than 90% blood used in medical clinics should be come from voluntary-and-free blood supplements. The annual increase rate of the STDs incidence should be less than 10%.

(8) The health care and social supporting mechanism for HIV positives and AIDS patients should be set up; it should be
community/family-based in urban areas and village-based in rural areas. Not less than 50% of AIDS patients satisfying the treatment criteria should have received the treatment of Anti-Retrovirus Drug (ARD) or Traditional Chinese Medicine (TCM); not less than 70% of the AIDS patients with a treatment demand should have received relevant treatment service for opportunity infections. The coverage rate of counties (cities) with HIV mother-child prevention should not be less than 80%. In the counties (cities) with HIV mother-child prevention not less than 85% of HIV positive mothers should have received the mother-child prevention measurement. 100% of the orphans caused by AIDS should receive free-compulsory education.

By the end of 2010 should achieve the following objectives.

(1) The national HIV reference laboratory should reach the international level; the confirmation laboratory network covering cities and above should be set up and well functioned.

(2) Within the population of 15-49 years old, the knowledge of HIV prevention and treatment and blood donation should be not less
than 85% among urban residents, 75% among rural residents, 80% among floating population, 95% among school students and 75% among youths outside of school. Not less than 90% of the large people-flow public locations, such as air-ports, ship ports, railway stations, long-distance bus-stations, under-ground and ground train stations, and Customs-ports, should set-up non-commercial advertisement board. Not less than 80% of the air (train, bus, ship) waiting rooms should have HIV educational materials.

(3) 100% of the responsible persons of relevant departments at various level governments should have been trained on HIV knowledge and policies; the national and provincial HIV control policy educational group should cover their training for not less than 95% of the counties (cities).

(4) Not less than 90% of the health staffs in city communities and rural township, and not less than 70% of village doctors and health staffs, should have been trained on knowledge and skills of HIV/AIDS prevention and treatment. Not less than 90% of maternity health staffs should been trained on the knowledge and skills of preventing mother-to-child HIV transmission.
(5) Not less than 90% of the staffs in HIV testing lab and other HIV prevention and treatment professional agencies should have been trained on basic VCT knowledge and skills.

(6) Not less than 90% of the floating population and people with high-risk behavior should have been covered by effective intervention measurement. County (city) with more than 500 registered drug-abusers should set up “drug-maintaining clinic” for not less than 70% opium abusers (specifically the heroin-abusers) providing drug-maintaining services. In clean needle and syringe exchange areas not less than 50% of (IDUs) should have been received clean needle/syringe. People with high-risk behavior should have at least 90% of the basic HIV knowledge and the condom-use rate not less than 90%. The needle/syringe sharing rate among IDUs should be controlled below 20%.

(7) 100% blood used in medical clinics should be come from voluntary-and-free blood supplements, totally blocking the transmission of HIV through blood management. One demonstrative medical health institution should be set up for STD treatment and prevention-care service in each of the counties (cities).
(8) Not less than 80% of AIDS patients satisfying the treatment criteria should have received the treatment of ARD or TCM; not less than 90% of the AIDS patients with a treatment demand should have received relevant treatment service for opportunity infections. The coverage rate of counties (cities) with HIV mother-child prevention should not be less than 90%, and more than 90% of HIV positive mothers should have received the mother-child prevention measurement.


3.1. Carry out comprehensive communication and education activities on HIV prevention and treatment and free blood donation; to build up a supportive social environment for HIV/AIDS prevention and treatment and for caring people living with HIV and AIDS patients.

(1) Strengthen mass media communication. Relevant departments and news agencies shall broadly organize the communication and education on HIV prevention and treatment, free blood donation, and the “four free, one care” policy. National,
provincial mass media shall actively communicate the knowledge of HIV/STD prevention and treatment and free blood donation through non-commercial social advertisements; the national and provincial main radio and television media shall have certain percentage of these non-commercial advertisements. Each of the main news web-site shall have special page for HIV health education and up-to-date their contents timely.

