

“We can protect drug users from becoming infected with HIV”

**Context and progress of the global response to
HIV among people who inject drugs**

An examination of findings from:

***2010 reporting round monitoring the Declaration of Commitment on HIV/AIDS,
2010 reporting round monitoring Progress Towards Achieving Universal Access,
A systematic review of HIV prevention, treatment and care for IDUs by the
Reference Group to the UN on HIV and Injecting Drug Use.***

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Abbreviations

AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
ARV	antiretroviral
BMT	buprenorphine maintenance therapy
BSS	behavioural surveillance survey
FHI	Family Health International
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HIC	high-income country (as defined by the World Bank)
HIV	human immunodeficiency virus
HTC	testing and counselling for HIV
IBBS	integrated biological and behavioural surveillance
IDU	injecting drug use or injecting drug user
IDUs	injecting drug users
IEC	information education and counselling
LMIC	low or middle-income country (as defined by the World Bank)
MARP	most at risk population
MMT	methadone maintenance therapy
NSP	needle and syringe programmes
OST	opioid substitution therapy
RDS	respondent driven sampling
Reference Group	Reference Group to the United Nations on HIV and Injecting Drug Use
TB	tuberculosis
Technical Guide	WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users
UA	Universal Access
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
VCT	voluntary counselling and testing for HIV
WHO	World Health Organization

Executive summary

Background

This report examines the state of the current response through the examination and comparison of data from multiple global data collection mechanisms. Data from the following processes are reviewed and compared:

1. Reporting as part of the process of monitoring the declaration of commitment on HIV/AIDS - United Nations General Assembly Special Session (UNGASS) on HIV/AIDS (“UNGASS data”);
2. Reporting monitoring progress towards achieving universal access, undertaken by the World Health Organization (WHO) (“Universal Access data”);
3. Global systematic reviews conducted by the *Reference Group to the United Nations on HIV and Injecting Drug Use* of the epidemiology of injecting drug use and HIV and coverage of HIV prevention, treatment and care services for IDUs (“the Reference Group”);

This is the first time these sources of data have been drawn together, and represents important cross-agency collaboration. In addition to building the picture on the state of the response, this helps examine the strengths and weaknesses of each of these data collection processes, and may provide insights useful for the development of monitoring and evaluation systems.

Epidemiology of injecting drug use and HIV

The Reference Group to the United Nations on HIV and Injecting Drug Use identified reports of IDU in 151 countries, increases on past reviews, particularly in Africa^{1,2}.

IDU prevalence appears highest in Eastern Europe, North America and Australia. The Reference Group estimated that in 2007 there were between 11 and 21 million IDUs worldwide. China, the United States and the Russian Federation account for over 40 percent of the global total.

Data on HIV prevalence among IDUs are lacking for many countries, though the prevalence of HIV among IDUs clearly varies considerably between countries. The Reference Group estimated that the number of IDUs living with HIV ranged between 0.8 and 6.6 million globally in 2007. The very wide bounds of this range highlight the uncertainty given data gaps and limitations.

Comparing data sources

There are some important differences across the data collection processes, both in the methods used to collect data reported, and in the way that indicators are framed and coverage estimated.

The prevalence of injecting drug use

Various methods may be employed to estimate the prevalence of IDU. The systematic review conducted by the Reference Group graded estimates on the basis of the methodology used and the relative reliability of these methods, and excluded estimates with no details of methodology.

Information on the methods used to estimate IDU prevalence was rarely available in the Universal Access dataset, limiting our understanding of the rigour or accuracy of these statistics.

Differences in inclusion criteria between these datasets make it difficult to compare prevalence estimates across data sources in an informed manner.

HIV prevalence among people who inject drugs

The nature and quality of data that are available on HIV prevalence varied considerably. Of the 61 estimates of HIV among IDUs reported in UNGASS, 31 were reportedly measured through biological and behavioural surveillance, with 9 from other sero-surveillance surveys, 6 from testing registers and the remainder derived from other surveys or data collection processes.

HIV prevalence estimates among IDUs were reported in both the 2010 UNGASS reporting round and Reference Group review for 49 countries. For 20 countries, the estimates were broadly in agreement. For more than half (n=29), however, the estimates from the two datasets differed.

Nature of coverage indicators

IDU-related coverage indicators in UNGASS largely rely on self-reports from IDU surveys. In contrast, Reference Group indicators and the majority of Universal Access indicators are based on programmatic data (numerators) and IDU population size estimates (denominators). Both approaches are subject to a number of potential biases.

Using self-reports from samples of injecting drug users

It is difficult to recruit samples of IDUs that are representative of the total IDU population. IDUs are often sampled in a limited number of locations, commonly urban settings. Particularly in larger countries, such samples may not accurately represent the national population of active IDUs. Further samples of IDUs recruited through drug-treatment or other services are unlikely to be representative of the greater IDU population, especially in estimating service provision.

Using programmatic data on service provision and estimated IDU population size

Estimates of service provision based upon programmatic data and IDU population size are dependent upon the quality of these data. The majority of IDU population size estimates carry a substantial amount of uncertainty. Programmatic data may also be incomplete or reported inaccurately. National data collection systems are often inconsistent or incomplete, and data may not be efficiently centralised or easily collated to produce national level data. Furthermore, because the Universal Access and Reference Group reviews used different IDU population size estimates, simple comparison of coverage estimates is difficult or not possible in all cases.

Responding to drug use and HIV

An effective response, using a combination of approaches, is required to curtail the spread of HIV among drug-using populations, and to prevent sexual transmission of HIV from IDUs to their partners³. A comprehensive package has been outlined by WHO, UNODC and UNAIDS (see below).

The comprehensive package of interventions for the prevention, treatment and care of HIV among people who inject drugs

1. Needle and syringe programmes (NSPs)
2. Opioid substitution therapy (OST) and other drug dependence treatment
3. HIV testing and counselling (HTC)
4. Antiretroviral therapy (ART)
5. Prevention and treatment of sexually transmitted infections (STIs)
6. Condom programmes for IDUs and their sexual partners
7. Targeted information, education and communication (IEC) for IDUs and their sexual partners
8. Vaccination, diagnosis and treatment of viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis (TB).

Progress of the international response to HIV and injecting drug use

The *WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for IDUs* (the 'Technical Guide') recommends levels of service coverage for countries to aim for in delivering these interventionsⁱ. The coverage analyses used these recommended coverage levels to contextualise the progress made by different countries.

ⁱ This technical guide is currently under revision and an updated version is due for release in late 2011; see <http://www.who.int/hiv/pub/idu/targetsetting/en/index.html> for further details.

Injecting equipment and injecting behaviours

NSPs are being introduced in an increasing number of countries. The Reference Group reported the existence of NSPs in 82 countries. In four countries (Argentina, Uruguay, Oman and Sierra Leone), UA reporting indicated NSPs were absent; however, for Argentina and Oman, data on the number of NSP sites and/or the number of needles-syringes distributed was located by the Reference Group, suggesting that there may have been omission or error in some UA reports; in some cases government reporting authorities may not recognise non-government or unofficial needle and syringe distribution programmes. In 69 countries where IDU occurs, NSPs are absent; in 10 of these 69 countries, although needles-syringes are not provided for free by NSPs, injecting equipment is available for purchase from pharmacies or other outlets.

NSP sites per 1000 IDUs

The indicator '*number of NSP sites per 1000 IDUs*' was reported in both the UA and Reference Group review, to assess the scale of these NSP services relative to need, based on the estimated IDU populations in each country. Estimates of the number of NSP sites per 1000 IDUs were reported for 105 countries in the Reference Group review, and 30 countries in the UA dataset; estimates for 24 countries were reported in both datasets.

From the Reference Group review, 30 countries were estimated to have 2 or more NSP sites per 1000 IDUs, and of these only 11 were low or middle-income countries (LMICs) (as defined by the World Bank). Not including those countries where NSPs were absent, 15 countries were estimated to have the equivalent of less than 1 NSP site for every 1000 IDUs. This included China, the United States and the Russian Federation, countries with the world's largest IDU populations.

Of the 30 countries with data included in the UA dataset, 10 reported 2 or more NSP sites per 1000 IDUs, six of which were LMIC, and included Romania (which, because it lacked a verifiable IDU prevalence estimate, had not been reported in the Reference Group review). Eight countries, including Hungary (a high income country (HIC)), reported less than 1 NSP site per 1000 IDUs.

Needles-syringes provided per IDU per year

Very few countries currently achieve high levels of syringe distribution. Notably, many HIC fail to achieve adequate levels of syringe distribution. Further, the three countries with the largest IDU populations, China, the United States and the Russian Federation distribute far fewer than the equivalent of 1 syringe per IDU per week. The number of syringes distributed per year per IDU was estimated for 50 countries in the Reference Group review. Of these, only three were estimated to have achieved 'high' coverage of more than 200 syringes per IDU per year: Moldova, Norway and Australia.

Data for 30 countries were included in the UA dataset. One third of these countries reported 'medium' level coverage ($>100 \leq 200$ needles-syringes distributed/year/IDU) and two thirds 'low' coverage (≤ 100 needles-syringes distributed/year/IDU); no countries reported 'high' coverage (>200 needles-syringes distributed/year/IDU). Excluding countries without NSPs, the UA and Reference Group datasets had 21 countries in common. For 20 countries the data were in agreement.

Percentage of IDUs accessing NSPs

Greater than 60% of IDUs had accessed NSPs in a twelve-month period ('high' coverage) in only seven of the 32 countries for which data were located in the Reference Group review; only seven countries in the UNGASS dataset had similarly 'high' coverage.

Condom provision to IDUs

A number of indicators measuring distribution and use of condoms among IDUs are included in the UNGASS, Universal Access and Reference Group datasets. In most countries, condoms are available for purchase. Free distribution programmes are also common in many countries, to increase access particularly among key populations at higher risk for HIV, or to those for whom access may be more difficult. Across the UA and Reference Group datasets, condom programmes targeting IDUs were reported to be present in 69 countries (53 of which were LMICs). There were seven countries where there were discrepancies in reporting of the presence of condom provision specifically to IDUs.

Condoms distributed to IDUs per year

The Reference Group review identified data on condoms distributed to IDUs in a 12-month period for 23 countries; 20 were LMICs. IDU population size estimates were available for 15 countries. The Technical Guide categorises coverage levels for this indicator as follows: low ≤ 50 condoms per IDU per year; medium $>50 \leq 100$; high >100 . Out of 15 countries, only four (Bangladesh, Canada, Estonia and Moldova) achieved 'medium' or 'high' levels of coverage for this indicator.

The Reference Group review was able to locate programmatic data on the number of IDUs receiving condoms from only three countries. From the UNGASS data collection process, 25 countries reported data from IDU surveys on the percentage of IDUs who had received condoms in the last 12 months. Only five countries achieved coverage of $>60\%$ of IDUs within the past year. Most countries reporting to UNGASS (24 were LMIC) had coverage levels between 20-60%.

IDUs reporting condom use during last sexual activity

In the UNGASS data collection process, 47 countries reported data on the proportion of IDUs who reported using a condom the last time they had sex (37 LMIC). For approximately three quarters of countries reporting, fewer than 50% of IDUs reported using a condom the last time they had sex.

HIV testing and counselling (HTC)

Several indicators relating to HTC are included in the UNGASS and Reference Group datasets. The Reference Group identified data on the number of HTC sites for 28 countries, and calculated the number of sites per 1000 IDUs for 19 countries. Ten of these 19 countries had fewer than the equivalent of 1 HTC site per 1000 IDUs. Only four countries were estimated to have more than 2 sites per 1000 IDUs ('high coverage').

In UNGASS data, 28 countries reported on the percentage of IDUs who reported knowing where to go to receive an HIV test. Only one HIC (Sweden) reported against this indicator. For approximately two-thirds of countries, more than 75% of IDUs reported knowing where to receive an HIV test.

UNGASS collected data on the proportion of IDUs who reported knowing where to receive an HIV test. Fifty-three countries reported against this indicator; 41 were LMIC. For three-quarters of countries, fewer than 50% of IDUs had been tested in the last 12 months and knew the result.

Opioid substitution therapy (OST)

OST is an important component of the response to HIV among IDUs who inject opioids. Other drug treatment interventions, especially for those that address stimulant dependence, are also critical interventions in the response to HIV; data on the provision of these other types of drug dependence treatment are more scarce⁴.

Both the UA data and the Reference Group review examined OST provision. On balance, reports in the two data collection systems suggest that OST is currently available in 72 countries, may have been introduced in a further three, but is absent in 77 countries where IDU occurs. In some of these 77 countries, opioids may be less commonly injected than other substances, so OST may be less important than other drug treatment interventions (e.g. stimulant IDU is most common in Latin America, which has less OST delivery).

Number of OST sites per 1000 IDUs

The '*number of OST sites per 1000 IDUs*' was reported in both the UA dataset and Reference Group review. Not including those countries without OST, estimates for OST sites per 1000 IDUs were reported for 33 countries in the Reference Group review, and 23 countries in the UA dataset. One third of countries in the Reference Group had 'high coverage' OST (>2 sites per 1000 IDUs).

For 15 countries, data on this indicator was present in both datasets; in the majority (10/15), the estimates from both datasets fell within the same coverage range.

Number of OST clients per 100 IDUs

To determine the scale of OST services in meeting need among injectors, the number of opioid-

dependent IDUs is required, as well as the number of OST treatment slots filled by IDUs. It is also desirable to have an estimate of the number of opioid dependent people. Unfortunately, these data are not always available. Programmatic data from OST services do not disaggregate OST recipient numbers by IDU status.

The Reference Group derived estimates of the ratio of the total number of OST recipients relative to the total number of IDUs (*'number of OST clients per 100 IDUs'*). Estimates for 41 countries were reported, 16 of which were for LMICs. In UA data, the percentage of opioid dependent people on OST was reported. For 11 out of the 12 countries reporting, the denominator was identical to the estimated IDU population reported elsewhere in the database (suggesting it was *not* measuring the prevalence of opioid dependence).

Across both datasets, no LMIC achieved more than 'low' coverage; HIC, predominantly those in Western Europe, achieved higher levels of coverage.

Antiretroviral therapy (ART)

In UA data, 63 countries (48 LMIC and 15 HIC) reported that ART was available for IDUs; 33 countries (32 LMIC and one HIC, Ireland) reported that ART was *unavailable* for IDUs.

Number of IDUs in ART per 100 HIV positive IDUs

Studies rarely report the proportion of HIV-positive IDUs meeting various clinical criteria, so it is not possible to estimate the number of HIV-positive IDUs meeting criteria for treatment. Estimates of the number of IDUs receiving ART per 100 IDUs living with HIV were calculated by the Reference Group. This is not an absolute measure of the proportion of those IDU in need of ART who are receiving it. Estimates for this indicator were made for 39 countries, 22 of which were LMICs. Very few countries achieved medium or high levels of coverage of ART among IDUs living with HIV.

Age and gender differences among IDUs

UNGASS data are disaggregated by gender and age, so meta-analyses were conducted to examine potential differences. Some significant differences between male and female IDUs were found. Female IDUs were more likely than males to have greater HIV knowledge, to have received an HIV test in the last 12 months, to have received condoms and sterile needle-syringes, and report higher levels of access to HIV prevention services overall.

There were also some significant age-related differences. Younger IDUs (<25 years) were less likely than older IDUs (>25 years) to have received an HIV test and to have received condoms in the last 12 months, but more likely to have used condoms the last time they had sex. Older IDUs were more likely to have better levels of HIV-related knowledge. Older IDUs were more likely to be HIV-positive.

Estimated regional and global coverage of for three core interventions

The Reference Group made estimates of regional and global level coverage², presented below.

Table 1: Estimated regional and global coverage levels of three HIV prevention interventions

	Countries implementing NSP	Countries implementing OST	Countries implementing both NSP + OST	Needles-syringes distributed per IDU per year	Ratio of OST clients : 100 IDUs	Ratio of IDUs on ART : 100 IDUs living with HIV
Eastern Europe	18	16		9 (7 – 14)	1 (<1 – 1)	1 (<1 – 44)
18 countries	100% ERIP	48% ERIP	16	17 countries, ¹	18 countries, ¹	15 countries, ¹
IDU identified in 18 countries				91% ERIP	100% ERIP	95% HIV+ ERIP
Western Europe	23	25	23	59 (39 – 89)	61 (48 – 79)	89 (52 – XXXX)
28 countries	100% ERIP	100% ERIP		22 countries, ¹	23 countries, ¹	13 countries, ¹
IDU identified in 27 countries				50% ERIP	97% ERIP	46% HIV+ ERIP
East & South-East Asia	10	7	7	30 (7 – 68)	3 (3 – 5)	4 (2 – 8)
17 countries	87% ERIP	86% ERIP		16 countries, ¹	16 countries, ¹	5 countries, ¹
IDU identified in 16 countries				100% ERIP	100% ERIP	78% HIV+ ERIP
South Asia	6	5	3	37 (27 – 50)	19 (15 – 25)	1 (1 – 2)
9 countries	99% ERIP	70% ERIP		9 countries, ¹	8 countries, ¹	3 countries, ¹
IDU identified in 9 countries				100% ERIP	99% ERIP	65% HIV+ ERIP
Central Asia	5	2	3	92 (71 – 125)	<1 (<1 – <1)	2 (1 – 3)
5 countries	100% ERIP	51% ERIP		4 countries, ¹	5 countries, ¹	4 countries, ¹
IDU identified in 5 countries				90% ERIP	100% ERIP	92% HIV+ ERIP
Caribbean	1	1	1	-	5 (4 – 7)	
15 countries	16% ERIP	16% ERIP		1 country only ¹	2 countries, ¹	No data ¹
IDU identified in 6 countries				37% ERIP	53% ERIP	
Latin America	5	2	1	<1 (<1 – 1)	1 (<1 – <1)	1 (1 – 4)
20 countries	67% ERIP	29% ERIP		11 countries, ¹	12 countries, ¹	2 countries, ¹
IDU identified in 18 countries				85% ERIP	81% ERIP	69% HIV+ ERIP
Canada and United States	2	2		23 (17 – 33)	13 (9 – 19)	
2 countries	100% ERIP	100% ERIP		2 countries, ¹	US only,	No data ¹
IDU identified in 2 countries				100% ERIP	87% ERIP	
Pacific Island States & Territories	0	0	0	<1 (<1 – <1)	0	0
16 countries				9 countries, ¹	7 countries, ¹	2 countries, ¹
IDU identified in 11 countries				96% ERIP	91% ERIP	4% HIV+ ERIP
Australasia	2	2	2	202 (148 – 334)	23 (17 – 39)	22 (10 – 89)
2 countries	100% ERIP	100% ERIP		2 countries, ¹	Australia only,	Australia only,
IDU identified in 2 countries				100% ERIP	69% ERIP	88% HIV+ ERIP
Middle East & North Africa	8	4	5	<1 (<1 – 1)	1 (<1 – 1)	
21 countries	35% ERIP	13% ERIP		18 countries, ¹	20 countries, ¹	No data ¹
IDU identified in 21 countries				78% ERIP	69% ERIP	
Sub-Saharan Africa	2	4	1	<1 (<1 – <1)	1 (<1 – <1)	<1 (<1 – 2)
47 countries	2% ERIP	27% ERIP		13 countries, ¹	13 countries, ¹	2 countries, ¹
IDU identified in 16 countries				93% ERIP	74% ERIP	29% HIV+ ERIP
GLOBAL	82	70	66	22 (12 – 42)	8 (6 – 12)	4 (2 – 18)
200 countries/territories	80% EGIP	65% EGIP	61% EGIP	124 countries, ¹	126 countries, ¹	47 countries, ¹
IDU identified in 151 countries				91% EGIP	92% EGIP	66% HIV+ EGIP

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Discussion

We summarised indicators from several major data collections on the nature and strength of the HIV response among IDUs. We outlined some of the issues inherent in definitions used for indicators, and in the data used to populate them.

Notwithstanding the data limitations, clearly an increasing number of countries are introducing interventions known to be effective, but that given the very low coverage of IDU populations with these interventions, there remains much work to be done. High-level coverage of core interventions is being achieved in only a few HIC, and in countries with large populations of IDUs, limited or no

coverage of IDU populations with three core interventions is occurring.

The current analysis highlighted the importance of gathering data from multiple data sources, and from a range of methodological approaches, to critique and better understand the response. Although sharing many similarities, the four data collection processes examined here also differed significantly, both in terms of how data are collected, and the results revealed.

Data reported pertaining to different time periods

Where data were available for different time periods, typically the more recent data indicated an increase in the scale of services delivered. This was not always the case, however, with some older data collected from multiple sources by the Reference Group suggesting that service provision levels were higher than those reported in the Universal Access data collection.

Differences in indicator definitions

Data measuring a similar indicator were derived by different methodologies. In particular, to determine program coverage, either survey data or programmatic data and IDU population size estimates were used, yielding vastly different results. As discussed in earlier sections, comparing coverage estimates derived from programmatic data and those from surveying samples of IDUs is problematic. Where data were available for a single country derived by both these methods, the estimates reported were rarely in agreement.

To understand the reasons for this variance in reported estimates, it is important to consider the factors affecting the accuracy of each method. The representativeness of IDU samples is the most critical issue for survey data. From the limited information reported by countries on sampling methodologies it seemed unlikely that the samples were typically representative; only a minority of countries reported the use of more sophisticated sampling methodologies.

Estimates of coverage derived using programmatic data and IDU population size estimates are limited by the strength of the data they are based upon. There were many differences where programmatic data reported in the Reference Group review and Universal Access data collection differed. This may have reflected the more recent data collection of the Universal Access data, but a lack of detail in the UA dataset on the source of the information makes it difficult to be sure.

Differing processes of review, validation and verification

UNGASS and Universal Access data appear as reported by countries. Data included in the Reference Group review, by contrast, are reviewed and verified by an external, independent group, with data from multiple sources considered, and the exclusion of data that are deemed invalid.

Recommendations for future data collection and review

- Foster consistency and complementarity between data collection processes and indicators.
- Ensure that multiple sources and methods are utilised: as seen from this analysis, assessment of coverage by different methods and from different sources can produce vastly different findings.
- Data measuring the scale and the response are difficult to gather. Increasing capacity to collect and interpret data, with consideration of the limitations of the current data, may be helpful.
- The UNGASS core indicators related to IDU are based on findings from surveillance surveys. Careful consideration must be paid to how representative the sample surveyed is likely to be.
- Countries are responsible for reporting data directly to UNAIDS (UNGASS data) and WHO (Universal Access). The capacity for UN agencies to scrutinise and challenge these data is limited. These data should be independently and rigorously assessed, with criteria for assessment clearly stated (as by the Reference Group). The potential for these UN agencies to work with independent groups should be explored as a way of strengthening the data, and improving the quality of our understanding of the state of the global response to HIV and injecting drug use.

1. Introduction

This report examines the state of the current response through a comparison of data from multiple global data collection mechanisms. The data from the following processes are reviewed:

1. Reporting as part of the process for the monitoring the declaration of commitment on HIV/AIDS, United Nations General Assembly Special Session (UNGASS) on HIV/AIDS (see: UNAIDS Global Report, 2010⁵; Guidelines on construction of core indicators, 2010 reporting⁶; and online²)
2. Reporting monitoring progress towards achieving universal access, undertaken by the World Health Organization (WHO) (see: WHO, 2010 progress report⁷ ; and online³)
3. Global systematic reviews conducted by the *Reference Group to the United Nations on HIV and Injecting Drug Use* of the epidemiology of injecting drug use and HIV¹ and coverage of HIV prevention, treatment and care services for IDUs² (see also: online⁴)

This is the first time these sources of data have been drawn together in an effort to better understand the progress made in the global response to HIV and injecting drug use, and represents essential cross-agency collaboration. Comparing these datasets both establishes better understanding of the progress to date and affords an opportunity to examine the strengths and weaknesses of each of these data collection processes providing insights critical for the development of monitoring and evaluation systems.

1.1. Core indicators from the UNGASS 2010 reporting round

In the Declaration of Commitment made at the 2001 United Nations General Assembly Special Session (UNGASS) on HIV/AIDS, Member States made commitments to ensure expanded access to HIV prevention and care services, and to regularly report on progress in its achievement⁸.

A set of core indicators was developed to function as key indices by which countries' progress could be measured and compared with other Member States. The indicators were developed by the Joint United Nations Programme on HIV/AIDS (UNAIDS) Monitoring and Evaluation Reference Group (MERG), and countries report against them biennially. These indicators have evolved during the course of the previous four UNGASS reporting rounds, and efforts have been made to improve both their relevance, and the quality of reporting.

Six indicators from the 2010 reporting round were related to IDU. These indicators, and the number

² www.unaids.org/en/dataanalysis/monitoringcountryprogress/

³ www.who.int/hiv/topics/universalaccess/en/

⁴ www.idurefgroup.com

of countries responding to each, are summarised in Table 2. Over successive reporting rounds, the number of countries reporting on these IDU related indicators has increased: 40 and 61 LMIC (67 in total) reported on at least one of the IDU related indicators, in the 2008 and 2010 reporting rounds, respectively. This reflects increases in the number of countries reporting across all UNGASS core indicators between these reporting rounds: 153 member states (126 LMIC) reporting in the 2008 reporting round and 117 (142 LMIC) reporting in 2010.

The UNGASS core indicators relating to IDUs (and to other MARP groups) are based on findings from cross sectional surveys. Most countries reporting data on MARPs undertake behavioural surveillance surveys, following the model developed by Family Health International (FHI)⁹.

Table 2: UNGASS core indicators relating to injecting drug use

	Countries reporting, 2008		Countries reporting, 2010	
	HIC	LMIC	HIC	LMIC
Indicator 8: Percentage of injecting drug users who received an HIV test in the last 12 months and who know their results.	6	27	53	41
Indicator 9 (aggregated): Percentage of most-at-risk population (in this case injecting drug users) reached with HIV prevention programmes. (percentage of respondents who answer “yes” to all questions in indicator 9 parts 1, 2 and 3)	1	15	29	36
Indicator 9, Part 1: Do you know where you can go if you wish to receive an HIV test?	1	20	1	27
Indicator 9, Part 2: In the last twelve months, have you been given condoms (e.g. through an outreach service, drop-in centre or sexual health clinic)?	0	18	1	24
Indicator 9, Part 3. In the last twelve months, have you been given sterile needles and syringes (e.g. by an outreach worker, a peer educator or from a needle exchange programme)?	0	17	1	26
Indicator 14: Percentage of most-at-risk populations (in this case injecting drug users) who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.	1	19	35	34
Indicator 20: Percentage of injecting drug users reporting the use of a condom the last time they had sex.	7	29	47	38
Indicator 21: Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected drugs.	6	29	50	41
Indicator 23: Percentage of injecting drug users who test positive for HIV	11	40	15	46

1.2. Universal Access 2010 reporting round

WHO is charged with collecting data from member states for monitoring the progress in the health sector towards achieving universal access to HIV prevention, treatment and care, as articulated in the 2006 political declaration on HIV/AIDS. The indicators in this data collection process build on those collected through the monitoring framework of the Declaration of Commitment on HIV/AIDS on the UNGASS HIV/AIDS. These indicators were proposed and reviewed by technical experts in the fields of HIV prevention care and treatment, with a view to utilising data that are routinely collected by countries, and thereby minimising the burden of reporting data. The 2010 reporting round included 35 indicators, for which data were reported directly by member states.⁵

All member states are asked to report, with low and middle-income countries in particular encouraged and supported in doing so. In partnership with UNAIDS and UNICEF, WHO leads a data collection process, involving the development of a MS Excel reporting tool that is distributed, along with reporting guidelines¹⁰, to national AIDS programmes. These three agencies endeavour to cooperatively assist in each country the national AIDS programme or Ministry of Health in collating the necessary data to report against the indicators in the tool. Countries are encouraged to engage civil society to contribute to this data collection process. Data are checked by the WHO, UNAIDS and UNICEF country teams and then reviewed by these agencies at the headquarters level where a data validation process is undertaken.⁶

1.3. Systematic review by the Reference Group to the UN on HIV and IDU

In 2009, the Reference Group to the UN on HIV and IDU undertook a systematic review of data on the provision of HIV prevention treatment and care services for IDUs². The review comprised five major stages. Each involved comprehensive searches of particular sources of information, or consultation with country-, regional- and global-level stakeholders for critique of the information collected in previous stages, and provision of additional data; this process is outlined in Panel 1.

The methods used, data collected, and estimates derived, were reviewed and endorsed by the members of the Reference Group. Further information on the Reference Group is available online⁷.

⁵ In years for which there is no UNGASS reporting, the UA data collection process also includes the UNGASS core indicators in addition to these 35 standard UA indicators.

⁶ www.who.int/hiv/data/tools/en/

⁷ www.idurefgroup.com

Panel 1: Reference Group to the UN on HIV and injecting drug use - systematic review methodology

Stage 1: Four main data collection strategies were initially used:

A. Peer-reviewed literature was searched using the Medline and BioMed Central databases.

B. Web searches were conducted to obtain grey literature relating to HIV and IDU (1) were searched along with websites of national ministries of health, AIDS committees, UN agencies and NGOs.

C. Hand searches of a review produced by the International Harm Reduction Association (IHRA)¹⁰, and abstracts from international conferences (including IHRA's Conference and the International AIDS Society Conference).

D. Key experts and organisations were contacted via email. Emails were sent to members of the Reference Group and key contacts in regional/country offices of WHO, UNAIDS and UNODC. A 'viral' email distribution process was initiated by requesting recipients to forward the email to relevant contacts. Recipients translated the email into languages including Russian, Spanish and French before forwarding to non-English speaking recipients.

Stage 2: Data were compared against 46 pre-defined, standardised indicators consistent with previously developed international guidelines for measuring coverage.¹¹

Stage 3: Key experts and organisations in each country were sent an email requesting feedback on the accuracy of data, and for further data to be submitted where no data had been identified.

Stage 4: All data were reviewed and selected for each country, to calculate coverage indicators.

Stage 5: Country-specific reports were prepared. These were sent to organisations and individual experts in each country, who were requested to review and comment on the completeness and accuracy of data, and to submit additional data if available.

1.4. Comparing data sources

There are some important differences in the methods used to collect the data reported for each of the four data collection processes, and in the way that indicators are framed and coverage estimated. These are outlined briefly here, and discussed in further detail in sections examining and comparing data for different indicators later in this report.

Various methods may be employed to estimate the country-level prevalence of IDU. The systematic review conducted by the Reference Group graded estimates on the basis of the methodology used and the relative reliability of these methods, and excluded estimates with no details of methodology. For IDU prevalence estimates reported in the Universal Access, detail of the methods used to estimate prevalence were not available for this analysis. This difference makes it difficult to compare prevalence estimates across data sources.

With the exception of estimates of HIV prevalence, IDU-related indicators in the UNGASS monitoring process rely on self-reported data obtained from surveys of IDUs; several Universal Access indicators are similarly derived. In contrast, all of the indicators examined in the Reference Group review and the majority of the relevant indicators included in the Universal Access reporting process are based

upon programmatic data and IDU population size estimates. Each of these approaches is subject to a number of potential biases that must be considered when comparing data derived from these differing methodologies.

It is difficult to recruit samples of IDUs that are representative of the total IDU population. IDUs are often sampled in a limited number of locations, commonly urban settings. Particularly in larger countries and those where significant numbers of injectors exist outside of major cities such samples may not accurately represent the national population. Very commonly, samples of IDUs are recruited either directly or indirectly through drug-treatment or other services utilised by IDUs; in some countries IDU target services may be few and may only be present in a limited number of locations or cities. Samples collected in this way are very likely to be unrepresentative of the greater IDU population, especially when examining service provision and related factors.

More recently, methods have been developed that are likely to draw a more representative sample. These particularly include respondent driven sampling (RDS) techniques¹²(see Panel 2 for further information on RDS). Several studies from which data were reported in the most recent UNGASS reporting round were noted as having been gathered through such a sampling method.

Estimates of the extent of service provision, which are based upon programmatic data and estimates of target population size, are dependent upon these component data sources. As discussed above, IDU population size estimates carry a substantial amount of uncertainty. Programmatic data may also be incomplete or reported inaccurately. National data collection systems are often inconsistent or incomplete, and data may not be efficiently centralised or easily collated to produce national level data.

Furthermore, because the Universal Access and Reference Group reviews used different IDU population size estimates to calculate these indicators, comparison of indicator estimates alone is problematic. Comparison of these different estimates of coverage requires information on both the denominator (IDU population size estimate) and numerator (from programmatic data).

Panel 2: Respondent driven sampling (RDS)

RDS employs a similar process to “snowball sampling” where individuals are recruited who then recruit their peers from within their own networks, who go on to recruit further individuals, and so on. A record of who recruited whom is kept, and a mathematical model is used to weight the sample to account for non-random recruitment patterns. This method has been used to sample populations of IDUs in an increasing number of countries and settings worldwide. RDS has been demonstrated to provide statistically less biased population estimates in comparison with other methodologies.

To be able to use the mathematical model the following data are required:

- The number of people each respondent knows within the target population
- A record of whom each respondent was recruited by and who each respondent recruited; this is facilitated by recruiters giving coupons with serial numbers to respondents, and a record being kept of these.

For more on this methodology: <http://www.respondentdrivensampling.org/>

Salganik M, Heckathorn D. Sampling and Estimation in Hidden Populations Using Respondent Driven Sampling. *Sociological methodology* 2004;34(1):193-240. doi: 10.1111/j.0081-1750.2004.00152.x

2. Injecting drug use and HIV

Injecting drug users (IDUs) are recognised by UNAIDS as a key population at higher risk for HIV requiring special attention in the HIV response¹³. HIV has the potential to spread rapidly between injectors through both sexual and injecting related transmission pathways, and also between injectors and non-injectors through sexual transmission¹⁴.

The risk of infection through exposure to HIV via contaminated injecting equipment is significantly greater than that related to sexual exposure. The risk of infection following injection with an HIV-contaminated syringe is estimated to be 0.67%¹⁵ (or 1 in 150 injections), with a potentially lower, though as yet unquantified, transmission risk from sharing other contaminated drug use paraphernalia. The risk of HIV transmission between HIV-positive individuals and their sexual partners is estimated at 0.02-0.05%¹⁶⁻¹⁸ per heterosexual sex act (penetrative vaginal intercourse) or 1 in 2000-5000 sex acts; the risk per act of receptive anal intercourse has been estimated as being between 0.24-2.76%¹⁹.

2.1. The extent of injecting drug use around the world

Injecting drug use has been documented in 151 countries around the world² (see Figure 1: Countries where injecting drug use has been reported to be present), including more recent reports of injecting in countries where injecting was previously thought to be absent, particularly in sub-Saharan African countries²⁰²¹. The prevalence of injecting drug use appears to be highest in Eastern Europe, North America and Australia. Extrapolating the data collected in their systematic review, the Reference Group estimated that in 2007 there were between 11 and 21 million injectors worldwide¹. Three countries, China, the United States and the Russian Federation account for over 40 percent of the estimated total IDU population (although the prevalence of IDU is thought to be decreasing in the US).

The extent of injecting drug use in most countries, however, remains uncertain. Table 3 details the epidemiological data reported available across the three data sources examined here. Country level data reported in each of these data collections is presented in Appendix 1, Table 1.

Table 3: Number of countries reporting epidemiological data across different data sources

Source	Indicator	Method	Total	Countries in common
Ref Grp	Presence of IDU	Literature review	151	-
Ref Grp	Estimated prevalence of injecting drug use among 15-64 year olds	Various (gathered via literature review and evaluated by Ref Group)	62	-
Ref Grp	Estimated number of injecting drug users	Various (gathered via literature review and evaluated by Ref Group)	62	27
UA	Estimated number of injecting drug users	Various – but few details provided (reported by countries)	40 (incl. 8 reports of nil IDU)	
UNGASS	Percentage of injecting drug users who test positive for HIV (UNGASS Core indicator 23)	Majority sentinel surveys, some modelling, some using programmatic data	84	49
Ref Grp	Estimated prevalence of HIV among people who inject drugs	Various methods (gathered via literature review and evaluated by Ref Group)	61	

The global systematic review conducted by the *Reference Group to the United Nations on HIV and Injecting Drug Use* ('the Reference Group') in 2008, identified national-level estimates of IDU prevalence for only 61 countries¹. These estimates differed in the methods by which they were derived (methods without any details of the approach used were excluded for this review): 40 were indirect prevalence estimates, such methods such as capture-recapture and multiplier methods; 13 were generated from population survey data (typically household surveys) or registration of drug users, methods likely to underestimate prevalence; and eight were official government estimates. Estimates for 38 countries were based on data collected between 2004 and 2007, and estimates for eight countries (Argentina, Belgium, Denmark, France, Ireland, Italy, Spain, and Switzerland) were derived from data collected before 2000. These data are also presented in *Figure 2: Estimated country level prevalence of injecting drug use*.

The *WHO Universal Access* data collection process requires countries to report estimates of IDU population size, which are used as the denominator for a number of indicators measuring intervention coverage among IDUs. In the 2010 reporting round, 32 national level prevalence estimates were reported. In most cases there was little detail provided on the source of the estimates reported as part of the WHO Universal Access data collection process, or the methods by which they were derived; although it was noted that a number of estimates were understood to have been derived from multiplier methods.

Comparing across these data sources, estimates were in agreement in 12 countries, but for another 15 countries they differed. In the UA dataset, IDU was reported to not occur in eight countries, six of which had reports of IDU in the Reference Group review.

There are a number of potential reasons for the variation in estimates across data sources. In some instances, differences may be due to the estimates pertaining to different points in time; others may

have been derived from different methodologies. It is difficult to easily ascertain the reasons for the disagreements because few details are provided in the Universal Access (where data are supplied by government authorities), but it is very possible that some of the estimates in those data sources would not have met the inclusion criteria used in the Reference Group review.

These differences reflect the uncertainty around our understanding of the extent of IDU in many countries and the difficulties in measuring an illegal, stigmatised, and hence covert, behaviour. The limitations of current data on the epidemiology of IDU are discussed further below.

2.2. The extent of HIV among people who inject drugs

Data on the prevalence of HIV among IDUs are lacking for many countries where injecting drug use is known to occur (see Appendix 1, Table 1). Nonetheless from the data reported in each source, it is apparent that the prevalence of HIV among IDUs varies considerably between countries. The Reference Group estimated that, in 2007, globally there were between 0.8 and 6.6 million injectors living with HIV¹.

The nature and quality of data that are available vary considerably. Of the 61 estimates of HIV among IDUs reported in the 2010 UNGASS reporting round, 31 were reported to have been measured through biological and behavioural surveillance, 9 from other sero-surveillance surveys, 6 from testing registers or police and hospital records, with the remaining 15 estimates derived from other surveys or data collection processes. When surveillance has been undertaken at multiple sites, some countries take the median figure from across sites for which data are available; other countries may use the UNAIDS/WHO HIV Estimation and Projection Package (EPP) software⁸ to use available data to derive national level estimates using estimates of population size and likely similarity in prevalence across sub-national regions or cities.

For 49 countries, HIV prevalence estimates were available from both the UNGASS round and Reference Group review. For 20 countries, the estimates were broadly in agreement, insofar as the single point estimates reported in UNGASS were within the ranges reported from the Reference Group review. For 29 countries, however, the estimates from the two datasets differed, with the UNGASS estimate lower than the Reference Group data in 57% of cases and greater in 43%.

These differences are likely due to a number of factors: the data were collected at different time periods, on average 4 years apart, with the UNGASS data more recent than that collected by the Reference Group; different sampling frames appear to have been used in the studies included; and finally, surveys may have been collected in different locations within countries, for example in the

⁸ See: <http://www.who.int/hiv/strategic/epp/en/>

Ukraine the number of surveillance sites has substantially expanded between reporting rounds. Because of the limited reporting of methodological details in some narrative reports submitted by countries and in the on-line reporting database used by countries to report to UNAIDS, little information was available to investigate in greater depth which of these methodological differences may have explained the inconsistencies.

2.3. Limitations of epidemiological data on IDU and HIV

Estimating the size of IDU populations presents a number of significant, but not insurmountable challenges. IDU is a criminalised behaviour, and one that carries significant social stigma in many if not most countries. Many people who inject drugs are marginalised in society, either as a result of their injecting drug use, or as a risk factor associated with, or contributing to, their drug use.

Direct estimates of population size are likely to underestimate the extent of IDU, as IDUs may be less likely to be sampled in community and household surveys. Even if they are surveyed in such studies, IDUs may be reluctant to disclose their drug use. Similarly, government or police registers of IDUs are unlikely to include all IDUs in a given population since not all drug users will be detected or arrested, and will therefore also underestimate of true IDU population size. *Indirect* estimation methods, although still prone to certain bias, are thought to offer a more appropriate means of measuring the prevalence of injecting drug use.

The epidemiology of injecting drug use is dynamic. The prevalence of injecting may be influenced by a number of factors, including the availability of drugs and, to a certain extent, the impact of drug use prevention measures (although there is little direct evidence to support the impact of specific IDU prevention interventions). Social and structural factors may also impact upon drug use or dependence. Despite these potential drivers, trends in IDU prevalence in a country are rarely reported over time, due to a lack of repeated, comparable estimates from multiple time periods.

Other epidemiological data that may inform an appropriate and effective response are also lacking. There are very few gender or age disaggregated estimates of IDU prevalence; data on the proportion of dependent drug users who inject drugs are also lacking for most countries. Further, many different drugs can be injected, and the prevalence of the injection of different substances varies markedly between countries. This has important implications for measurement of the response to injecting drug use, since drug dependence treatment options differ for different substances, and, to a certain extent, so too do injecting behaviours and related harms, including HIV related risks.

