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2011,⁵ showed an increase in the prevalence of daily smoking in those aged 17 years from 28.9% in 2008 to 31.5% in 2011—another exception among high-income countries.

Why are Brazil and France welcoming this Commission?

I was sacked from my post as a senior tenured consultant in Public Health in September, 2010, by the French Department of Health, against the advice of the National Statutory Committee.

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Challenges and opportunities for HIV/AIDS control in China

Your Dec 3 Editorial¹ mentions the political commitment of the Chinese Government to the control of HIV/AIDS. Progress with China's AIDS control has been substantial since the epidemic of severe acute respiratory syndrome in 2003, mainly owing to political commitment from the top and implementation of the Four Free One Care policy.^{2,3}

On Dec 1, 2011, Premier Wen Jiabao visited the Chinese Center for Disease Control and Prevention (CDC), marking his ninth consecutive World

AIDS Day meeting with patients, doctors, and researchers. During his visit, Wen reiterated that the Chinese Government will provide more funding and strong policy support to guarantee improvements in care for patients and in research into drugs and vaccines, to fight poverty in areas of high HIV prevalence, and to provide stronger societal support for AIDS prevention.

In the past 5 years, there have been three major shifts in the route of HIV transmission in China: from parenteral to sexual, from high-risk groups to the whole population, and from predominantly rural areas to both rural and urban areas. The average annual increases in reported HIV infections and AIDS deaths are 15% and 25%, respectively,³ owing to low coverage of prevention and treatment efforts. The challenges are ever bigger than before, not because of political or financial factors, but technical and infrastructural ones. There are no easy solutions to solve the bottlenecks in the control programme—such as how to find the more than 55% of unidentified HIV/AIDS patients among the national estimated total of 780 000; how to control sexual transmission effectively when sex education is still taboo and most men who have sex with men are married as a cover;⁴ how to fight discrimination where cultural beliefs and stigma prevent most doctors from operating on AIDS patients;⁵ and how to mobilise millions of medical personnel and non-governmental organisations for a comprehensive, unified war against AIDS, rather than just the solitary fight by the CDC system.

China has benefited from the best practices of other countries for so long. This time, to tackle the above challenges, the solutions have to come from within. An old Chinese saying is, "Opportunity and challenge are brothers." China's successful track record throughout the past 30 years of economic reform and opportunity gives us reason to hope.

We declare that we have no conflicts of interest.

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Griffin S, Borch-Johnsen K, Davies MJ, et al. Effect of early intensive multifactorial therapy on 5-year cardiovascular outcomes in individuals with type 2 diabetes detected by screening (ADDITION-Europe): a cluster-randomised trial. *Lancet* 2011; **378**: 156–67—This Article (July 9) should have contained a statement about the authors' conflicts of interest reading as follows: "SJG has attended an advisory board for Colgate Palmolive, has received honoraria for speaking from Unilever, Eli Lilly, GlaxoSmithKline, MSD, and Novo Nordisk, and has received travel expenses from Eli Lilly; KB-J was director of the Steno Diabetes Centre, which is owned by Novo Nordisk, and holds stock in Novo Nordisk; MJD has served on advisory boards for Novo Nordisk, Eli Lilly, MSD, Bristol-Myers Squibb, and Roche, and has received honoraria for speaking from Novo Nordisk, Eli Lilly, Sanofi-Aventis, Novartis, and MSD; KK has participated in advisory boards for Novo Nordisk, Eli Lilly, MSD, Boehringer Ingelheim, and Roche, and has received honoraria for speaking from Novo Nordisk, Eli Lilly, Sanofi-Aventis, Novartis, and MSD; GEHMR has served as a consultant and participated in advisory boards for Novo Nordisk and MSD, and has received honoraria for speaking from Novo Nordisk; AS, SJS, RKS, and NJW declare that they have no conflicts of interest; MvdD has received travel expenses from Eli Lilly; and TL has received research funding from Novo Nordisk, AstraZeneca, Pfizer, GlaxoSmithKline, Servier, and HemoCue, has received honoraria for speaking from various pharmaceutical companies, and holds stock in Novo Nordisk." This correction has been made to the online version as of March 2, 2012.



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