(2) Strengthen the education in public locations and communities. Main roads, streets, city-squares, parks, commercial areas and tourist points in various cities and counties should have non-commercial board advertisement. Air-ports, ship ports, railway stations, long-distance bus-stations, under-ground and ground train stations, Customs-ports and other public transportation tools, should have health education materials for HIV/AIDS prevention and treatment. Hotels and restaurants should carry out relevant works for HIV prevention and communication. In the reception room of hotels should have HIV health education materials which could be taken freely by their clients. Cinema, youth club, culture institution and other entertainment and educational locations should give HIV health education, at least once a year, they also should give health
education video or non-commercial advertisement before their main activities in accordance with relevant regulation.

Rural townships and village committee, street and resident community in cities should set up health education board or poster for HIV prevention and treatment with up-to-date contents; each of villages should have at least 5 non-commercial advertisement boards or posters on HIV prevention and treatment. Community health centers, township hospitals and other medical health institutions should carry out health education actions on HIV prevention and treatment at least twice a year.

Relevant departments should take various health educations on HIV prevention and treatment and free blood donation in public gatherings together with “socialism new countryside development” and “Science-tech, culture, and health---three supports into countryside”. Materials of HIV health education should use the language understandable by minority groups and local countryside residents. Occupational training for rural staffs or floating workers should have relevant HIV health education.
(3) Strengthen the education in working places and schools. All working places should have health education on HIV prevention and treatment, free-blood donation and care for people living with HIV and AIDS patients. Institutions, especially construction and mining industries, should have relevant health education on HIV knowledge and policies as part of the safety education in their pre-occupational training, and once a year HIV-special health education action in their on-job trainings. Training agencies should put knowledge of HIV prevention and treatment and free-blood donation into their core training content. Public occupation services should have HIV education materials free for their clients.

Middle schools, technical and occupational schools, and colleges shall carry out HIV health education. Community youth organization shall organize youths to participate the social care activities for people living with HIV and AIDS patients; colleges shall encourage the service organization of youth volunteers to carry out activities of various HIV education and caring for people living with HIV and patients.

(4) Strengthen the education and communication for key groups. Relevant areas and departments should well implement the
“National implementation protocol for HIV education and communication engineering among farm-workers” to carry out health education on HIV prevention and treatment among farm-workers into cities. Health Education for the prevention of HIV mother-child transmission should be carried out in the marriage and pregnancy schools, prenatal services and marriage counseling. The HIV health education should be strengthened among exporting workers. The knowledge of HIV prevention and treatment should be put into the routine educational contents for prison workers and managers. Based on the development of activities of “Health Family Preventing HIV”, “Chinese workers red-ribbon health action”, and “Youth Red-ribbon” etc, the working net-work advantage of various civil associations, such as the workers society, communism youth association, women’s federation, red-cross society and industry-commercial federation, should be well appreciated in various HIV health education and caring for people living with HIV and AIDS patients.

3.2. Scale up the implementing effective intervention measures

(1) Actively to develop preventive interventions for blocking HIV transmission by sex, and promoting condom usage. Relevant
departments of all areas should set up “high-risk behavior intervention team”, design intervention working protocol, establish information collecting and reporting system, mobilize social resources to carry out proper interventions in public and people gathering locations; peer-education should be carried out HIV prevention and life-skills training in communities among people back from prison or rehabilitation campus, and encouraging people with high-risk behavior to access service of HIV testing and STD treatment. To promote condom usage in public locations and people with high risk behavior; in floating population gather-places there should be sale-point of condoms to raise the condom-usage rate.

(2). Increase the coverage of drug-maintaining rate for opium abusers (specifically the heroin-abusers) and needle exchange-sides. In the area with serious problem of opium abuse, the drug-maintaining clinics should be strengthened together with comprehensive measurements, including HIV testing, ARD treatment, psychological modification and other health education, to help opium abusers back into society; for the areas without drug maintaining clinic the needle-exchange sides should be increased to reduce the harm of HIV/AIDS transmission by needle sharing.
(3) Enforce the prevention for HIV mother-child transmission. Relevant departments should provide proper effective service for prevention of HIV mother-child transmission meeting local situation and “three-level medical care” system, mother-child care and diseases control network. Medical care and health institutions should provide HIV positive mothers free maternity services, such as HIV testing and counseling, pre-pregnancy, pregnancy blocking, follow-up, nutrition supervision, ARD treatment, and baby feeding counseling etc.