National-level HIV prevalence among IDUs is often estimated from surveillance studies of sentinel IDU populations. If these samples are drawn only from urban populations, or from a single location (e.g. a capital city), and primarily include IDUs who are in contact with services, the generalisability

of such estimates to the wider IDU may be limited. Encouragingly, methods that are likely to draw a more representative sample, such as respondent driven sampling (RDS) techniques, are increasingly being used and some countries reported from these in the most recent UNGASS reporting round (see Panel 2 for further information on RDS). Further, if triangulation from other data sources is possible, more robust estimates may be derived.

Figure 1: Countries where injecting drug use has been reported to be present

Data source: Reference Group to the United Nations on HIV and Injecting Drug Use

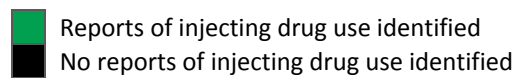
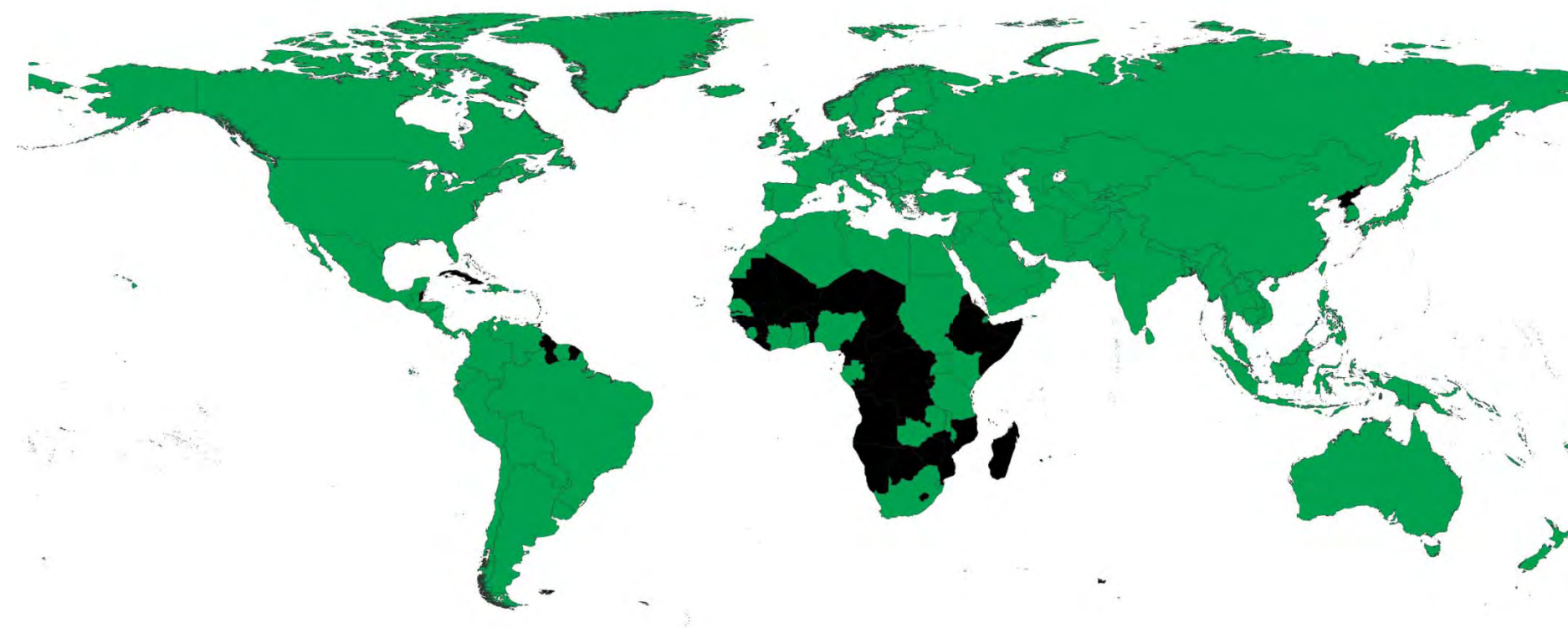


Figure 2: Estimated country level prevalence of injecting drug use

Data source: Reference Group to the United Nations on HIV and Injecting Drug Use

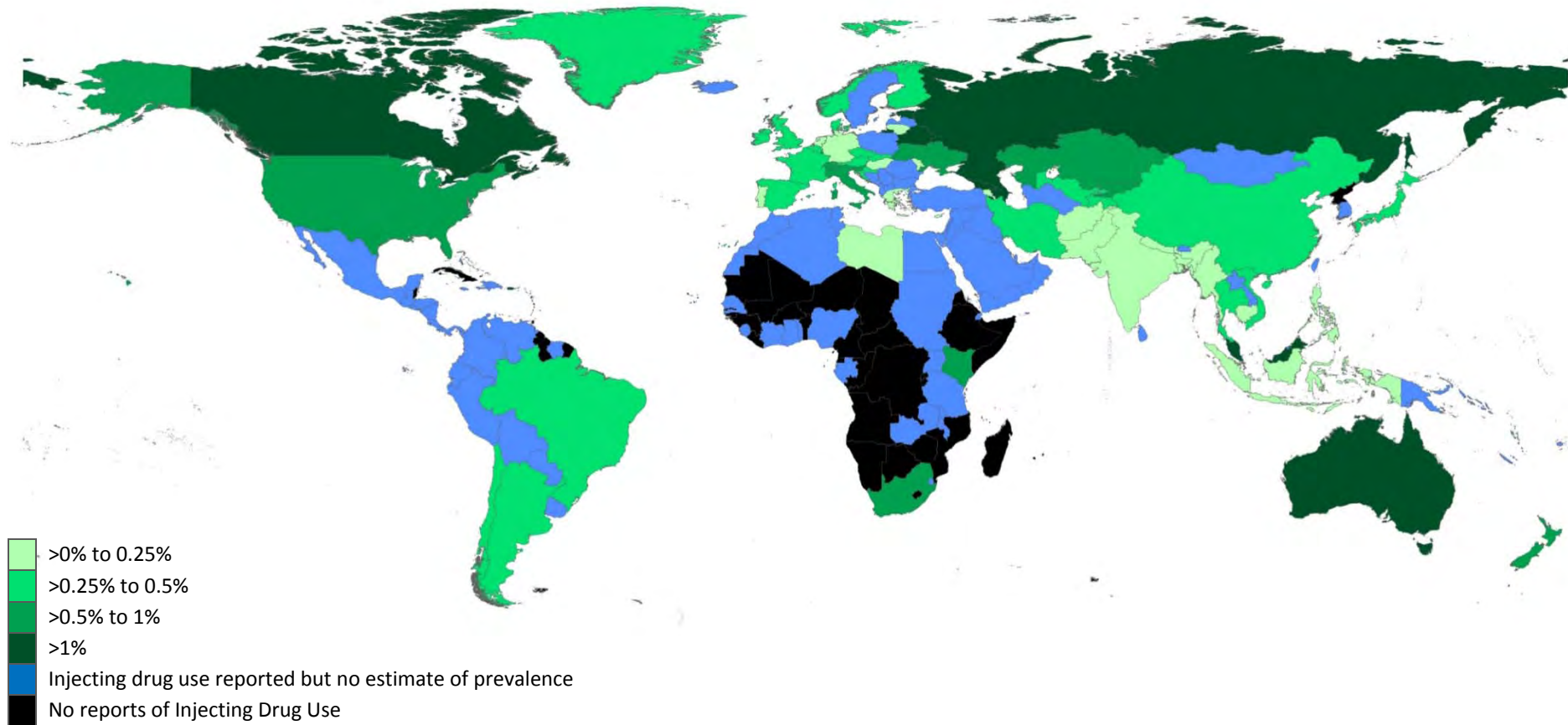


Figure 3: Estimated country level prevalence of HIV among injecting drug users

Data source: Reference Group to the United Nations on HIV and Injecting Drug Use

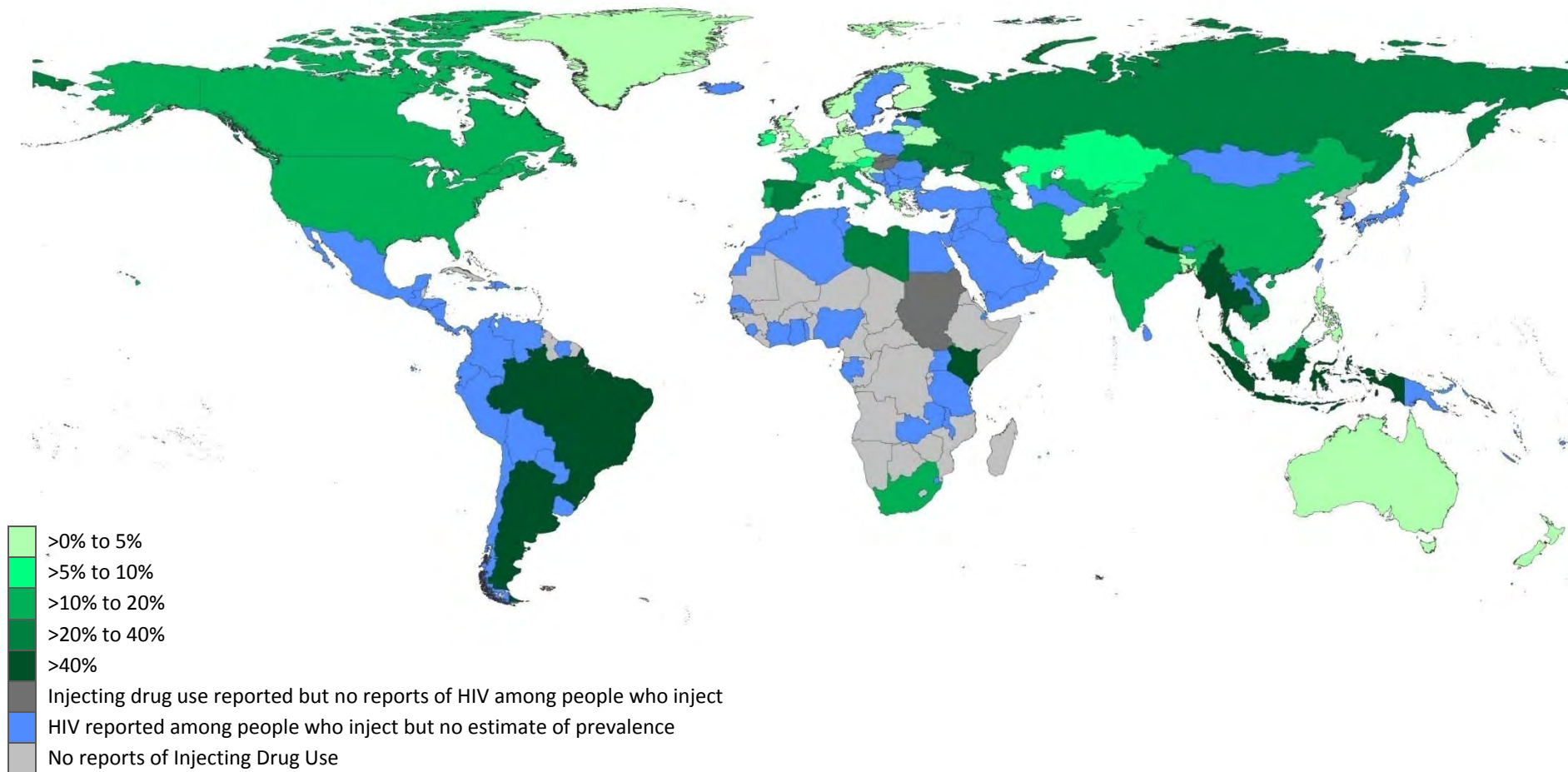
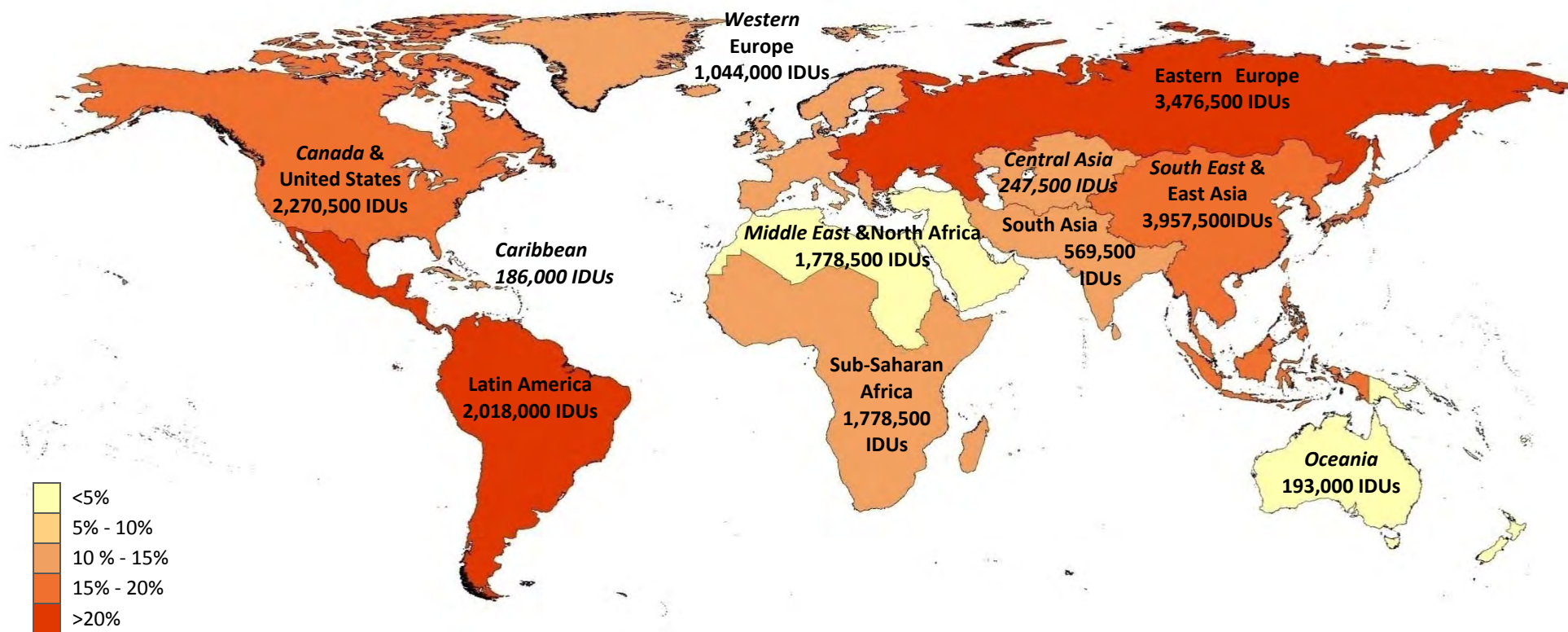


Figure 4: Estimated number of IDUs per region and regional-level prevalence of HIV among people who inject drugs

Data source: Reference Group to the United Nations on HIV and Injecting Drug Use



3. Responding to drug use and HIV

An effective and evidence-based response, using a combination of approaches, is required to curtail the spread of HIV among drug-using populations, prevent sexual transmission of HIV from IDUs to their partners, and provide care and treatment to those infected³. A comprehensive package of interventions has been outlined by WHO, UNODC and UNAIDS, and endorsed not only by these UN agencies, but also by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and other international organisations^{20 21}. The package comprises the following nine interventions:

1. Needle and syringe programmes (NSPs)
2. Opioid substitution therapy (OST) and other drug dependence treatment
3. HIV testing and counselling (HTC)
4. Antiretroviral therapy (ART)
5. Prevention and treatment of sexually transmitted infections (STIs)
6. Condom programmes for IDUs and their sexual partners
7. Targeted information, education and communication (IEC) for IDUs and their sexual partners
8. Vaccination, diagnosis and treatment of viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis (TB).

These interventions are recommended on the basis of evidence that they are effective in preventing HIV transmission through reducing sexual and injecting related risk, reducing morbidity and mortality associated with HIV, and reducing the impact of other comorbid conditions among IDUs. The evidence supporting these interventions is briefly outlined in Appendix 2.

In addition to this package, interventions addressing other important morbidities are considered important in a comprehensive response to injecting drug use. These include, but are not limited to, overdose prevention and the treatment of mental disorders.

4. Measuring the progress of the international response to HIV among people who inject drugs

Several global collections gather data on country-level responses to HIV and injecting drug use. Here, we present data from four different sources describing the coverage and impact of HIV prevention efforts targeting IDUs:

1. Core indicators from the 2010 UNGASS reporting round (“*UNGASS data*”);
2. Universal Access 2010 reporting round (“*UA data*”);
3. A systematic review of HIV prevention, treatment, and care service coverage for IDUs undertaken by the Reference Group to the UN on HIV and IDU (“*Reference Group data*”).

Examination of comparable data from these different sources affords an opportunity to reflect on the progress of the international response to injecting drug use and HIV. The methodologies employed by each of these data collection processes do, however, have limitations that are important to consider when reviewing and comparing these data and estimates of coverage.

The *WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for IDUs*²⁰ (the ‘Technical Guide’) recommends levels of service coverage for countries to aim for in delivering these interventions^{ix}. The following analysis uses these recommended coverage levels to contextualise the progress made by different countries. It is important to note that the coverage levels described this technical guide are intended as a guide only, and countries are encouraged to determine, based on the local epidemic, levels required to halt the spread of HIV.

4.1. Provision of injecting equipment and injecting related behaviours

A range of indicators of the scale of needle and syringe provision are examined in the UNGASS and Universal Access data collections, and the Reference Group review; Table 4 lists these indicators and the number of countries for which data are available. Data reported for each of these indicators are detailed in Appendix 1, Table 2 and Appendix 1, Table 3.

^{ix} This technical guide is currently under revision and an updated version is due for release in late 2011; for further details see <http://www.who.int/hiv/pub/idu/targetsetting/en/index.html>

Table 4: Indicators describing needle and syringe programs and injecting behaviours

Source	Indicator	Method	Total	Countries in common
Ref Grp	Presence or absence of NSP	Programmatic data	137	74
UA	Presence or absence of NSPs	Programmatic data	96	
Ref Grp	Presence or absence of injection equipment for sale	Programmatic data	42	--
Ref Grp	Number of NSP sites	Programmatic data	133	45
UA	Number of NSP sites	Programmatic data	52	
Ref Grp	Number of NSP sites per 1000 IDUs	Programmatic data; IDU population size estimate evaluated by Reference Group	105	24
UA	Number of NSP sites per 1000 IDUs	Programmatic data; IDU population size estimate reported by country	30	
Ref Grp	Number of needles-syringes distributed in 12 month period	Programmatic data	124	39
UA	Total number of syringes distributed by all NSPs in the last 12 months	Programmatic data	49	
Ref Grp	Needles-syringes distributed per IDU per year	Programmatic data; IDU population size estimate evaluated by Reference Group	106	23
UA	Total number of syringes distributed by NSPs per IDU per year	Programmatic data; IDU population size estimate reported by country	31	
Ref Grp	Number of IDUs accessing NSP in a 12-month period	Programmatic data	102	--
Ref Grp	Percentage of IDUs accessing an NSP per year	Programmatic data; IDU population size estimate evaluated by Reference Group	87	16
UNGASS	Percentage of IDUs who report having been given sterile needles and syringes (e.g. by an outreach worker, a peer educator or from a needle exchange programme) in the last twelve months(UNGASS Core indicator 9.3)	Behavioural surveillance survey	27	
UNGASS	Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected drugs. (UNGASS Core indicator 21)	Behavioural surveillance survey	50	--

4.1.1. Presence of needle and syringe programmes

Needle and syringe programmes are being introduced in an increasing number of countries worldwide²². The Reference Group obtained reports confirming the existence of NSPs operating in 82 countries. In four of these 82 countries (Argentina, Uruguay, Oman and Sierra Leone), Universal Access reporting indicated NSPs were absent; however, for Argentina and Oman, data on the number of NSP sites and/or the number of needles-syringes distributed was located by the Reference Group, suggesting that there may have been reporting errors in UA reports. Nigeria reported for the UNGASS data collection that some IDUs sampled had obtained syringes from NSP services in the preceding 12 months; however, as part of the Reference Group review multiple reports from contacts within the country confirmed that NSPs were in fact absent in Nigeria, and the UA data supported this. Such disagreement between data collections highlights the difficulties in the process of such data collections methods and the discrepancies that may arise.

In 69 countries where injecting is understood to occur, NSPs are absent; in 10 of these countries, although needles and syringes are not provided for free by NSPs, reports indicated that injecting equipment is available for purchase from pharmacies or other outlets.

It is encouraging that policy barriers to the introduction of NSP have been removed in many countries, but it is critical that programs are of sufficient scale to ensure population impact. Several indicators from the data collection systems reviewed measured factors reflecting the scale of NSPs, and are detailed below.

4.1.2. Number of NSP sites

NSPs must be accessible if they are to be effective. The number of sites where NSPs are available is a major, but not the *only*, factor in determining accessibility. It is important to recognise that other factors such as the mode of delivery, location and operating hours of NSPs also determine how accessible services are for IDUs and these should be considered by countries when programming for HIV prevention, and also when interpreting

The *number of NSP sites* in a country was collected in both the Reference Group review and Universal Access data, with data from 133 and 52 countries reported in each, respectively. For the purpose of the Reference Group review, NSP sites included fixed sites, mobile NSPs operating from a vehicle or through outreach workers, and vending machines. In the UA data collection WHO ask countries to provide the number of distinct programmes, and count a programme with multiple sites as a *single programme*¹⁰.

Data on the number of sites were present in both datasets for 45 countries; in 23 of these countries, the data from both datasets were the same, or had ranges that overlapped. For 17 of the 22 countries where the data differed, data in the Universal Access database suggested the presence of a greater number NSP sites; in the majority of these cases (where dates of the data were available) it appeared that the Universal Access data were more recent than those in the Reference Group review. In five cases, the Reference Group review identified reports of there being a greater number of sites than those reported in the UA collection; the UA data were again more recent.

4.1.3. Number of NSP sites per 1000 IDUs

The indicator '*number of NSP sites per 1000 IDUs*' was reported in both the UA and Reference Group review, to assess the scale of these NSP services relative to need, based on the estimated IDU population in each country.

Estimates of the number of NSP sites per 1000 IDUs were reported for 105 countries in the

Reference Group review, and 30 countries in the UA dataset; estimates for 24 countries were reported in both datasets.

As discussed in Section 2.1, the Universal Access and Reference Group datasets contain estimates of IDU population size from different sources. When reporting IDU population size estimates in the Universal Access reporting process, few countries submitted information on how these estimates were derived; by contrast, in the Reference Group review, one of the inclusion criteria, and criteria determining the rank and grade for a particular estimate, was the presence of detail on how an estimate was derived, as well as the method itself. It is likely that many of the estimates included in the Universal Access dataset would not have met the inclusion criteria applied in the Reference Group review. Estimates for many countries differ between the UA and Reference Group and it is possible that these differences may drive the discrepancies.

It follows, then, that when these different IDU population size estimates are used as the denominator in any estimate of coverage, “coverage” estimates will differ widely (these indicators include number of NSP sites per 1000 IDUs, number of needles and syringes distributed per IDU per year, number of OST sites per 1000 IDUs, number of clients on OST per 100 IDUs or the percentage of opioid dependent people on OST). Further discussion of the latter indicators occurs below.

From the Reference Group review, 30 countries were estimated to have 2 or more NSP sites per 1000 IDUs, and of these only 11 were low or middle-income countries (LMICs) (as defined by the World Bank). Not including those countries where NSPs were absent, 15 countries were estimated to have less than 1 NSP site for every 1000. This included China, the United States and the Russian Federation, countries with the world’s largest IDU populations.

Of the countries included in the UA dataset, 10 reported 2 or more NSP sites per 1000 IDUs, six of which were LMIC, and included Romania (which, because it lacked a verifiable IDU prevalence estimate, had not been reported in the Reference Group review). Eight countries, including Hungary (a high income country (HIC)), reported less than 1 NSP site per 1000 IDUs.

Table 5: Number of countries with different levels of coverage: Number of NSP sites per 1000 IDU

Coverage level: Number of NSP sites per 1000 IDUs	Number of countries								
	Universal Access as reported			Reference Group Review			Universal Access Ref Group denominator		
	LMIC	HIC	total	LMIC	HIC	total	LMIC	HIC	total
<i>Low coverage (>0 – <1)</i>	7	1	10	12	3	15	6	0	6
<i>Medium coverage (≥1 – <2)</i>	10	0	10	6	5	11	6	0	6
<i>High coverage (≥2)</i>	6	4	10	11	19	30	9	5	14
total	23	5	28	29	27	56	21	5	26

Eighteen of the 24 countries included in both datasets were reported across both datasets to have similar levels of coverage (as defined above); further, for 15 countries the UA estimate fell within the ranges reported for those same countries in the Reference Group review. In the case of four countries, Reference Group data fell into the 'high' coverage grouping but with Universal Access data in the 'medium' or 'low' coverage range; two countries with 'low' coverage in the Reference Group dataset reported to have 'medium' level coverage in the UA dataset. It is worth noting that for those countries with dissimilar data in the UA and Reference Group datasets, the numerators from programmatic data were generally more similar than the denominators for each country; highlighting again the differences in the population size estimates between data sources.

Details of the types of service delivery models and the nature of the NSP sites counted were rarely reported. Information on how NSPs are delivered, and data disaggregated for different service models, would be useful given that having a range of different types of distribution points and methods of delivery has been demonstrated to increase NSP accessibility to a broader range of IDUs²³⁻²⁵. Some IDUs may not be able to (or willing) access sterile injecting equipment through fixed sites, and may be more easily reached through peer outreach based programmes²⁴, whereas others may prefer the anonymity of accessing a needle-syringe vending machine^{26 27}. Accessibility is further affected by multiple factors including the hours of operation^{24 25 28}.

4.1.4. Number of needles-syringes distributed in a 12 month period

The greater the number of clean needles-syringes distributed to IDU, the fewer injections that are likely to occur with reused needles-syringes, reducing the likelihood of HIV transmission associated with the sharing of injecting equipment among IDUs. Evidence from multiple observational and modelling studies suggests that HIV prevention effectiveness is significantly dependent upon the number of needles-syringes distributed, so this indicator is particularly useful in assessing the likely impact of NSPs of different scale^{2 3 24 28}.

The Reference Group review identified data on the number of needles-syringes distributed in a 12-month period for 69 countries. In an additional 55 countries where IDU occurs, NSPs were absent, hence zero needles-syringes were distributed.

Thirty-seven countries reported the number of needles-syringes distributed in a year as part of the Universal Access reporting process; an additional 7 countries where IDU occurs reported that no needles-syringes were distributed.

There were a total of 39 countries in common between the two datasets; of these, data from 11 countries were either the same, or the UA reported data fell within the range included in the

Reference Group review. In 18 countries, the totals for UA data were greater than those in the Reference Group review. In cases where the year of the data were reported, UA data was more recent in all but one case, suggesting that the larger numbers in UA data might reflect expanding NSP distribution in those countries.

In nine countries, lower levels of needle-syringe distribution were reported in UA data compared to the Reference Group review. UA data again appeared to be more recent for majority of these countries. It is difficult to know whether these discrepancies reflect true reductions in needle-syringe distribution or issues related to data collection.

4.1.5. Number of needles-syringes distributed per year per IDU

To determine the scale of the volume of needles and syringes distributed, relative to the size of the IDU populations in each country, the number of needles-syringes distributed in a 12-month reporting period per IDU is estimated.

As discussed in 4.1.3 above, the UA and Reference Group review use different IDU population size estimates for the relevant indicator denominators, which limits the comparability of these datasets.

The WHO, UNODC, UNAIDS *Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for IDUs*²⁰ (the ‘Technical Guide’) defines low coverage as fewer than 100 needles-syringes per IDU per year, medium coverage as between 100 and 200, and high coverage as greater than 200.

Table 6: Number of countries with different levels of coverage: Number of needles-syringes distributed in a 12 month period per IDU

Coverage level (Number of needles-syringes distributed in a 12 month period per IDU)	Number of countries									Combined across datasets*		
	Universal Access as reported			Reference Group Review			Universal Access Ref Group denominator					
	LMIC	HIC	total	LMIC	HIC	total	LMIC	HIC	total	LMIC	HIC	total
Low coverage (>0 – ≤100)	19	1	20	20	12	32	15	1	16	27	13	40
Medium coverage (>100 – ≤200)	5	5	10	4	11	15	4	5	9	4	12	16
High coverage (> 200)	0	0	0	1	2	3	1	0	1	1	2	3
total	24	6	30	25	25	50	20	6	26	32	27	59

*These counts include data from all three datasets; there was a conflict between these datasets for one country only (Moldova: UA estimate - medium coverage; adjusted UA estimate and Reference Group estimate – high coverage) in this case the adjusted UA/Reference Group estimate was included.

The number of syringes distributed per year per IDU was estimated for 50 countries in the Reference Group review (see Figure 6). Of these, only three countries were estimated to have achieved 'high' coverage of more than 200 syringes per IDU per year: Moldova, Norway and Australia.

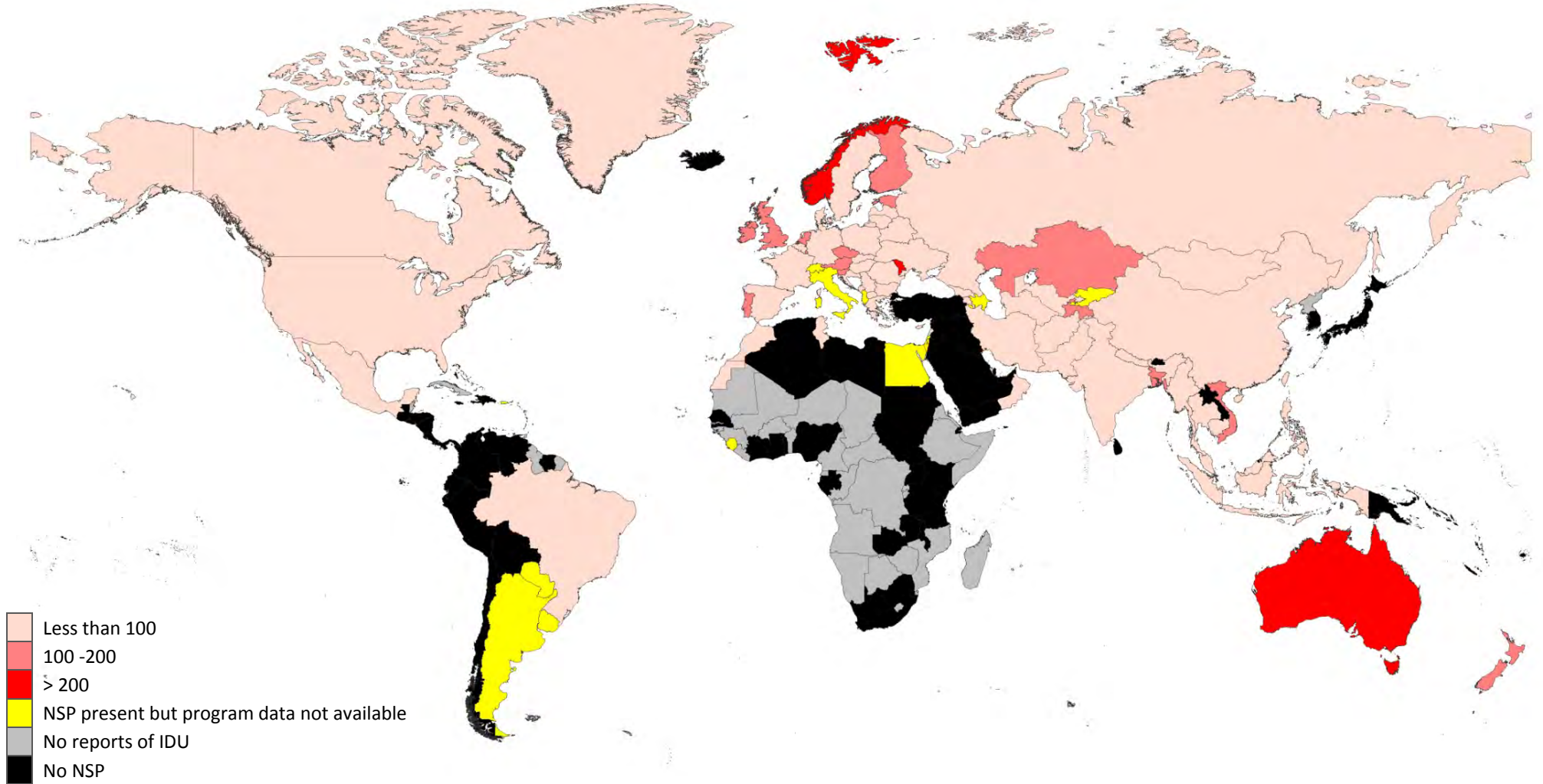
Data for 30 countries were included in the UA dataset. One third of these countries reported 'medium' level coverage and two thirds 'low' coverage; no countries reported 'high' coverage.

Excluding those countries without NSP, the UA and Reference Group datasets had 21 countries in common. For 20 countries the data from each dataset fell within the same low, medium or high coverage range as defined by the Technical Guide²⁰; for one country (Moldova) high coverage was reported from the Reference Group review, and low coverage in the UA dataset.

To adjust for the impact of the differing IDU population sizes used in each dataset, estimates for the number of needles-syringes distributed per year per IDU from UA data were also calculated using the Reference Group (mid-point) estimates of IDU population size as the denominator. Adjusting the UA estimates in this manner resulted in lower estimates for 11 countries, higher estimates for another 11 and no difference for two countries. Comparing 23 of these adjusted UA estimates with those from the Reference Group for this indicator, for all 23 countries the coverage levels fell within the same 'low', 'medium' or 'high' coverage ranges examined here.

It is clear that very few countries currently achieve levels of syringe distribution that could be considered as high coverage. Notably, many HIC fail to achieve adequate levels of syringe distribution. Further, China, the United States and the Russian Federation, which together account for 40% of the estimate global IDU population, distribute far fewer than the equivalent of 1 syringe per IDU per week (33, 22 and 4 needles-syringes per year per IDU respectively).

Figure 5: Country level coverage: needles-syringes distributed per year per IDU
Data source: Reference Group to the United Nations on HIV and Injecting Drug Use



4.1.6. Number and percent of IDUs accessing NSPs

The Reference Group review gathered programmatic data on the number of individuals accessing NSPs in a 12-month period; data were identified for 47 countries, 36 of which were low or middle-income countries. Many countries do not have systems for identifying individual NSP clients, and are unable to provide data on the number of individual clients who access services. Most are only able to report on the total number of times NSPs provide equipment to IDUs (*occasions of service*); such data were located for 33 countries and can be viewed online¹⁰.

Using these programmatic data, country-level estimates of the percentage of the total IDU population accessing an NSP in a 12-month period were calculated for 32 countries (22 LMIC; 10 HIC) that had IDU population size estimates. Deriving estimates of coverage in this way has two important limitations: firstly, for many countries it is difficult to assess the completeness of the programmatic data that are used as the numerator; and secondly, there is considerably uncertainty around many of the IDU population size estimates used as the denominator. The resulting uncertainty around these estimates is particularly notable for two countries with mid-point estimates greater than 100%, and five countries with upper estimates greater than 100%.

As part of the 2010 UNGASS monitoring process, countries are required to report on the percentage of IDUs accessing an NSP during a 12 month period; 27 countries reported on this indicator. These data are largely drawn from behavioural surveillance surveys of samples of IDUs. These surveys rely upon self-reported service use by IDUs, a source of potential bias. Commonly, little information was available on the methods by which the samples were selected. Three countries noted using respondent driven sampling methods, but for many it appeared likely that samples had been drawn from treatment or other service populations, which introduces significant bias when attempting to measure the extent of service access for the total IDU population in a country. The lack of detail regarding the methodology of these survey results, and in particular the lack of likely representativeness, are important limitations of these data and to comparing these to data from other sources and methods, such as the estimates derived using programmatic data and population size estimates as reported in the Reference Group review.

¹⁰ www.idurefgroup.com

Table 7: Percentage of IDUs accessing NSP in a 12-month period

		Reference Group	UNGASS		
		estimate from programmatic data	Grade*	Grade*	estimate from sample survey
Low or middle income countries	Afghanistan	Not known**		L	16.76%
	Armenia	58.9% (47.1 - 78.5)	M		--
	Azerbaijan	Not known**		L	12.9%
	Bangladesh	92.7% (54.4 - >100)	H	H	78.85%
	Belarus	6.9% (6.3-7.6)	L	H	75.12%
	Benin	--			0%
	Bosnia & Herzegovina	Not known**		M	39.1%
	Brazil	Not known**		M	54.31%
	Bulgaria	Not known**		H	81.41%
	China	1.6% (1.3 - 2.1)	L	M	44.3%
	Georgia	1.2% (0.6 - 10.7)	L		--
	India	78.1% (57.7 - >100)	H	L	18.16%
	Indonesia	22.7% (20.1 – 26.1)	M	H	75.5%
	Iran, Islamic Republic	27.8% (21.2 - 37.7)	M		--
	Kazakhstan	36.8% (28.2 - 50.1)	M	H	70.93%
	Kyrgyzstan	Not known**		M	43.33%
	Latvia	Not known**		M	31.83%
	Lithuania	68.0% (52.3 - 97.1)	M		--
	Malaysia	2.4% (2.0 - 2.8)	L	M	26.98%
	Mauritius	26.5% (25.8 – 27.2)	M		--
	Moldova	Not known**		L	14.1%
	Myanmar	39.5% (32.9 - 49.4)	M	M	56.5%
	Nepal	45.7% (34.7 – 62.3)	M		--
	Nigeria	0%	L	H	89.15%
	Pakistan	10.6% (9.2 - 11.1)	L	M	58.31%
	Philippines	5.2% (3.8 - 7.6)	L	M	23.9%
	Russian Federation	6.8% (5.2 - 9.2)	L	M	24.33%
	Serbia	Not known**		M	52.5%
	Tajikistan	46.8% (35.8 - 64.8)	M	H	76.9%
	Thailand	0.2% (0.2 - 0.3)	L		--
Ukraine	39.0% (26.2 - 57.4)	M	M	41.3%	
Uzbekistan	40.3% (30.8 - 54.8)	M	M	58.78%	
Viet Nam	95.4% (73.0 - >100)	H	M	44.85%	
High income countries	Croatia	21.3% (5.1 - 37.7)	M		--
	Czech Republic	>100% (89.2 - >100)	H		--
	Estonia	30.3% (11.8 - 51.1)	M		--
	Finland	81.3% (65.0 - >100)	H		--
	France	3.8% (2.4 - 6.1)	L		--
	Greece	12.4% (4.1 - 23.4)	L		--
	Hungary	50.5% (33.7 - >100)	M		--
	Ireland	>100% (70.7 - >100)	H		--
	Slovakia	15.0% (8.3 - 20.4)	L		--
	Slovenia	40.0% (31.6 - 54.5)	M		--
	Sweden	Not known**		M	23.55%

*Grade of coverage level: **L** Low ≤20%; **M** Medium >20% – ≤60%; **H** High >60%.

**Programmatic data reported, but no estimate of IDU population size available.

The *Technical Guide*²⁰ includes two related indicators (derived using programmatic data similar to the methods used by the Reference Group) measuring ‘the percentage of IDUs accessing an NSP once per month or more in the past 12 months’ and ‘the percentage of IDUs reached by NSPs in the past month’. For both these indicators the Technical Guide²⁰ recommends the following target coverage levels: low $\leq 20\%$; medium $>20\% - \leq 60\%$; high $>60\%$. Those coverage levels were used to grade the coverage estimates from the Reference Group and UNGASS datasets.

Table 8 details the number of countries reported to have achieved low, medium and high coverage in each dataset. From the Reference Group review only seven of the 32 countries for which data were available, were estimated to have rates of access greater than 60%. Only seven countries reported in the UNGASS dataset to have achieved similar ‘high’ coverage.

Table 8: Number of countries with different levels of coverage: Percentage of IDUs accessing NSPs in a 12-month period

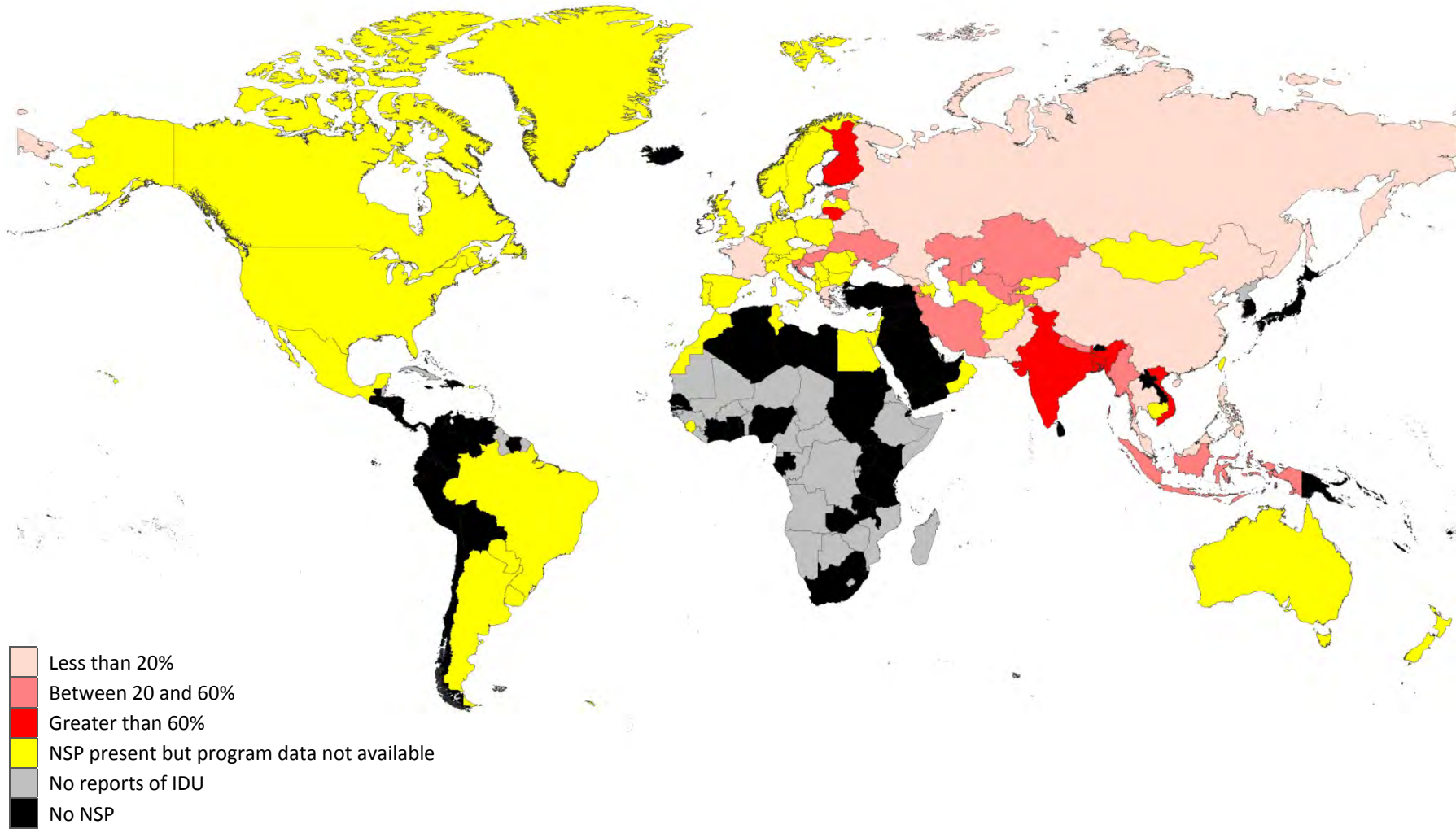
Coverage level: Percentage of IDUs accessing NSPs in a 12 month period	Number of countries					
	Reference Group estimate from programmatic data			UNGASS estimate from sample survey		
	LMIC	HIC	total	LMIC	HIC	total
<i>Low coverage (>0 – ≤ 20)</i>	8	3	11	4	0	4
<i>Medium coverage (>20 – ≤ 60)</i>	10	4	14	14	1	15
<i>High coverage (> 60)</i>	4	3	7	7	0	7
total	22	10	32	25	1	26

The available data from both datasets are presented in Table 7, where the very wide disparity between the two datasets is apparent. For this indicator the datasets had 16 countries in common. For 2 countries the UNGASS reported data fell within the range included in the Reference Group review. In only four instances were estimates for the same country across datasets within the same ‘low’, ‘medium’ and ‘high’ coverage level range. The UNGASS data fell within a higher coverage level than the Reference Group estimate in the case of 10 countries; the Reference Group estimates were for higher coverage levels than those from the UNGASS dataset in only two cases.

It is important to note that the indicators from the Technical Guide²⁰ are intended to measure a greater intensity of coverage (i.e. more frequent and regular utilisation of NSPs by IDUs) than the Reference Group or UNGASS indicators, which count NSP access occurring at least once in a 12 month period. Due to the very different indicators of NSP utilisation used in UNGASS and the Reference Group review, the comparability of estimates is limited. Further, as for other indicators examined here, the two sources contain data pertaining to different time periods.

Figure 6: Number of IDUs accessing a needle and syringe program in the last 12 months, estimated from programmatic data and estimates of IDU population size

Data source: Reference Group to the United Nations on HIV and Injecting Drug Use



4.1.7. Percentage of IDUs reached by HIV prevention programmes

An indicator describing the coverage of *harm reduction* or HIV prevention services for IDUs more broadly is included in the UNGASS reporting processes. This UNGASS core indicator measures the percentage of key populations reached with HIV prevention programmes. This is a measure of the percentage of a sample of individuals from a population of interest, in this case IDUs, who answer yes to *all* of the following questions:

1. Do you know where you can go if you wish to receive an HIV test?
2. In the last twelve months, have you been given condoms (e.g. through an outreach service, drop-in centre or sexual health clinic)?
3. In the last twelve months, have you been given sterile needles and syringes (e.g. by an outreach worker, a peer educator or from a needle exchange programme)?

Countries are encouraged to report on the aggregated indicator (i.e. the number of IDUs who answer yes to all three questions), as well as data for the individual sub-questions (indicators); the number of countries reporting on the aggregated and individual components of this indicator are detailed in Table 9. Two countries (Nepal and Georgia) reported only on the aggregated indicator; 11 countries reported data for some or all of the sub-indicators only. The data for each of the sub-indicators are examined in other sections of this report^{xi}.

Table 9: Number of countries reporting UNGASS core indicator ‘percentage of IDUs reached by HIV prevention programmes’, and sub components

	Number of countries		
	LMIC	HIC	total
Indicator 9 (aggregated indicator)	28	1	29
Indicator 9 part 1	27	1	28
Indicator 9 part 2	24	1	25
Indicator 9 part 3	26	1	27
Aggregated indicator and all three sub-indicators	21	1	22

The data for the aggregated indicator are commonly cited in UNAIDS reports¹³. As highlighted in the discussions of the sub-indicators, it is important to recognise the limitations of this aggregated indicator, particularly since samples may be poorly representative of the IDU populations in some countries, with many biased towards inclusion of individuals more likely to access services.

^{xi} Indicator 9 part 1 examined in Section 4.3.2, page 55.

Indicator 9 part 2 examined in Section 4.2.4, page 46.

Indicator 9 part 3 examined in Section 4.1.6, page 28.

Table 10: Number of countries with different levels of coverage: Percentage of IDUs reached by HIV prevention programmes

Coverage level: Percentage of IDUs reached by HIV prevention or harm reduction programmes	Number of countries		
	UNGASS estimate from sample survey		
	LMIC	HIC	total
Low coverage (≤ 20)	11	1	12
Medium coverage ($>20 - \leq 60$)	15	0	15
High coverage (> 60)	2	0	2
total	28	1	29

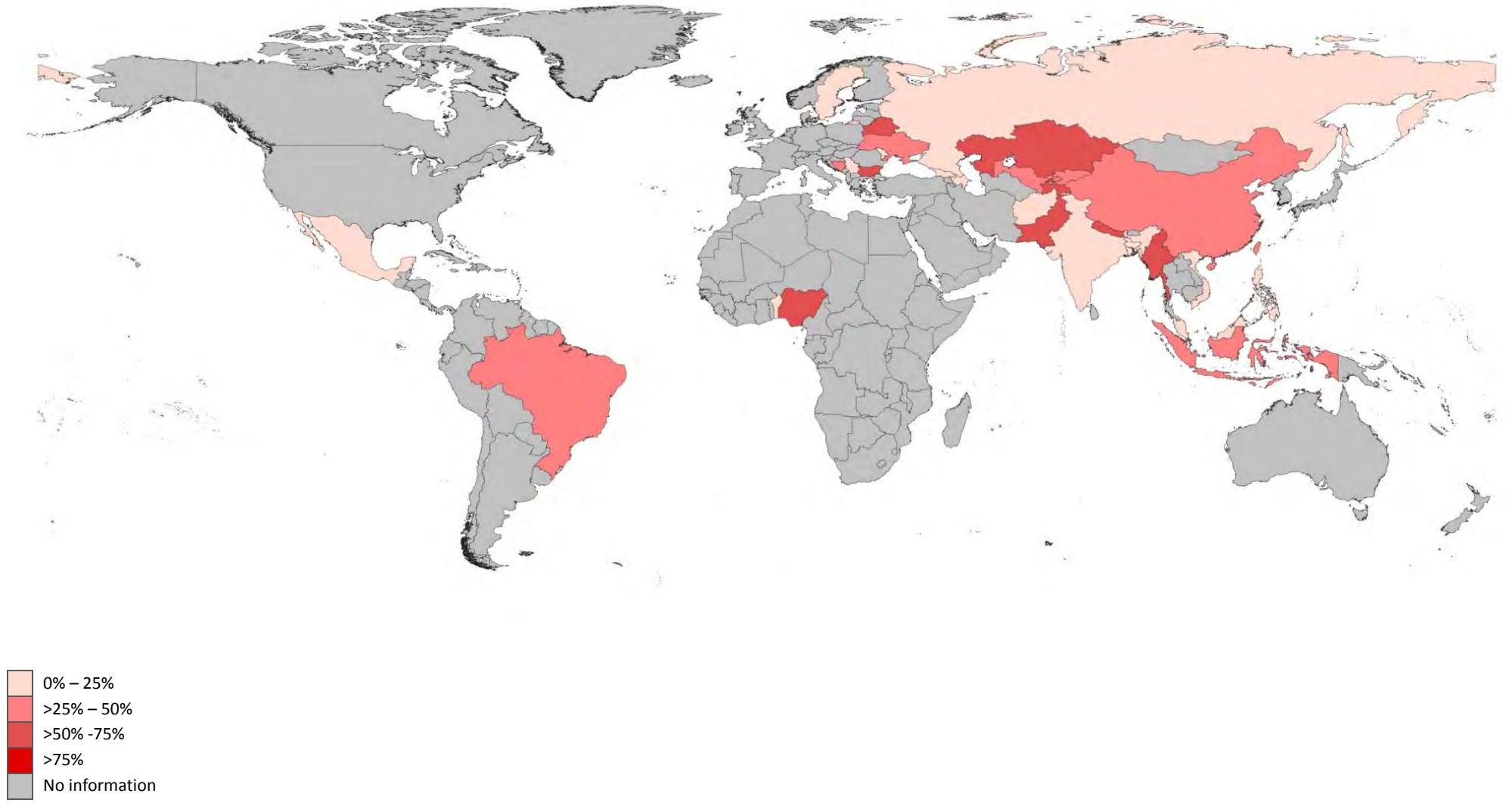
Table 11: Percentage of IDUs reached by HIV prevention or harm reduction programmes

	UNGASS	
	estimate from sample survey	Grade*
Afghanistan	16.76%	L
Azerbaijan	1.7%	L
Bangladesh	1.67%	L
Belarus	63.63%	H
Benin	0	L
Bosnia & Herzegovina	32.1%	M
Brazil	39.5%	M
Bulgaria	52.43%	M
China	38.5%	M
Georgia	11.45%	L
India	14.82%	L
Indonesia	43.38%	M
Kazakhstan	59.94%	M
Kyrgyzstan	38.44%	M
Malaysia	7.46%	L
Mexico	20.19%	M
Moldova	7.4%	L
Myanmar	52.53%	M
Nepal	56.9%	M
Nigeria	59.42%	M
Pakistan	50.76%	M
Philippines	11.48%	L
Russian Federation	13.63%	L
Serbia	20.63%	M
Sweden	8.49%	L
Tajikistan	63.54%	H
Ukraine	31.59%	M
Uzbekistan	34.16%	M
Viet Nam	15.39%	L

* Grade of coverage level: **L** Low $\leq 20\%$; **M** Medium $>20\% - \leq 60\%$; **H** High $>60\%$.

Data on the percentage of IDUs reached by HIV prevention programmes as reported for this UNGASS, aggregated indicator is presented in Figure 9 and Appendix 1, Table 3. The Technical Guide²⁰ does not contain recommendations about target levels for harm reduction or HIV prevention programmes more broadly, nor for coverage of different services in combination. To evaluate reported coverage levels for the purpose of this review we have used the same levels as those for NSP access: low $\leq 20\%$; medium $>20\% - \leq 60\%$; high $>60\%$. Only two countries achieved 'high' coverage.

Figure 7: Percentage of IDUs accessing HIV prevention programmes
Data source: UNGASS



4.1.8. Percentage of IDUs using sterile injecting equipment last time they injected drugs

As part of the UNGASS process, 50 countries reported data, collected through behavioural surveys, on the percentage of IDUs who self-reported having used a sterile needle and syringe the last time they injected drugs. Fortyone of those reporting were LMIC (Table 12; country-level data are presented in Appendix 1, Table 3).

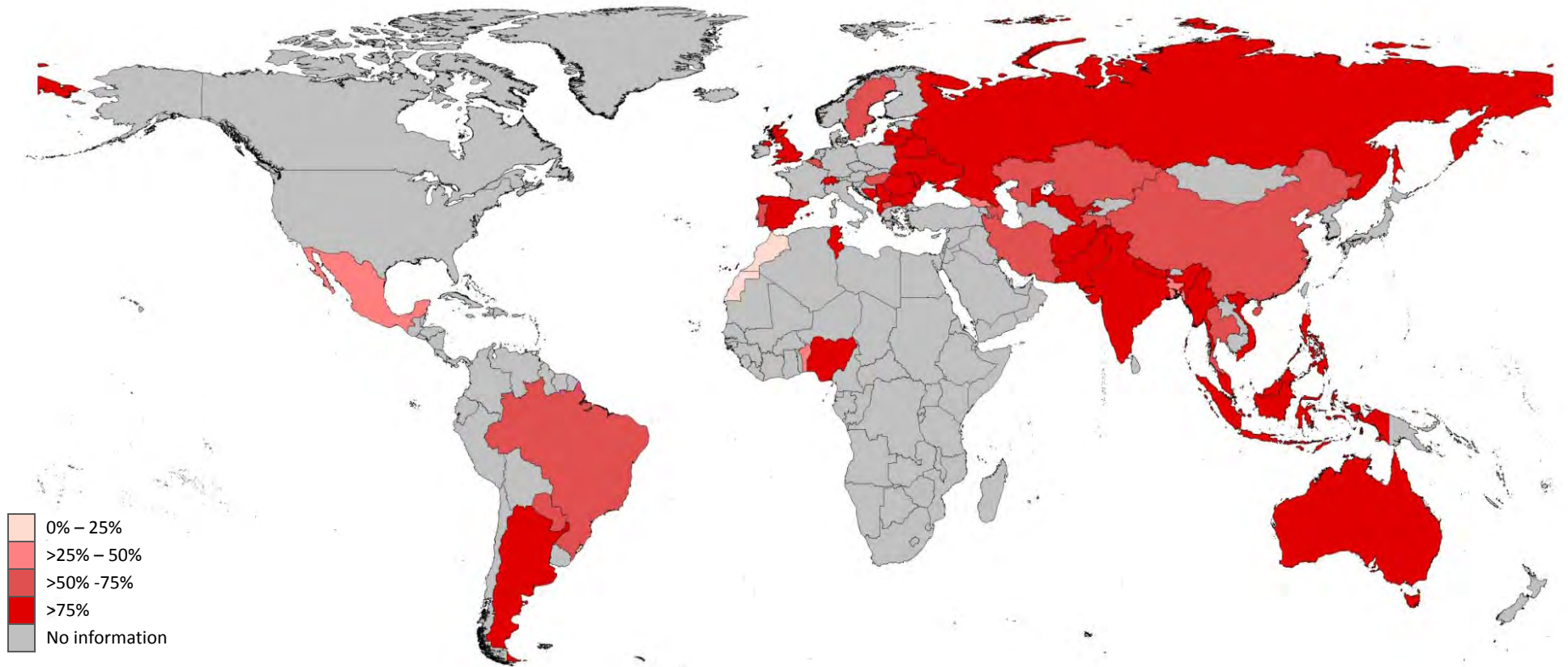
For over half of the countries for which data were available, greater than 75% of the IDUs sampled reported using sterile equipment for their last injection. These high rates reported for this indicator are not necessarily correlated with the reported levels of access to NSPs or the distribution of sterile injecting equipment, as described in earlier sections.

Table 12: Number of countries with different levels of reported impact: Percentage of IDUs reporting the use of sterile injecting equipment the last time they injected drugs

Impact level: Percentage of IDUs reporting the use of sterile injecting equipment the last time they injected	Number of countries		
	UNGASS estimate from sample survey		
	LMIC	HIC	total
>0% – ≤25%	2	0	2
>25% – ≤50%	4	0	4
>50% – ≤75%	11	5	16
>75%	24	4	28
total	41	9	50

One of the most likely explanations for this discrepancy across indicators may be the fact that this UNGASS indicator is derived from self-reports of samples of IDUs. As discussed in previous sections of this report, it is likely that these samples may not be representative of the broader IDU population in each country, and that bias may also be introduced due the reliance on self reporting of behaviours. Such samples are often recruited through NSPs, outreach services or drug treatment services, where it might be expected that access to sterile injecting equipment is greater. However, the lack of information on sampling methodology precludes a detailed, accurate analysis of this possibility.

Figure 8: Percent of injecting drug users that used sterile injecting equipment the last time they injected
Data source: UNGASS



4.2. Condom provision for IDUs and safe-sex behaviours

A number of indicators measuring distribution and use of condoms among IDUs are included in the UNGASS, Universal Access and Reference Group datasets. Table 13 lists these indicators and the number of countries for which data are available against these indicators. Country-level data reported for each of these indicators are detailed in Appendix 1, Table 5.

Table 13: Condom provision for IDUs and safe-sex behaviour indicators

Source	Indicator	Method	Total	Countries in common	
Ref Grp	Presence or absence of condom programmes targeting IDUs	Programmatic data	81	46	
UA	Presence or absence of condom programmes targeting IDUs	Programmatic data	96		
Ref Grp	Number of sites providing condoms specifically for IDUs	Programmatic data	17	1	
Ref Grp	Number of sites providing condoms specifically for IDUs per 1000 IDUs	Programmatic data; IDU population size estimate evaluated by Reference Group*	14		
Ref Grp	Number of condoms distributed to IDUs in a 12 month period	Programmatic data	23		
Ref Grp	Number of condoms distributed to IDUs per year per IDU	Programmatic data; IDU population size estimate evaluated by Reference Group*	15		
Ref Grp	Number of IDUs receiving condoms in a 12-month period	Programmatic data	3		
Ref Grp	Percentage of IDUs receiving condoms in 12 month period	Programmatic data; IDU population size estimate evaluated by Reference Group*	2		
UNGASS	Percentage of IDUs who report having been given condoms (e.g. through an outreach service, drop-in centre or sexual health clinic) in the last twelve months (UNGASS Core indicator 9.2)	Behavioural surveillance survey	25		
UNGASS	Percentage of injecting drug users reporting the use of a condom the last time they had sex (UNGASS Core indicator 20)	Behavioural surveillance survey	47		--

4.2.1. Presence of condom programmes targeting IDUs

In most countries, condoms are available for purchase. Free distribution programmes are also common in many countries, to increase access particularly among at-risk groups, or to those for whom access may be more difficult. Harm reduction services also often distribute condoms to IDUs.

Across the UA and Reference Group datasets, condom programmes targeting IDUs were reported to be present in 69 countries (53 of which were LMICs). In a further 7 countries there were conflicting reports: the Reference Group identified reports confirming the presence of such programmes in Bosnia and Herzegovina, Ireland, Mongolia, Argentina, Mozambique and Togo, but these countries reported in the UA reporting round that such programmes were not available. The Reference Group review reported IDU condom programs absent in Singapore, but UA data suggested that such programmes were being delivered.

4.2.2. Number of sites providing condoms specifically for IDUs

The Reference Group review located data for 34 countries on the number of sites providing IDU-targeted condom distribution programmes; for a further 22 countries, such programmes were reported to be absent, so the number of sites was recorded as nil. Of the 34 countries providing condoms, IDU population size estimates were available for 26, and the number of sites per 1000 IDUs was estimated. Half of these countries had greater than 2 sites providing condoms per 1000 IDUs (see Table 15).

Table 14: Number of countries with different levels of coverage: Number of sites providing condoms specifically for IDUs per 1000 IDUs

Coverage level: Number of sites providing condoms specifically for IDUs per 1000 IDUs	Number of countries		
	Reference Group Review		
	LMIC	HIC	total
<i>Low coverage (>0 – <1)</i>	7	2	9
<i>Medium coverage (≥1 – <2)</i>	4	0	4
<i>High coverage (≥2)</i>	8	5	13
Total	19	7	26

4.2.3. Number of condoms distributed to IDUs in a 12 month period

The Reference Group review identified data on the number of condoms distributed to IDUs in a 12-month period for 23 countries; of these, 20 were LMICs. Of the 23 countries, IDU population size estimates were available for 15. The Technical Guide²⁰ categorises coverage levels for this indicator as follows: low ≤50 condoms per IDU per year; medium >50–≤100; high >100. Table 15 lists the number of countries achieving different levels of coverage. Out of 15 countries, only four (Bangladesh, Canada, Estonia and Moldova) achieved ‘medium’ or ‘high’ levels of coverage for this indicator. Country-level estimates are shown in Figure 12.

Table 15: Number of countries with different levels of coverage: Number of condoms distributed to IDUs in a 12 month period per IDU

Coverage level: Number of condoms distributed to IDUs in a 12 month period per IDU	Number of countries		
	Reference Group Review		
	LMIC	HIC	total
<i>Low coverage (>0 – ≤50)</i>	10	1	11
<i>Medium coverage (>100 – ≤100)</i>	1	2	3
<i>High coverage (> 100)</i>	1	0	1
Total	12	3	15

4.2.4. Number and percentage of IDUs receiving condoms in a 12 month period

The Reference Group review was able to locate programmatic data on the number of IDUs receiving condoms from only three countries; for only two of these countries was it possible to estimate the proportion of the IDU population receiving condoms in a 12-month period.

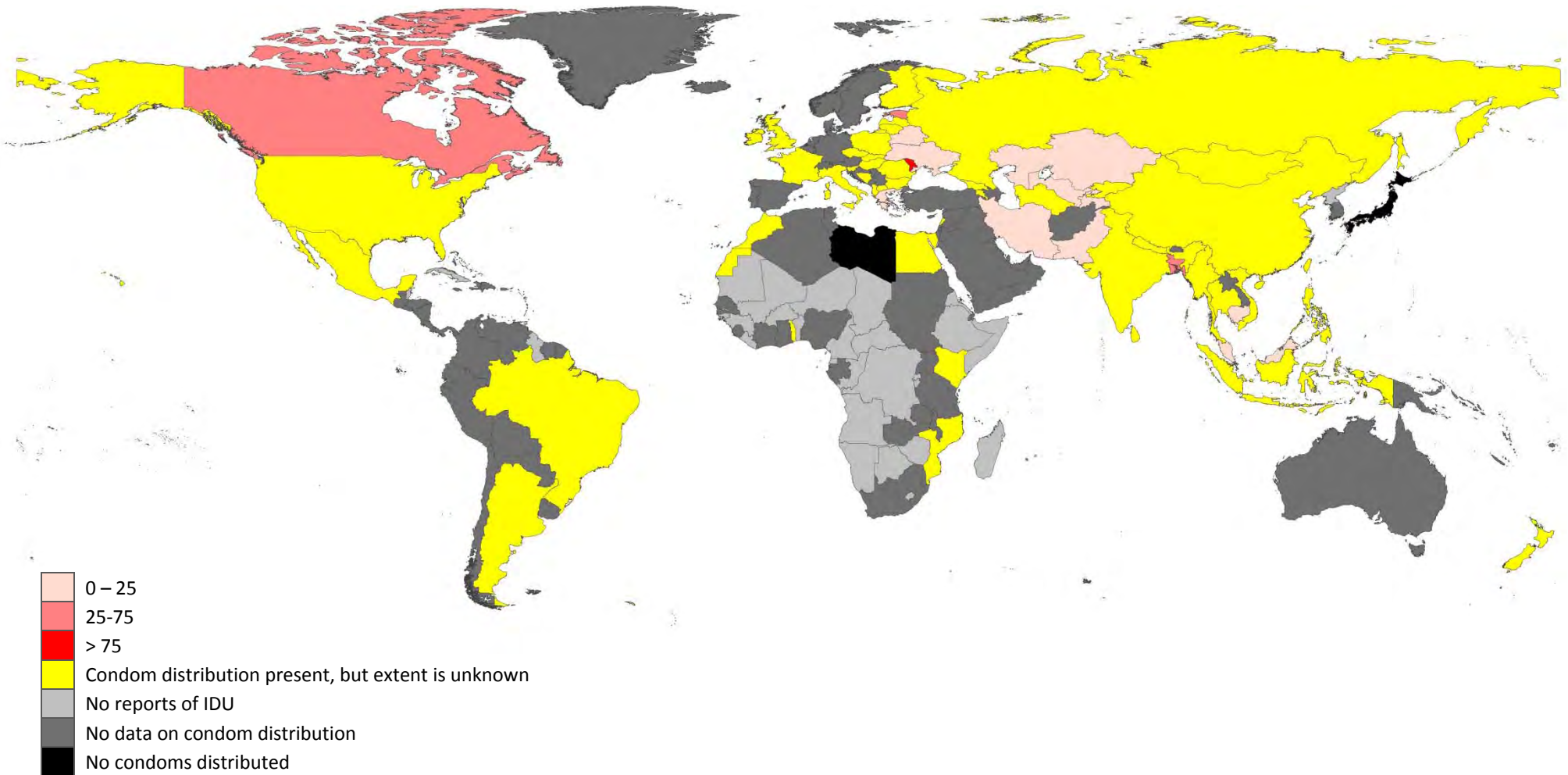
From the UNGASS data collection process, 25 countries reported data from IDU surveys on the percentage of IDUs who had received condoms in the last 12 months. The Technical Guide²⁰ does not contain recommendations on target levels of IDUs receiving free condoms in the last 12 months. For the purpose of examining the coverage levels for this indicator in this report we have used the same coverage levels as those for NSP access: low $\leq 20\%$; medium $>20\% - \leq 60\%$; high $>60\%$. Only five countries achieved 'high' coverage. Most countries reporting through the UNGASS data collection (24 were LMIC) process had medium coverage levels.

Table 16: Number of countries with different levels of coverage: Percentage of IDUs receiving condoms in a 12 month period

Coverage level: Percentage of IDUs receiving condoms in a 12 month period	Number of countries		
	UNGASS estimate from sample survey		
	LMIC	HIC	total
<i>Low coverage (≤ 20)</i>	6	0	6
<i>Medium coverage ($>20 - \leq 60$)</i>	13	1	14
<i>High coverage (> 60)</i>	5	0	5
total	24	1	25

Figure 9: Condoms distributed per injecting drug users per year

Data source: Reference Group to the United Nations on HIV and Injecting Drug Use



4.2.5. Percent of IDUs using condoms the last time they had sex

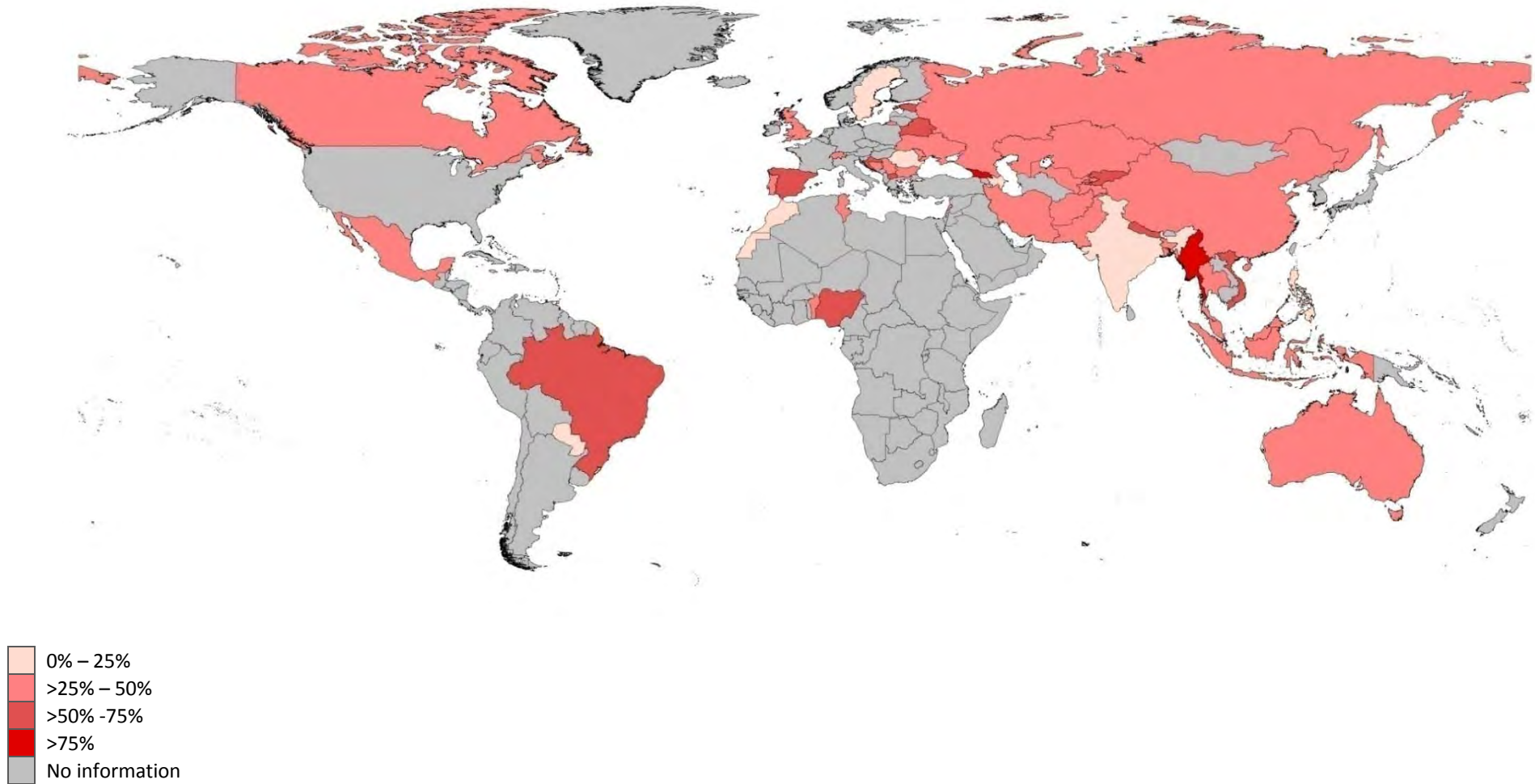
In the UNGASS data collection process, 47 countries reported data, collected through behavioural surveys, on the percentage of IDUs who reported having used a condom the last time they had sex. Thirty-seven of those reporting were low or middle-income countries. These data are presented in Figure 14 and Appendix 1, Table 5.

For approximately three quarters of those countries for which data were available, fewer than 50% of IDUs sampled reported using a condom the last time they had sex (Table 18). As discussed previously, it is uncertain how representative these samples of IDUs are of the greater IDU population in each country, given the lack of data on sampling methodology. It is likely that samples include IDUs that are in contact with services, and that sample may have been drawn from treatment/service populations, which might include groups of IDUs at lower risk of engaging in unsafe sex behaviours.

Table 17: Number of countries with different levels of reported impact: Percentage of IDUs reporting the use of condoms the last time they had sex

Impact level: Percentage of IDUs reporting the use of condoms the last time they had sex	Number of countries		
	UNGASS estimate from sample survey		
	LMIC	HIC	total
≤25%	6	1	7
>25% – ≤50%	22	6	28
>50% – ≤75%	7	3	10
>75%	2	0	2
total	37	10	47

Figure 10: Percent of injecting drug users who reported using a condom last time they had sex
Data source: Reference Group to the United Nations on HIV and Injecting Drug Use)



4.3. HIV testing

Several indicators relating to HIV testing among IDUs are included in the UNGASS and Reference Group datasets examined here. Table 18 lists these indicators, and the number of countries for which data are available. Data reported for each of these indicators are detailed in Appendix 1, Table 4.

Table 18: IDU and HIV testing and counselling related indicators

Source	Indicator	Method	Total
Ref Grp	Number of HIV testing sites	Programmatic data	28
Ref Grp	Number of HIV testing sites per 1000 IDUs	Programmatic data; IDU population size estimate evaluated by Reference Group*	19
UNGASS	Percentage of IDUs who report knowing where to go to receive an HIV test (UNGASS Core indicator 9.1)	Behavioural surveillance survey	28
UNGASS	Percentage of IDUs who received an HIV test in the last 12 months and who know the results (UNGASS Core indicator 8)	Behavioural surveillance survey	53

4.3.1. Number of HIV testing sites

The Reference Group review identified data on the number of HIV testing and counselling sites for 28 countries, and was able to calculate the number of sites per 1000 IDUs for 19 countries (Table 20). Ten of these 19 countries were estimated to have fewer than the equivalent of 1 HIV testing and counselling site per 1000 IDUs. Only four countries were estimated to have more than 2 sites per 1000 IDUs ('high coverage'). These figures do not include all health facilities in which provider initiated HIV testing and counselling is being offered to patients; WHO/UNAIDS notes HIV testing and counselling be recommended to key populations at higher risk for HIV at least annually (WHO, 2010).

Table 19: Number of countries with different levels of coverage: Number of HIV testing and counselling sites per 1000 IDUs

Coverage level: Number of HIV testing and counselling sites per 1000 IDUs	Number of countries		
	Reference Group Review		
	LMIC	HIC	total
Low coverage (<1)	9	1	10
Medium coverage (≥1 – <2)	3	2	5
High coverage (≥2)	2	2	4
Total	14	5	19

4.3.2. Percentage of IDUs who know where to go to receive an HIV test

In UNGASS data, 28 countries reported on the percentage of IDUs who reported knowing where to go to receive and HIV test, typically collected through behavioural surveys. Only one HIC (Sweden) reported against this indicator (Table 21). For approximately two-thirds of countries, greater than 75% of IDUs reported they knew where to receive an HIV test (country-level data are presented in Appendix 1, Table 4).

Table 20: Number of countries with different levels of coverage: Percentage of IDUs who know where to go to receive an HIV test

Coverage level: Percentage of IDUs who know where to go to receive an HIV test	Number of countries		
	UNGASS estimate from sample survey		
	LMIC	HIC	total
≤25%	2	0	2
>25% – ≤50%	3	0	3
>50 %– ≤75%	5	0	5
>75%	17	1	18
total	27	1	28

4.3.3. Percentage of IDUs who received an HIV test in the last 12 months and who know their results

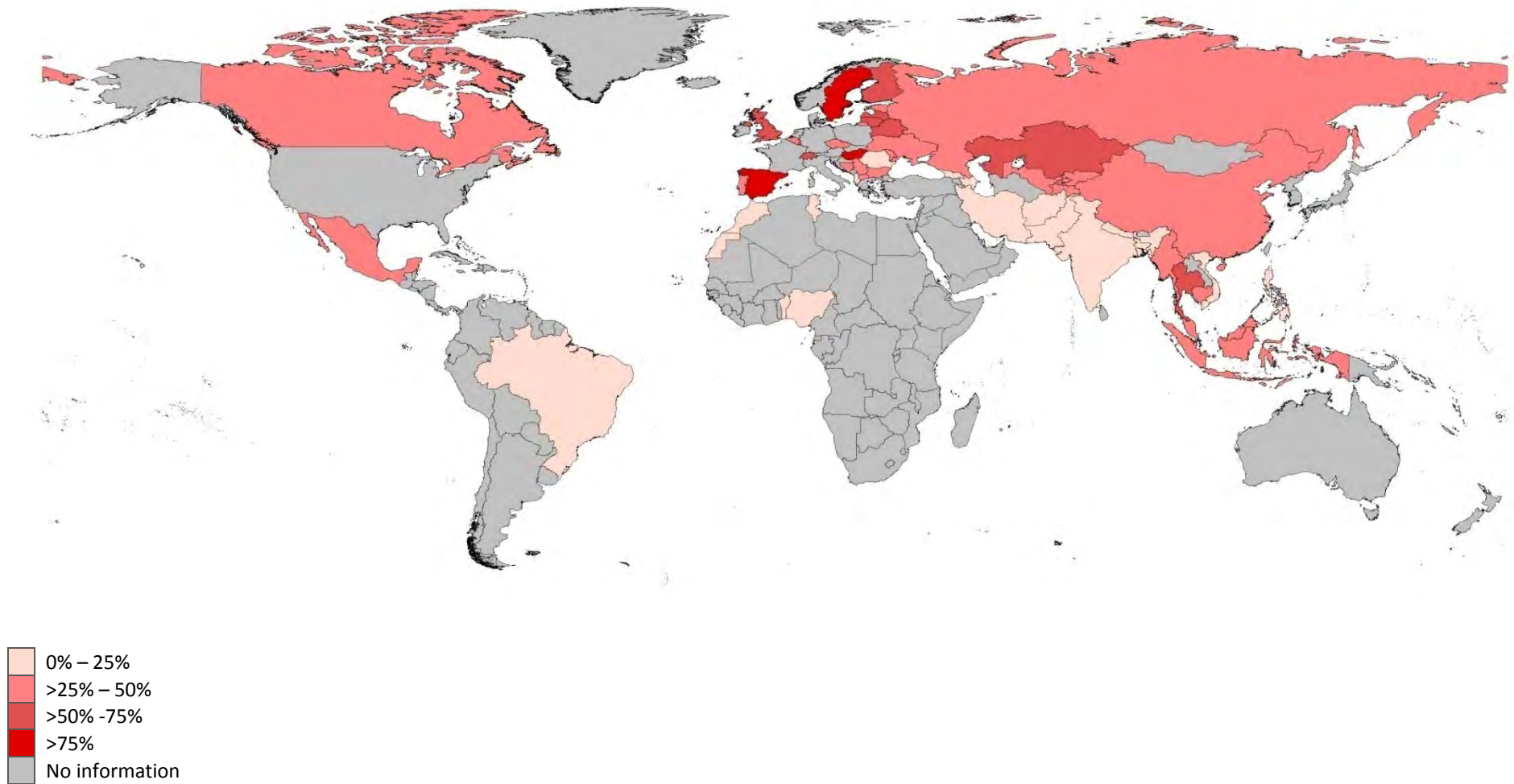
Fifty-three countries reported data, collected through behavioural surveys, on the percentage of IDUs who reported they knew where to go to receive and HIV test; forty-one of those reporting were low or middle income countries. These country-level data are presented in Figure 16 and Appendix 1, Table 4. For three-quarters of all countries reporting on this indicator less than 50% of respondents in each sample had been tested for HIV in the last 12 months and knew the results.

Table 21: Number of countries with different levels of coverage: Percentage of IDUs who received an HIV test in the last 12 months and who know their results

Coverage level: Percentage of IDUs who received an HIV test in the last 12 months and who receive an HIV test	Number of countries		
	UNGASS estimate from sample survey		
	LMIC	HIC	total
≤25%	19	0	19
>25% – ≤50%	16	5	21
>50 %– ≤75%	5	4	9
>75%	1	3	4
total	41	12	53

Figure 11: Percent of injecting drug users that received an HIV test and know their results

Data source: UNGASS



4.4. Provision of opioid substitution therapy (OST)

Opioid substitution therapy (OST) is an important component of the response to HIV among IDUs who inject opioids, and is part of the comprehensive package of interventions endorsed by WHO, UNODC and UNAIDS^{20 21}. Other drug treatment interventions, especially for those that address stimulant dependence, are also critical interventions in the response to HIV³; data on the provision of these other types of drug dependence treatment are more scarce (though the upcoming WHO *ATLAS on substance use (2010):resources for the preventions and treatment of substance use disorders* includes attempts to quantify the extent and nature of drug treatment services⁴).

Both the UA data collection process and the review by the Reference Group included indicators related to OST provision. Table 22 lists these indicators and the number of countries for which data were reported. Country level data reported for each of these indicator data are detailed in Appendix 1, Table 6.

Table 22: Indicators describing opioid substitution therapy (OST)

Source	Indicator	Method	Total	Countries in common
Ref Grp	Presence or absence of OST	Programmatic data	136	73
UA	Presence or absence of OST	Programmatic data	96	
Ref Grp	Presence or absence of methadone maintenance therapy (MMT)	Programmatic data	132	--
Ref Grp	Presence or absence of buprenorphine maintenance therapy (BMT)	Programmatic data	126	--
Ref Grp	Presence or absence of other forms of OST	Programmatic data	83	
Ref Grp	Number of OST sites	Programmatic data	114	40
UA	Number of OST sites	Programmatic data	51	
Ref Grp	Number of OST sites per 1000 IDUs	Programmatic data; IDU population size estimate evaluated by Reference Group	99	17
UA	Number of OST sites per 1000 IDUs	Programmatic data; IDU population size estimate reported by country	25	
Ref Grp	Number of OST recipients at a single point in time	Programmatic data	122	15
UA	Number of people on OST at end of reporting period	Programmatic data	16	
Ref Grp	Number of all OST recipients per 100 IDUs	Programmatic data; IDU population size estimate evaluated by Reference Group*	107	7
UA	Percentage of opioid dependent people on OST	Programmatic data; IDU population size estimate reported by country	12	

4.4.1. Presence of OST programmes

An increasing number of countries have introduced OST programmes of varying scale, using different medications, with methadone and buprenorphine being the most common²²².

The Reference Group obtained reports confirming the availability of OST in 70 countries. Five of these countries (Kenya, Lebanon, Senegal, South Africa and Sri Lanka) reported in the Universal Access data collection process that OST was *not* available; for Lebanon and South Africa, data on the number of OST sites and/or the number of OST recipients was located by the Reference Group, further supporting the availability of OST in those countries.