3.3. Strengthen the safe blood management, especially in blood collection and blood transfusion constitutions.

(1) Enforcing the blood donation law. Relevant departments of all areas should set up the reporting system and carry out the routine monitoring activities to strike illegal blood (plasma) collection and organization of blood (plasma) or blood-products sale; high-risk people could not donate their blood(plasma). Strengthen the management for medical equipments in production, distribution, clinical usage, and disposing; strike illegal production and collection of medical equipments.

(2) Improving the quality control and assure system for all blood collection agencies, blood plasma collection stations, and
blood products industries. Relevant departments of all areas should strengthen the standard management and quality monitoring on blood (plasma) collection stations. Gradually implementing blood center-testing; HIV testing for all clinical blood before being used. Promote the GMP certification for plasma collection station for existing stations; newly opened station must have GMP certification. Continuously practice total control of blood production units, establish raw material of plasma collection, and blood-products annual reporting system; and strengthen the monitoring for plasma collection, sale-market, and blood products manufacture. Strengthen the quality control of blood, blood-products, HIV testing materials. Gradually establish the “quarantine” system for plasma raw materials; all blood products should be treated by effective virus disinfection measure to assure the safety of blood products.

(3) Strengthen the rational blood usage and safe management in medical institutions. Health administration agency and medical care/health institution at various levels should put blood safety into medical education system and exams, establish and improve the blood safety monitoring and evaluation system in
clinics. Punish medical care and health institution that commits illegal self-blood collection and self-blood supply.

3.4. Improving the quality of HIV care services. Totally implement the AIDS treatment measures, and develop care and alleviation for HIV positives, AIDS patients and their families.

(1) Standardize the ARD treatment and increase the accessibility of ARD for all AIDS patients. Provincial (region, city) health administrative department should implement the AIDS technical standard diagnosis and treatment procedure; establish standardized drug and treatment information management system; properly arrange health personnel, financial and equipment resources; and provide medical care services for relevant patients in free HIV-ARD treatment. Support traditional Chinese medicine in clinical services. There should be assigned hospital responsible for AIDS patient medical treatment in each of the cities with districts; medical care and health institution at county or below should have trained health staffs responsible for out-patients and family bed-patient treatment. Health administrative agencies at various levels should strengthen the management on treatment, follow-up, drug-taking monitoring, psychological support, and
medical treatment transferring services. The treatment demands of floating population and prisoners should be met.

Relevant departments of all areas shall improve the city employee health insurance management, including service access and financial payment, for HIV positives and AIDS patients who are in the health insurance system. Their reasonable medical demands should be met.

(2) Develop HIV treatment lab testing and drug-resistance monitoring. Relevant department of all areas should develop assistant T-lymphocytes and virus-load testing for ARD receivers in accordance with tech-standardized procedures. Establish HIV drug-resistance monitoring network, develop surveillance for HIV strains among newly infected population for the purpose of scientific evaluation in treatment.

(3) Strengthen the prevention and treatment of opportunity infection and actively develop the prevention and treatment for TB/HIV double infection. In all areas there should have properly localized policy on HIV opportunity infection treatment, expenditure on opportunity infection of the economically poor HIV positives should be reduced. Establish surveillance for TB/HIV double infection, including TB screening for HIV positives and
increasing the diagnosis ability, and co-operation mechanism between TB and HIV treatment, including both in prevention treatment and care; double infected HIV positives should be included into the national TB prevention and treatment program.

(4) Develop the arrangement and succor for orphan and elderly caused by AIDS. In all areas there should have properly policy measures for registering, reporting and follow-up method for orphan and elderly caused by HIV/AIDS; implement orphan arrangement and free education policy. Orphan, elderly and economically poor HIV positives and AIDS patients should be included into the civil alleviation system to provide succor and arrangement.

(5) Encourage and direct civil and social resources come into HIV/AIDS succor arrangement. Relevant department should actively encourage social associations, civil foundations and civil institutions, and individuals to help HIV positives self-production and to take the care for AIDS patients; should provide training and support to agencies and individuals participating HIV/AIDS prevention and treatment.