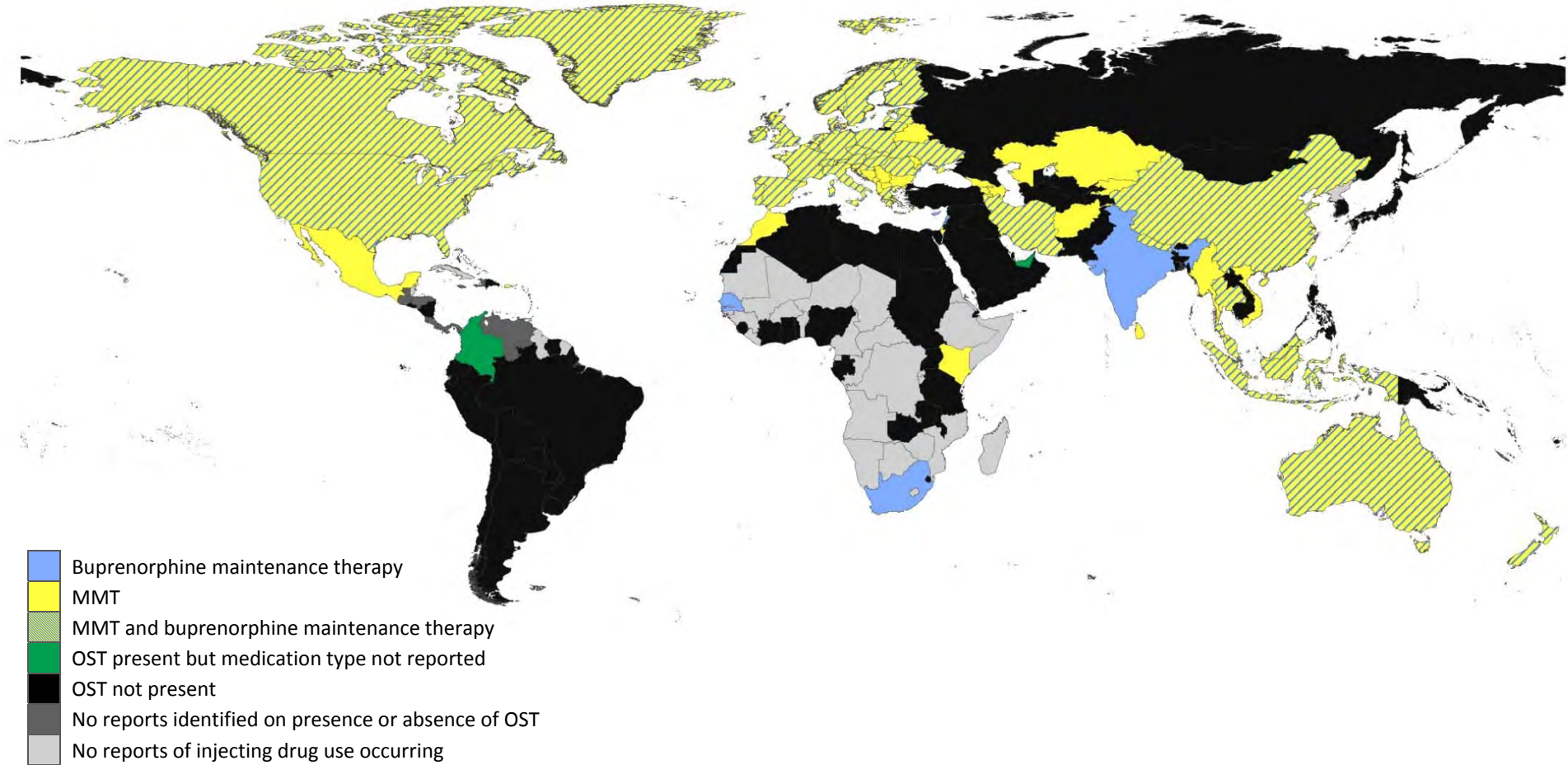
A further six countries (Armenia, Tajikistan, Uzbekistan, Saudi Arabia, Tunisia and Benin) reported in UA data collection that OST *was* available (whereas the Reference Group had not identified this). Additional reports from government and NGO institutions verifying the presence of OST were located for Tajikistan (OST introduced in June 2010) and Armenia; additional reports confirmed the government closure of OST in Uzbekistan in June 2009; and Tunisia reported data on the number of OST sites as part of the UA monitoring, which would seem to further verify the presence of OST; this was however in disagreement with personal communications from multiple experts and members of the Reference Group from the region. No additional data on the provision of OST in Saudi Arabia or Benin were reported or identified; no reports were identified that IDU is currently occurring in Benin.

On balance, these reports suggest that OST is currently available in 72 countries, may have been introduced in a further three, but is confirmed to be absent in 77 countries where injecting drug use is known to occur. It is important to note that in some of these 77 countries, opioids may be less commonly injected than other substances, so OST may not be of lesser importance than other drug treatment interventions. Foreexample, stimulant injection is more common in many Latin American countries where opioid use is rare, and few of these countries have introduced OST.

The Reference Group review also examined the medication used in OST. Reports confirming that methadone maintenance therapy (MMT) was available were located in 61 countries; buprenorphine maintenance therapy (BMT) was used in 46 countries, and in 16 countries, other opioid preparations (such as prescribed heroin (diacetylmorphine), morphine and codeine) are used for the purpose of substitution therapy. The availability of different forms of OST as reported in the Reference Group review is presented in Figure 18.

Figure 12: Availability of opioid substitution therapy

Data source: Reference Group to the United Nations on HIV and Injecting Drug Use



4.4.2. Number of OST sites

The nature of OST sites varies, from publically and privately funded specialist drug treatment clinics, to pharmacy dispensing programmes. The *number of OST sites* in a country was reported on in both the Reference Group review and Universal Access data collection, with data from 48 and 33 countries included in each, respectively (not including countries where OST was absent). Data for 27 countries were present in both datasets. In the case of 6 of these countries, the data from both datasets were the same, or had ranges that overlapped. For 12 countries, the number of sites reported in the UA dataset was greater than reported for the Reference Group review; in most of these cases, the UA data were more recent and likely represented an expansion of OST programmes in these countries. In nine cases the Reference Group review identified reports of a greater number of sites than those reported in the UA collection (in most cases the difference was just one or two sites); the UA data again were more recent than the Reference Group data.

The Reference Group review revealed that in countries with both methadone and buprenorphine maintenance therapy, MMT was available from more locations than BMT².

4.4.3. Number of OST sites per 1000 IDUs

The '*number of OST sites per 1000 IDUs*' was reported in both the UA dataset and Reference Group review. Not including those countries where OST was absent, estimates for the number of OST sites per 1000 IDUs were reported for 33 countries in the Reference Group review, and for 23 countries in the UA dataset. The distribution of coverage levels is detailed in Table 23.

Table 23: Number of countries with different levels of coverage: Number of OST sites per 1000 IDUs

Coverage level: Number of OST sites per 1000 IDUs	Number of countries								
	Universal Access as reported			Reference Group Review			Universal Access Ref. Group denominator		
	LMIC	HIC	total	LMIC	HIC	total	LMIC	HIC	total
<i>Low coverage (>0 – <1)</i>	15	1	16	16	4	20	13	1	14
<i>Medium coverage (≥1 – <2)</i>	3	0	3	0	2	2	1	1	2
<i>High coverage (≥2)</i>	0	4	4	3	8	11	0	4	4
total	18	5	23	19	14	33	14	6	20

It is important to note limitations of this indicator in measuring the scale of OST services relative to need. The number of sites relative to the total IDU population does not necessarily reflect how well the number of OST provision sites matches demand, since not all IDUs are opioid dependent and not all opioid dependent people for whom OST may be indicated are IDUs. Further, as already

highlighted in sections 4.1.3 and 4.1.5 on NSP-related indicators, comparing estimates for this indicator across these two datasets is problematic given the different denominators used in each dataset.

For 15 countries, data on this indicator was present in both datasets. For ten of these 15 countries, the estimates from both datasets fell within the same 'low', 'medium' or 'high' coverage range reported here; the UA estimate fell into a higher coverage range than the Reference Group estimate in three countries, and lower than the Reference Group estimate for two.

In some cases, the difference in IDU population size used for the denominator across these datasets accounted for some of the difference between estimates. Both China and Mauritius had higher coverage levels in the UA dataset, but when the Reference Group IDU population size estimate was used as the denominator to derive this indicator, the resulting coverage level was similar to that of the Reference Group indicator estimate (Table 23); the UA estimates for Moldova and the Czech Republic were closer to those reported by the Reference Group when the same denominators were used. These results again highlight the differences in the population size estimates between the two data sources.

4.4.4. Number of OST recipients

In many countries, restrictions on methadone, buprenorphine and other opioid access mean there are limits on the number of people who may receive OST at any one time. Often, the number of treatment slots under-matches demand, and there may be waiting lists for opioid dependent people wishing to undergo treatment.

The Reference Group review located data on the total number of people receiving OST at a single point in time (i.e. the number of clients enrolled on a reported 'census date') for 41 countries, not including those countries where OST was absent. As part of the Universal Access monitoring process, 15 countries reported data on the number of people on OST at the end of the nominated reporting period. Only seven countries had data for this indicator in both dataset: for six countries, the Universal Access data was more recent and the number of people reported to be on OST was greater than that from the Reference Group review. For Kazakhstan the data were the same, and for Luxembourg, the Reference Group estimate was only 4% greater than that reported by the country in the UA data collection.

4.4.5. Number of OST recipients relative to IDU opioid-dependent population size

OST is not suitable for all IDUs, for several reasons. First, there are a large number of countries where other drugs such as methamphetamine or cocaine are more commonly injected than opioids²⁹. Second, in many countries, large numbers of opioid users smoke, swallow or snort the drug, rather than injecting it. Finally, not all opioid injectors are opioid dependent, and hence OST is not indicated as a treatment.

To determine the scale of OST services in meeting need among injectors, the number of opioid-dependent IDUs is required, as well as the number of OST treatment slots filled by IDUs. It is also desirable to have an estimate of the number of opioid dependent people, for both IDUs and non-IDUs.

Unfortunately, these data are not always available. Programmatic data from OST services does not disaggregate OST recipient numbers by IDU status. Estimates of the number of opioid dependent people are not frequently made^{30 31}, nor are estimates of the number of IDUs who use opioids.

In the absence of these data, the Reference Group derived estimates of the ratio of the total number of OST recipients relative to the total number of IDUs (*'number of OST clients per 100 IDUs'*), highlighting that these estimates should be interpreted in this way, with the caveats that the ratio will differ across countries in ways that probably reflect variation in both the drugs injected and the extent of opioid injection. Estimates for 41 countries were reported, 16 of which were for LMICs.

In the Universal Access monitoring process, the percentage of opioid dependent people on OST was reported, which required countries to report an estimate of the number of opioid dependent people. Of the 12 countries reporting on this indicator, however, only one country, Moldova, used a denominator which was for opioid users specifically: 70% of IDUs “on the right bank of the Dniester River” were said to use opioids, “thus the estimated [IDU population] size was multiplied by 0.7”. For all other countries, the denominator used was identical to the total estimated IDU population reported elsewhere in the database, so the indicator was similar to that estimated for the Reference Group review.

For four countries estimates were reported in both datasets (Belarus, Kazakhstan, Kyrgyzstan and Moldova). With the exception of Kazakhstan, the estimates from the UA dataset fell outside of the range reported in the Reference Group review. The Reference Group estimate of coverage was lower for Belarus and Moldova, but higher for Kyrgyzstan.

The *Technical Guide*²⁰ includes three indicators related to measuring the scale of OST treatment slots relative to target populations: *'Percentage of opioid-dependent people on OST at census date'*; *'Ratio*

of the number of people on OST against the number of opioid injectors'; 'Percentage of opioid injectors on OST'. As discussed, the indicators reported by both the Reference Group and Universal Access process differ from those listed in the Technical Guide. In the absence of other endorsed coverage level recommendations, in this analysis the Technical Guide targets are used to grade coverage levels: low ≤ 20 ; medium $>20 - \leq 40$; high >40 .

The number of countries in each of these datasets reported to be achieving these various coverage levels is detailed in Table 24; country level estimates as reported in from the Reference Group review are presented in Figure 13. Across both datasets, no low or middle-income countries achieved higher than low coverage; higher income countries, predominantly those in Western Europe, achieved higher levels of coverage.

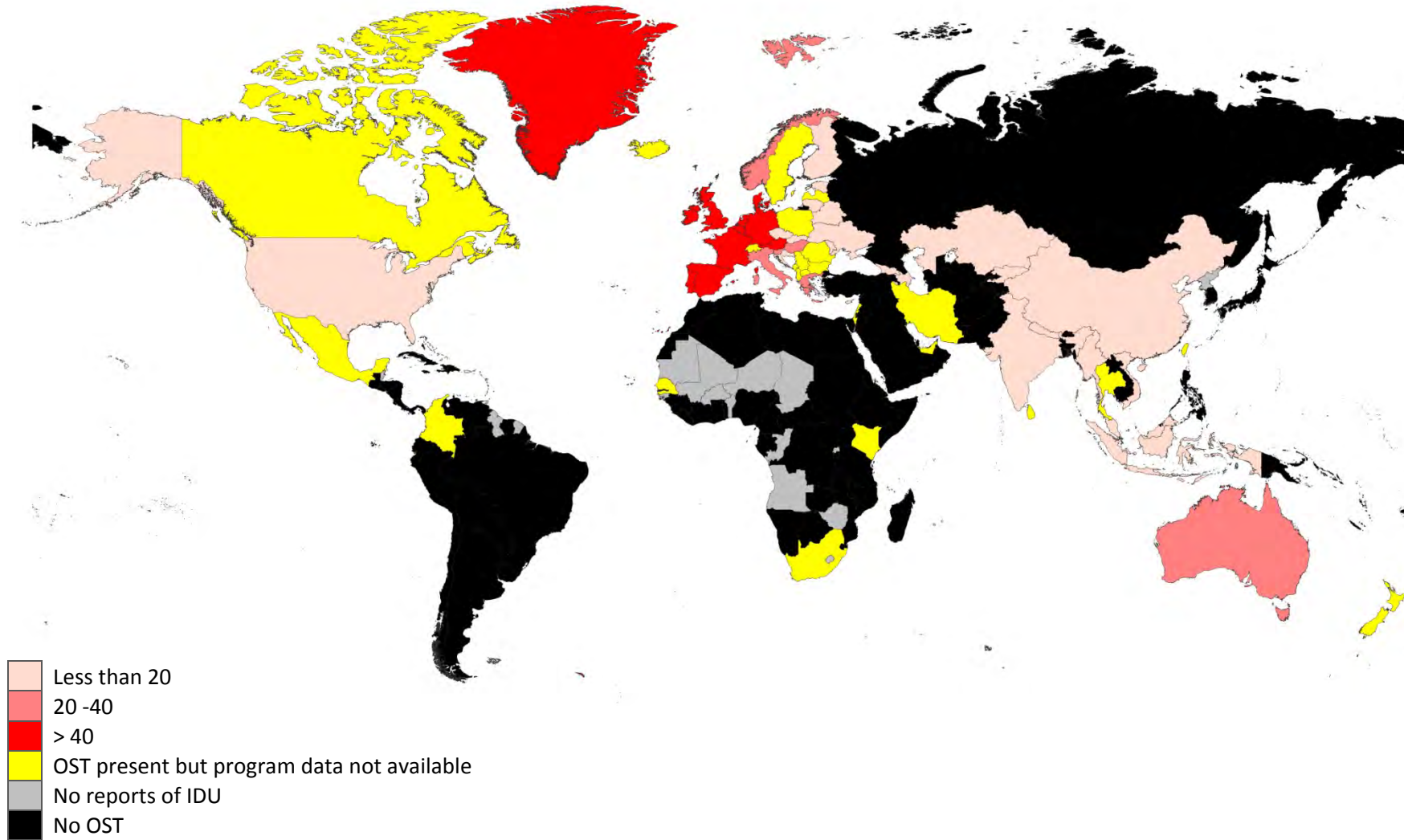
Table 24: Number of countries with different levels of coverage: Number of OST recipients per 100 IDUs

Coverage level:	Number of countries					
	Universal Access			Reference Group Review		
	LMIC	HIC	total	LMIC	HIC	total
Number of OST recipients per 100 IDUs						
<i>Low coverage ($>0 - \leq 20$)</i>	9	0	9	16	8	24
<i>Medium coverage ($>20 - \leq 40$)</i>	0	0	0	0	6	6
<i>High coverage (>40)</i>	0	3	3	0	11	11
Total	9	3	12	16	25	41

When interpreting these results, it is important to consider that: 1) not all IDUs are opioid injectors, this indicator tending to underestimate coverage among IDUs; 2) not all OST recipients are IDUs, this indicator therefore tending to overestimate coverage among IDUs; 3) not all opioid dependent people are IDUs and this indicator is limited in its ability to estimate coverage among all opioid dependent people.

Figure 13: Number of OST recipients for every 100 IDUs

Data source: Reference Group to the United Nations on HIV and Injecting Drug Use



4.5. Provision of antiretroviral therapy (ART)

As outlined in Appendix 2, it is an essential component of the response to HIV to ensure that IDUs living with HIV receive treatment. ART provision is important in reducing AIDS-related morbidity and mortality, but ART may also have a roll in the prevention of HIV transmission (see also Appendix 2). Data related to ART provision collected across the reporting processes examined here are presented in Appendix 1, Table 7.

4.5.1. Availability of ART for IDUs

As part of the Universal Access data collection process, countries were requested to report on whether ART was available for IDUs. Sixty-three countries (48 LMIC and 15 HIC) reported that ART was available for IDUs; 33 countries (32 LMIC and one HIC, Ireland) reported that ART was *unavailable* for IDUs.

It is important to note, however, that these declarations of the availability of ART for IDUs do not discount that restrictions or conditions for access may exist. In some countries, restrictions may exist regarding the availability of ART for IDU; further, in many instances, clinicians may be reluctant to initiate treatment for IDUs³².

4.5.2. Number of healthcare facilities where ART is provided

Both the Universal Access reporting process and the Reference Group review included data on the number of ART provision sites. Notably, data for 82 of the 132 countries reported for the Reference Group review were drawn from the 2009 Universal Access report. In the current Universal Access data collection round, 120 countries reported on the number of healthcare facilities where ART is provided. These data are presented in Appendix 1, Table 7.

4.5.3. Number of IDUs receiving on ART per 100 IDUs living with HIV

The Reference Group review examined data on the number of IDUs receiving ART at a single point in time (i.e. the number of IDUs known to be in treatment on a reported census date). Data were located for 48 countries, 30 of which were LMICs. Many ART programme registers do not include information on the IDU status of ART recipients; in some cases likely exposure category may be noted, but in many cases injecting drug use may not be the recorded route of transmission for all IDUs. Further, a distinction between active and past injecting drug use is rarely made for such data.

To be able to make estimates of the proportion of IDUs needing ART who were receiving it, it is

necessary to estimate the number of HIV-positive IDUs who meet agreed criteria for the provision of ART. Recently revised WHO guidelines recommend that all HIV-positive patients with a CD4-cell count less than or equal to 350 cells per μL , or who have symptoms of WHO clinical stage 3 or 4 disease³³, receive ART.

However, it is difficult to estimate what proportion of IDUs living with HIV need treatment based on these guidelines². Studies rarely report the proportion of HIV-positive IDUs meeting various clinical criteria, so it is not possible to estimate the number of HIV-positive IDUs meeting WHO criteria for treatment. Instead, using estimates of the number of IDUs living with HIV from an earlier review¹, estimates of the number of IDUs receiving ART per 100 IDUs living with HIV were calculated. This indicator is therefore not an absolute measure of the proportion of those IDU in need of ART who are receiving it.

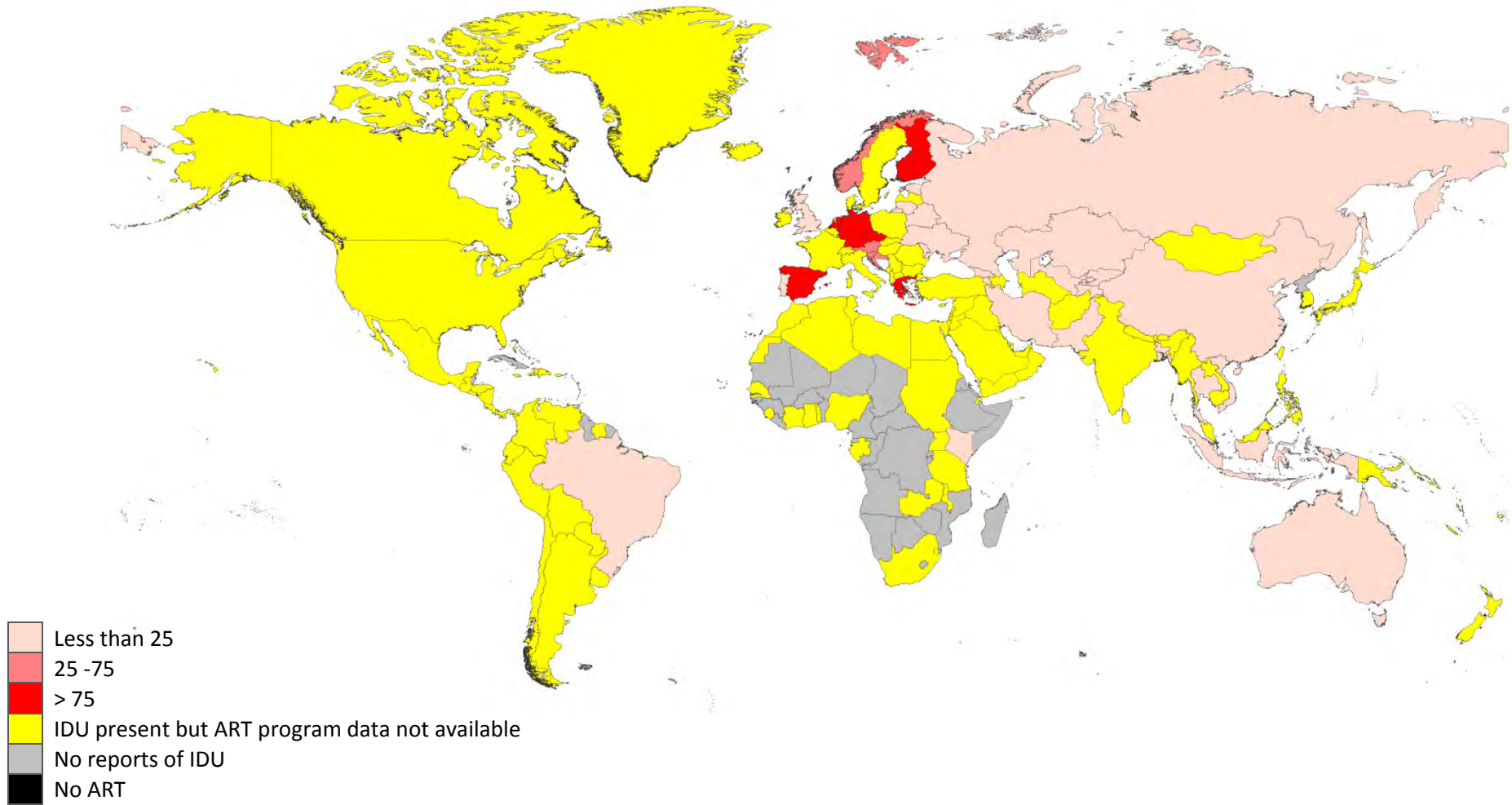
The Technical Guide²⁰ sets the following coverage level targets for a similar indicator '*the percentage of HIV positive IDUs receiving ART*': Low ≤ 25 ; Medium $>25 - \leq 75$; High >75 . For the current analysis, we used these same coverage levels to assess the slightly different indicator reported by the Reference Group. Estimates for this indicator were reported for 39 countries, 22 of which were LMICs. These country level estimates are presented in Figure 14. The numbers of countries achieving these different target levels are detailed in Table 25. None of the LMICs and only a minority of HICs for which data were available were reported to have achieved medium or high levels of coverage of ART among IDUs living with HIV.

Table 25: Number of countries with different levels of coverage: Number of IDUs receiving ART per 100 IDUs living with HIV

Coverage level: Number of IDUs receiving ART per 100 IDUs living with HIV	Number of countries		
	Reference Group review		
	LMIC	HIC	total
≤ 25	22	5	27
$>25 - \leq 75$	0	5	5
>75	0	7	7
total	22	17	39

Figure 14: Number of IDUs on ART per 100 HIV+ IDUs

Data source: Reference Group to the United Nations on HIV and Injecting Drug Use



4.6. Age and gender differences in UNGASS indicator coverage levels

In previous sections of this report, a number of limitations regarding the UNGASS core indicator data have been highlighted. There are also particular strengths of this dataset, notably the consistency in methodology utilised across countries to gather these data: most countries undertake behavioural surveillance surveys employing the instrument developed by Family Health International (FHI).

A second strength is the reporting of data disaggregated by gender and age. These data allow for cross country comparisons and combined analysis of these indicators. Gender and age disaggregated data for different UNGASS core indicators are presented in Appendix 1, Table 8 and Appendix 1, Table 9, respectively.

A meta-analytic approach was used to examine possible differences observed across the UNGASS core indicators between male and female IDUs, as well as IDUs aged younger than 25 years compared to those aged 25 years or older over. Using the '*meta-n*' function in STATA version 10.1³⁴, random-effects meta-analyses were performed to derive pooled estimates across countries of risk ratios for *male/female* and *<25 years/≥25 years*. The *meta-n* command uses inverse-variance weighting to calculate pooled summary estimates, confidence limits, a test for true differences between study effects, and an estimate of between studies variance^{35 36}. Random effects models were applied to all analyses after heterogeneity was confirmed through chi-square and I-squared statistic results. The random effects model allows for heterogeneity between and within studies. The results of these meta-analyses are summarised in Tables 26 and 27 respectively.

4.6.1. Gender differences

Modest, but statistically significant differences between male and female IDUs were detected for a number of indicators. The differences that *were* found indicated that female IDUs in the UNGASS samples had higher contact with and receipt of HIV prevention services. Female IDUs were more likely than their male counterparts to have received an HIV test in the last 12 months, and to have received condoms and sterile needle-syringes from HIV prevention services and to have greater knowledge around HIV. Higher levels of access to HIV prevention services overall as measured by indicator 9 were also reported for female injectors. No other significant gender differences were observed.

4.6.2. Age differences

There were also a number of significant differences according to age. In general, younger IDUs were less informed and had less contact with services; older IDUs had greater knowledge and higher sexual risk behaviours.

Younger IDUs (<25 years) were less likely than older IDUs (>25 years) to have received an HIV test and to have received condoms in the last 12 months, but more likely to have used condoms the last time they had sex; older IDUs were more likely to have better levels of HIV related knowledge. Differences in HIV prevalence were pronounced, with older IDUs being significantly more likely to be HIV-positive than younger IDUs.

Table 26: Meta-analyses of gender differences across UNGASS core indicators

Indicators	No. of countries reporting gender disaggregated data	Pooled RR (male/female)	95% CI	Test of RR=1		Test for heterogeneity		Further details	
				z statistic	p value	I ² *	X ² (p value)		
Indicator 8	Percentage of IDUs who received an HIV test in the last 12 months and who know their results	37	0.903	0.855 - 0.954	3.66	0.000	58.1%	0.000	Appendix 3, Figure 1
Indicator 9 (aggregated)	Percentage of IDUs reached with HIV prevention programmes (respondents answering "yes" to questions for indicators 9.1, 9.2 and 9.3)	18	0.893	0.832 - 0.960	3.09	0.002	64.0%	0.000	Appendix 3, Figure 2
Indicator 9, part 1	Percentage of IDUs who know where to go to receive an HIV test	19	0.976	0.951 - 1.001	1.88	0.060	0.0%	0.495	Appendix 3, Figure 3
Indicator 9, part 2	Percentage of IDUs who have been given condoms in the last 12 months	20	0.915	0.866 - 0.967	3.13	0.002	50.6%	0.005	Appendix 3, Figure 4
Indicator 9, part 3	Percentage of IDUs who have been given sterile needles and syringes in the last 12 months	19	0.943	0.898 - 0.990	2.36	0.018	48.7%	0.011	Appendix 3, Figure 5
Indicator 14	Percentage of IDUs who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.	22	0.955	0.932 - 0.978	3.72	0.000	0.0%	0.560	Appendix 3, Figure 6
Indicator 20	Percentage of IDUs reporting the use of a condom the last time they had sex.	29	0.991	0.919 - 1.067	0.25	0.803	71.1%	0.000	Appendix 3, Figure 7
Indicator 21	Percentage of IDUs reporting the use of sterile injecting equipment the last time they injected drugs.	28	1.020	0.997 - 1.044	1.68	0.094	0.0%	0.797	Appendix 3, Figure 8
Indicator 23	Percentage of IDUs who test positive for HIV	36	0.942	0.831 - 1.069	0.93	0.355	66.0%	0.000	Appendix 3, Figure 9

* I² statistic = variation in RR attributable to heterogeneity

Table 27: Meta-analyses of age-group differences across UNGASS core indicators

Indicators	No. of countries reporting age disaggregated data	Pooled RR (<25yrs/≥25yrs)	95% CI	Test of RR=1		Test for heterogeneity		Further details
				z statistic	p value	I ² *	X ² (p value)	
Indicator 8 <i>Percentage of IDUs who received an HIV test in the last 12 months and who know their results</i>	43	0.902	0.855 - 0.951	3.80	0.000	48.8%	0.000	Appendix 3, Figure 10
Indicator 9 (aggregated) <i>Percentage of IDUs reached with HIV prevention programmes (respondents answering “yes” to questions for indicators 9.1, 9.2 and 9.3)</i>	25	0.913	0.845 - 0.988	2.27	0.023	73.3%	0.000	Appendix 3, Figure 11
Indicator 9, part 1 <i>Percentage of IDUs who know where to go to receive an HIV test</i>	24	0.966	0.931 - 1.002	1.83	0.067	45.4%	0.009	Appendix 3, Figure 12
Indicator 9, part 2 <i>Percentage of IDUs who have been given condoms in the last 12 months</i>	23	0.913	0.864 - 0.965	3.21	0.001	54.9%	0.001	Appendix 3, Figure 13
Indicator 9, part 3 <i>Percentage of IDUs who have been given sterile needles and syringes in the last 12 months</i>	24	0.948	0.872 - 1.031	1.24	0.215	86.7%	0.000	Appendix 3, Figure 14
Indicator 14 <i>Percentage of IDUs who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.</i>	28	0.942	0.899 - 0.987	2.51	0.012	54.6%	0.000	Appendix 3, Figure 15
Indicator 20 <i>Percentage of IDUs reporting the use of a condom the last time they had sex.</i>	36	1.064	1.019 - 1.111	2.82	0.005	29.7%	0.050	Appendix 3, Figure 16
Indicator 21 <i>Percentage of IDUs reporting the use of sterile injecting equipment the last time they injected drugs.</i>	36	0.996	0.977 - 1.015	0.45	0.649	0.0%	0.875	Appendix 3, Figure 17
Indicator 23 <i>Percentage of IDUs who test positive for HIV</i>	35	0.677	0.566 - 0.811	4.25	0.000	80.3%	0.000	Appendix 3, Figure 18

* I² statistic = variation in RR attributable to heterogeneity

4.7. Estimated regional and global coverage of IDU populations with three core HIV prevention interventions

As part of the Reference Group review, estimates of regional and global level coverage were derived². These estimates serve to further highlight the limited response that the country level data presented in the previous sections suggested.

Region and global coverage levels for OST, NSP and ART from this review are presented in Table 29. Note that the regional groupings used for these estimates differ slightly from those used in the current analysis (see paper for further details of regional classifications used²).

Table 28: Estimated regional and global coverage levels of three HIV prevention interventions

	Countries implementing NSP	Countries implementing OST	Countries implementing both NSP + OST	Needles-syringes distributed per IDU per year	Ratio of OST clients : 100 IDUs	Ratio of IDUs on ART : 100 IDUs living with HIV
Eastern Europe	18	16	16	9 (7 – 14)	1 (<1 – 1)	1 (<1 – 44)
18 countries	100% ERIP	48% ERIP		17 countries, ¹	18 countries, ¹	15 countries, ¹
IDU identified in 18 countries				91% ERIP	100% ERIP	95% HIV+ ERIP
Western Europe	23	25	23	59 (39 – 89)	61 (48 – 79)	89 (52 – XXXX)
28 countries	100% ERIP	100% ERIP		22 countries, ¹	23 countries, ¹	13 countries, ¹
IDU identified in 27 countries				50% ERIP	97% ERIP	46% HIV+ ERIP
East & South-East Asia	10	7	7	30 (7 – 68)	3 (3 – 5)	4 (2 – 8)
17 countries	87% ERIP	86% ERIP		16 countries, ¹	16 countries, ¹	5 countries, ¹
IDU identified in 16 countries				100% ERIP	100% ERIP	78% HIV+ ERIP
South Asia	6	5	3	37 (27 – 50)	19 (15 – 25)	1 (1 – 2)
9 countries	99% ERIP	70% ERIP		9 countries, ¹	8 countries, ¹	3 countries, ¹
IDU identified in 9 countries				100% ERIP	99% ERIP	65% HIV+ ERIP
Central Asia	5	2	3	92 (71 – 125)	<1 (<1 – <1)	2 (1 – 3)
5 countries	100% ERIP	51% ERIP		4 countries, ¹	5 countries, ¹	4 countries, ¹
IDU identified in 5 countries				90% ERIP	100% ERIP	92% HIV+ ERIP
Caribbean	1	1	1	-	5 (4 – 7)	No data ¹
15 countries	16% ERIP	16% ERIP		1 country only ¹	2 countries, ¹	
IDU identified in 6 countries				37% ERIP	53% ERIP	
Latin America	5	2	1	<1 (<1 – 1)	1 (<1 – <1)	1 (1 – 4)
20 countries	67% ERIP	29% ERIP		11 countries, ¹	12 countries, ¹	2 countries, ¹
IDU identified in 18 countries				85% ERIP	81% ERIP	69% HIV+ ERIP
Canada and United States	2	2	2	23 (17 – 33)	13 (9 – 19)	No data ¹
2 countries	100% ERIP	100% ERIP		2 countries, ¹	US only,	
IDU identified in 2 countries				100% ERIP	87% ERIP	
Pacific Island States & Territories	0	0	0	<1 (<1 – <1)	0	0
16 countries				9 countries, ¹	7 countries, ¹	2 countries, ¹
IDU identified in 11 countries				96% ERIP	91% ERIP	4% HIV+ ERIP
Australasia	2	2	2	202 (148 – 334)	23 (17 – 39)	22 (10 – 89)
2 countries	100% ERIP	100% ERIP		2 countries, ¹	Australia only,	Australia only,
IDU identified in 2 countries				100% ERIP	69% ERIP	88% HIV+ ERIP
Middle East & North Africa	8	4	5	<1 (<1 – 1)	1 (<1 – 1)	No data ¹
21 countries	35% ERIP	13% ERIP		18 countries, ¹	20 countries, ¹	
IDU identified in 21 countries				78% ERIP	69% ERIP	
Sub-Saharan Africa	2	4	1	<1 (<1 – <1)	1 (<1 – <1)	<1 (<1 – 2)
47 countries	2% ERIP	27% ERIP		13 countries, ¹	13 countries, ¹	2 countries, ¹
IDU identified in 16 countries				93% ERIP	74% ERIP	29% HIV+ ERIP
GLOBAL	82	70	66	22 (12 – 42)	8 (6 – 12)	4 (2 – 18)
200 countries/territories	80% EGIP	65% EGIP	61% EGIP	124 countries, ¹	126 countries, ¹	47 countries, ¹
IDU identified in 151 countries				91% EGIP	92% EGIP	66% HIV+ EGIP

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5. Discussion

This report summarised evidence on the effectiveness of a range of interventions intended to address HIV among people who inject drugs. There is increasing evidence of the effectiveness of a range of interventions to address HIV risk behaviours, both sexual and injecting, to reduce HIV infectivity and HIV incidence, and to effectively treat HIV and drug dependence. Such evidence has guided and shaped internationally endorsed guidelines on the set of interventions deemed important for the prevention, treatment and care of HIV among IDUs.

We have summarised indicators from several major data collections intended to synthesis data on the nature and strength of the response. Some are mandated by Member States and managed by UN agencies (UNGASS and Universal Access) and others by independent groups requested to advise UN agencies on IDU and HIV issues (the Reference Group). Each of these data sets has limitations, many driven by the source data themselves, the nature of self-reporting of stigmatised behaviours, or the availability of the data themselves. This report was also intended to review some of the issues inherent in the definitions used for different indicators, and in the data that can be used to populate them.

Notwithstanding the limitations of these data, it is clear that an increasing number of countries are introducing the interventions known to be effective, but that given the very low coverage of IDU populations with these interventions, there remains much work to be done. High-level coverage of core interventions is being achieved in only a few HIC, and in countries with large populations of IDUs, limited or no coverage of IDU populations with three core interventions is occurring.

5.1 Barriers to a high coverage response

Multiple barriers to high coverage of interventions maximising intervention impact exist³, which are briefly summarised here. National and sub-national level factors include (but are not limited to) concrete, explicit barriers such as policies that do not permit interventions to be delivered; health policies that limit access or delivery of interventions; and government opposition to wide scale implementation of interventions. Further, in many countries there is a heavy reliance on law enforcement in the response to drug use, which may mean that it is difficult to introduce or effectively implement interventions that we know work. Similarly, in some countries there is a reliance on the law enforcement response to drug use, particularly through the use of incarceration or compulsory detention as a response to drug use, rather than a response that is focused upon the health of IDUs and the broader community.

Lack of knowledge of the evidence underlying interventions might present another obstacle to implementation. For example, some cite the concern that NSPs may actually increase or encourage injecting; this fear is unsubstantiated³⁷, but these kinds of concerns probably underlie some of the resistance to NSPs²². Similarly, medical professionals may be reluctant to treat HIV-positive IDUs over fears of poor adherence, despite evidence that their outcomes are similar to other groups particularly when receiving OST³⁸.

Given that many countries now have some level of implementation, the issue becomes the *scale* and *quality* of implementation. There are multiple obstacles: programmes are often run as pilots with limited scale-up afterwards; OST is often provided in restrictive and sometimes punitive ways, including requiring registration on government registers; there may be prerequisites for treatment that further limit ease of access such as documented prior treatment failure or age restrictions. The intervention itself is often delivered in a suboptimal manner, for example, OST is often provided in doses that are well below recommended levels, and in some countries there are limits to treatment duration despite that fact that longer retention delivers better outcomes³⁹. The involvement of IDUs ('peers') in the response is also important, to ensure that messages are delivered in a way that will be acceptable, and to ensure that the interventions are appropriately targeted and acceptable to clients. Peer involvement is thought to potentially play a crucial role in ensuring a high coverage and high quality combination response⁴⁰.

One of the most important barriers to high coverage of interventions is the extent of resourcing of the response. Current resources provided for researching and implementing the HIV response among IDUs are thought to be far from enough. It was recently estimated that globally, three US cents were spent per IDU per day⁴¹, yet UNAIDS estimated that in 2009, only 1%^{41 42} of the 19% of global HIV prevention resources that should be directed towards work with IDUs⁴³ were spent in such a manner.

Increasing coverage, through policy change and increased funding by a factor of 20 times, requires strong arguments that such a shift will save money and improve population health. There is therefore an important role for evidence of cost-effectiveness as an additional argument for governments and policymakers, yet at present, many HIV prevention interventions lack well-conducted cost-effectiveness studies. Evidence of cost-effectiveness should be gathered as a standard component of intervention research, to assist in persuading funders that scale-up should be undertaken⁴⁴.

5.2 Data related issues

The current analysis has highlighted the importance of gathering data from multiple data sources, and from a range of methodological approaches, in order to critique and better understand the response. Although sharing many similarities, the four data collection processes examined here also differed significantly, both in terms of how data are collected, and the results revealed.

Differences between datasets can enable triangulation, permitting a better understanding of the data that is contributing to our understanding of the coverage and impact of HIV prevention services provided to IDUs. In many cases, however, a comparison of data from the different collection processes served primarily to highlight the uncertainty surrounding estimates of the epidemiology and the true extent of the response. Three primary differences between the datasets are worth considering here. These are described in the following sections.

5.2.1 Data reported pertaining to different time periods

Where data were available for different time periods, typically the more recent data indicated an increase in the scale of services delivered. This was not always the case however, with some older data collected from multiple sources by the Reference Group suggesting that service provision levels were higher than those reported in the Universal Access data collection. These discrepancies may reflect reductions in service provision, or rather the difficulties in gathering and reporting complete and accurate programmatic data.

5.2.2 Differences in indicator definitions

Data measuring a similar indicator were derived by different methodologies. In particular, to determine program coverage, either survey data or programmatic data and IDU population size estimates were used, which can yield vastly different results. As discussed in earlier sections, comparing coverage estimates derived from programmatic data and those from surveying samples of IDUs is problematic. Where data were available for a single country derived by both these methods, the estimates reported were rarely in agreement.

To understand the reasons for this variance in reported estimates, it is important to consider the factors that determine the accuracy of each of these methods. In the case of data from surveys of IDUs, the representativeness of these samples to the wider IDU population is the most critical issue. From the limited information reported by countries on sampling methodologies, for the majority of countries it seemed unlikely that the samples were representative. Only a minority of countries reported the use of more sophisticated sampling methodologies such as *respondent driven sampling* (RDS).

Estimates of coverage derived using programmatic data and IDU population size estimates are limited by the strength of the data they are based upon. The programmatic data reported in the Reference Group review and Universal Access data collection were broadly in agreement for many countries and indicators, and importantly, the data were common to both datasets. Significantly, however, there were many instances where this was not the case. In some instances it may have reflected the more recent data collection of the Universal Access data compared to the Reference Group review, but a lack of detail in the UA dataset on the source of the information makes it difficult to verify such data.

The development and population of indicators will only be as good as the data upon which they are based. Programmatic data must be complete – this requires coordinated data collection systems, grounded at the service delivery level and centrally collected, to permit accurate collation.

Estimates of coverage derived from programmatic data also rely upon accurate IDU population size estimates. As discussed, for many countries reliable estimates of IDU prevalence are scarce; the wide ranges reported for these estimates by the Reference Group highlights the considerable uncertainty that exists for many of those estimates that are available.

5.2.3 Differing processes of review, validation and verification

Data in the UNGASS core indicator and Universal Access datasets appeared as reported by countries; verification processes exist but are limited. Data included in the Reference Group review, are reviewed and verified by an external, independent group, with data from multiple sources considered, and the exclusion of data that are deemed invalid.

5.2.4 Recommendations for future data collection and review

- Foster consistency and complementarity between data collection processes in general, and indicators specifically, that countries are encouraged or mandated to report on.
- Support data collection at the country level, and facilitate validation of data collected, to encourage the greater availability of more reliable data.
- Ensure that multiple sources and methods are utilised: as seen from this analysis, assessment of coverage by different methods and from different sources can produce vastly different findings.
- Data measuring the scale and the response are difficult to gather. Increasing capacity to collect and interpret data, with consideration of the limitations of the current data, may be helpful.
- The UNGASS core indicators related to IDU are based on findings from surveillance surveys. Careful consideration must be paid to how representative the sample surveyed is likely to be of a

country's greater IDU population. In particular, where samples are drawn from drug treatment or other service client populations, findings regarding access to services are likely to be biased towards over-estimating coverage. Efforts should also be made to ensure samples are as representative as possible of the wider population. This might be achieved by sampling from multiple sites, across multiple cities, and from both rural and urban settings. Further, sampling strategies such as respondent driven sampling (RDS) are now being utilised by a number of countries for behavioural and sero-prevalence surveys, it is important to acknowledge, however, that these methodologies are both more time and resource intensive than other less sophisticated methodologies; other countries should be encouraged to use such techniques where appropriate and where technical support or resources are able to be provided.

- Countries are responsible for reporting data directly to UNAIDS (UNGASS core indicators data collection) and WHO (Universal Access data collection). The capacity for these UN agencies to scrutinise and challenge these data is limited. It is preferable for these data to be independently and rigorously assessed, with the criteria for assessment clearly stated. The Reference Group review process offers such an opportunity. The potential for these UN agencies to work in greater collaboration with independent groups such as the Reference Group should be explored as a way of strengthening the data available, and improving the quality of our understanding of the state of the global response to HIV and injecting drug use.

6. Conclusion

There have been important and sustained efforts to improve the response to HIV among people who inject drugs, alongside efforts to improve our understanding of the epidemiology of the issue, and of the nature and strength of the response. We know much more now about both the problem and the response than ever before – yet there is much that can be done to improve them.

This review was intended to summarise recent globally directed activities to permit some understanding of the data and their vagaries – as well as highlight areas where the current response is lacking or inadequate given the service provision needs. Sustained efforts are required to maintain and improve data collection systems at national, regional and global levels, and to continue to ask questions about what we know about both the epidemic and the response. Although there is uncertainty in the current picture, it is clear that progress is being made, yet sustained and increased action is needed to achieve the levels of coverage needed to adequately respond to the risks and consequences of HIV among people who inject drugs around the globe.

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Appendix 1

Appendix 1, Table 1 Prevalence of injecting drug use and HIV among people who inject drugs

Appendix 1, Table 2: Provision of needle and syringe programmes

Appendix 1, Table 3: Number of IDUs reached by HIV prevention or harm reduction programmes and injecting related behaviours

Appendix 1, Table 4: Provision of HIV testing and counselling and related indicators

Appendix 1, Table 5: Condom provision and sex-related behaviours

Appendix 1, Table 6: Provision of opioid substitution therapy

Appendix 1, Table 7: Provision of antiretroviral therapy

Appendix 1, Table 8: Gender disaggregated data reported against UNGASS core indicators

Appendix 1, Table 9: Age disaggregated data reported against UNGASS core indicators

Appendix 1, Table 1: Prevalence of injecting drug use and HIV among people who inject drugs

Data from: Reference Group review, Universal Access and UNGASS

	UN Ref Grp					UA			UN Ref Grp			UNGASS			
	Presence of IDU	Prevalence of IDU (range)	Year	Type/source of estimate	Estimate of number of IDUs in 2008 (range)	Estimate of number of IDUs	Year	Type/ source of estimate	Prevalence of HIV among IDUs (range)	Year	Type/ source of estimate	Prevalence of HIV among IDUs	Year	Type/ source of estimate	N
Eastern Europe & Central Asia:															
Armenia	Y	0.10	2000	Government estimate	2000	5000	2008	Expert estimate	13.40 (6.8-20)	2005, 2002	Self report; Single site seroprev	.	.	.	.
Armenia	Y	0.10	2000	Government estimate	2000	5000	2008	Expert estimate	13.40 (6.8-20)	2005, 2002	Self report; Single site seroprev	.	.	.	.
Belarus	Y	1.11 (1.01-1.21)	2007	Indirect estimate	76500 (69500 -84000)	76000	--	HIV treatment data	1.50	2006	Single site seroprev	13.74	2009	IBBS	313
Georgia	Y	4.19 (0.48-7.9)	2004, 2002	Population survey	123500 (14000 -233000)	-	--	--	1.63 (1.4-1.85)	2004, 2001-02	Single site seroprev	2.17	2008	BSS	1289
Kazakhstan	Y	0.96	2006	Indirect estimate	100000	124400	--	--	9.20 (8-10.4)	2005	Single site seroprev	2.9	2009	IBBS	4860
Kyrgyzstan	Y	0.74	2006	Indirect estimate	25000	25000	--	--	8.00 (2.4-13.6)	2005	Single site seroprev	14.33	2009	IBBS	900
Moldova	Y	0.14	2001	Government registration	3500	25000	--	Indirect (MM)	21.00 (0-44.8)	2007	Multisite seroprev	16.4	2009	IBBS	328
Russian Federation	Y	1.78	2007	Government estimate	1815500	-	--	--	37.15 (0.3-74)	2003	Single site seroprev	15.56	2009	IBBS	450
Tajikistan	Y	0.45	2006	Indirect estimate	17000	25000	--	--	14.70 (11.5-17.9)	2005	Single site seroprev	17.56	2008	IBBS	1355
Turkmenistan	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Ukraine	Y	0.90 (0.71-1.12)	2009	Indirect estimate	291000 (230500 -361000)	-	--	--	32.40	2008	Multisite seroprev	22.91	2009	IBBS	6460
Uzbekistan	Y	0.47	2006	Indirect estimate	80000	80000	--	--	15.60 (11.7-19.5)	2005	Single site seroprev	10.96	2009	IBBS	4098
Western & Central Europe:															
Albania	Y	NK	.	.	NK	-	--	--	NK	.	.	0	2008	IBBS	200
Andorra	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Austria	Y	0.32 (0.22-0.42)	2000	Indirect estimate	17975 (12500-23500)	-	--	--	7.10	2006	Multisite seroprev	4	2009	O (Situation report)	.
Belgium	Y	0.39 (0.35-0.43)	1997	Indirect estimate	27000 (24500-29500)	-	--	--	4.30 (2.9-5.7)	2006	Multisite seroprev	8.73	2008	O (Snowball)	229
Bosnia & Herzegovina	Y	NK	.	.	NK	8000	--	--	NK	.	.	0.38	2009	O (RDS)	261
Bulgaria	Y	NK	.	.	NK	-	--	--	0.4 (0-0.8)	2006	Single site seroprev; Multisite seroprev	6.83	2008	IBBS	1421
Croatia	Y	0.50 (0.28-2.09)	2007	Indirect estimate	15000 (8500-62500)	-	--	--	0.60	2006	Multisite seroprev	0	2008	O (seroprevalence study)	192
Cyprus	Y	0.10 (0.08-0.13)	2007	Indirect estimate	500 (500-1000)	-	--	--	0.00	2006	Single site seroprev	.	.	.	.
Czech Republic	Y	0.41 (0.39-0.42)	2007	Indirect estimate	30000 (28500-31000)	31000	--	Indirect (MM)	0.05 (0-0.1)	2006	Multisite seroprev	0.12	2009	Testing register	806
Denmark	Y	0.44 (0.35-0.52)	1996	Indirect estimate	15500 (12500-18500)	-	--	--	2.10	2006	Multisite seroprev	.	.	.	.
Estonia	Y	1.51 (0.89-3.79)	2004	Indirect estimate	13500 (8000-34500)	14000	2004	Indirect (CR)	72.10 (54.3-89.9)	2005	Single site seroprev	62.52	2007	IBBS	699
Finland	Y	0.45 (0.35-0.57)	2002	Indirect estimate	16000 (12500-20000)	-	--	--	0.20	2006	Multisite seroprev	0.74	2009	O	678
FYR of Macedonia	Y	NK	.	.	NK	10000	--	Estimate from NGO	NK	.	.	0.75	2006	SGS	236
France	Y	0.32	1999	Indirect estimate	128500	-	--	--	12.20	2003	Multisite seroprev	.	.	.	.
Germany	Y	0.17 (0.14-0.2)	2005	Indirect estimate	93000 (77000-109000)	--	--	--	2.90	2006	Multisite seroprev	.	.	.	.
Greece	Y	0.13 (0.11-0.15)	2007	Indirect estimate	10000 (8500-12000)	-	--	--	0.50 (0.3-0.7)	2006	Multisite seroprev	.	.	.	.
Hungary	Y	0.06 (0.03-0.08)	2005	Indirect estimate	4000 (2000-6000)	590	--	--	0.00	2006	Multisite seroprev	0	2009	IBBS	590
Iceland	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Ireland	Y	0.27 (0.2-0.33)	1996	Indirect estimate	6000 (4500-8000)	15000	--	--	5.80	1999	Multisite seroprev	.	.	.	.

	UN Ref Grp					UA			UN Ref Grp			UNGASS			
	Presence of IDU	Prevalence of IDU (range)	Year	Type/source of estimate	Estimate of number of IDUs in 2008 (range)	Estimate of number of IDUs	Year	Type/ source of estimate	Prevalence of HIV among IDUs (range)	Year	Type/ source of estimate	Prevalence of HIV among IDUs	Year	Type/ source of estimate	N
Israel	Y	NK	.	.	NK	12000	--	Estimation	2.94 (2.07-2.81)	2005, 2002-06	Single site; Multisite seroprev	.	.	.	.
Italy	Y	0.83	1996	Indirect estimate	326000	-	--	--	12.10	2006	Multisite seroprev	.	.	.	.
Latvia	Y	NK	.	.	NK	22000 (19706 - 24130)	--	Indirect (CR)	8.15 (6.6-9.7)	2003	Multisite seroprev	22.6	2007	O	407
Liechtenstein	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
Lithuania	Y	0.22	2006	Government registration	5000	4300	2006	PDU estimation (ID)	2.40	2003	Multisite seroprev	8	2008	IBBS	400
Luxembourg	Y	0.59	2000	Indirect estimate	2000	2000	--	National estimation	2.80	2006	Multisite seroprev	1.75	2008	O	305
Malta	Y	NK	.	.	NK	-	--	--	0.00	2006	Single site seroprev	.	.	.	.
Monaco	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Montenegro	Y	NK	.	.	NK	-	--	--	NK	.	.	0	2008	IBBS	315
Netherlands	Y	0.03 (0.02-0.04)	2001	Indirect estimate	3000 (2500-4500)	-	--	--	9.50	2002	Single site seroprev	.	.	.	.
Norway	Y	0.45 (0.28-0.62)	2006	Indirect estimate	14000 (8500-19500)	-	--	--	3.20	2006	Multisite seroprev	.	.	.	.
Poland	Y	NK	.	.	NK	-	--	--	8.90	2006	Multisite seroprev	.	.	.	.
Portugal	Y	0.23 (0.15-0.31)	2005	Indirect estimate	16500 (11000-22000)	-	--	--	15.60 (10.9-20.2)	2006	Multisite seroprev	13.98	2008	O (program data)	12226
Romania	Y	NK	.	.	NK	17000	2008	Estimated	1.44	2006	Single site seroprev	1.11	2009	IBBS	449
San Marino	Y	NK	.	.	NK	--	--	--	NK	.	.	.	.	.	.
Serbia	Y	NK	.	.	NK	18000	--	Indirect (MM, ET)	NK	.	.	4.75	2008	IBBS	316
Slovakia	Y	0.49 (0.35-0.89)	2006	Indirect estimate	19000 (14000-34500)	-	--	--	0.00	2006	Single site seroprev	.	.	.	.
Slovenia	Y	0.52	2001	Indirect estimate	7500	-	--	--	0.40	2004	Multisite seroprev	.	.	.	.
Spain	Y	0.31	1998	Indirect estimate	84000	-	--	--	39.70	2006	Multisite seroprev	19.5	2008	O (Testing register)	159
Sweden	Y	NK	.	.	NK	-	--	--	5.4	.	.	.	.	.	.
Switzerland	Y	0.65 (0.51-0.78)	1997	Indirect estimate	33000 (26000-40000)	3000	--	Estimation	1.40	2004	Multisite seroprev	10.86	2006	O	817
Turkey	Y	NK	.	--	NK	0	--	--	2.65 (2.3-3)	2005, 2001	Single site seroprev	.	.	.	.
United Kingdom	Y	0.35 (0.35-0.36)	2007	Indirect estimate	143500 (140000-147000)	-	--	--	2.30 (0.6-4)	2006	Multisite seroprev	1.59	2008	O (unlinked survey)	3209
South & South-East Asia:															
Afghanistan	Y	0.05 (0.05-0.05)	2005	Indirect estimate	7500 (7500-7500)	19000	2005	Estimation	3.4 (1.7-5.1)	2005-06	Single site seroprev	7.13	2009	IBBS	547
Bangladesh	Y	0.03 (0.02-0.04)	2005	Consensus estimate	33000 (22000-43500)	40000	2004	NASP estimate	1.35 (0.8-1.9)	2006	Multisite seroprev	1.56	2007	Sero surveillance	4995
Bhutan	Y	NK	.	.	NK	-	--	--	--	.	.	.	.	.	.
Brunei Darussalam	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Cambodia	Y	0.02 (0.01-0.09)	2004	Consensus estimate	2000 (1000-8000)	2000	2007	Estimation	22.80 (14.3-31.3)	2004-06	Single site seroprev	24.4	2007	O (RDS)	170
India	Y	0.02 (0.01-0.03)	2006	Indirect estimate	172000 (111000-233000)	186000	2006	Expert estimate	11.15	2004	Multisite seroprev	9.19	2009	SSS	11801
Indonesia	Y	0.14 (0.13-0.16)	2006	Indirect estimate	219000 (190500-248000)	73885	2009	Estimation	42.50 (31.7-53.3)	2006	Multisite seroprev	52.35	2007	IBBS	999
Lao PDR	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Malaysia	Y	1.33 (1.11-1.56)	2002	Consensus estimate	236000 (195500-276000)	-	--	--	10.30	2002	Multisite seroprev	22.06	.	IBBS	630
Maldives	Y	NK	.	.	NK	-	--	--	--	.	.	0	2008	IBBS	276
Myanmar	Y	0.23 (0.18-0.27)	2007	Consensus estimate	75500 (60500-90500)	75000	--	--	42.60	2006	Registration	36.3	2008	SSS	741
Nepal	Y	0.17	2007	Indirect estimate	28500	28000	2008	Indirect (MM)	41.39 (30.22-52.56)	2003	Single site seroprev	20.67	2009	IBBS	300
Pakistan	Y	0.14 (0.13-0.16)	2006	Indirect estimate	141000 (135000-162500)	-	--	--	21.00 (19.4-22.3)	2008	Multisite seroprev	20.75	2008	IBBS	2979
Philippines	Y	0.03 (0.02-0.04)	2007	Government estimate	15500 (10500-21000)	20000	2007	Estimation	0.43 (0.01-0.85)	2007	Self report	0.21	2009	IBBS	958

	UN Ref Grp					UA			UN Ref Grp			UNGASS			
	Presence of IDU	Prevalence of IDU (range)	Year	Type/source of estimate	Estimate of number of IDUs in 2008 (range)	Estimate of number of IDUs	Year	Type/ source of estimate	Prevalence of HIV among IDUs (range)	Year	Type/ source of estimate	Prevalence of HIV among IDUs	Year	Type/ source of estimate	N
Singapore	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Sri Lanka	Y	NK	.	.	NK	0	--	UNODC and drug control board	NK	.	.	.	.	.	.
Thailand	Y	0.38	2001	Government estimate	178500	-	--	--	42.5	2004	Single site seroprev	38.67	2009	SSS	150
Timor Leste	Y	NK	.	.	NK	-	--	--	--	.	.	.	.	.	.
Viet Nam	Y	0.25	2005	Government estimate	143500	1933406 (106391,273579)	2007	Projections	33.85 (1.9-65.8)	2006	Single site seroprev	18.44	2009	SSS	13532
East Asia:															
China	Y	0.25 (0.19-0.31)	2005	Indirect estimate	2393000 (1833000-2953000)	559000	2008	National survey	12.30 (7.96-19.2)	2005	Multisite seroprev	9.3	2009	IBBS	26091
DPR Korea	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
Japan	Y	0.47	2004	Government estimate	389000	-	--	--	NK	.	.	.	.	.	.
Mongolia	Y	NK	.	.	NK	-	--	--	--	.	.	.	.	.	.
Republic of Korea	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Taiwan	Y	NK	.	.	NK	-	--	--	13.80 (2,25.60)	2004, 06	Self report; Single site seroprev	.	.	.	.
Caribbean:															
Antigua & Barbuda	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
Bahamas	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Barbados	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
Bermuda	Y	NK	.	.	NK	-	--	--	--	.	.	.	.	.	.
Commonwealth of Puerto Rico	Y	1.15	2002	Indirect estimate	29000	-	--	--	12.90	1998-01	Multisite seroprev	.	.	.	.
Cuba	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
Dominica	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
Dominican Republic	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Grenada	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
Haiti	Y	NK	.	.	NK	-	--	--	--	.	.	.	.	.	.
Jamaica	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Saint Kitts & Nevis	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
Saint Lucia	N	--	.	.	--	-	--	--	--	.	.	6.19	2009	O (Sero-Pravelence study)	356
Saint Vincent & Grenadines	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
Suriname	Y	NK	.	.	NK	-	--	--	--	.	.	.	.	.	.
Trinidad & Tobago	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
Central and South America:															
Argentina	Y	0.29 (0.29-0.3)	1999	Government estimate	66000 (64500-67000)	-	--	--	49.70 (35.4-64)	1987-99	Multisite seroprev	11.9	2008	O	42
Belize	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
Bolivia	Y	NK	.	.	NK	-	--	--	--	.	.	.	.	.	.
Brazil	Y	0.42	2008	Population survey	540500	421000	--	--	48.00 (18-78)	2000	Multisite seroprev	5.92	2009	RDS	3412

	UN Ref Grp					UA			UN Ref Grp			UNGASS			
	Presence of IDU	Prevalence of IDU (range)	Year	Type/source of estimate	Estimate of number of IDUs in 2008 (range)	Estimate of number of IDUs	Year	Type/ source of estimate	Prevalence of HIV among IDUs (range)	Year	Type/ source of estimate	Prevalence of HIV among IDUs	Year	Type/ source of estimate	N
Chile	Y	0.38	2006	Government estimate	43500	-	--	--	NK	.	.	.	.	.	.
Colombia	Y	NK	.	.	NK	-	--	--	1 (0-2)	1999	Single site seroprev	.	.	.	.
Costa Rica	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Ecuador	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
El Salvador	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Guatemala	Y	NK	.	.	NK	-	--	--	NK	.	.	1.6	2009	O	.
Guyana	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
Honduras	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Nicaragua	Y	NK	.	.	NK	0	--	--	6.00	2000	Self report	.	.	.	.
Panama	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Paraguay	Y	NK	.	.	NK	-	--	--	9.35 (3.7-15.00)	2006	Single site seroprev	.	.	.	.
Peru	Y	NK	.	.	NK	-	--	--	13.00	1994-95	Self report	.	.	.	.
Uruguay	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Venezuela	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
North America:															
Canada	Y	1.30 (1-1.7)	2004	Population survey	301000 (231500-393500)	-	--	--	13.40 (2.9-23.8)	2005	Multisite seroprev	12.7	2008	IBBS	3287
Mexico	Y	NK	.	.	NK	-	--	--	3.00 (1.9-4.1)	2005	Single site seroprev	4.96	2009	O	1310
United States	Y	0.96 (0.67-1.34)	2002	Indirect estimate	1979500 (1380000-2760000)	-	--	--	15.57 (8.74-22.4)	2003	Multisite seroprev	.	.	.	.
Oceania:															
American Samoa	N	--	.	.	-	-	--	--	--	.	.	.	.	.	.
Australia	Y	1.09 (0.65-1.5)	2005	Indirect estimate	155500 (92500-212500)	-	--	--	1.50	2006	Multisite seroprev	1.5	2008	O (program data)	.
Fed. States of Micronesia	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Fiji	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
French Polynesia	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Guam	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Kiribati	Y	NK	.	.	NK	0	--	--	--	.	.	.	.	.	.
Marshall Islands	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
Nauru	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
New Caledonia	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
New Zealand	Y	0.73 (0.49-0.97)	2006	Population survey	20500 (14000-27500)	-	--	--	1.60	2006	Single site seroprev	0.27	2004	O (program data)	376
Palau	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
Papua New Guinea	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Samoa	Y	NK	.	.	NK	-	--	--	0.00	2004-05	Self report	.	.	.	.
Solomon Islands	Y	NK	.	.	NK	-	--	--	0.00	2004-05	Self report	.	.	.	.
Tonga	Y	NK	.	.	NK	-	--	--	0.00	2004-05	Self report	.	.	.	.
Tuvalu	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.

	UN Ref Grp					UA			UN Ref Grp			UNGASS			
	Presence of IDU	Prevalence of IDU (range)	Year	Type/source of estimate	Estimate of number of IDUs in 2008 (range)	Estimate of number of IDUs	Year	Type/ source of estimate	Prevalence of HIV among IDUs (range)	Year	Type/ source of estimate	Prevalence of HIV among IDUs	Year	Type/ source of estimate	N
Vanuatu	Y	NK	.	.	NK	-	--	--	--	.	.	.	.	.	.
Middle East & North Africa:															
Algeria	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Bahrain	Y	NK	.	.	NK	-	--	--	0.3	2000	Single site seroprev	.	.	.	.
Djibouti	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Egypt	Y	NK	.	.	NK	-	--	--	2.55 (0.6-4.5)	2006	Single site seroprev	.	.	.	.
Iran, Islamic Republic	Y	0.40	2004	Indirect estimate	180000	-	--	--	15.00 (5-25)	2005	Single site seroprev	14.32	2007	IBBS	3060
Iraq	Y	NK	.	.	NK	-	--	--	--	.	.	.	.	.	.
Jordan	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Kuwait	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Lebanon	Y	NK	.	.	NK	-	--	--	NK	.	.	0	2008	IBBS	109
Libyan Arab Jamahiriya	Y	0.05	2001	Government registration	2000	-	--	--	22.00	2004	Single site seroprev	.	.	.	.
Morocco	Y	NK	.	.	NK	-	--	--	6.5	2006	Registration	2.05	2009	SSS	146
Occupied Palestinian Territories	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Oman	Y	NK	.	.	NK	-	--	--	11.8 (5-18.6)	2000, 2000-05	Single site seroprev	.	.	.	.
Qatar	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Saudi Arabia	Y	NK	.	.	NK	-	--	--	0.14	1997	Single site seroprev	.	.	.	.
Somalia	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
Sudan	Y	NK	.	.	NK	-	--	--	0.00	2003	Single site seroprev	.	.	.	.
Syrian Arab Republic	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.	.
Tunisia	Y	NK	.	.	NK	-	--	--	0.3	1997	Single site seroprev	3.09	2009	O	713
United Arab Emirates	Y	NK	.	.	NK	-	--	--	--	.	.	.	.	.	.
Yemen	Y	NK	.	.	NK	-	--	--	--	.	.	.	.	.	.
Sub-Saharan Africa:															
Angola	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
Benin	N	--	.	.	--	-	--	--	--	.	.	4.17	2009	O (Community survey)	48
Botswana	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
Burkina Faso	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
Burundi	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
Cameroon	N	--	.	.	--	0	--	--	--	.	.	.	.	.	.
Cape Verde	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
Central African Republic	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
Chad	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
Comoros	N	--	.	.	--	-	--	--	--	.	.	.	.	.	.
Cote d'Ivoire	Y	NK	.	.	NK	-	--	--	--	.	.	22.22	2009	O (Hospital & police data)	18

	UN Ref Grp					UA			UN Ref Grp			UNGASS			
	Presence of IDU	Prevalence of IDU (range)	Year	Type/source of estimate	Estimate of number of IDUs in 2008 (range)	Estimate of number of IDUs	Year	Type/ source of estimate	Prevalence of HIV among IDUs (range)	Year	Type/ source of estimate	Prevalence of HIV among IDUs	Year	Type/ source of estimate	N
Dem Rep of the Congo	N	--	.	.	--	-	--	--	--	.	.	.	.	.
Equatorial Guinea	N	--	.	.	--	-	--	--	--	.	.	.	.	.
Eritrea	N	--	.	.	--	-	--	--	--	.	.	.	.	.
Ethiopia	N	--	.	.	--	-	--	--	--	.	.	.	.	.
Gabon	Y	NK	.	.	NK	-	--	--	--	.	.	.	.	.
Gambia	N	--	.	.	--	-	--	--	--	.	.	.	.	.
Ghana	Y	NK	.	.	NK	-	--	--	--	.	.	.	.	.
Guinea	N	--	.	.	--	-	--	--	--	.	.	.	.	.
Guinea-Bissau	N	--	.	.	--	-	--	--	--	.	.	.	.	.
Kenya	Y	0.73 (0.16-1.3)	2004, 2000-02	Consensus estimate	130748 (30264-231231)	-	--	--	42.90 (36.3-49.5)	2003-04	Single site seroprev
Lesotho	N	--	.	.	--	-	--	--	--	.	.	.	.	.
Liberia	N	--	.	.	--	-	--	--	--	.	.	.	.	.
Madagascar	N	--	.	.	--	-	--	--	--	.	.	.	.	.
Malawi	Y	NK	.	.	NK	0	--	--	--	.	.	.	.	.
Mali	N	--	.	.	--	-	--	--	--	.	.	.	.	.
Mauritania	N	--	.	.	--	-	--	--	--	.	.	.	.	.
Mauritius	Y	2.07 (2.01-2.13)	2004	Indirect estimate	17500 (17000-18000)	10000	2009	IBBS (RDS)	NK	2008	Single site seroprev	47.13	2009	IBBS	511
Mozambique	N	--	.	.	--	-	--	--	--	.	.	.	.	.
Namibia	N	--	.	.	--	-	--	--	--	.	.	.	.	.
Niger	N	--	.	.	--	-	--	--	--	.	.	.	.	.
Nigeria	Y	NK	.	.	NK	-	--	--	5.5 (0.00,11.00)	2003, 2000	Single site seroprev	5.6	2007	IBBS	643
Republic of the Congo	N	--	.	.	--	-	--	--	--	.	.	.	.	.
Rwanda	N	--	.	.	--	-	--	--	--	.	.	.	.	.
Sao Tome & Principe	N	--	.	.	--	0	--	--	--	.	.	.	.	.
Senegal	Y	NK	.	.	NK	-	--	--	--	.	.	.	.	.
Seychelles	N	--	.	.	--	-	--	--	--	.	.	.	.	.
Sierra Leone	Y	--	.	.	--	-	--	--	--	.	.	.	.	.
South Africa	Y	0.87 (0.26-1.48)	2004	Population survey	262975	0	--	--	12.40 (4.8-20)	2005	Single site seroprev
Swaziland	Y	--	.	.	--	-	--	--	--	.	.	.	.	.
Togo	Y	--	.	.	--	-	--	--	--	.	.	.	.	.
Uganda	Y	NK	.	.	NK	-	--	--	--	.	.	.	.	.
United Rep of Tanzania	Y	NK	.	.	NK	-	--	--	NK	.	.	.	.	.
Zambia	Y	NK	.	.	NK	-	--	--	--	.	.	.	.	.
Zimbabwe	N	--	.	.	--	-	--	--	--	.	.	.	.	.

CR- capture-recapture, MM = multpler method, ET = extrapolation trend, SGS = Second Generation Surveillance,

Appendix 1, Table 2: Provision of needle and syringe programmes

Data from Reference Group review, Universal Access and UNGASS

UN Ref Grp	UA	UN Ref Grp			UA			UN Ref Grp	UA	UN Ref Grp			UA			UN Ref Grp	UA	UN Ref Grp	UA	UN Ref Grp	UA	UN Ref Grp	UA	UN Ref Grp	UA	UN Ref Grp	UA	UN Ref Grp	UA	UN Ref Grp	UA	UN Ref Grp	UA	UN Ref Grp	UA	UNGASS			
		NSP present	NSP present	Inject. equip. for sale	No. NSP sites	Year	No. NSP sites			Year	Data source/description	No. NSP sites per 1000 IDUs (range)	No. NSP sites per 1000 IDUs (range)	No. needles-syringes distributed in a 12 month period	Year																					No. needles-syringes distributed in a 12 month period	Year	Data source/description	No. needles-syringes distributed per IDU per year (range)
Eastern Europe & Central Asia:																																							
Armenia	Yes	Yes	.	7	2007	4	2009	GFATM PR report	3.5 (2.8 - 4.7)	0.80	75345	2007	53155	2009	GFATM PR report	37.7 (30.1 - 50.2)	10.63	26.58	1178	2007	58.9% (47.1 - 78.5)																		
Azerbaijan	Yes	.	.	12-14	2008, 2007	.	.	.	0.04 (0.03 - 0.1)	.	NK	2008	.	.	.	NK	.		NK	2007	NK	12.9	2008	BSS	1000														
Belarus	Yes	Yes	.	52-64	2008, 2007	42	.	Data report on HIV treatment	0.8 (0.6 - 0.9)	0.55	1655971	2008	1671477	.	Data report on HIV treatment	21.7 (19.7-23.8)	21.91	21.85	5279	2007	6.9% (6.3-7.6)	75.12	2009	BSS	1636														
Georgia	Yes	.	.	2-9	2008, 2009	.	.	.	0.04 (0.01 - 0.6)	.	108660-428798	2008	.	.	.	2.2 (0.5 - 30.6)	.		1456-1500	2007	1.2% (0.6 - 10.7)																		
Kazakhstan	Yes	Yes	.	159	2009	168	2009	.	1.5 (1.2 - 2.1)	1.35	15302962	2008	20510779	2009	.	149.3 (114.2 - 202.7)	164.88	198.17	37310	2007	36.8% (28.2 - 50.1)	70.93	2009	BSS	4860														
Kyrgyzstan	Yes	Yes	Yes	40	2009	46	.	.	1.5 (1.1 - 2.1)	1.84	NK	2009	2508727	.	.	NK	100.35	94.67	NK	2009	NK	43.33	2009	BSS	900														
Moldova	Yes	Yes	Yes	31	2008	19	2009	NEPs reports	8.9 (6.2 - 12.4)	0.76	1976144	2008	1609202	2009	NEPs reports	564.6 (439.1 - 790.5)	64.37	459.77	NK	2007	NK	14.1	2009	BSS (FHI)	328														
Russian Federation	Yes	.	Yes	70	2009	.	.	.	0.04 (0.03 - 0.1)	.	6904460	2008	.	.	.	3.8 (2.9 - 5.1)	.		122997	2007	6.8% (5.2 - 9.2)	24.33	2009	BSS	411														
Tajikistan	Yes	Yes	.	35 - 40	2009, 2008	47	2009	Report from national centre for HIV/AIDS	2 (1.5 - 3)	1.88	1851050	2008	2774697	2009	Channel-report	102.8 (78.8 - 142.4)	110.99	149.98	8419	2008	46.8% (35.8 - 64.8)	76.9	2008	BSS (serological survey)	1355														
Turkmenistan	Yes	.	.	2	2005	.	.	.	NK	.	484271	2005	.	.	.	NK	.		846-2000	2005	NK																		
Ukraine	Yes	.	Yes	985-1323	2008	.	.	.	4 (2.7 - 5.7)	.	8356842-10015312	2008	.	.	.	31.6 (23.1-43.5)	.		94583-132361	2007	39.0% (26.2-57.4)	41.3	2009	BSS	6460														
Uzbekistan	Yes	Yes	.	235	2009	235	2009	Centre for AIDS	2.7 (2.1 - 3.7)	2.94	3002283	2008	1455325	2009	Centre for AIDS	36.0 (27.4 - 48.8)	18.19	16.92	33684	2008	40.3% (30.8 - 54.8)	58.78	2009	BSS	4098														
Western & Central Europe:																																							
Albania	Yes	Yes	.	3	2008	6	2009	.	NK	.	NK	2008	71300	2008-09	.	NK	NK	NK (no denominator)	NK	2008	NK																		
Andorra	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.		.	.
Austria	Yes	.	.	27	2007	.	.	.	1.5 (1.1 - 2.2)	.	3159918-3191836	2007	.	.	.	176.4 (134.5 - 255.4)	.		NK	2007	NK																		
Belgium	Yes	.	Yes	34	2007	.	.	.	1.3 (1.2 - 1.4)	.	918438-1024096	2007	.	.	.	36.0 (31.1 - 42.7)	.		NK	2007	NK																		
Bosnia & Herzegovina	Yes	Yes	.	6	2008	7	2009	.	NK	0.88	59869-98706	2008	96000	2009	Indirect (MM)	NK	12.80	NK (no denominator)	1114-1805	2007	NK	39.1	2009	BSS (RDS)	261														
Bulgaria	Yes	.	.	100	2007	.	.	.	NK	.	735000	2007	.	.	.	NK	.		6137	2007	NK	81.41	2008	BSS (IBBS)	1421														
Croatia	Yes	Yes	.	42	2007	.	.	.	2.8 (0.7 - 4.9)	.	149657	2007	661362	.	.	10.0 (2.4 - 17.6)	.	44.09	3201	2007	21.3% (5.1 - 37.7)																		
Cyprus	Yes	.	Yes	1	2007	.	.	.	2 (1 - 2)	.	5	2008	.	.	.	0.01 (0.01 - 0.01)	.		NK	2008	NK																		
Czech Republic	Yes	Yes	.	109	2007	200	2009	Program data	3.7 (3.6 - 3.8)	6.41	4457000	2007	4644000	2009	Health info system	151.1 (146.1 - 156.4)	148.85	154.80	27200-34000	2007	XXXX% (89.2-XXXX)																		
Denmark	Yes	.	.	135	2003	.	.	.	8.7 (7.3 - 10.8)	.	910000	2005	.	.	.	58.7 (49.2 - 72.8)	.		NK	2005	NK																		
Estonia	Yes	Yes	.	36	2009	36	2009	Program data	2.7 (1.0 - 4.5)	2.61	2033375	2008	2277509	2009	Program data	150.6 (58.9 - 254.2)	165.04	168.70	4088	2008	30.3% (11.8 - 51.1)																		
Finland	Yes	.	.	52	2007	.	.	.	3.3 (2.6 - 4.2)	.	2648000	2007	.	.	.	165.5 (132.4 - 211.8)	.		13000	2007	81.3% (65.0-XXXX)																		
France	Yes	.	Yes	416 - 2014	2007, 2006	.	.	.	9.5 (2.5 - 21.4)	.	4800000-6994286	2007	.	.	.	46.1 (28.7 - 74.4)	.		4000-5714	2007	3.8% (2.4 - 6.1)																		
FYR of Macedonia	Yes	Yes	.	15	2008	15	.	GFATM R7 report	NK	1.50	97400 - 174081	2007	500000	.	GFATM R7 report	NK	50.00	NK (no denominator)	1615-2180	2007	NK																		
Germany	Yes	Yes	.	250	2007	.	.	.	2.7 (2.3 - 3.2)	.	128000 - 160000	2006	.	.	.	1.5 (1.2 - 2.1)	.		NK	2007	NK																		
Greece	Yes	.	Yes	4	2007	.	.	.	0.4 (0.3 - 0.5)	.	34809	2006	.	.	.	3.5 (2.9 - 4.1)	.		497-1988	2007	12.4% (4.1 - 23.4)																		
Hungary	Yes	Yes	.	25	2008	434	.	.	6.3 (4.2 - 12.5)	0.74	27375	2008	.	.	.	68.4 (45.6 - 136.9)	.		2019	2008	50.5% (33.7 - XXXX)																		

	UN Ref Grp	UA	UN Ref Grp			UA			UN Ref Grp	UA	UN Ref Grp			UA			UN Ref Grp	UA	UN Ref Grp	UN Ref Grp			UNGASS			
	NSP present	NSP present	Inject. equip. for sale	No. NSP sites	Year	No. NSP sites	Year	Data source/description	No. NSP sites per 1000 IDUs (range)	No. NSP sites per 1000 IDUs (range)	No. needles-syringes distributed in a 12 month period	Year	No. needles-syringes distributed in a 12 month period	Year	Data source/description	No. needles-syringes distributed per IDU per year (range)	No. needles-syringes distributed per IDU per year (range)	No. needles-syringes distributed per IDU per year (range)	No. IDUs accessing an NSP in a 12 month period	Year	% IDUs who accessed an NSP in a year (range)	% IDUs receiving sterile needles-syringes in last 12 months	Year	Data source/description	N	
Iceland	No	.	.	0	2009	.	.	.	NK	.	0	2009	.	.	.	0	.	.	0	2009	0%					
Ireland	Yes	Yes	Yes	33	2007	34	.	.	4.1 (3.3–5.5)	2.34	1097204-1523894	2007	1097204	.	.	163.8 (109.7-254.0)	155.21	137.15	7069-9301	2007	XXXX% (70.7 - XXXX)					
Israel	Yes	Yes	.	NK	2009	5	.	MOH, dept addiction	NK	0.00	NK	2009	120000	.	.	NK	10.00	NK (no denominator)	NK	2009	NK					
Italy	Yes	.	.	NK	2007	.	.	.	NK	.	NK	2007	.	.	.	NK	.	.	NK	2007	NK					
Latvia	Yes	Yes	.	13-22	2008, 2007	17	2009	Infectology Centre	NK	0.78	182019-182805	2008	282701	2009	Infectology Centre	NK	12.90	NK (no denominator)	1939		NK	31.83	2007	BSS (RDS)	392	
Liechtenstein	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Lithuania	Yes	Yes	.	10-19	2008, 2007	10	2009	Drug control board	2.9 (1.5–5.4)	2.33	187227	2007	112573	2009	Drug control	37.4 (28.8-53.5)	26.18	22.51	3399		68.0% (52.3 - 97.1)					
Luxembourg	Yes	Yes	.	4	2007	4	2009	National NSP data	2 (1.6–2.7)	2.00	287347	2007	301895	2009	National NSP data	143.7 (114.9 - 191.6)	150.95	150.95	NK	2007	NK					
Malta	Yes	.	.	7	2005	.	.	.	NK	.	225716	2006	.	.	.	NK	.	.	NK	2006	NK					
Monaco	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Montenegro	Yes	Yes	.	18	2007	219	.	PHC and NGO data	NK	.	7510	2007	19640	.	PHC and NGO data	NK (no denominator)	NK (no denominator)	NK (no denominator)	70-90	2007	NK					
Netherlands	Yes	.	Yes	150	2007	.	.	.	50 (33.3–60)	.	> 380000	2006	.	.	.	126.7 (84.4 - 152.0)	.	.	NK	2007	NK					
Norway	Yes	.	Yes	22	2007	.	.	.	1.6 (1.1–2.6)	.	3274500-8867857	2007	.	.	.	433.7 (167.9-1043.3)	.	.	NK	2007	NK					
Poland	Yes	Yes	.	27	2008	27	2008	.	NK	.	318054	2008	318054	2008	.	NK	NK (no denominator)	NK (no denominator)	3101		NK					
Portugal	Yes	.	Yes	27	2007	.	.	.	1.6 (1.2–2.5)	.	3282356	2007	.	.	.	198.9 (149.2-298.4)	.	.	NK	2007	NK					
Romania	Yes	Yes	.	49	2008	59	2009	HIV Monitoring and Evaluation Group	NK	3.47	1108762	2008	1665776	2009	HIV Monitoring and Evaluation Group	NK (no denominator)	95.81	NK (no denominator)	7081		NK					
San Marino	No	.	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	0	2009	0%					
Serbia	Yes	Yes	.	13	2008	.	.	.	NK	.	280000	2008	252800	.	Program data	NK	14.04	NK (no denominator)	NK	2008	NK	52.5	2008	BSS (IBBS)	320	
Slovakia	Yes	.	.	20	2008	.	.	.	1.1 (0.6–1.4)	.	453601-589092	2007	.	.	.	27.4 (13.2 - 42.1)	.	.	2850		15.0% (8.3 - 20.4)					
Slovenia	Yes	.	Yes	17	2007	.	.	.	2.3 (1.8–3.1)	.	882116	2007	.	.	.	117.6 (92.9 - 160.4)	.	.	3000	2007	40.0% (31.6 - 54.5)					
Spain	Yes	.	Yes	1271–1458	2007	.	.	.	14.6 (10.4–21.1)	.	2802230–3370000	2007	.	.	.	33.0 (23.1 - 48.9)	.	.	NK	2007	NK					
Sweden	Yes	.	.	2	2007	.	.	.	NK	.	116648	2007	.	.	.	NK	.	.	1230	2007	NK	23.55	2009	BSS (SSS)	259	
Switzerland	Yes	Yes	Yes	101	2005	.	.	.	3.1 (2.6–4.0)	0.00	NK	2005	4620000	.	.	NK	184.80	140.00	NK	2005	NK					
Turkey	No	No	.	0	2006	0	.	.	0	.	0	2006	.	.	.	0	.	.	0	2006	0%					
United Kingdom	Yes	Yes	Yes	1523	2007	.	.	.	10.7 (10.4–10.9)	.	26763146	2007	.	.	.	187.8 (183.3–191.9)	.	.	NK	2007	NK					
South & South-East Asia:																										
Afghanistan	Yes	Yes	No	18–28	2009	25	.	NSP report	2.9 (2.3–3.5)	.	117454–250832	2008	383409	.	Program data	24.6 (15.7 - 33.4)	20.18	47.93	NK	2009	NK	16.76	2009	BSS (IBBS)	549	
Bangladesh	Yes	Yes	Yes	93	2008	106	.	HATI -53, GFATM-53	2.8 (2.1–4.2)	2.65	3696224–407272	2008	6455434	.	SAVE-USA (GFATM), HNPSP (HATI)	117.7 (85.0 - 185.1)	161.39	192.70	23684-32766	2008	92.7% (54.4 - XXXX)	78.85	2007	BSS	1196	
Bhutan	No	.	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	0	2009	0%					
Brunei Darussalam	No	No	.	0	2006	.	.	.	0	.	0	2006	.	.	.	0.0	.	.	0	2006	0%					
Cambodia	Yes	Yes	.	2	2008	2	2009	NSP report	1 (0.3–2)	1.00	110982-117631	2008	101922	2009	NSP report	57.2 (13.9 - 117.6)	50.96	50.96	NK	2008	NK					
India	Yes	Yes	.	200–219	2008, 2009	270	2009	CMIS NACO	1.2 (0.8–1.9)	1.45	5342069–6565447	2009	15058212	2009	CMIS NACO	33.9 (22.5 - 57.9)	80.96	85.80	137000	2009	78.1% (57.7-XXXX)	18.16	2009	BSS	479	
Indonesia	Yes	Yes	.	182 - 323	2008	242	.	HCPI, FHI, NAC reports	1.2 (0.7–1.7)	1.10	511670-797455	2008	1825557	.	HCPI, FHI, NAC reports	3.0 (2.1 - 4.2)	8.33	8.20	49000	2007	22.7% (20.1–26.1)	75.5	2007	BSS (FHI)	1404	
Lao PDR	No	No	.	0	2006	.	.	.	0	.	0	2006	.	.	.	0.0	.	.	0	2006	0%					