3.5. Build up and Improve the HIV test-surveillance system
(1) Establish the proper VCT service system. In all areas there should strengthen the existing VCT service network focusing on the principle of voluntary and confidentiality, and increasing the accessibility of VCT for all. Establish and improve the free VCT services in diseases control agencies, medical hospitals and mother-child care clinics. In all agencies providing HIV tests, there should also provide relevant counseling, health education and treatment transfer services; In VCT service only agencies, there should have treatment transfer service that provides HIV tests.

(2) Improve HIV surveillance network and strengthen the surveillance among high risk behavior population. In low epidemic area HIV surveillance network should cover high risk behavior groups; in middle and high epidemic areas HIV surveillance network should cover both high risk behavior groups and general population. In all areas there should carry out relevant epidemiological survey or screen program on prisoners and rehabilitation people in accordance with relevant regulations. In HIV serious epidemic area, in accordance with the principle of informed consent and confidentiality and relevant regulations, free primary HIV test service should be provided to newly married couples and pregnant women and youths pre-their military service, in medical care and health institutions, that have the capacity of
HIV testing, should provide HIV antibody test for all patients preparing for surgery or with STD; servants in public locations should have HIV test included in their health routine occupational check-up and the result should be informed to them.

(3) Program and build-up HIV test-lab network, and raise the level of testing tech. CDC at county or above, and medical care institution at the second grand or above, should have HIV screening lab, for these without capacity to set up the screening lab there should be a test-side of quick-testing. CDC at city with heavy testing and screening job-load should have HIV confirmation lab; County (city) with heavy ARD job-load should have the capacity of assistant T-lymphocytes test and gradually develop the HIV-virus load test.

(4) Build-up quality control, test-capacity certification and quality evaluation system for testing lab. Relevant department should build up HIV test-lab and set up occupational precaution and management system, in accordance with the national microbiology lab safety criteria; improve the quality control responsibility system, practice differential management and annual evaluation; build up electric feed-back reporting system for confirmation lab capacity certification. Set up information
management system for confirmation labs at provincial inspection and quarantine agencies.

(5) Establish communication and information sharing mechanism among multi-departments, and periodically analyze and summary HIV epidemic surveillance data and distribute the report for public use.

3.6. Strengthen STD prevention and management

(1) Establish STD surveillance network. Relevant departments should locate their STD surveillance points, in accordance with the distribution of the national diseases surveillance points and HIV surveillance network. Strengthen STD epidemic surveillance, epidemiological studies, quality control on STD test lab, and drug-resistance monitoring.

(2) Standardize the STD treatment services. Relevant departments should strengthen STD management and counseling service. Medical care institution that provides STD services should carry out HIV/STD health education and promote condom use in their clinic services in co-operation with the intervention for high risk behavior change.
3.7. Strengthen operational researches and international co-operations in HIV prevention and treatment

(1) Relevant departments should strengthen the HIV epidemiological studies, increase the capacity in surveillance, prediction and intervention; strengthen HIV test materials quality and raise the technical level of testing. Develop clinical study on AIDS management, analyze the experiences of Traditional Chinese Medicine and develop a Chinese-western combined HIV/AIDS management protocol. Strengthen the researches on new AIDS treatment drugs and HIV vaccines; import more ARD and develop various formulas and treatment protocols. Build up HIV research-sites and demonstrational communities; promote experiences of HIV prevention and treatment. Strengthen the strategic research on HIV/AIDS prevention and control; raise the effectiveness of communication, education and behavior intervention.

(2) Relevant departments should strengthen the cooperation with international organizations, friend countries, and relevant institutions, develop various channels of international cooperation. Within the frame of WTO cooperating with all member countries, reduce the price of drugs in HIV prevention and treatment and
assure the supply of these drugs. Through bilateral cooperation with neighbor country strengthen HIV prevention and intervention in the border areas. Improve communications of HIV prevention and treatment with international community and build up supportive international environment for HIV prevention and treatment.