	UN Ref Grp	UA	UN Ref Grp			UA			UN Ref Grp	UA	UN Ref Grp		UA			UN Ref Grp	UA	UN Ref Grp	UA	UN Ref Grp	UN Ref Grp			UNGASS			
	NSP present	NSP present	Inject. equip. for sale	No. NSP sites	Year	No. NSP sites	Year	Data source/description	No. NSP sites per 1000 IDUs (range)	No. NSP sites per 1000 IDUs (range)	No. needles-syringes distributed in a 12 month period	Year	No. needles-syringes distributed in a 12 month period	Year	Data source/description	No. needles-syringes distributed per IDU per year (range)	No. needles-syringes distributed per IDU per year (range)	No. needles-syringes distributed per IDU per year (range)	No. needles-syringes distributed per IDU per year (range)	No. IDUs accessing an NSP in a 12 month period	Year	% IDUs who accessed an NSP in a year (range)	% IDUs receiving sterile needles-syringes in last 12 months	Year	Data source/description	N	
Malaysia	Yes	.	Yes	117 – 130	2008, 2009	.	.	.	0.5 (0.4 – 0.7)	.	1903174-2560400	2008	.	.	.	9.5 (6.9 - 13.1)	.	.	5571	2008	2.4% (2.0-2.8)	26.98	2009	SS (IBBS)	630		
Maldives	No	No	.	0	2007	0	2009	.	0	.	0	2007	0	2009	.	0	0	0	0	2007	0%						
Myanmar	Yes	Yes	Yes	18 - 24	2008	41	.	.	0.3 (0.2 – 0.4)	0.55	3511232	2008	5032156	.	.	46.5 (38.8 - 58.0)	67.10	65.78	29411	2007	39.5% (32.9 - 49.4)	56.5	2008	BSS	690		
Nepal	Yes	Yes	.	43	2009	41	2010	UNODC,SA VE and UNDP	1.4 (1.1 – 2)	1.46	692466 - 7507766	2008, 2009	1513941	2009	UNODC,SA VE and UNDP	24.1 (17.5 - 34.1)	53.23	50.46	13708	2009	45.7% (34.7 – 62.3)						
Pakistan	Yes	.	.	81	2009	.	.	.	0.6 (0.5 – 0.6)	.	2776287	2008	.	.	.	19.7 (17.1-20.6)	.	.	15000	2008	10.6% (9.2 - 11.1)	58.31	2008	BSS (IBBS)	2979		
Philippines	Yes	Yes	.	3	2008	3	.	National program data	0.2 (0.1 – 0.3)	0.15	50000	2008	33824	.	.	3.2 (2.4-4.8)	1.69	2.11	800	2008	5.2% (3.8-7.6)	23.9	2009	BSS	958		
Singapore	No	No	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0.0	.	.	0	2009	0%						
Sri Lanka	No	No	.	0	2007	0	2009	UNODC, Drug control board	0	.	0	2007	0	2009	Drug control board	0	0.00	0	0	2007	0						
Thailand	Yes	Yes	Yes	10	2009	39	2009	.	0.1 (0.04 – 0.1)	.	47513	2008	87084	2009	.	0.3 (0.2 - 0.4)	.	0.48	413	2008	0.2% (0.2 - 0.3)						
Timor Leste	No	.	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0.0	.	.	0	2009	0%						
Viet Nam	Yes	Yes	Yes	382 -2023	2009, 2008	2904	2009	MOH, VAAC reporting system	8.2 (2 – 18.7)	15.05	20,588,830 - 34,845,528	2009, 2008	24057499	2009	MOH, VAAC reporting system	188.6 (107.2 – 322.6)	124.39	163.66	140254	2009	95.4% (73.0 - XXXX)	44.85	2010	BSS (IBBS)	3021		
East Asia:																											
China	Yes	Yes	.	897 - 901	2008	964	2009	National HIV/AIDS Web-based Data	0.4 (0.3 – 0.5)	1.73	1,173,764 – 152,715,768	2008	12945132	2009	Nat. HIV/AIDS Web-based Data	32.5 (0.4 – 84.3)	23.18	5.36	> 38000	2008	1.6% (1.3 - 2.1)	44.3	2009	O (SSS)	26191		
DPR Korea	
Japan	No	.	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0.0	.	.	0	2009	0%						
Mongolia	Yes	No	.	1	2008	2	2009	Nat. AIDS Found'n NSP report	NK	.	2000 – 7500	2008	1400	2009	Nat. AIDS Found'n NSP report	NK	.	NK (no denominator)	54	2008	NK						
Republic of Korea	No	.	Yes.	0	.	.	.	.	0	.	0	2009	.	.	.	0.0	.	.	0	2009	0%				
Taiwan	Yes	.	Yes	1103	2009	.	.	.	NK	.	4066114	2008	.	.	.	NK	.	.	9000	2008	NK						
Caribbean:																											
Antigua & Barbuda	.	No	2008-09	
Bahamas	
Barbados	
Bermuda	
Commonwealth of Puerto Rico	Yes	.	.	13	2009	.	.	.	0.4 (0.3 – 0.6)	.	NK	2009	.	.	.	NK	.	.	NK	2009	NK						
Cuba	
Dominica	
Dominican Republic	No	No	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	0	2009	0%						
Grenada	
Haiti	
Jamaica	.	No	
Saint Kitts & Nevis	
Saint Lucia	
Saint Vincent & Grenadines	

	UN Ref Grp	UA	UN Ref Grp			UA			UN Ref Grp	UA	UN Ref Grp		UA			UN Ref Grp	UA	UN Ref Grp	UA numerator/ UN Ref Grp denominator	UN Ref Grp			UNGASS				
	NSP present	NSP present	Inject. equip. for sale	No. NSP sites	Year	No. NSP sites	Year	Data source/ description	No. NSP sites per 1000 IDUs (range)	No. NSP sites per 1000 IDUs (range)	No. needles-syringes distributed in a 12 month period	Year	No. needles-syringes distributed in a 12 month period	Year	Data source/ description	No. needles-syringes distributed per IDU per year (range)	No. needles-syringes distributed per IDU per year (range)	No. needles-syringes distributed per IDU per year (range)	No. needles-syringes distributed per IDU per year (range)	No. IDUs accessing an NSP in a 12 month period	Year	% IDUs who accessed an NSP in a year (range)	% IDUs receiving sterile needles-syringes in last 12 months	Year	Data source/ description	N	
Suriname	No	.	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	.	0	2009	0%					
Trinidad & Tobago	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Central and South America:																											
Argentina	Yes	No	.	25	2008	.	.	.	0.3 (0.3 – 0.3)	.	NK	2008	.	.	.	NK	.	.	.	NK	2008	NK					
Belize	.	No	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Bolivia	No	No	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	.	0	2009	0%					
Brazil	Yes	Yes	.	150 – 450	2006, 2008	450	.	.	0.6 (0.2 – 1.1)	1.07	126452 - 76546	2004	.	.	.	0.5 (0.2 – 1.0)	.	.	.	NK	2008	NK	54.31	2009	SS (RDS)	3415	
Chile	No	No	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	.	0	2009	0%					
Colombia	No	No	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	.	0	2009	0%					
Costa Rica	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Ecuador	No	No	.	0	2009	0	.	.	0	.	0	2009	.	.	.	0	.	.	.	0	2009	0%					
El Salvador	No	.	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	.	0	2009	0%					
Guatemala	No	No	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	.	0	2009	0%					
Guyana	.	No	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Honduras	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Nicaragua	No	No	.	0	2009	0	2009	.	0	.	0	2009	0	2009	.	0	.	.	0	0	2009	0%					
Panama	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Paraguay	Yes	Yes	.	3	2009	.	.	.	NK	.	NK	2009	.	.	.	NK	.	.	.	NK	2008	NK					
Peru	No	.	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	.	0	2009	0%					
Uruguay	Yes	No	.	NK	2009	.	.	.	NK	.	NK	2009	.	.	.	NK	.	.	.	NK	2009	NK					
Venezuela	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
North America:																											
Canada	Yes	.	Yes	775 (SN)	2009	.	.	.	4.9 (3.7 – 6.3)	.	7,264,256 (SN)	2008	.	.	.	46.1 (35.3 – 59.8)	.	.	.	NK	2009	NK					
Mexico	Yes	.	.	19	2008	.	.	.	NK	.	134963 - 152387	2008	.	.	.	NK	.	.	.	12819	2008	NK					
United States	Yes	.	Yes	186	2007	.	.	.	0.1 (0.1 – 0.1)	.	42,200,000	2007	.	.	.	21.5 (15.4 - 30.9)	.	.	.	NK	2007	NK					
Oceania:																											
American Samoa	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Australia	Yes	.	Yes	1372	2008	.	.	.	8.8 (6.5 – 14.8)	.	29346601	2009	.	.	.	212.9 (155.8 - 357.8)	.	.	.	NK	2008	NK					
Fed. States of Micronesia	No	.	.	0	2009	.	.	.	.	.	0	2009	.	.	.	0	.	.	.	0	2009	0%				
Fiji	No	.	.	0		.	.	.	.	.	0	2006	.	.	.	0	.	.	.	0	2006	0%				
French Polynesia	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Guam	No	.	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	.	0	2009	0%					
Kiribati	.	No	.	.	.	0	2009	.	.	.	.	.	0	2009	.	.	.	.	0	0	.	.	.	.	.	.
Marshall Islands	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Nauru	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
New Caledonia	No	.	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	.	0	2009	0%					
New Zealand	Yes	.	Yes	199	2009	.	.	.	9.5 (7.2 – 14.2)	.	2508837	2008	.	.	.	122.4 (91.2 – 179.2)	.	.	.	NK	2009	NK					
Palau	
Papua New Guinea	No	No	.	0	2008	0	2008	.	.	.	0	.	.	.	0	2008	0%					
Samoa	No	.	.	0	2006	0	2006	.	.	.	0	.	.	.	0	2006	0%					

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	NSP present	NSP present	Inject. equip. for sale	No. NSP sites	Year	No. NSP sites	Year	Data source/description	No. NSP sites per 1000 IDUs (range)	No. NSP sites per 1000 IDUs (range)	No. needles-syringes distributed in a 12 month period	Year	No. needles-syringes distributed in a 12 month period	Year	Data source/description	No. needles-syringes distributed per IDU per year (range)	No. needles-syringes distributed per IDU per year (range)	No. needles-syringes distributed per IDU per year (range)	No. needles-syringes distributed per IDU per year (range)	No. IDUs accessing an NSP in a 12 month period	Year	% IDUs who accessed an NSP in a year (range)	% IDUs receiving sterile needles-syringes in last 12 months	Year	Data source/description	N	
Solomon Islands	No	.	.	0	2006	.	.	.	.	.	0	2006	.	.	.	0	.	.	.	0	2006	0%				
Tonga	No	.	.	0	2006	.	.	.	0	.	0	2006	.	.	.	0	.	.	.	0	2006	0%					
Tuvalu	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Vanuatu	No	.	.	0	2006	.	.	.	0	.	0	2006	.	.	.	0	.	.	.	0	2006	0%					
Middle East & North Africa:																											
Algeria	No	.	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	.	0	2009	0%					
Bahrain	No	.	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	.	0	2009	0%					
Djibouti	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Egypt	Yes	.	Yes	2	2009	.	.	.	NK	.	NK	2008	.	.	.	NK	.	.	.	NK	2009	NK					
Iran, Islamic Republic	Yes	.	Yes	428-637	2009	.	.	.	2.5 (1.6 – 4.1)	.	8504651	2008	.	.	.	41.1 (31.4 - 56.0)	.	.	.	55000	2006	27.8% (21.2 - 37.7)					
Iraq	No	.	Yes	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	.	0	2009	0%					
Jordan	No	No	Yes	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	.	0	2009	0%					
Kuwait	No	.	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	.	0	2009	0%					
Lebanon	Yes	No	Yes	1-5	2009	2	.	.	NK	.	> 2000	2008	.	.	.	NK	.	.	.	600-800	2008	NK					
Libyan Arab Jamahiriya	No.	.	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	.	0	2009	0%					
Morocco	Yes	.	Yes	2-3	2009	.	.	.	NK	.	44696	2009	.	.	.	NK	.	.	.	611	2008	NK					
Occupied Palestinian Territories	Yes	.	.	1	2009	.	.	.	NK	.	NK	2009	.	.	.	NK	.	.	.	NK	2009	NK					
Oman	Yes	No	.	1	2009	0	.	.	NK	.	2400	2008	0	.	.	NK	.	.	.	0	NK	2009	NK				
Qatar	No	.	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	.	0	2009	0%					
Saudi Arabia	No	No	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	.	0	2009	0%					
Somalia	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Sudan	No	.	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	.	0	2009	0%					
Syrian Arab Republic	No	.	Yes	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	.	0	2009	0%					
Tunisia	Yes	No	.	6	2009	1	2009	national MOH program	NK	.	5924	2009	12458	.	.	NK	.	.	.	680	2009	NK					
United Arab Emirates	No	No	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	.	0	2009	0%					
Yemen	No	No	No	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	.	0	2009	0%					
Sub-Saharan Africa:																											
Angola	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Benin	.	No	.	.	.	0	0	0	.	.	.	0	2009	SS	92
Botswana	.	.	.	.	.	0	.	.	.	.	.	.	0	.	.	.	.	.	.	0	.	.	.	.	.	.
Burkina Faso	.	No	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Burundi	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Cameroon	.	No	.	.	.	0	2009	.	.	.	.	.	0	.	.	.	.	.	.	0	.	.	.	.	.	.
Cape Verde	.	No	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Central African Republic	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Chad	.	No	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Comoros	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Cote d'Ivoire	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Dem Rep of the Congo	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

	UN Ref Grp	UA	UN Ref Grp			UA			UN Ref Grp	UA	UN Ref Grp		UA			UN Ref Grp	UA	UN Ref Grp	UN Ref Grp			UNGASS				
	NSP present	NSP present	Inject. equip. for sale	No. NSP sites	Year	No. NSP sites	Year	Data source/description	No. NSP sites per 1000 IDUs (range)	No. NSP sites per 1000 IDUs (range)	No. needles-syringes distributed in a 12 month period	Year	No. needles-syringes distributed in a 12 month period	Year	Data source/description	No. needles-syringes distributed per IDU per year (range)	No. needles-syringes distributed per IDU per year (range)	No. needles-syringes distributed per IDU per year (range)	No. IDUs accessing an NSP in a 12 month period	Year	% IDUs who accessed an NSP in a year (range)	% IDUs receiving sterile needles-syringes in last 12 months	Year	Data source/description	N	
Equatorial Guinea	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Eritrea	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Ethiopia	.	No	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Gabon	No	No	.	0	2009	.	2009	.	0	.	0 ^(A)	2009	.	2009	.	0	.	.	0	2009	0%	.	.	.	.
Gambia	.	No	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Ghana	No	.	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	0	2009	0%	.	.	.	.
Guinea	.	No	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Guinea-Bissau	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Kenya	No	No	Yes	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	0	2009	0% ¹	.	.	.	.
Lesotho	.	No	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Liberia	.	No	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Madagascar	.	No	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Malawi	No	No	Yes	0	2009	0	2009	.	0	.	0	2009	0	2009	.	0	.	0	2009	0%	.	.	.	.	.
Mali	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Mauritania	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Mauritius	Yes	Yes	.	39	2008	39	2009	Program data, MOH, NGOs	2.1 (2.1 – 2.2)	3.90	118866	2009	444000	.	Program data	6.4 (6.3 – 6.6)	44.40	24.00	4900	2009	26.5% (25.8 – 27.2)	.	.	.	.
Mozambique	.	No	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Namibia	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Niger	.	No	.	.	.	0	2009	ULSS/MSP	.	.	.	.	0	2009	ULSS/MSP	.	.	0	.	.	.	.	.	.	.	.
Nigeria	No	No	.	0	2005	.	.	.	0	.	0	2005	.	.	.	0	.	.	0	2005	0%	89.15	2007	BSS	690	
Republic of the Congo	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Rwanda	.	No	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Sao Tome & Principe	.	No	.	.	.	0	.	.	.	.	.	.	0	.	.	.	.	0	.	.	.	.	.	.	.	.
Senegal	No	No	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	0	2009	0%	.	.	.	.	.
Seychelles	.	No	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Sierra Leone	Yes	No	.	NK	2009	.	.	.	NK	.	NK	2009	.	.	.	NK	.	.	NK	2009	NK	.	.	.	.	.
South Africa	No	No	Yes	0	2009	0	.	.	0	.	0	2009	0	.	.	0	.	0	2009	0%	.	.	.	.	.	.
Swaziland	No	.	Yes	0	2007	.	.	.	0	.	0	2007	.	.	.	0	.	.	0	2007	0%	.	.	.	.	.
Togo	No	No	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	0	2009	0%	.	.	.	.	.
Uganda	No	No	Yes	0	2009	0	2009	.	0	.	0	2009	.	.	.	0	.	.	0	2009	0%	.	.	.	.	.
United Rep of Tanzania	No	.	Yes	0	2008	.	.	.	0	.	0	2008	.	.	.	0	.	.	0	2008	0%	.	.	.	.	.
Zambia	No	No	.	0	2009	.	.	.	0	.	0	2009	.	.	.	0	.	.	0	2009	0%	.	.	.	.	.
Zimbabwe	.	No	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

RDSAT software (Respondent-Driven Sampling Analysis Tool), FHI = Family Health International, O = other, CSS = cross sectional survey, E = external data from drug bureau, research centre, XXXX denotes estimate greater than parity and not reported individually. [#]Data reported for 12month period. (SN) = sub-national data only

Appendix 1, Table 3: Number of IDUs reached by HIV prevention programmes and injecting related behaviours

Data from UNGASS

	UNGASS				UNGASS			
	% IDUs reporting use of sterile injecting equipment the last time they injected drugs	Year	Data source/description	N	% IDUs reached with HIV prevention programmes	Year	Data source/description	N
Eastern Europe & Central Asia:								
Armenia	.	.	.	.	.	.	.	.
Azerbaijan	62.3	2008	BSS	1000	1.7	2008	BSS	1000
Belarus	87.21	2009	BSS	1259	63.63	2009	BSS	1636
Georgia	48.09	2008	BSS (FHI)	1127	11.45	2008	BSS (FHI)	1127
Kazakhstan	63.01	2009	BSS	4860	59.94	2009	BSS	4860
Kyrgyzstan	.	.	.	.	38.44	.	BSS	900
Moldova	99.3	2009	BSS (FHI)	328	7.4	2009	BSS (FHI)	328
Russian Federation	82.85	2009	BSS	449	13.63	2009	BSS	411
Tajikistan	63.17	2008	BSS (sero. survey)	1355	63.54	2008	BSS (sero. survey)	1355
Turkmenistan	.	.	.	.	.	.	.	.
Ukraine	87.34	2009	BSS	6460	31.59	2009	BSS	6460
Uzbekistan	81.58	2009	BSS	4098	34.16	2009	BSS	4098
Western & Central Europe:								
Albania	81.6	2008	BSS (RDS)	200	.	.	.	.
Andorra	.	.	.	.	.	.	.	.
Austria	.	.	.	.	.	.	.	.
Belgium	53	2009	BSS	219	.	.	.	.
Bosnia & Herzegovina	86.6	2009	BSS (RDS)	260	32.1	2009	BSS (RDS)	261
Bulgaria	86.17	2008	BSS (IBBS)	1403	52.43	2008	BSS (IBBS)	1360
Croatia	.	.	.	.	.	.	.	.
Cyprus	.	.	.	.	.	.	.	.
Czech Republic	.	.	.	.	.	.	.	.
Denmark	.	.	.	.	.	.	.	.
Estonia	.	.	.	.	.	.	.	.
Finland	.	.	.	.	.	.	.	.
France	.	.	.	.	.	.	.	.
FYR of Macedonia	72.73	2007	BSS	391	.	.	.	.
Germany	.	.	.	.	.	.	.	.
Greece	.	.	.	.	.	.	.	.
Hungary	73.56	2008	BSS	590	.	.	.	.
Iceland	.	.	.	.	.	.	.	.
Ireland	.	.	.	.	.	.	.	.
Israel	.	.	.	.	.	.	.	.
Italy	.	.	.	.	.	.	.	.
Latvia	81.82	2007	BSS (RDS)	407	.	.	.	.
Liechtenstein	.	.	.	.	.	.	.	.

	UNGASS				UNGASS			
	% IDUs reporting use of sterile injecting equipment the last time they injected drugs	Year	Data source/description	N	% IDUs reached with HIV prevention programmes	Year	Data source/description	N
Lithuania	98	2008	I BSS (RDS)	400	.	.	.	.
Luxembourg	71	2008	BSS	305	.	.	.	.
Malta	.	.	.	.	.	.	.	.
Monaco	.	.	.	.	.	.	.	.
Montenegro	24.13	2008	BSS (RDS)	315	.	.	.	.
Netherlands	.	.	.	.	.	.	.	.
Norway	.	.	.	.	.	.	.	.
Poland	.	.	.	.	.	.	.	.
Portugal	69.4	2008	O (program data)	1804	.	.	.	.
Romania	85	2009	BSS (RDS)	449	.	.	.	.
San Marino	.	.	.	.	.	.	.	.
Serbia	79.69	2008	BSS (IBBS, RDS)	320	20.63	2008	BSS (IBBS)	320
Slovakia	.	.	.	.	.	.	.	.
Slovenia	.	.	.	.	.	.	.	.
Spain	80.62	2008	O (program data)	743	.	.	.	.
Sweden	58.29	2009	BBS (SSS)	199	8.49	2009	BSS (SSS)	259
Switzerland	94.24	2006	O	556	.	.	.	.
Turkey	.	.	.	.	.	.	.	.
United Kingdom	80.99	2008	BSS (unlinked survey)	1720	.	.	.	.
South & South-East Asia:								
Afghanistan	93.98	2009	BSS (IBBS)	548	16.76	2009	BSS (IBBS)	549
Bangladesh	31.52	2007	BSS	1196	1.67	2007	BSS	1196
Bhutan	.	.	.	.	.	.	.	.
Brunei Darussalam	.	.	.	.	.	.	.	.
Cambodia	.	.	.	.	.	.	.	.
India	86.54	2009	BSS	379	14.82	2009	BSS	479
Indonesia	88.03	2004	BSS (FHI)	1404	43.38	2004	BSS (FHI)	1404
Lao PDR	.	.	.	.	.	.	.	.
Malaysia	83.49	2009	SS (IBBS)	630	7.46	2009	SS (IBBS)	630
Maldives	71.54	2008	BSS (IBBS)	300	.	.	.	.
Myanmar	80.62	2008	BSS (RDS)	908	52.53	2008	BSS	908
Nepal	99.1	2009	BSS (IBBS)	.	56.9	2009	IBBS	.
Pakistan	77.34	2008	BSS (IBBS)	2979	50.76	2008	BSS (IBBS)	2979
Philippines	84.97	2009	BSS (IHBS)	958	11.48	2009	BSS (IHBS)	958
Singapore	.	.	.	.	.	.	.	.
Sri Lanka	.	.	.	.	.	.	.	.
Thailand	63.16	2008	BSS (IBBS)	741	.	.	.	.
Timor Leste	.	.	.	.	.	.	.	.
Viet Nam	94.62	2010	BSS (IBBS)	3030	15.39	2010	BSS (IBBS)	3021

	UNGASS				UNGASS			
	% IDUs reporting use of sterile injecting equipment the last time they injected drugs	Year	Data source/ description	N	% IDUs reached with HIV prevention programmes	Year	Data source/ description	N
East Asia:								
China	71.5	2009	O (SSS)	7725	38.5	2009	O (SSS)	26191
DPR Korea
Japan
Mongolia
Republic of Korea
Taiwan
Caribbean:								
Antigua & Barbuda
Bahamas
Barbados
Bermuda
Commonwealth of Puerto Rico
Cuba
Dominica
Dominican Republic
Grenada
Haiti
Jamaica
Saint Kitts & Nevis
Saint Lucia
Saint Vincent & Grenadines
Suriname
Trinidad & Tobago
Central and South America:								
Argentina	90.67	2008	O	75	.	.	.	.
Belize
Bolivia
Brazil	54.31	2010	O (RDS)	418	39.5	2010	SS (RDS)	3415
Chile
Colombia
Costa Rica
Ecuador
El Salvador
Guatemala
Guyana
Honduras
Nicaragua
Panama
Paraguay	70.86	2008	BSS	175	.	.	.	.
Peru
Uruguay

	UNGASS				UNGASS			
	% IDUs reporting use of sterile injecting equipment the last time they injected drugs	Year	Data source/description	N	% IDUs reached with HIV prevention programmes	Year	Data source/description	N
Venezuela
North America:								
Canada
Mexico	39.7	2009	BSS	2748	20.19	2009	.	431
United States
Oceania:								
American Samoa
Australia	80.3	2008	O (program data)	2170	.	.	.	.
Fed. States of Micronesia
Fiji
French Polynesia
Guam
Kiribati
Marshall Islands
Nauru
New Caledonia
New Zealand
Palau
Papua New Guinea
Samoa
Solomon Islands
Tonga
Tuvalu
Vanuatu
Middle East & North Africa:								
Algeria
Bahrain
Djibouti
Egypt
Iran, Islamic Republic	74.46	2007	BSS	3036	.	.	.	.
Iraq
Jordan
Kuwait
Lebanon
Libyan Arab Jamahiriya
Morocco	7.47	2005	SS (MOH)	496	.	.	.	.
Occupied Palestinian Territories
Oman
Qatar
Saudi Arabia
Somalia

	UNGASS				UNGASS			
	% IDUs reporting use of sterile injecting equipment the last time they injected drugs	Year	Data source/ description	N	% IDUs reached with HIV prevention programmes	Year	Data source/ description	N
Sudan
Syrian Arab Republic
Tunisia	78.26	2009	SS (FHI)	713	NK	2009	BSS (FHI)	711
United Arab Emirates
Yemen
Sub-Saharan Africa:								
Angola
Benin	31.18	2009	SS	93	0.00	2009	SS	92
Botswana
Burkina Faso
Burundi
Cameroon
Cape Verde
Central African Republic
Chad
Comoros
Cote d'Ivoire
Dem Rep of the Congo
Equatorial Guinea
Eritrea
Ethiopia
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Kenya
Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Mauritius	71.71	2009	O (IBBS)	511	.	.	.	.
Mozambique
Namibia
Niger
Nigeria	89.15	2007	BSS (IBBS)	682	59.42	2007	BSS	690
Republic of the Congo
Rwanda
Sao Tome & Principe
Senegal

	UNGASS				UNGASS			
	% IDUs reporting use of sterile injecting equipment the last time they injected drugs	Year	Data source/description	N	% IDUs reached with HIV prevention programmes	Year	Data source/description	N
Seychelles
Sierra Leone
South Africa
Swaziland
Togo
Uganda
United Rep of Tanzania
Zambia
Zimbabwe

Appendix 1, Table 4: Provision of HIV testing and counselling and related indicators

Data from: Reference Group review and UNGASS

	UN Ref Grp			UNGASS	UNGASS	UNGASS	UNGASS	UNGASS	UNGASS	UNGASS	UNGASS
	Number of HIV testing sites	Year	Number of HIV testing sites per 1000 IDUs (range)	Percentage of IDUs who report knowing where you can go if you wish to receive an HIV test	Year of estimate	Data source/ description	N	Percentage of IDUs who received an HIV test in the last 12 months and who know their results	Year of estimate	Data source/ description	N
Eastern Europe & Central Asia:											
Armenia	.	.	.	.	.	.	.	.	.	.	.
Azerbaijan	.	.	.	44.1	2008	BSS	1000	4.9	2008	BSS	1000
Belarus	.	.	.	73.04	2009	BSS	1636	56.72	2009	BSS	1636
Georgia	.	.	.	.	.	.	.	5.68	2008	BSS (FHI)	1127
Kazakhstan	98	2004	1.01 (0.77-1.37)	93.87	2009	BSS	4860	55.76	2009	BSS	4860
Kyrgyzstan	8	2007	0.31 (0.24-0.42)	89.22	2009	BSS	900	39.89	2009	BSS	900
Moldova	.	.	.	81.7	2009	BSS (FHI)	328	48.4	2009	BSS (FHI)	326
Romania	.	.	.	.	.	.	.	18.71	2009	BSS (RDS)	449
Russian Federation	.	.	.	82.97	2009	BSS	411	25.56	2009	BSS	450
Tajikistan	.	.	.	64.87	2008	BSS	1355	35.87	2008	BSS	1355
Turkmenistan	.	.	.	.	.	.	.	.	.	.	.
Ukraine	304	2009	1.05(0.84-1.32)	83.2	2009	BSS	6460	25.8	2009	BSS	6460
Uzbekistan	235	2009	2.73 (2.1-3.73)	78.18	BSS	.	4098	33.77	2009	BSS	4098
Western & Central Europe:											
Albania	3	2008	NK	79.1	2008	BSS (RDS)	200	16.5	2008	BSS (RDS)	200
Andorra	.	.	.	.	.	.	.	.	.	.	.
Austria	.	.	.	.	.	.	.	.	.	.	.
Belgium	.	.	.	.	.	.	.	36.22	2007	SS (snowball survey)	312
Bosnia & Herzegovina	.	.	.	78.1	2009	BSS (RDS)	261	30.5	2009	BSS (RDS)	261
Bulgaria	5	2006	NK	83.8	2008	BSS (IBBS)	1414	47.58	2008	BSS (IBBS)	1404
Croatia	.	.	.	.	.	.	.	.	.	.	.
Cyprus	.	.	.	.	.	.	.	.	.	.	.
Czech Republic	53	2007	1.8(1.74-1.86)	.	.	.	.	33.51	2005	BSS	758
Denmark	.	.	.	.	.	.	.	.	.	.	.
Estonia	2	2006	0.14(0.06-0.25)	.	.	.	.	47.07	2007	BSS (RDS)	699
Finland	.	.	.	.	.	.	.	62.82	2009	SS (exit poll study)	694
France	.	.	.	.	.	.	.	.	.	.	.
FYR of Macedonia	7	2008	NK	90.98	2006	BSS	399	43.73	2007	BSS	391
Germany	.	.	.	.	.	.	.	.	.	.	.
Greece	.	.	.	.	.	.	.	.	.	.	.
Hungary	.	.	.	.	.	.	.	100	2009	BSS	590
Iceland	.	.	.	.	.	.	.	.	.	.	.
Ireland	.	.	.	.	.	.	.	.	.	.	.
Israel	.	.	.	.	.	.	.	.	.	.	.
Italy	555	2000	1.74(1.33-2.36)	.	.	.	.	.	.	.	.

	UN Ref Grp			UNGASS	UNGASS	UNGASS	UNGASS	UNGASS	UNGASS	UNGASS	UNGASS
	Number of HIV testing sites	Year	Number of HIV testing sites per 1000 IDUs (range)	Percentage of IDUs who report knowing where you can go if you wish to receive an HIV test	Year of estimate	Data source/ description	N	Percentage of IDUs who received an HIV test in the last 12 months and who know their results	Year of estimate	Data source/ description	N
Latvia	12	2007	NK	.	.	.	.	62.72	2007	BSS	279
Liechtenstein	.	.	No IDU	.	.	.	.	.	.	.	.
Lithuania	72.5	2008	BSS (RDS)	400
Luxembourg	65	2005	SS (time location sampling)	310
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal	35.74	2007	BSS	1693
Romania	18.71	2009	BSS (RDS)	449
San Marino
Serbia	.	.	.	79.69	2008	BSS (IBBS)	320	31.88	2008	BSS	320
Slovakia
Slovenia
Spain	75.6	2007	O (Survey)	.
Sweden	.	.	.	79.92	2009	BSS (SSS)	259	82.24	2009	SSS	259
Switzerland	59.73	2006	SS	817
Turkey
United Kingdom	436 (SN)	2008; 2005	3.14(3.06-3.21)	.	.	.	.	70.24	2008	SS (Unlinked Anonymous Prevalence Monitoring Programme)	2933
South & South-East Asia:											
Afghanistan	22.45	2009	BSS (IBBS)	548
Bangladesh	9	2008	0.27(0.21-0.41)	12.79	2007	BSS	1196	4.18	2007	BSS	1196
Bhutan
Brunei Darussalam
Cambodia	2	2007	1(0.27-2)	53.25	2007	.	169	35.29	2007	O	170
India	.	.	.	76.62	2009	BSS	479	20.67	2009	BSS	479
Indonesia	11	2006	0.05(0.05-0.06)	78.56	2007	BSS (FHI)	1404	44.16	2007	BSS (FHI)	1404
Lao PDR
Malaysia	33.02	.	SS (IBBS)	630
Maldives	17.03	2008	BSS	276
Myanmar	.	.	.	88.66	2008	BSS (RDS)	908	27.31	2008	BSS (RDS)	908
Nepal	21.5	2009	BSS (IBBS)	.
Pakistan	9	2009	0.06(0.05-0.06)	23.36	2008	BSS (IBBS)	2979	11.82	2008	BSS (IBBS)	2979
Philippines	.	.	.	76.51	2009	BSS (Serologic Surveillance)	958	1.46	2009	BSS	959
Singapore
Sri Lanka	31	2008	NK	.	.	.	.	.	.	.	.
Thailand	62.4	2008	BSS (IBBS)	742
Timor Leste

	UN Ref Grp			UNGASS	UNGASS	UNGASS	UNGASS	UNGASS	UNGASS	UNGASS	UNGASS
	Number of HIV testing sites	Year	Number of HIV testing sites per 1000 IDUs (range)	Percentage of IDUs who report knowing where you can go if you wish to receive an HIV test	Year of estimate	Data source/ description	N	Percentage of IDUs who received an HIV test in the last 12 months and who know their results	Year of estimate	Data source/ description	N
Viet Nam	.	.	.	60.17	2010	BSS (IBBS)	2993	17.92	2010	BSS (IBBS)	3036
East Asia:											
China	37.3	2009	O (SSS)	26141
DPR Korea	.	.	No IDU	.	.	.	.	.	.	.	.
Japan
Mongolia
Republic of Korea
Taiwan	184	2009	NK	.	.	.	.	.	.	.	.
Caribbean:											
Antigua & Barbuda	.	.	No IDU	.	.	.	.	.	.	.	.
Bahamas
Barbados	.	.	No IDU	.	.	.	.	.	.	.	.
Bermuda
Commonwealth of Puerto Rico
Cuba	.	.	No IDU	.	.	.	.	.	.	.	.
Dominica	.	.	No IDU	.	.	.	.	.	.	.	.
Dominican Republic
Grenada	.	.	No IDU	.	.	.	.	.	.	.	.
Haiti
Jamaica
Saint Kitts & Nevis	.	.	No IDU	.	.	.	.	.	.	.	.
Saint Lucia	.	.	No IDU	.	.	.	.	16.6	2009	SS	247
Saint Vincent & Grenadines	.	.	No IDU	.	.	.	.	.	.	.	.
Suriname
Trinidad & Tobago	.	.	No IDU	.	.	.	.	.	.	.	.
Central and South America:											
Argentina
Belize	.	.	No IDU	.	.	.	.	.	.	.	.
Bolivia
Brazil	.	.	.	48.64	2009	SS (RDS)	3415	13.17	2009	O (RSD)	3486
Chile
Colombia
Costa Rica
Ecuador
El Salvador
Guatemala
Guyana	.	.	No IDU	.	.	.	.	.	.	.	.
Honduras
Nicaragua
Panama
Paraguay
Peru

	UN Ref Grp			UNGASS	UNGASS	UNGASS	UNGASS	UNGASS	UNGASS	UNGASS	UNGASS
	Number of HIV testing sites	Year	Number of HIV testing sites per 1000 IDUs (range)	Percentage of IDUs who report knowing where you can go if you wish to receive an HIV test	Year of estimate	Data source/ description	N	Percentage of IDUs who received an HIV test in the last 12 months and who know their results	Year of estimate	Data source/ description	N
Uruguay
Venezuela
North America:											
Canada	46.7	2008	BSS (I-TRACK)	3163
Mexico	.	.	.	46.64	2009	BSS	431	31.62	2009	BSS	351
United States	4083	.	2.08(1.49-2.99)	.	.	.	.	.	.	.	.
Oceania:											
American Samoa	.	.	No IDU	.	.	.	.	.	.	.	.
Australia
Fed. States of Micronesia
Fiji
French Polynesia
Guam
Kiribati
Marshall Islands	.	.	No IDU	.	.	.	.	.	.	.	.
Nauru	.	.	No IDU	.	.	.	.	.	.	.	.
New Caledonia
New Zealand
Palau	.	.	No IDU	.	.	.	.	.	.	.	.
Papua New Guinea	0	2008	0	.	.	.	.	.	.	.	.
Samoa
Solomon Islands
Tonga
Tuvalu	.	.	No IDU	.	.	.	.	.	.	.	.
Vanuatu
Middle East and North Africa:											
Algeria
Bahrain
Djibouti
Egypt
Iran, Islamic Republic	175	2008	0.85(0.65-1.15)	.	.	.	.	22.94	2007	BSS	3060
Iraq
Jordan
Kuwait
Lebanon	1	2008	NK	.	.	.	.	.	.	.	.
Libyan Arab Jamahiriya	0	2009	0	.	.	.	.	.	.	.	.
Morocco	2	2008	NK	.	.	.	.	12.5	2005	SS	488
Occupied Palestinian Territories
Oman
Qatar
Saudi Arabia
Somalia	.	.	No IDU	.	.	.	.	.	.	.	.

	UN Ref Grp			UNGASS	UNGASS	UNGASS	UNGASS	UNGASS	UNGASS	UNGASS	UNGASS
	Number of HIV testing sites	Year	Number of HIV testing sites per 1000 IDUs (range)	Percentage of IDUs who report knowing where you can go if you wish to receive an HIV test	Year of estimate	Data source/ description	N	Percentage of IDUs who received an HIV test in the last 12 months and who know their results	Year of estimate	Data source/ description	N
Sudan	0	2007	0	.	.	.	.	.	.	.	.
Syrian Arab Republic
Tunisia	.	.	.	80.31	2009	BSS	711	20.82	2009	BSS (FHI)	711
United Arab Emirates
Yemen
Sub-Saharan Africa:											
Angola	.	.	No IDU	.	.	.	.	.	.	.	.
Benin	.	.	No IDU	80.43	2009	SS	92	25	2009	SS	92
Botswana	0	2005	No IDU	.	.	.	.	.	.	.	.
Burkina Faso	.	.	No IDU	.	.	.	.	.	.	.	.
Burundi	.	.	No IDU	.	.	.	.	.	.	.	.
Cameroon	.	.	No IDU	.	.	.	.	.	.	.	.
Cape Verde	.	.	No IDU	.	.	.	.	.	.	.	.
Central African Republic	.	.	No IDU	.	.	.	.	.	.	.	.
Chad	.	.	No IDU	.	.	.	.	.	.	.	.
Comoros	.	.	No IDU	.	.	.	.	.	.	.	.
Cote d'Ivoire
Dem Rep of the Congo	.	.	No IDU	.	.	.	.	.	.	.	.
Equatorial Guinea	.	.	No IDU	.	.	.	.	.	.	.	.
Eritrea	.	.	No IDU	.	.	.	.	.	.	.	.
Ethiopia	.	.	No IDU	.	.	.	.	.	.	.	.
Gabon
Gambia	.	.	No IDU	.	.	.	.	.	.	.	.
Ghana
Guinea	.	.	No IDU	.	.	.	.	.	.	.	.
Guinea-Bissau	.	.	No IDU	.	.	.	.	.	.	.	.
Kenya	5	2009	0.03(0.02-0.14)	.	.	.	.	.	.	.	.
Lesotho	.	.	No IDU	.	.	.	.	.	.	.	.
Liberia	.	.	No IDU	.	.	.	.	.	.	.	.
Madagascar	.	.	No IDU	.	.	.	.	.	.	.	.
Malawi
Mali	.	.	No IDU	.	.	.	.	.	.	.	.
Mauritania	.	.	No IDU	.	.	.	.	.	.	.	.
Mauritius	39	2009	2.11(2.05-2.17)	.	.	.	.	75.25	2009	BSS (IBBS)	303
Mozambique	.	.	No IDU	.	.	.	.	.	.	.	.
Namibia	.	.	No IDU	.	.	.	.	.	.	.	.
Niger	.	.	No IDU	.	.	.	.	.	.	.	.
Nigeria	.	.	.	56.67	2007	BSS	690	23.19	2007	.	690
Republic of the Congo	.	.	No IDU	.	.	.	.	.	.	.	.
Rwanda	.	.	No IDU	.	.	.	.	.	.	.	.
Sao Tome & Principe	.	.	No IDU	.	.	.	.	.	.	.	.
Senegal

	UN Ref Grp			UNGASS	UNGASS	UNGASS	UNGASS	UNGASS	UNGASS	UNGASS	UNGASS
	Number of HIV testing sites	Year	Number of HIV testing sites per 1000 IDUs (range)	Percentage of IDUs who report knowing where you can go if you wish to receive an HIV test	Year of estimate	Data source/ description	N	Percentage of IDUs who received an HIV test in the last 12 months and who know their results	Year of estimate	Data source/ description	N
Seychelles	.	.	No IDU	.	.	.	.	.	.	.	.
Sierra Leone
South Africa
Swaziland
Togo
Uganda
United Rep of Tanzania
Zambia
Zimbabwe	.	.	No IDU	.	.	.	.	.	.	.	.

BSS = Behavioural Surveillance Survey, IBBS = Integrated biological and behavioural survey, FHI = Family Health International, SS = Special survey, SSS = Sentinel Surveillance System, O = Other, RDS = Response driven sampling

Appendix 1, Table 5: Condom provision and sex-related behaviours

Data from: Reference Group review, Universal Access and UNGASS

UN Ref Grp	UA	UN Ref Grp			UN Ref Grp			UN Ref Group			UNGASS				UNGASS					
		Condom programs targeting IDUs present	Condom programs targeting IDUs present	Number of sites providing condoms specifically for IDUs	Year	Number of sites providing condoms specifically for IDUs per 1000 IDUs	Number of condoms distributed to IDUs in a 12 month period	Year	Number of condoms distributed to IDUs per IDU per year	Number of IDU clients receiving condoms in 12 month period	Year	Percentage of IDUs receiving condoms in 12 month period (range)	Percentage of IDUs receiving condoms in last 12 months	Year	Data source/ description	N	Percentage of IDUs reporting use of condom the last time they had sex	Year of estimate	Data source/ description	N
Eastern Europe and Central Asia:																				
Armenia	Y	Y	NK	2008	NK	NK	2008	NK	NK	2008	NK
Azerbaijan	.	.	.	.	.	.	.	.	.	.	.	2.7	2008	BSS	1000	15.3	2008	BSS	1000
Belarus	Y	Y	56	2006	0.73	1203102	2008	15.73	.	.	.	69.62	2009	BSS	1636	59.43	2009	BSS	1161	
Georgia	Y	.	5	2008	0.04	NK	2008	NK	.	.	.	.	.	.	.	77.85	2008	BSS (FHI)	316
Kazakhstan	Y	Y	146	2007	1.44	2213000	2007	21.80	.	.	.	63.29	2009	BSS	4860	45.94	2009	BSS	2854	
Kyrgyzstan	Y	Y	NK	2007	NK	NK	2007	NK	NK	2007	NK	42	2009	BSS	900	53.48	2009	BSS	531	
Moldova	Y	Y	31	2008	8.86	448682	2008	128.19	.	.	.	9.3	2009	BSS (FHI)	328	35.6	2009	BSS (FHI)	191	
Russian Federation	Y	.	NK	2007	NK	NK	2007	NK	NK	2007	NK	17.52	2009	BSS	411	44.86	2009	BSS	428	
Tajikistan	Y	Y	33	2009	1.78	804482	2008; 2007	44.69	.	.	.	66.49	2008	BSS	1355	28.06	2008	BSS	777	
Turkmenistan	Y	.	2	2005	NK	14688	2005	NK	.	.	.	.	.	.	.	.	.	.	.
Ukraine	Y	.	1301	2009	4.49	4838274	2008	16.63	132278	2008	45.46	35.7	2009	BSS	6460	48.29	2009	BSS	5840	
Uzbekistan	Y	Y	235	2009	2.73	2054334	2008	24.60	.	.	.	40.29	2009	BSS	4098	25.8	2009	BSS	2159	
Western and Central Europe:																				
Albania	Y	Y	3	2008	NK	NK	2008	NK	.	.	.	.	.	.	.	.	.	.	.
Andorra	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Austria	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Belgium	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Bosnia & Herzegovina	Y	N	NK	2007	NK	NK	2007	NK	NK	2007	NK	50.9	2009	BSS (RDS)	260	29.6	2009	BSS (RDS)	176	
Bulgaria	Y	.	NK	2007	NK	NK	2007	NK	NK	2007	NK	61.11	2008	BSS (IBBS)	1404	38.15	2008	BSS (IBBS)	852	
Croatia	.	Y	.	.	.	.	.	.	.	.	.	.	.	.	.	50.45	2008	O (seroprev. study)	111
Cyprus	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Czech Republic	Y	Y	NK	2007	NK	NK	2007	NK	NK	2007	NK	.	.	.	.	.	.	.	.
Denmark	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Estonia	Y	Y	NK	2008	NK	754874	2008	55.92	NK	2008	NK	.	.	.	.	66.47	2008	BSS	856
Finland	Y	.	38	2008	2.38	NK	2008	NK	.	.	.	.	.	.	.	.	.	.	.
France	Y	.	NK	2003	NK	NK	2003	NK	NK	2003	NK	.	.	.	.	.	.	.	.
FYR of Macedonia	Y	Y	15	2007	NK	46902 - 57233	2007	NK	.	.	.	.	.	.	.	50.76	2007	BSS	264
Germany	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Greece	Y	.	7	2006	0.70	11278	2006	1.13	.	.	.	.	.	.	.	.	.	.	.
Hungary	Y	Y	NK	2007	NK	NK	2007	NK	NK	2007	NK	.	.	.	.	.	.	.	.
Iceland	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Ireland	Y	N	33	2008	4.13	NK	2008	NK	.	.	.	.	.	.	.	.	.	.	.
Israel	.	Y	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Italy	Y	.	NK	2006	NK	NK	2006	NK	NK	2006	NK	.	.	.	.	.	.	.	.
Latvia	Y	Y	NK	2007	NK	NK	2007	NK	NK	2007	NK	.	.	.	.	.	.	.	.
Liechtenstein	.	.	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Lithuania	Y	Y	NK	2007	NK	NK	2007	NK	NK	2007	NK	.	.	.	.	.	.	.	.

	UN Ref Grp	UA	UN Ref Grp			UN Ref Grp			UN Ref Group			UNGASS				UNGASS			
	Condom programs targeting IDUs present	Condom programs targeting IDUs present	Number of sites providing condoms specifically for IDUs	Year	Number of sites providing condoms specifically for IDUs per 1000 IDUs	Number of condoms distributed to IDUs in a 12 month period	Year	Number of condoms distributed to IDUs per IDU per year	Number of IDU clients receiving condoms in 12 month period	Year	Percentage of IDUs receiving condoms in 12 month period (range)	Percentage of IDUs receiving condoms in last 12 months	Year	Data source/ description	N	Percentage of IDUs reporting use of condom the last time they had sex	Year of estimate	Data source/ description	N
Luxembourg	.	Y	.	.	.	.	.	.	.	.	.	.	.	.	.	48.6	2008	O (national info network on narcotic drugs & addiction)	142
Malta	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Monaco	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Montenegro	.	Y	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	315
Netherlands	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Norway	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Poland	Y	Y	NK	2007	NK	NK	2007	NK	NK	2007	NK	.	.	.	.	.	.	.	.
Portugal	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	37.57	2008	O (National serological survey)	7349
Romania	Y	Y	NK	2007	NK	37551	2007	NK	NK	2007	NK	.	.	.	.	17	2009	BSS (RDS)	.
San Marino	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Serbia	.	Y	.	.	.	.	.	.	.	.	.	24.38	2008	BSS (RDS)	320	29.33	2008	IBBS (RDS)	208
Slovakia	Y	.	NK	2007	NK	NK	2007	NK	NK	2007	NK	.	.	.	.	.	.	.	.
Slovenia	Y	.	17	2007	2.27	NK	2007	NK	.	.	.	.	.	.	.	.	.	.	.
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	54.89	2008	O (program data)	614
Sweden	.	.	.	.	.	.	.	.	.	.	.	26.64	2009	BSS (SSS)	259	6.58	2010	BSS (SSS)	152
Switzerland	.	Y	.	.	.	.	.	.	.	.	.	.	.	.	.	49.82	2006	O (survey of low threshold)	564
Turkey	.	Y	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
United Kingdom	Y	Y	1523	2007	10.69	NK	2007	NK	.	.	.	.	.	.	.	43.53	2008	BSS (unlinked survey)	834
South and South-East Asia:																			
Afghanistan	.	Y	.	.	.	.	.	.	.	.	.	.	.	.	.	35.02	2009	BSS (IBBS)	237
Bangladesh	Y	Y	93	2008	2.82	2775950	2008	84.12	.	.	.	16.47	2007	BSS	1196	42.71	2007	BSS	665
Bhutan	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Brunei Darussalam	.	N	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Cambodia	Y	Y	2	2007	1.00	76400	2008	38.20	.	.	.	.	.	.	.	.	.	.	.
India	Y	Y	219	2009	1.25	NK	2009	NK	.	.	.	16.91	2009	BSS	479	15.87	2009	BSS	189
Indonesia	Y	Y	NK	2007	NK	NK	2007	NK	NK	2007	NK	52.42	2007	BSS (FHI)	1404	35.77	2007	BSS (FHI)	956
Lao PDR	.	N	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Malaysia	Y	.	130	2008	0.55	8176	2008	0.03	.	.	.	.	.	.	.	27.8	.	SS (IBBS)	313
Maldives	N	N	0	2007	0.00	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Myanmar	Y	Y	NK	2005	NK	NK	2005	NK	NK	2005	NK	56.5	2008	BSS (RDS)	908	77.56	2008	BSS (RDS)	312
Nepal	Y	Y	NK	2007	NK	NK	2007	NK	NK	2007	NK	.	.	.	.	50.8	2009	BSS (IBBS)	.
Pakistan	Y	.	90	2009	0.62	255300	2006	1.91	.	.	.	.	.	.	.	30.84	2008	BSS (IBBS)	1527
Philippines	Y	Y	NK	2008	NK	NK	2008	NK	NK	2008	NK	35.28	2009	BSS	958	22.13	2009	BSS (IBBS)	244
Singapore	N	Y	0	2009	0.00	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Sri Lanka	Y	Y	8	2009	NK	NK	2009	NK	.	.	.	.	.	.	.	.	.	.	.
Thailand	Y	Y	NK	2007	NK	NK	2007	NK	NK	2007	NK	.	.	.	.	41.98	2008	BSS (IBBS)	474
Timor Leste	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Viet Nam	Y	Y	388 - 2038	2008	8.45	NK	2009	NK	.	.	.	21.01	2010	BSS (IBBS)	2879	51.9	2010	BSS (IBBS)	2110

	UN Ref Grp	UA	UN Ref Grp			UN Ref Grp			UN Ref Group			UNGASS				UNGASS			
	Condom programs targeting IDUs present	Condom programs targeting IDUs present	Number of sites providing condoms specifically for IDUs	Year	Number of sites providing condoms specifically for IDUs per 1000 IDUs	Number of condoms distributed to IDUs in a 12 month period	Year	Number of condoms distributed to IDUs per IDU per year	Number of IDU clients receiving condoms in 12 month period	Year	Percentage of IDUs receiving condoms in 12 month period (range)	Percentage of IDUs receiving condoms in last 12 months	Year	Data source/ description	N	Percentage of IDUs reporting use of condom the last time they had sex	Year of estimate	Data source/ description	N
East Asia:																			
China	Y	Y	901	2008	0.38	NK	2008	NK	.	.	.	61.4	2009	O (SSS)	26165	35.8	2009	O (SSS)	8418
DPR Korea	.	.	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Japan	N	.	0	2009	0.00	.	.	0.00	.	.	0.00	.	.	.	.	.	.	.	.
Mongolia	Y	N	1	2008	NK	1440	2008	NK	.	.	.	.	.	.	.	.	.	.	.
Republic of Korea	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Taiwan	Y	.	1103	2009	NK	1329521	2008	NK	.	.	.	.	.	.	.	.	.	.	.
Caribbean:																			
Antigua & Barbuda	.	N	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Bahamas	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Barbados	.	.	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Bermuda	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Commonwealth of Puerto Rico	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Cuba	.	.	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Dominica	.	.	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Dominican Republic	N	N	0	2007	0.00	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Grenada	.	.	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Haiti	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Jamaica	.	Y	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Saint Kitts & Nevis	.	.	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Saint Lucia	.	.	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Saint Vincent & Grenadines	.	.	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Suriname	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Trinidad & Tobago	.	.	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Central and South America:																			
Argentina	Y	N	NK	2003	NK	NK	2003	NK	NK	2003	NK	.	.	.	.	.	.	.	.
Belize	.	N	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Bolivia	N	N	0	2009	0.00	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Brazil	Y	Y	150	2006	0.29	NK	2006	NK	.	.	.	28.55	2009	SS (RDS)	3415	70.12	2009	SS (RDS)	1138
Chile	.	Y	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Colombia	.	N	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Costa Rica	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Ecuador	N	N	0	2009	0.00	.	.	.	.	.	.	.	.	.	.	.	.	.	.
El Salvador	N	.	0	2009	0.00	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Guatemala	.	N	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Guyana	.	N	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Honduras	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Nicaragua	.	N	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Panama	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Paraguay	.	Y	.	.	.	.	.	.	.	.	.	.	.	.	.	21.83	2008	BSS	142
Peru	N	.	0	2009	0.00	.	.	.	.	.	.	.	.	.	.	.	.	.	.

	UN Ref Grp	UA	UN Ref Grp			UN Ref Grp			UN Ref Group			UNGASS				UNGASS			
	Condom programs targeting IDUs present	Condom programs targeting IDUs present	Number of sites providing condoms specifically for IDUs	Year	Number of sites providing condoms specifically for IDUs per 1000 IDUs	Number of condoms distributed to IDUs in a 12 month period	Year	Number of condoms distributed to IDUs per IDU per year	Number of IDU clients receiving condoms in 12 month period	Year	Percentage of IDUs receiving condoms in 12 month period (range)	Percentage of IDUs receiving condoms in last 12 months	Year	Data source/ description	N	Percentage of IDUs reporting use of condom the last time they had sex	Year of estimate	Data source/ description	N
Uruguay	.	Y	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Venezuela	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
North America:																			
Canada	Y	.	>775 (SN)	2009	4.86	>3000000(SN)	2009	51.72	.	.	.	.	.	.	.	39	2008	BSS (I-TRACK)	1926
Mexico	Y	.	NK	2008	NK	735071	2008	NK	12819	2008	NK	41.76	2009	BSS	431	28.15	2009	BSS	1613
United States	Y	.	185	2007	0.09	NK	2007	NK	.	.	.	.	.	.	.	.	.	.	.
Oceania:																			
American Samoa	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Australia	.	.	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	27	2008	O (program data)	1295
Fed. States of Micronesia	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Fiji	N	.	0	2009	0.00	.	.	.	.	.	.	.	.	.	.	.	.	.	.
French Polynesia	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Guam	N	.	0	2008	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Kiribati	.	N	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Marshall Islands	N	.	0	2009	0.00	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Nauru	N	.	0	2008	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
New Caledonia	N	.	0	2009	0.00	.	.	.	.	.	.	.	.	.	.	.	.	.	.
New Zealand	N	.	0	2009	0.00	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Palau	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Papua New Guinea	.	N	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Samoa	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Solomon Islands	N	.	0	2008	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Tonga	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Tuvalu	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Vanuatu	Y	.	185	2005	9.25	NK	2005	NK	.	.	.	.	.	.	.	.	.	.	.
Middle East and North Africa:																			
Algeria	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Bahrain	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Djibouti	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Egypt	Y	.	NK	2007	NK	NK	2007	NK	NK	2007	NK	.	.	.	.	.	.	.	.
Iran, Islamic Republic	Y	.	654	2009	3.11	764364 - 2369166	2008	7.57	.	.	.	11.01	2007	BSS	3053	32.81	.	.	1582
Iraq	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Jordan	.	Y	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Kuwait	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Lebanon	Y	Y	NK	2008	NK	> 4000	2008	NK	NK	2008	NK	.	.	.	.	43.12	2008	BSS (IBBS)	109
Libyan Arab Jamahiriya	N	.	0	2009	0.00	.	.	0.00	.	.	0.00	.	.	.	.	.	.	.	.
Morocco	Y	.	2	2009	NK	3679 (I)	2009	NK	.	.	.	.	.	.	.	13.13	2005	SS (MOH)	495
Occupied Palestinian Territories	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Oman	.	N	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Qatar	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Saudi Arabia	.	N	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

	UN Ref Grp	UA	UN Ref Grp			UN Ref Grp			UN Ref Group			UNGASS				UNGASS			
	Condom programs targeting IDUs present	Condom programs targeting IDUs present	Number of sites providing condoms specifically for IDUs	Year	Number of sites providing condoms specifically for IDUs per 1000 IDUs	Number of condoms distributed to IDUs in a 12 month period	Year	Number of condoms distributed to IDUs per IDU per year	Number of IDU clients receiving condoms in 12 month period	Year	Percentage of IDUs receiving condoms in 12 month period (range)	Percentage of IDUs receiving condoms in last 12 months	Year	Data source/ description	N	Percentage of IDUs reporting use of condom the last time they had sex	Year of estimate	Data source/ description	N
Somalia	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Sudan	N	.	0	2007	0.00	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Syrian Arab Republic
Tunisia	.	Y	.	.	.	.	.	.	.	.	.	.	.	.	.	35.06	2009	SS (FHI)	713
United Arab Emirates	.	N	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Yemen	.	N	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Sub-Saharan Africa:																			
Angola	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Benin	.	N	.	.	No IDU	.	.	No IDU	.	.	No IDU	27.17	2009	SS (survey in community housing)	92	29.63	2009	SS (survey in community housing)	81
Botswana	N	.	0	2009	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Burkina Faso	.	N	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Burundi	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Cameroon	.	N	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Cape Verde	.	Y	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Central African Republic	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Chad	.	N	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Comoros	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Cote d'Ivoire
Dem Rep of the Congo	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Equatorial Guinea	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Eritrea	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Ethiopia	.	N	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Gabon	N	N	0	2009	0.00	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Gambia	.	N	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Ghana	N	.	0	2009	0.00	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Guinea	.	N	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Guinea-Bissau	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Kenya	Y	Y	5	2009	0.03	NK	2008	NK	.	.	.	.	.	.	.	.	.	.	.
Lesotho	.	N	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Liberia	.	N	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Madagascar	.	Y	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Malawi	.	N	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Mali	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Mauritania	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Mauritius	Y	Y	39	2009	2.11	64000	2009	3.46	4900	2009	26.49	.	.	.	30.84	2009	BSS (IBBS)	308	
Mozambique	Y	N	NK	2009	NK	NK	2009	NK	NK	2009	NK	.	.	.	.	.	.	.	.
Namibia	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Niger	.	N	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Nigeria	.	N	.	.	.	.	.	.	.	.	.	48.17	2007	BSS	164	66.19	2007	BSS (IBBS)	281
Republic of the Congo	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Rwanda	.	N	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.

	UN Ref Grp	UA	UN Ref Grp			UN Ref Grp			UN Ref Group			UNGASS				UNGASS			
	Condom programs targeting IDUs present	Condom programs targeting IDUs present	Number of sites providing condoms specifically for IDUs	Year	Number of sites providing condoms specifically for IDUs per 1000 IDUs	Number of condoms distributed to IDUs in a 12 month period	Year	Number of condoms distributed to IDUs per IDU per year	Number of IDU clients receiving condoms in 12 month period	Year	Percentage of IDUs receiving condoms in 12 month period (range)	Percentage of IDUs receiving condoms in last 12 months	Year	Data source/ description	N	Percentage of IDUs reporting use of condom the last time they had sex	Year of estimate	Data source/ description	N
Sao Tome & Principe	.	N	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Senegal	.	N	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Seychelles	.	N	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.
Sierra Leone	.	N	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
South Africa	.	N	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Swaziland	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Togo	Y	N	2	2009	NK	NK	2009	NK	.	.	.	.	.	.	.	.	.	.	.
Uganda	N	N	0	2009	0.00	.	.	.	.	.	.	.	.	.	.	.	.	.	.
United Rep of Tanzania	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Zambia	N	N	0	2009	0.00	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Zimbabwe	.	N	.	.	No IDU	.	.	No IDU	.	.	No IDU	.	.	.	.	.	.	.	.

BSS = Behavioural Surveillance Survey, IBBS = Integrated biological and behavioural survey, FHI = Family Health International, SS = Special survey, SSS = Sentinel Surveillance System, O = Other, RDS = Response driven

Appendix 1, Table 6: Provision of opioid substitution therapy

Data from: systematic reviews by the Reference Group to the UN on HIV and IDU; the 2010 Universal Access data collection process

	UN Ref Grp				UA	UN Ref Grp		UA			UN Ref Grp	UA	UN Ref Grp			UA		
	Is OST available?	Is MMT available?	Is BMT available?	Are other forms of OST available?	Is OST available?	Number of OST sites	Year	Number of OST sites	Year	Data source	Number of OST sites per 1000 IDU (range)	Number of OST sites per 1000 IDU	Number of clients on any OST at census date	Number of clients on any OST at census date per 100 IDUs (range)	Year	Number of people on OST at the end of the reporting period	Percentage of opioid-dependent people on OST	Year
Eastern Europe and Central Asia:																		
Armenia	No	No	No	No	yes	0	2009	1	2009	.	0.00	0.20	0	0.00	2009	33	0.01	2009
Azerbaijan	Yes	Yes	No	.	.	2	2009	.		.	0.01 (0 - 0.01)	.	100-110	0.03 (0.02 - 0.05)	2008; 2009	.	.	
Belarus	Yes	Yes	No	.	yes	1	2008	2	2009	Report on prevention of HIV	0.01 (0.01 - 0.01)	0.03	50 - 52	0.07 (0.06 - 0.07)	2009; 2008	130	0.002	2009
Georgia	Yes	Yes	No	.	.	6 - 12	2008; 2009	.		.	0.07 (0.03 - 0.86)	.	575 - 1000	0.64 (0.25 - 7.14)	2008; 2009	.	.	
Kazakhstan	Yes	Yes	No	.	yes	2	2009	2	2009	.	0.02 (0.01 - 0.03)	0.02	50	0.05 (0.04 - 0.07)	2009	50	0.0004	2009
Kyrgyzstan	Yes	Yes	No	.	yes	14 - 18	2008; 2009	17		.	0.6 (0.4 - 0.92)	0.68	730 - 735	2.76 (2.09 - 3.77)	2009; 2008	990	0.04	
Moldova	Yes	Yes	No	.	yes	9 - 10 (SN)	2008	5	2009	.	2.71 (1.8 - 4)	0.25	209 (SN)	5.97 (4.18 - 8.36)	2008	250	0.01	2009
Russian Federation	No	No	No	No	.	0	2008	.		.	0.00	.	0	0.00	2008	.	.	
Tajikistan	No	No	No	No	yes	0	2009	.		.	0.00	.	0	0.00	2009	.	.	
Turkmenistan	No	No	No	No	.	0	2009	.		.	0.00	.	0	0.00	2009	.	.	
Ukraine	Yes	Yes	Yes	NO	.	79 - 100	2009	.		.	0.31 (0.22 - 0.43)	.	4634	1.6 (1.29 - 2.01)	2009	.	.	
Uzbekistan	NO	No	No	No	yes	0	2009	0		.	0.00	.	0	0.00	2009	0	.	
Western and Central Europe:																		
Albania	Yes	Yes	No	.	yes	1	2008	5	2009	.	NK	.	100 - 110	NK	2009; 2007	258	.	2009
Andorra	.	.	.	.	.	.	.	.		.	.	.	.	.	.	.	.
Austria	Yes	Yes	Yes	Slow-release morphine; Paracodine	.	NK	2007	.		.	NK	.	10452	58.07 (44.48 - 83.62)	2007	.	.	
Belgium	Yes	Yes	Yes	Heroin Assisted Treatment	.	NK	2007	.		.	NK	.	16275	60.28 (55.17 - 67.81)	2007	.	.	
Bosnia & Herzegovina	Yes	Yes	No	.	yes	6 - 8	2008; 2007	5	2009	.	NK	0.63	536	NK	2007	800	0.11	2009
Bulgaria	Yes	Yes	No	Slow-release morphine	.	17	2008	.		.	NK	.	2069 - 2910	NK	2009; 2007	.	.	
Croatia	Yes	Yes	Yes	.	yes	NK	2007	.		.	NK	.	2016	13.44 (3.23 - 23.72)	2009; 2007	3 503	.	2008
Cyprus	Yes	No	Yes	.	.	1	2008	.		.	2 (1 - 2)	.	19 - 71	9 (1.9 - 14.2)	2009; 2007	.	.	
Czech Republic	Yes	Yes	Yes	.	yes	47	2008	90	2009	Data from the National Health Information System	1.57 (1.52 - 1.65)	7.96	4960	16.81 (16.26 - 17.4)	2007	.	.	
Denmark	Yes	Yes	Yes	Heroin Assisted Treatment	.	NK	2007	.		.	NK	.	6300	40.65 (34.05 - 50.4)	2007	.	.	
Estonia	Yes	Yes	Yes	.	yes	8	2008	7	2009	Programmatic data from National HIV/AIDS Prevention Strategy	0.59 (0.23 - 1)	0.51	1044	7.46 (3.03 - 13.05)	2007	.	.	
Finland	Yes	Yes	Yes	.	.	NK	2007	.		.	NK	.	1160 - 1200	7.38 (5.8 - 9.6)	2009; 2007	.	.	
France	Yes	Yes	Yes	Morphine	.	19484	2006	.		.	153.42 (117.37 - 208.39)	.	101781 - 129000	89.8 (60.58 - 136.51)	2007; 2009	.	.	
FYR of Macedonia	Yes	Yes	No	.	yes	9	2008	11	2009	Report GFATM R7	NK	1.10	1108	NK	2008	669	0.07	2009
Germany	Yes	Yes	Yes	Heroin Assisted Treatment	yes	2786 - 6626	2007	2 673	2008	.	50.33 (25.44 - 85.5)	26.73	68800	73.58 (62.83 - 88.77)	2007	72 200	0.72	2008
Greece	Yes	Yes	Yes	.	.	17	2006	.		.	1.7 (1.42 - 2)	.	3650 - 3950	38 (30.42 - 46.47)	2009; 2006	.	.	
Hungary	Yes	Yes	Yes	.	yes	13	2007	.		.	3.25 (2.17 - 6.5)	.	816	20.4 (13.6 - 40.8)	2007	.	.	

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	Is OST available?	Is MMT available?	Is BMT available?	Are other forms of OST available?	Is OST available?	Number of OST sites	Year	Number of OST sites	Year	Data source	Number of OST sites per 1000 IDU (range)	Number of OST sites per 1000 IDU	Number of clients on any OST at census date	Number of clients on any OST at census date per 100 IDUs (range)	Year	Number of people on OST at the end of the reporting period	Percentage of opioid-dependent people on OST	Year
Iceland	Yes	Yes	Yes	.	.	NK	2009	.	.	.	NK	.	15	NK	2009	.	.	.
Ireland	Yes	Yes	Yes	.	yes	332	2007	367	.	.	41.5 (33.2 - 55.33)	.	8029 - 9326	108.47 (76.47 - 155.43)	2009; 2007	.	.	.
Israel	Yes	Yes	Yes	.	yes	NK	2002	13	.	Number of drug therapy centers which offer OST	NK	0.00	530 - 570	NK	2009	3 100	.	.
Italy	Yes	Yes	Yes	.	.	NK	2007	.	.	.	NK	.	112896	34.74 (26.56 - 47.24)	2007	.	.	.
Latvia	Yes	Yes	Yes	.	yes	1 - 9	2008	3	2009	Riga Psychiatry and Narcology Centre	NK	0.14	133 - 230	NK	2009; 2007	155	0.01	2009
Liechtenstein	No IDU	No IDU	No IDU	No IDU	.	.	.	.	.	.	No IDU	.	.	No IDU	.	.	.	.
Lithuania	Yes	Yes	Yes	.	yes	14 - 18	2008	4	2009	Drug control department	3.2 (2.15 - 5.14)	0.93	512	10.24 (7.88 - 14.63)	2008	.	.	.
Luxembourg	Yes	Yes	Yes	Slow-release morphine	yes	NK	2007	101	2009	number of specialised OST sites and licensed MD's prescription practice	NK	50.50	1092	54.6 (43.68 - 72.8)	2007	1 050	0.53	2009
Malta	Yes	Yes	Yes	.	.	≥ 2	2006	.	.	.	NK	.	762 - 1061	NK	2005; 2009	.	.	.
Monaco	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Montenegro	Yes	Yes	-	.	yes	NK	2008	1	.	PHC Yearly Reports	NK	.	48	NK	2008	.	.	.
Netherlands	Yes	Yes	Yes	Heroin Assisted Treatment	.	NK	2006	.	.	.	NK	.	12715	423.83 (282.56 - 508.6)	2006	.	.	.
Norway	Yes	Yes	Yes	.	.	NK	2006	.	.	.	NK	.	5058	36.13 (25.94 - 59.51)	2007	.	.	.
Poland	Yes	Yes	Yes	.	yes	22	2009	16	2009	.	NK	.	1450	NK	2008	.	.	.
Portugal	Yes	Yes	Yes	.	.	NK	2007	.	.	.	NK	.	17780	107.76 (80.82 - 161.64)	2007	.	.	.
Romania	Yes	Yes	Yes	.	yes	6 - 8	2008	12	2009	HIV/AIDS Monitoring and Evaluation Group	NK	0.71	NK	NK	2008	.	.	.
San Marino	Yes	.	.	.	.	NK	2009	.	.	.	NK	.	NK	NK	2009	.	.	.
Serbia	Yes	Yes	.	.	yes	14	2008	15	2009	MoH/Programme data	NK	0.83	1000	NK	2009	1 813	0.10	2009
Slovakia	Yes	Yes	Yes	Slow-release morphine	.	12	2008	.	.	.	0.63 (0.35 - 0.86)	.	470 - 510	2.58 (1.34 - 3.64)	2009; 2008	.	.	.
Slovenia	Yes	Yes	Yes	Slow-release morphine	.	20	2007	.	.	.	2.67 (2.11 - 3.64)	.	2988	39.84 (31.45 - 54.33)	2007; 2009	.	.	.
Spain	Yes	Yes	Yes	Heroin assisted treatment	.	497 - 2229	2009; 2005	.	.	.	14.9 (4.14 - 33.02)	.	78527	84.89 (64.9 - 115.48)	2006	.	.	.
Sweden	Yes	Yes	Yes	.	.	NK	2007	.	.	.	NK	.	3115	NK	2007	.	.	.
Switzerland	Yes	Yes	Yes	Morphine; Slow-release Morphine; Heroin	yes	NK	1997	45	.	Federal office of public health	NK	13.64	NK	NK	1997	18 000	0.72	.
Turkey	No	No	No	No	no	0	2007	0	.	.	0.00	.	0	0.00	2007	.	.	.
United Kingdom	Yes	Yes	Yes	Heroin assisted treatment	yes	NK	2007	.	.	.	NK	.	126666	89.83 (87.96 - 92.12)	2005	.	.	.
South and South-East Asia:																		
Afghanistan	No	No	No	No	no	0	2009	.	.	.	0.00	.	0	0.00	2009	.	.	.
Bangladesh	No	No	No	No	no	0	2009	0	2009	NASP/UNODC	0.00	0.00	0	0.00	2009	.	.	.
Bhutan	No	No	No	No	.	0	2007	.	.	.	0.00	.	0	0.00	2007	.	.	.
Brunei Darussalam	No	No	No	No	no	0	2006	.	.	.	0.00	.	0	0.00	2006	.	.	.
Cambodia	No	No	No	No	no	0	2009	0	2009	.	0.00	.	0	0.00	2009	.	.	.
India	Yes	No	Yes	Morphine; Slow-release Morphine	yes	61 - 63	2009; 2008	50	2009	NACO CMIS	0.35 (0.26 - 0.56)	0.27	6050	3.45 (2.55 - 5.33)	2009	.	.	.
Indonesia	Yes	Yes	Yes	.	yes	35 - 46	2008	49	.	MoH report on MMT program	0.18 (0.14 - 0.24)	0.22	2200	0.99 (0.87 - 1.14)	2009	.	.	.

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Lao PDR	No	No	no	No	no	0	2009	.		.	0.00	.	0	0.00	2009	.	.	
Malaysia	Yes	Yes	Yes	.	.	≥ 95	2009	.		.	0.39 (0.34 - 0.48)	.	4135 - 6538	2.26 (1.5 - 3.34)	2007; 2008	.	.	
Maldives	Yes	Yes	.	.	yes	1	2008	1	2009	.	NK	.	NK	NK	2008	.	.	
Myanmar	Yes	Yes	no	.	yes	7	2009	6	2009	.	0.09 (0.08 - 0.11)	0.08	500	0.65 (0.55 - 0.82)	2009	.	.	
Nepal	Yes	Yes	Yes	.	yes	1 - 2	2008	3	2009	Routine data UNODC	0.05 (0.03 - 0.09)	0.11	125 - 389	0.86 (0.32 - 1.77)	2009	.	.	
Pakistan	No	No	No	No	.	0	2009	.		.	0.00	.	0	0.00	2009	.	.	
Philippines	No	No	no	No	no	0	2009	.		.	0.00	.	0	0.00	2009	.	.	
Singapore	No	No	No	No	no	0	2009	.	2009	.	0.00	.	0	0.00	2009	.	.	
Sri Lanka	Yes	Yes	.	.	no	NK	2007	0	2009	UNODC and national dangerous drug control board	NK	.	NK	NK	2007	.	.	
Thailand	Yes	Yes	Yes	.	yes	147	2009	147	2009	.	0.82 (0.63 - 1.11)	.	NK	NK	2009	.	.	
Timor Leste	No	No	No	No	.	0	2009	.		.	0.00	.	0	0.00	2009	.	.	
Viet Nam	Yes	Yes	no	.	yes	6	2009	7	2009	MOH, VAAC, Routine Reporting system	0.04 (0.03 - 0.06)	0.04	1484	1.01 (0.77 - 1.37)	2009	.	.	
East Asia:																		
China	Yes	Yes	Yes	.	yes	621 - 696	2008; 2009; 2005	680	2009	Nat. HIV/AIDS Comprehensive Intervention & Care Web-based Data System	0.4 (0.21 - 0.38)	1.22	103595 - 104068	4.3 (3.48 - 5.63)	2008; 2009; 2005	.	.	
DPR Korea	No IDU	No IDU	No IDU	No IDU	.	.	.	.		.	No IDU	.	.	No IDU	.	.	.	
Japan	No	No	no	No	.	0	2009	.		.	0.00	.	0	0.00	2009	.	.	
Mongolia	No	No	no	No	no	0	2006	.		.	0.00	.	0	0.00	2006	.	.	
Republic of Korea	No	No	no	No	.	0	2009	.		.	0.00	.	0	0.00	2009	.	.	
Taiwan	Yes	Yes	Yes	No	.	90	2008	.		.	NK	.	12598	NK	2008	.	.	
Caribbean:																		
Antigua & Barbuda	No IDU	No IDU	No IDU	No IDU	no	.	.	.		.	No IDU	.	.	No IDU	.	.	.	
Bahamas	.	.	.	.	.	.	.	.		.	.	.	.	.	.	.	.
Barbados	No IDU	No IDU	No IDU	No IDU	.	.	.	.		.	No IDU	.	.	No IDU	.	.	.	
Bermuda	.	.	.	.	.	.	.	.		.	.	.	.	.	.	.	.
Commonwealth of Puerto Rico	Yes	Yes	.	.	.	6	2009	.		.	0.2 (0.15 - 0.27)	.	5570	18.57 (14.28 - 25.32)	2007	.	.	
Cuba	No IDU	No IDU	No IDU	No IDU	.	0	2009	.		.	No IDU	.	0	0.00	2009	.	.	
Dominica	No IDU	No IDU	No IDU	No IDU	.	.	.	.		.	No IDU	.	.	No IDU	.	.	.	
Dominican Republic	No	No	No	No	no	0	2009	.	2009	.	0.00	.	0	0.00	2009	.	.	
Grenada	No IDU	No IDU	No IDU	No IDU	.	.	.	.		.	No IDU	.	.	No IDU	.	.	.	
Haiti	.	.	.	.	.	.	.	.		.	.	.	.	.	.	.	.
Jamaica	.	.	.	.	no	.	.	.		.	.	.	.	.	.	.	.
Saint Kitts & Nevis	No IDU	No IDU	No IDU	No IDU	.	.	.	.		.	No IDU	.	.	No IDU	.	.	.	
Saint Lucia	No IDU	No IDU	No IDU	No IDU	.	.	.	.		.	No IDU	.	.	No IDU	.	.	.	
Saint Vincent & Grenadines	No IDU	No IDU	No IDU	No IDU	.	0	2009	.		.	No IDU	.	0	0.00	2009	.	.	
Suriname	No	No	No	No	.	0	2009	.		.	0.00	.	0	0.00	2009	.	.	
Trinidad & Tobago	No IDU	No IDU	No IDU	No IDU	.	.	.	.		.	No IDU	.	.	No IDU	.	.	.	
Central and South America:																		
Argentina	No	No	No	No	no	0	2008	.		.	0.00	.	0	0.00	2008	.	.	
Belize	No IDU	No IDU	No IDU	No IDU	no	No IDU	.	.	No IDU	.	.	.	
Bolivia	No	No	No	No	no	0	2009	.		.	0.00	.	0	0.00	2009	.	.	

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Brazil	No	No	No	No	no	0	2008	0	2009	.	0.00	.	0	0.00	2008	.	.	.
Chile	No	No	No	No	no	0	2009	.		.	0.00	.	0	0.00	2009	.	.	.
Colombia	Yes	.	.	.	yes	4	2008	7	2009	MOH programmatic data	NK	.	NK	NK	2008	.	.	.
Costa Rica	.	.	.	.	.	.	.	.		.	.	.	.	.	.	.	.	.
Ecuador	No	No	No	No	no	0	2009	.		.	0.00	.	0	0.00	2009	.	.	.
El Salvador	No	No	No	No	.	0	2009	.		.	0.00	.	0	0.00	2009	.	.	.
Guatemala	.	.	.	.	no	.	.	.		.	.	.	.	.	.	.	.	.
Guyana	No IDU	No IDU	No IDU	No IDU	no	.	.	.		.	No IDU	.	.	No IDU	.	.	.	.
Honduras	.	.	.	.	.	.	.	.		.	.	.	.	.	.	.	.	.
Nicaragua	No	No	No	No	no	0	2009	0	2009	.	0.00	.	0	0.00	2009	.	.	.
Panama	.	.	.	.	.	.	.	.		.	.	.	.	.	.	.	.	.
Paraguay	No	No	No	No	no	0	2008	.		.	0.00	.	0	0.00	2008	.	.	.
Peru	No	No	No	No	.	0	2009	.		.	0.00	.	0	0.00	2009	.	.	.
Uruguay	No	No	No	No	no	0	2008	.		.	0.00	.	0	0.00	2008	.	.	.
Venezuela	.	.	.	.	.	.	.	.		.	.	.	.	.	.	.	.	.
North America:																		
Canada	Yes	Yes	Yes	.	.	NK	2004	.		.	NK	.	NK	NK	2004	.	.	.
Mexico	Yes	Yes	No	.	.	21 - 25	2007	.		.	NK	.	3644	NK	2007	.	.	.
United States	Yes	Yes	Yes	.	.	1433	2007	.		.	0.73 (0.52 - 1.05)	.	253475	12.93 (9.27 - 18.55)	2007	.	.	.
Oceania:																		
American Samoa	No IDU	No IDU	No IDU	No IDU	.	.	.	.		.	No IDU	.	.	No IDU	.	.	.	.
Australia	Yes	Yes	Yes	.	.	2132	2007	.		.	13.89 (10.15 - 23.3)	.	35848	23.35 (17.07 - 39.18)	2007	.	.	.
Fed. States of Micronesia	No	No	No	No	.	0	2009	.		.	0.00	.	0	0.00	2006	.	.	.
Fiji	No	No	No	No	.	0	2006	.		.	0.00	.	0	0.00	2006	.	.	.
French Polynesia	.	.	.	.	.	.	.	.		.	.	.	.	.	.	.	.	.
Guam	.	.	.	.	.	.	.	.		.	.	.	.	.	.	.	.	.
Kiribati	.	.	.	.	no	.	.	0	2009	.	.	.	.	.	.	.	.	.
Marshall Islands	No IDU	No IDU	No IDU	No IDU	.	.	.	.		.	No IDU	.	.	No IDU	.	.	.	.
Nauru	No IDU	No IDU	No IDU	No IDU	.	.	.	.		.	No IDU	.	.	No IDU	.	.	.	.
New Caledonia	.	.	.	.	.	.	.	.		.	.	.	.	.	.	.	.	.
New Zealand	Yes	.	.	.	.	NK	2008	.		.	NK	.	NK	NK	2008	.	.	.
Palau	No IDU	No IDU	No IDU	No IDU	.	0	2009	.		.	No IDU	.	0	0.00	2009	.	.	.
Papua New Guinea	No	No	No	No	no	0	2009	.		.	0.00	.	0	0.00	2009	.	.	.
Samoa	No	No	No	No	.	0	2006	.		.	0.00	.	0	0.00	2006	.	.	.
Solomon Islands	No	No	No	No	.	0	2006	.		.	0.00	.	0	0.00	2006	.	.	.
Tonga	No	No	No	No	.	0	2006	.		.	0.00	.	0	0.00	2006	.	.	.
Tuvalu	No IDU	No IDU	No IDU	No IDU	.	.	.	.		.	No IDU	.	.	No IDU	.	.	.	.
Vanuatu	No	No	No	No	.	0	2006	.		.	0.00	.	0	0.00	2006	.	.	.
Middle East and North Africa:																		
Algeria	No	No	No	No	.	0	2009	.		.	0.00	.	0	0.00	2009	.	.	.
Bahrain	No	No	No	No	.	0	2009	.		.	0.00	.	0	0.00	2009	.	.	.
Djibouti	No	No	No	No	.	0	2009	.		.	0.00	.	0	0.00	2009	.	.	.
Egypt	No	No	No	No	.	0	2008	.		.	0.00	.	0	0.00	2008	.	.	.