4. Assuring measures

4.1. Strengthen the leadership of the government and improve the management mechanism.

All local governments should integrate HIV prevention and treatment into their local economic-social development program; have HIV specific objectives, clearly define the responsibilities and job descriptions, objective oriented evaluation management. Working committee for HIV prevention and treatment or relevant facilitate organization should be set up in all provinces (region, city) as well as in counties with serious HIV epidemic; the working committee should set up office with full-time staff. In serious HIV epidemic area the working committee of HIV prevention and treatment should take "the first hand" of the government as their responsible person. The working committee should quarterly report their work to its superior committee. Wherever there is a failure of
leadership, implementation or enforcing the “four free and one care” policy, the government should take serious action on identifying the responsible person; if a HIV epidemic happens due to the negligent of functioning the duty or covering the epidemic information, an investigation shall be carried out for criminal liability in accordance with the law.

4.2. Enforce the legal and policy assurance with relevant management measures and standardized operational procedures.

Relevant departments in all regions shall design and formulate their local regulations and policy measures in accordance with the “Regulations on Prevention and Treatment of AIDS”, enforce the HIV prevention and treatment in accordance with the law and policy, striking drug-crimes and illegal behavior of commercial sex. Medical care and health institutions shall have and implement their management measures and standardized operational procedures for dis-infection, blood and blood products usage, and organ transplantation, in order to prevent any HIV transmission in medical and health activities.

4.3. Strengthen institution and capacity building.
In each of the provinces, cities and counties, there shall be a HIV experts counseling organization with a multi-sciences and cross-sections nature for HIV prevention and treatment; community and village committee shall assign the full-time or part-time persons to carry out the communication of HIV prevention and participate the intervention and treatment activities. Improve the working and living conditions of grass-roots and board area staffs in HIV prevention and treatment; encourage graduated students from college and technical schools to grass-root agencies for HIV prevention and treatment.

State Council AIDS Working Committee Office (SCAWCO) and provincial (regional, city) governments, shall organize the HIV control policy educational group to carry out relevant educational trip; Integrate HIV prevention and control strategy into the training curriculum of party, administrative and community youth schools at every level. Relevant departments shall strengthen the communication, training and education of knowledge, policy and evaluation methods in HIV prevention and treatment for their staffs, in order to raise the level of policy formulating and evaluation capacity. Medical care and health institutions shall organize HIV training for all staffs; carry out HIV professional training for HIV/STD health workers, health education staffs, clinical doctors
and nurses, medical tests and lab personnel, and blood collection and management staffs; take the measures in pre-occupational education and exam for all staffs with HIV occupational risk; and integrate HIV prevention and treatment knowledge and skills into the curriculum of all medical schools and on-job trainings. Explore the assurance mechanism in blood transmission and HIV occupational infection. All medical care and health institutions shall take the universal precaution measurements, practice the operational procedures and dis-infection managements to prevent any iatrogenic HIV infections.

Local governments at all levels and relevant departments shall design the training program with clearly defined objectives, monitoring and evaluation measures for their staffs; strengthen their training and evaluation to fit their local needs.

4.4. Increase financial support with multi-channel fund-raising and systematically integrated management and usage.

Establish and improve the financial supporting mechanism with mainly government input, various levels sharing the needs, and multi-channel fund-raising. Various local governments shall get the budget in HIV prevention and treatment into their governmental budget; national government shall financially subsidize the
economically underdeveloped and serious epidemic areas. Establish a scientific and standardized financial management system to monitor and supervise the use of money with the maximum utility.

Encourage various social supports in HIV prevention and treatment. State shall give the tax-benefit to the enterprises and individuals donated to HIV prevention and treatment in accordance with the regulations separately.

5. Monitoring and Evaluation

SCAWCO shall design the evaluation indicators and organize the implementation of the evaluation protocol. The provincial (regional and city) people’s government shall formulate their evaluation indicators and plan, carry out the annual evaluation and take the results as the government objective management contents, and give their annual evaluation report to SCAWCO. SCAWCO shall organize non-fixed period exams, and take the middle and final evaluation for the implementation of “Action Plan” at early of 2008 and end of 2010.