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Iran, Islamic Republic	Yes	Yes	Yes	.	.	680 - 1100	2008	.	.	.	4.3 (2.51 - 7.24)	.	NK	NK	2008	.	.	.
Iraq	No	No	No	No	.	0	2009	.	.	.	0.00	.	0	0.00	2009	.	.	.
Jordan	No	No	No	No	no	0	2009	.	.	.	0.00	.	0	0.00	2009	.	.	.
Kuwait	No	No	No	No	.	0	2009	.	.	.	0.00	.	0	0.00	2009	.	.	.
Lebanon	Yes	No	Yes	.	no	1	2009	0	2009	.	NK	.	112	NK	2009	.	.	.
Libyan Arab Jamahiriya	No	No	No	No	.	0	2009	.	.	.	0.00	.	0	0.00	2009	.	.	.
Morocco	No	No	No	No	.	0	2009	.	.	.	0.00	.	0	0.00	2009	.	.	.
Occupied Palestinian Territories	No	No	No	No	.	0	2009	.	.	.	0.00	.	0	0.00	2009	.	.	.
Oman	No	No	No	No	no	0	2009	0	.	.	0.00	.	0	0.00	2009	.	.	.
Qatar	No	No	No	No	.	0	2009	.	.	.	0.00	.	0	0.00	2009	.	.	.
Saudi Arabia	No	No	No	No	yes	0	2009	.	.	.	0.00	.	0	0.00	2009	.	.	.
Somalia	No IDU	No IDU	No IDU	No IDU	.	0	2009	.	.	.	No IDU	.	0	0.00	2009	.	.	.
Sudan	No	No	No	No	.	0	2007	.	.	.	0.00	.	0	0.00	2009	.	.	.
Syrian Arab Republic	No	No	No	No	.	0	2009	.	.	.	0.00	.	0	0.00	2009	.	.	.
Tunisia	No	No	No	.	yes	0	2009	2	2009	National program against HIV / AIDS	0.00	.	0	0.00	2009	.	.	.
United Arab Emirates	Yes	.	.	.	yes	3	2008	2	2009	Num: MOH, National HIV/AIDS Program	NK	.	NK	NK	2008	.	.	.
Yemen	No	No	No	No	no	0	2009	.	.	.	0.00	.	0	0.00	2009	.	.	.
Sub-Saharan Africa:																		
Angola	No IDU	No IDU	No IDU	No IDU	.	.	.	.	.	.	No IDU	.	.	No IDU	.	.	.	.
Benin	No IDU	No IDU	No IDU	No IDU	yes	.	.	0	.	.	No IDU	.	.	No IDU	.	.	.	.
Botswana	No IDU	No IDU	No IDU	No IDU	.	0	2005	0	.	.	No IDU	.	0	0.00	2009	.	.	.
Burkina Faso	No IDU	No IDU	No IDU	No IDU	no	.	.	.	2009	.	No IDU	.	.	No IDU	.	.	.	.
Burundi	No IDU	No IDU	No IDU	No IDU	.	0	2009	.	.	.	No IDU	.	0	0.00	2009	.	.	.
Cameroon	No IDU	No IDU	No IDU	No IDU	no	0	2009	0	2009	.	No IDU	.	0	0.00	2009	.	.	.
Cape Verde	No IDU	No IDU	No IDU	No IDU	no	0	2009	.	.	.	No IDU	.	0	0.00	2009	.	.	.
Central African Republic	No IDU	No IDU	No IDU	No IDU	.	0	2009	.	.	.	No IDU	.	0	0.00	2009	.	.	.
Chad	No IDU	No IDU	No IDU	No IDU	no	.	.	.	.	.	No IDU	.	.	No IDU	.	.	.	.
Comoros	No IDU	No IDU	No IDU	No IDU	.	.	.	.	.	.	No IDU	.	.	No IDU	.	.	.	.
Cote d'Ivoire	No	No	No	No	.	0	2009	.	.	.	0.00	.	0	0.00	2009	.	.	.
Dem Rep of the Congo	No IDU	No IDU	No IDU	No IDU	.	0	2009	.	.	.	No IDU	.	0	0.00	2009	.	.	.
Equatorial Guinea	No IDU	No IDU	No IDU	No IDU	.	0	2009	.	.	.	No IDU	.	0	0.00	2009	.	.	.
Eritrea	No IDU	No IDU	No IDU	No IDU	.	0	2009	.	.	.	No IDU	.	0	0.00	2009	.	.	.
Ethiopia	No IDU	No IDU	No IDU	No IDU	no	0	2009	.	.	.	No IDU	.	0	0.00	2009	.	.	.
Gabon	No	No	No	No	no	0	2009	.	2009	.	0.00	.	0	0.00	2009	.	.	.
Gambia	No IDU	No IDU	No IDU	No IDU	no	0	2009	.	.	.	No IDU	.	0	0.00	2009	.	.	.
Ghana	No	No	No	No	.	0	2009	.	.	.	0.00	.	0	0.00	2009	.	.	.
Guinea	No IDU	No IDU	No IDU	No IDU	no	0	2009	.	2009	.	No IDU	.	0	0.00	2009	.	.	.
Guinea-Bissau	No IDU	No IDU	No IDU	No IDU	.	.	.	.	.	.	No IDU	.	.	No IDU	.	.	.	.
Kenya	Yes	Yes	No	.	no	NK	2009	.	.	.	NK	.	NK	NK	2009	.	.	.
Lesotho	No IDU	No IDU	No IDU	No IDU	no	.	.	.	.	.	No IDU	.	.	No IDU	.	.	.	.
Liberia	No IDU	No IDU	No IDU	No IDU	no	0	2009	.	.	.	No IDU	.	0	0.00	2009	.	.	.
Madagascar	No IDU	No IDU	No IDU	No IDU	no	0	2009	.	.	.	No IDU	.	0	0.00	2009	.	.	.
Malawi	No	No	No	No	no	0	2009	0	2009	.	0.00	.	0	0.00	2009	.	.	.

	UN Ref Grp				UA	UN Ref Grp		UA			UN Ref Grp	UA	UN Ref Grp			UA		
	Is OST available?	Is MMT available?	Is BMT available?	Are other forms of OST available?	Is OST available?	Number of OST sites	Year	Number of OST sites	Year	Data source	Number of OST sites per 1000 IDU (range)	Number of OST sites per 1000 IDU	Number of clients on any OST at census date	Number of clients on any OST at census date per 100 IDUs (range)	Year	Number of people on OST at the end of the reporting period	Percentage of opioid-dependent people on OST	Year
Mali	No IDU	No IDU	No IDU	No IDU	.	.	.	.	.	.	No IDU	.	.	No IDU	.	.	.	.
Mauritania	No IDU	No IDU	No IDU	No IDU	.	.	.	.	.	.	No IDU	.	.	No IDU	.	.	.	.
Mauritius	Yes	Yes	.	Codeine	yes	14	2009	16	2009	National Methadone substitution therapy centre	0.76 (0.74 - 0.78)	1.60	757	4.09 (3.98 - 4.21)	2008	.	.	.
Mozambique	No IDU	No IDU	No IDU	No IDU	no	0	2009	.	.	.	No IDU	.	0	0.00	2009	.	.	.
Namibia	No IDU	No IDU	No IDU	No IDU	.	0	2009	.	.	.	No IDU	.	0	0.00	2009	.	.	.
Niger	No IDU	No IDU	No IDU	No IDU	no	.	.	0	2009	ULSS/MSP	No IDU	.	.	No IDU	.	.	.	.
Nigeria	No	No	No	No	no	0	2005	.	.	.	0.00	.	0	0.00	2005	.	.	.
Republic of the Congo	No IDU	No IDU	No IDU	No IDU	.	.	.	.	.	.	No IDU	.	.	No IDU	.	.	.	.
Rwanda	No IDU	No IDU	No IDU	No IDU	no	.	.	.	.	.	No IDU	.	.	No IDU	.	.	.	.
Sao Tome & Principe	No IDU	No IDU	No IDU	No IDU	no	.	.	0	.	.	No IDU	.	.	No IDU	.	.	.	.
Senegal	Yes	No	Yes	Morphine	no	NK	2009	.	.	.	NK	.	NK	NK	2009	.	.	.
Seychelles	No IDU	No IDU	No IDU	No IDU	no	0	2009	.	.	.	No IDU	.	0	0.00	2009	.	.	.
Sierra Leone	No	No	No	No	no	0	2009	.	.	.	0.00	.	0	0.00	2009	.	.	.
South Africa	Yes	No	Yes	.	no	6	2009	0	.	.	0.02 (0.01 - 0.07)	.	NK	NK	2009	.	.	.
Swaziland	No	No	No	No	.	0	2007	.	.	.	0.00	.	0	0.00	2007	.	.	.
Togo	No	No	No	No	no	0	2009	.	.	.	0.00	.	0	0.00	2009	.	.	.
Uganda	No	No	No	No	no	0	2009	0	2009	.	0.00	.	0	0.00	2009	.	.	.
United Rep of Tanzania	No	No	No	No	.	0	2008	.	.	.	0.00	.	0	0.00	2008	.	.	.
Zambia	No	No	No	No	no	0	2009	.	2009	.	0.00	.	0	0.00	2009	.	.	.
Zimbabwe	No IDU	No IDU	No IDU	No IDU	no	.	.	.	.	.	No IDU	.	.	No IDU	.	.	.	.

Appendix 1, Table 7: Provision of antiretroviral therapy

Data from: systematic reviews by the Reference Group to the UN on HIV and IDU; the 2010 Universal Access data collection process

	UA	UN Ref Grp		UA	UN Ref Grp			
	Antiretroviral therapy for IDUs available?	Number of ARV provision sites	Year	Number of health facilities providing ART	Year	Total number of IDUs receiving ART at census date	Ratio of IDUs on ART: 100 IDUs living with HIV (range)	Year
Eastern Europe and Central Asia:								
Armenia	yes	1	2008; 2009	1	2009	49	18.28 (8.17 - 48.04)	2009
Azerbaijan	.	1	2008	.		NK	NK	2008
Belarus	yes	328	2008	328	2009	50	4.39 (1.68 - 222.76)	2005
Georgia	.	4	2008	.		15 - 265	6.98 (0.35 - 135.2)	2009; 2008
Kazakhstan	yes	23	2009	338	2009	215	2.34 (1.58 - 3.66)	2006
Kyrgyzstan	yes	66	2009	66	2010	38	1.9 (0.86 - 8.56)	2006
Moldova	yes	4	2008	3		176	23.95 (7.86 - 100)	2008
Russian Federation	.	14(I)	2008	.		1331	0.2 (0.08 - 33.22)	2008
Tajikistan	yes	8	2008	12	2009	127	4.67 (2.96 - 8.18)	2009
Turkmenistan	.	.	.	.		.	.	.
Ukraine	.	248	2009	.		1860	1.97 (0.76 - 99.97)	2006
Uzbekistan	yes	19	2008	19	2009	46	0.37 (0.23 - 0.67)	2006
Western and Central Europe:								
Albania	yes	.	.	1	2009	.	.	.
Andorra	.	.	.	.		1	NK	2004
Austria	.	.	.	.		511	41.13 (24.07 - 105.19)	2004
Belgium	.	.	.	.		.	.	.
Bosnia & Herzegovina	yes	3	2008	3	2009	4	NK	2005
Bulgaria	.	.	.	.		5	NK	2006
Croatia	yes	.	.	1	2009	23	25.56 (9.84 - 1302.47)	2006
Cyprus	.	1	2008	.		NK	NK	2008
Czech Republic	yes	.	.	7	2009	12	81.36 (39.34 - 100)	2006
Denmark	.	.	.	.		.	.	.
Estonia	yes	4	2006	5	2009	163	1.61 (0.52 - 3.75)	2005
Finland	.	.	.	.		100	322.58 (188.93 - 830.81)	2004
France	.	.	.	.		.	.	.
FYR of Macedonia	yes	1	2009	1	2009	NK	NK	2008
Germany	yes	200	2008	350	2008	3000	108.89 (63.96 - 278.96)	2002
Greece	.	.	.	.		110	220 (130.95 - 431.37)	2006
Hungary	yes	1	2008	1	2009	NK	NK	2008
Iceland	.	.	.	.		.	.	.
Ireland	no	.	.	.		.	.	.
Israel	yes	.	.	33		.	.	.
Italy	.	150	2008	.		NK	NK	2008
Latvia	yes	1	2008	1	2009	181	NK	2006
Liechtenstein	.	.	.	.		.	No IDU	.
Lithuania	yes	7	2008	7	2009	19	15.83 (6.13 - 845.87)	2006

	UA	UN Ref Grp		UA	UN Ref Grp			
	Antiretroviral therapy for IDUs available?	Number of ARV provision sites	Year	Number of health facilities providing ART	Year	Total number of IDUs receiving ART at census date	Ratio of IDUs on ART: 100 IDUs living with HIV (range)	Year
Luxembourg	yes	.	.	.	.	39	69.64 (42.62 - 174.74)	2002
Malta	.	.	.	.	.	.	NK	2006
Monaco	.	.	.	.	.	.	.	.
Montenegro	yes	.	.	1	2009	.	.	.
Netherlands	.	29	2008	.	.	296	103.86 (56.22 - 226.27)	2006
Norway	.	.	.	.	.	140	32.41 (19.17 - 86.07)	2002
Poland	yes	> 19	2009	19	2009	1372	NK	2007
Portugal	.	.	.	.	.	262	10.18 (5.9 - 21.85)	2004
Romania	yes	53	2008	53	2009	NK	NK	2008
San Marino	.	0	2008	.	.	NK	NK	2008
Serbia	yes	3	2008	4	2009	200	NK	2006
Slovakia	.	.	.	.	.	4	100	2005
Slovenia	.	.	.	.	.	8	26.67 (16.11 - 68.43)	2006
Spain	.	.	.	.	.	39524	107.63 (62.95 - 275.51)	2006
Sweden	.	.	.	.	.	.	.	.
Switzerland	yes	10000	2008	10 000	.	NK	NK	2008
Turkey	yes	.	.	22	2008	.	.	.
United Kingdom	yes	229	2007	246	2009	623	19.49 (10.97 - 76.63)	2003
South and South-East Asia:								
Afghanistan	yes	0	2008	2	2009	NK	NK	2008
Bangladesh	yes	1 - 6	2008; 2009	6	2009	5	1.12 (0.6 - 2.84)	2008
Bhutan	.	6	2008	.	.	NK	NK	2008
Brunei Darussalam	yes	1	2008	1	2009	NK	NK	2008
Cambodia	yes	51	2008	52	2009	NK (few IDU receiving ART)	NK	2007
India	yes	197	2008	490	2009	NK	NK	2008
Indonesia	yes	150	2008	180	2009	5406	5.89 (4.16 - 9.1)	2007
Lao PDR	no	3	2008	5	2009	NK	NK	2008
Malaysia	.	281	2008	.	.	NK (few IDU receiving ART)	NK	2004
Maldives	yes	1	2008	1	2009	NK	NK	2008
Myanmar	yes	53	2008	78	2009	NK	NK	2008
Nepal	yes	23	2008	23	2009	NK	NK	2008
Pakistan	.	12 - 13	2008; 2009	.	.	113	0.37 (0.3 - 0.42)	2009
Philippines	yes	16	2008	23	.	NK	NK	2008
Singapore	yes	6	2009	6	2009	NK	NK	2009
Sri Lanka	yes	5	2009	5	2009	NK	NK	2009
Thailand	yes	1014	2008	1 014	2009	1435	1.91 (1.01 - 3.98)	2007
Timor Leste	.	2	2008	.	.	NK	NK	2008
Viet Nam	yes	207 - 285	2008; 2009	288	2009	1760	3.54 (1.39 - 85.77)	2009
East Asia:								
China	yes	1574	2008	2 514	2009	9300	3.13 (1.63 - 6.32)	2009
DPR Korea	.	.	.	.	.	.	No IDU	.

	UA	UN Ref Grp		UA	UN Ref Grp			
	Antiretroviral therapy for IDUs available?	Number of ARV provision sites	Year	Number of health facilities providing ART	Year	Total number of IDUs receiving ART at census date	Ratio of IDUs on ART: 100 IDUs living with HIV (range)	Year
Japan	.	.	.	.	.	.	.	.
Mongolia	no	2	2008	2	2009	NK	NK	2008
Republic of Korea	.	.	.	.	.	.	.	.
Taiwan	.	41	2008	.	.	826	NK	2008
Caribbean:								
Antigua & Barbuda	yes	.	.	1	.	.	No IDU	.
Bahamas	.	.	.	.	.	.	.	.
Barbados	.	2	2008	2	2009	NK	No IDU	2008
Bermuda	.	.	.	.	.	.	.	.
Commonwealth of Puerto Rico	.	.	.	.	.	.	.	.
Cuba	.	.	.	320	2009	.	No IDU	.
Dominica	.	.	.	1	.	.	No IDU	.
Dominican Republic	yes	60	2007	72	2009	NK	NK	2007
Grenada	.	.	.	3	.	.	No IDU	.
Haiti	.	68	2008	.	.	NK	NK	2008
Jamaica	yes	20	2008	23	2009	NK	NK	2008
Saint Kitts & Nevis	.	.	.	.	.	.	No IDU	.
Saint Lucia	.	.	.	4	2009	.	No IDU	.
Saint Vincent & Grenadines	.	.	.	1	.	.	No IDU	.
Suriname	.	.	.	306	2009	.	.	.
Trinidad & Tobago	.	6	2007	7	2009	NK	No IDU	2008
Central and South America:								
Argentina	yes	549	2008	549	2009	NK	NK	2008
Belize	no	11	2008	11	2009	NK	No IDU	2008
Bolivia	no	11	2008	12	2009	NK	NK	2008
Brazil	yes	662	2009	662	2009	2974	1.18 (0.55 - 4.27)	2006
Chile	yes	62	2008	62	2009	0	NK	2009
Colombia	no	270	2008	.	.	NK	NK	2008
Costa Rica	.	10	2008	6	2009	NK	NK	2008
Ecuador	no	34	2008	34	2009	NK	NK	2008
El Salvador	.	19	2008	.	.	NK	NK	2008
Guatemala	no	17	2008	15	.	NK	NK	2008
Guyana	no	19	2009	19	2010	NK	No IDU	2008
Honduras	.	30	2007	.	.	NK	NK	2008
Nicaragua	no	25	2008	29	2009	NK	NK	2008
Panama	.	13	2008	14	2009	NK	NK	2008
Paraguay	yes	5	2008	6	2009	NK	NK	2008
Peru	.	91	2008	91	2009	NK	NK	2008
Uruguay	yes	.	.	48	2009	.	.	.
Venezuela	.	.	.	61	2009	.	.	.
North America:								
Canada	.	.	.	.	.	.	.	.
Mexico	.	269	2008	.	.	NK	NK	2008

	UA	UN Ref Grp		UA	UN Ref Grp			
	Antiretroviral therapy for IDUs available?	Number of ARV provision sites	Year	Number of health facilities providing ART	Year	Total number of IDUs receiving ART at census date	Ratio of IDUs on ART: 100 IDUs living with HIV (range)	Year
United States	.	.	.	.	.	.	.	.
Oceania:								
American Samoa	.	.	.	.	.	.	No IDU	.
Australia	.	.	.	.	.	518	22.5 (10.19 - 88.53)	2007
Fed. States of Micronesia	.	.	.	.	.	0	0.00	2009
Fiji	.	6	2008	6	.	NK	NK	2008
French Polynesia	.	.	.	.	.	.	.	.
Guam	.	.	.	.	.	0	0.00	2009
Kiribati	no	1	2008	1	2009	NK	NK	2008
Marshall Islands	.	.	.	2	.	.	No IDU	.
Nauru	.	.	.	.	.	.	No IDU	.
New Caledonia	.	.	.	.	.	.	.	.
New Zealand	.	.	.	.	.	.	.	.
Palau	.	.	.	.	.	.	No IDU	.
Papua New Guinea	no	52	2008	55	2009	NK	NK	2008
Samoa	.	.	.	.	.	.	.	.
Solomon Islands	.	.	.	.	.	.	.	.
Tonga	.	.	.	.	.	.	.	.
Tuvalu	.	.	.	.	.	.	No IDU	.
Vanuatu	.	.	.	.	.	.	.	.
Middle East and North Africa:								
Algeria	.	8	2008	.	.	NK	NK	2008
Bahrain	.	.	.	.	.	.	.	.
Djibouti	.	27	2008	27	2009	NK	NK	2008
Egypt	.	5	2008	.	.	NK	NK	2008
Iran, Islamic Republic	.	86	2008	.	.	580	1.91 (0.88 - 7.79)	2007
Iraq	.	12	2009	.	.	NK	NK	2008
Jordan	yes	2	2008	2	2009	NK	NK	2008
Kuwait	.	.	.	.	.	.	.	.
Lebanon	yes	1	2009	1	2009	NK	NK	2008
Libyan Arab Jamahiriya	.	.	.	.	.	.	.	.
Morocco	.	15	2008	.	.	NK	NK	2008
Occupied Palestinian Territories	.	.	.	.	.	.	.	.
Oman	yes	15	2008	15	2009	NK	NK	2008
Qatar	.	.	.	.	.	.	.	.
Saudi Arabia	yes	12	2008	12	2008	NK	NK	2008
Somalia	.	6	2008	7	2009	NK	No IDU	2009
Sudan	.	8	2008	32	2009	NK	NK	2008
Syrian Arab Republic	.	.	.	.	.	.	.	.
Tunisia	yes	4	2009	4	2009	NK	NK	2008
United Arab Emirates	yes	9	2008	9	2009	NK	NK	2008
Yemen	no	3	2008	5	.	NK	NK	2008
Sub-Saharan Africa:								

	UA	UN Ref Grp		UA		UN Ref Grp		
	Antiretroviral therapy for IDUs available?	Number of ARV provision sites	Year	Number of health facilities providing ART	Year	Total number of IDUs receiving ART at census date	Ratio of IDUs on ART: 100 IDUs living with HIV (range)	Year
Angola	.	100	2008	160		NK	No IDU	2008
Benin	no	61	2009	73	2009	NK	No IDU	2008
Botswana	.	.	.	176	2010	.	No IDU	.
Burkina Faso	no	79	2008	82	2009	NK	No IDU	2008
Burundi	.	68	2008	75	2009	NK	No IDU	2008
Cameroon	no	132	1008	140	2009	NK	No IDU	2008
Cape Verde	yes	32	2008	28	2009	NK	No IDU	2008
Central African Republic	.	62	2008	91	2009	NK	No IDU	2008
Chad	no	64	2008	64	2009	NK	No IDU	2008
Comoros	.	1	2008	1	2009	NK	No IDU	2008
Cote d'Ivoire	.	365	2008	.		NK	NK	2008
Dem Rep of the Congo	.	254	2008	303	2009	NK	No IDU	2008
Equatorial Guinea	.	2	2009	.		NK	No IDU	2008
Eritrea	.	14	2008	.		NK	No IDU	2008
Ethiopia	no	420	2008	511	2009	NK	No IDU	2008
Gabon	no	15	2008	16	2009	NK	NK	2008
Gambia	no	9	2008	9	2009	NK	No IDU	2008
Ghana	.	117 - 125	2008; 2009	133	2009	NK	NK	2008; 2009
Guinea	no	34	2009	46	2009	NK	No IDU	2009
Guinea-Bissau	.	22	2007	.		NK	No IDU	2009
Kenya	yes	731	2008	943	2009	38	0.06 (0.03 - 0.31)	2008
Lesotho	no	148	2008	189	2009	NK	No IDU	2009
Liberia	no	18	2009	22	2009	NK	No IDU	2009
Madagascar	yes	31	2008	47		NK	No IDU	2009
Malawi	no	221	2008	377	2009	NK	NK	2008
Mali	.	63	2008	.		NK	No IDU	2009
Mauritania	.	4	2008	.		0	No IDU	2008
Mauritius	yes	2	2009	3	2009	198	10.92 (4.22 - 92.35)	2008
Mozambique	yes	213	2008	220	2009	NK	No IDU	2009
Namibia	.	62	2008	141	2009	NK	No IDU	2009
Niger	no	13	2008	16	2009	NK	No IDU	2009
Nigeria	no	296	2008	393	2009	NK	NK	2008
Republic of the Congo	.	45	2008	45		NK	No IDU	2009
Rwanda	no	195	2008	269	2009	NK	No IDU	2009
Sao Tome & Principe	no	7	2009	8	2009	NK	No IDU	2009
Senegal	no	77	2008	101	2009	NK	NK	2008
Seychelles	yes	1	2008	.		NK	No IDU	2009
Sierra Leone	no	109	2008	116	2009	NK	NK	2008
South Africa	yes	.	.	1 286	2008,2009	.	.	.
Swaziland	.	70 - 72	2008; 2009	89		NK	NK	2008; 2009
Togo	yes	70	2008	115	2009	NK	NK	2008
Uganda	no	336	2008	370	2009	NK	NK	2008
United Rep of Tanzania	.	552	2008	712	2009	NK	NK	2008

	UA	UN Ref Grp		UA	UN Ref Grp			
	Antiretroviral therapy for IDUs available?	Number of ARV provision sites	Year	Number of health facilities providing ART	Year	Total number of IDUs receiving ART at census date	Ratio of IDUs on ART: 100 IDUs living with HIV (range)	Year
Zambia	no	332	2008	447	2009	NK	NK	2008
Zimbabwe	no	282	2008	337		NK	No IDU	2008

Appendix 1, Table 8: Gender disaggregated data reported against UNGASS core indicators

	UNGASS																											
	Prevalence of HIV among IDUs				Percentage of IDUs receiving condoms in last 12 months				Percentage of IDUs reporting use of condom the last time they had sex				Percentage of IDUs who received an HIV test in the last 12 months and who know their results				Percentage of IDUs who report knowing where you can go if you wish to receive an HIV test				% IDUs receiving sterile needles-syringes in last 12 months				% IDUs reporting use of sterile injecting equipment the last time they injected drugs			
	Male		Female		Male		Female		Male		Female		Male		Female		Male		Female		Male		Female		Male		Female	
	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N
Eastern Europe and Central Asia:																												
Armenia	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Azerbaijan	10.27	974	11.54	26	2.77	974	0	26	15.5	974	7.69	26	4.62	974	15.38	26	44.76	974	19.23	26	12.53	974	26.92	26	62.22	974	65.38	26
Belarus	12.69	268	20	45	67.95	1173	73.87	463	56.2	831	67.58	330	56.27	1173	57.88	463	71.95	1173	75.81	463	74	1173	77.97	463	86.76	914	88.41	345
Georgia	2.17	1289	77.85	316	.	.	5.68	1127	48.09	1127	.	.
Kazakhstan	2.75	4034	3.63	826	63.31	4034	63.2	826	45.75	2319	46.73	535	55.8	4034	55.57	826	93.46	4034	95.88	826	70.8	4034	71.55	826	64.6	3737	55.32	770
Kyrgyzstan	16.1	739	6.21	161	39.92	739	51.55	161	54.57	438	48.39	93	38.84	739	44.72	161	89.17	739	89.44	161	41	739	54.04	161	.	.	.	98
Moldova	14.2	261	29.8	40	9	286	8.6	42	40.5	168	12.2	23	49.4	284	41.2	42	81.1	286	87.5	42	13.5	286	17.5	42	99.1	227	100	28
Russian Federation	12.93	348	24.51	102	15	300	24.32	111	46.34	328	40	100	23.28	348	33.33	102	83	300	82.88	111	22	300	30.63	111	84.73	347	76.47	102
Tajikistan	17.59	1205	17.33	150	65.89	1205	71.33	150	25.84	654	39.84	123	36.6	1205	30	150	62.82	1205	81.33	150	77.68	1205	70.67	150	60.97	1035	84.26	108
Turkmenistan	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Ukraine	21.45	4829	27.24	1630	35.22	4830	37.12	1630	49.54	4358	44.6	1482	24.68	4830	29.14	1630	82.61	4830	84.97	1630	40.39	4830	43.99	1630	88.61	4830	83.56	1630
Uzbekistan	11.06	3554	10.29	544	37.93	3554	55.7	544	24.74	1827	31.63	332	33.23	3554	37.32	544	77.49	3554	82.72	544	57.54	3554	66.91	544	81.15	2758	80.95	420
Western and Central Europe:																												
Albania	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Andorra	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Austria	4	.	5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Belgium	.	.	.	.	.	.	.	.	.	.	.	.	34.96	226	39.53	86	.	.	.	.	.	.	.	.	.	.	.
Bosnia & Herzegovina	153	.	.	28.2	231	89.5	231	.	.
Bulgaria	7.45	1141	3.97	277	60.89	1125	61.96	276	36.87	659	42.93	191	47.2	1127	49.27	274	84.6	1136	80.36	275	81.53	1126	80.73	275	86.86	1126	83.58	274
Croatia	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Cyprus	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Czech Republic	0.18	549	0	257	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Denmark	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Estonia	61.55	593	67.62	105	.	.	.	.	65.6	654	112.5	200	44.52	593	61.9	105	.	.	.	.	.	.	.	.	.	.	.
Finland	1.02	488	0	190	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
France	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
FYR of Macedonia	0.75	134	50.68	221	51.16	43	42.31	338	52.83	53	89.7	330	97.1	69	73.37	323	68.63	51
Germany	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Greece	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Hungary	0	424	0	166	.	.	.	.	.	.	.	.	100	424	100	166	.	.	.	.	.	.	.	.	.	.	.
Iceland	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Ireland	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Israel	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Italy	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Latvia	21.68	286	24.79	121	59.6	198	70.37	81	33.57	277	19.35	155	85.12	121	80.42	286
Liechtenstein	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Lithuania	72.64	329	71.83	71	98.18	329	97.18	71
Luxembourg	0.8	127	4.5	44	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Malta	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

	UNGASS																												
	Prevalence of HIV among IDUs				Percentage of IDUs receiving condoms in last 12 months				Percentage of IDUs reporting use of condom the last time they had sex				Percentage of IDUs who received an HIV test in the last 12 months and who know their results				Percentage of IDUs who report knowing where you can go if you wish to receive an HIV test				% IDUs receiving sterile needles-syringes in last 12 months				% IDUs reporting use of sterile injecting equipment the last time they injected drugs				
	Male		Female		Male		Female		Male		Female		Male		Female		Male		Female		Male		Female		Male		Female		
	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	
Monaco	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Montenegro	0	280	0	35	-	-	-	-	-	289	-	26	-	289	-	26	-	-	-	-	-	-	-	-	-	-	-		
Netherlands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Norway	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Poland	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Portugal	13.7	10156	16.08	1828	-	-	-	-	38.98	5946	31.26	1254	34.8	1368	41.08	241	-	-	-	-	-	-	-	-	70.99	1551	58.56	222	
Romania	1.15	349	1	100	-	-	-	-	18	-	12	-	18.34	349	20	100	-	-	-	-	-	-	-	-	86	-	83	-	
San Marino	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Serbia	2.8	250	12.12	66	22.92	253	29.85	67	29.45	163	28.89	45	30.04	253	38.81	67	77.47	253	88.06	67	50.59	253	59.7	67	81.42	253	73.13	67	
Slovakia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Slovenia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Spain	19.49	118	19.51	41	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Sweden	-	-	-	-	25.93	216	30.23	43	8.33	120	0	32	82.41	216	81.4	43	78.7	216	86.05	43	23.15	216	25.58	43	58.43	166	57.58	33	
Switzerland	9.4	564	14.98	207	-	-	-	-	52.64	397	42.41	158	59.18	588	61.29	217	-	-	-	-	-	-	-	-	94.87	409	92.14	140	
Turkey	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
United Kingdom	1.71	2344	1.33	826	-	-	-	-	42.88	653	45.86	181	-	-	-	-	-	-	-	-	-	-	-	-	82.25	1279	77.32	441	
South and South-East Asia:																													
Afghanistan	7.13	547	-	-	-	-	-	-	35.02	237	-	-	22.45	548	-	-	-	-	-	-	16.76	549	-	-	93.98	548	-	-	
Bangladesh	1.57	4892	0.97	103	16.47	1196	-	-	42.71	665	-	-	4.18	1196	-	-	12.79	1196	-	-	78.85	1196	-	-	31.52	1196	-	-	
Bhutan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Brunei Darussalam	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cambodia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
India	9.19	11801	-	-	9.63	270	26.32	209	15.87	189	-	-	8.89	270	35.89	209	65.93	270	90.43	209	12.59	270	25.36	209	83.07	189	90	190	
Indonesia	52.14	957	57.14	42	52	1350	62.96	54	35.8	919	35.14	37	43.48	1350	61.11	54	78.07	1350	90.74	54	75.33	1350	79.63	54	87.78	1350	94.44	54	
Lao PDR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Malaysia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Maldives	0	267	0	9	-	-	-	-	-	-	-	-	15.36	267	66.67	9	-	-	-	-	-	-	-	-	-	73.98	123	28.57	7
Myanmar	36.3	741	-	-	56.5	908	-	-	77.56	312	-	-	27.31	908	-	-	88.66	908	-	-	56.5	908	-	-	80.62	908	-	-	
Nepal	20.67	-	-	-	-	-	-	-	50.8	-	-	-	21.5	-	-	-	-	-	-	-	-	-	-	-	-	99.1	-	-	-
Pakistan	20.75	2979	-	-	-	-	-	-	30.84	1527	-	-	11.82	2979	-	-	23.36	2979	-	-	58.31	2979	-	-	77.34	2979	-	-	
Philippines	-	-	-	-	35.61	893	30.77	65	23.08	234	0	65	1.57	892	0	65	75.81	893	86.15	65	23.74	893	26.15	65	84.32	893	93.85	65	
Singapore	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Sri Lanka	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Thailand	37.96	137	46.15	13	-	-	-	-	44.58	397	28.57	77	60.79	630	71.43	112	-	-	-	-	-	-	-	-	-	62.96	629	64.29	112
Timor Leste	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.3	-	10.7	-
Viet Nam	18.44	13532	-	-	21.01	2879	-	-	51.9	2110	-	-	17.92	3036	-	-	60.17	2993	-	-	44.85	2823	-	-	94.62	3030	-	-	
East Asia:																													
China	9.6	22513	7.5	3578	60.8	22582	65.3	3583	34.5	6958	42.2	1460	35.9	22555	46.4	3586	-	-	-	-	43.2	22539	51.1	3579	71.9	6946	68	779	
DPR Korea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Japan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mongolia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

	UNGASS																											
	Prevalence of HIV among IDUs				Percentage of IDUs receiving condoms in last 12 months				Percentage of IDUs reporting use of condom the last time they had sex				Percentage of IDUs who received an HIV test in the last 12 months and who know their results				Percentage of IDUs who report knowing where you can go if you wish to receive an HIV test				% IDUs receiving sterile needles-syringes in last 12 months				% IDUs reporting use of sterile injecting equipment the last time they injected drugs			
	Male		Female		Male		Female		Male		Female		Male		Female		Male		Female		Male		Female		Male		Female	
	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N
Republic of Korea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Taiwan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Caribbean:																												
Antigua & Barbuda	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Bahamas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Barbados	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Bermuda	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Commonwealth of Puerto Rico	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cuba	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Dominica	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Dominican Republic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Grenada	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Haiti	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Jamaica	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Saint Kitts & Nevis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Saint Lucia	6.03	199	7.41	27	-	-	-	-	-	-	-	-	15.67	217	23.33	30	-	-	-	-	-	-	-	-	-	-	-	
Saint Vincent & Grenadines	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Suriname	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Trinidad & Tobago	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Central and South America:																												
Argentina	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Belize	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Bolivia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Brazil	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Chile	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Colombia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Costa Rica	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Ecuador	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
El Salvador	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Guatemala	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Guyana	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Honduras	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Nicaragua	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Panama	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Paraguay	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Peru	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Uruguay	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Venezuela	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
North America:																												
Canada	13.5	2155	11	1008	-	-	-	-	41.8	1164	34.6	762	44.4	2155	51.7	1008	-	-	-	-	-	-	-	-	-	-	-	
Mexico	4.94	951	4.59	327	40.53	338	46.43	84	29.07	1252	24.93	361	28.52	298	49.06	53	50.3	338	29.76	84	-	-	-	-	38.72	2136	43.14	612

	UNGASS																											
	Prevalence of HIV among IDUs				Percentage of IDUs receiving condoms in last 12 months				Percentage of IDUs reporting use of condom the last time they had sex				Percentage of IDUs who received an HIV test in the last 12 months and who know their results				Percentage of IDUs who report knowing where you can go if you wish to receive an HIV test				% IDUs receiving sterile needles-syringes in last 12 months				% IDUs reporting use of sterile injecting equipment the last time they injected drugs			
	Male		Female		Male		Female		Male		Female		Male		Female		Male		Female		Male		Female		Male		Female	
	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N
United States	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Oceania:																												
American Samoa	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Australia	2.1	1396	0.4	764	-	-	-	-	27	783	25	507	-	1396	-	764	-	-	-	-	-	-	-	-	-	-	-	-
Fed. States of Micronesia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Fiji	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
French Polynesia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Guam	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kiribati	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Marshall Islands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nauru	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Caledonia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Zealand	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Palau	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Papua New Guinea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Samoa	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Solomon Islands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tonga	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuvalu	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Vanuatu	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Middle East and North Africa:																												
Algeria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bahrain	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Djibouti	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Egypt	0.97	413	-	-	-	-	-	-	4.8	250	-	-	-	-	-	-	-	-	-	-	-	-	-	-	40.19	413	-	-
Iran, Islamic Republic	14.42	2815	10.71	84	10.94	2962	13.19	91	32.86	1549	30.3	33	23.15	2968	16.3	92	-	-	-	-	-	-	-	74.81	1981	61.82	55	
Iraq	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jordan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kuwait	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lebanon	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Libyan Arab Jamahiriya	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Morocco	2.05	146	-	-	-	-	-	-	11.72	418	20.78	77	12.86	420	10.29	68	-	-	-	-	-	-	-	6.7	418	11.69	77	
Occupied Palestinian Territories	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Oman	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Qatar	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Saudi Arabia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Somalia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sudan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syrian Arab Republic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tunisia	3.24	648	1.54	65	-	-	-	-	-	-	-	-	21.72	640	12.68	71	-	-	-	-	-	-	-	-	-	-	-	-
United Arab Emirates	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

	UNGASS																											
	Prevalence of HIV among IDUs				Percentage of IDUs receiving condoms in last 12 months				Percentage of IDUs reporting use of condom the last time they had sex				Percentage of IDUs who received an HIV test in the last 12 months and who know their results				Percentage of IDUs who report knowing where you can go if you wish to receive an HIV test				% IDUs receiving sterile needles-syringes in last 12 months				% IDUs reporting use of sterile injecting equipment the last time they injected drugs			
	Male		Female		Male		Female		Male		Female		Male		Female		Male		Female		Male		Female		Male		Female	
	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N
Yemen	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sub-Saharan Africa:																												
Angola	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Benin	4.26	47	0	1	26.97	89	33.33	3	29.49	78	33.33	3	24.72	89	33.33	3	82.02	89	33.33	3	0	89	0	3	31.11	90	33.33	3
Botswana	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Burkina Faso	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Burundi	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cameroon	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cape Verde	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Central African Republic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chad	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Comoros	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cote d'Ivoire	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dem Rep of the Congo	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Equatorial Guinea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Eritrea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ethiopia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gabon	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gambia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ghana	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Guinea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Guinea-Bissau	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kenya	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lesotho	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Liberia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Madagascar	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Malawi	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mali	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mauritania	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mauritius	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mozambique	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Namibia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Niger	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nigeria	4.89	613	20	30	48.37	153	45.45	11	66.02	256	68	25	22.66	653	32.43	37	57.12	653	48.65	37	89.32	646	86.11	36	89.32	646	86.11	36
Republic of the Congo	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rwanda	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sao Tome & Principe	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Senegal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Seychelles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sierra Leone	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
South Africa	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

UNGASS																											
Prevalence of HIV among IDUs				Percentage of IDUs receiving condoms in last 12 months				Percentage of IDUs reporting use of condom the last time they had sex				Percentage of IDUs who received an HIV test in the last 12 months and who know their results				Percentage of IDUs who report knowing where you can go if you wish to receive an HIV test				% IDUs receiving sterile needles-syringes in last 12 months				% IDUs reporting use of sterile injecting equipment the last time they injected drugs			
Male		Female		Male		Female		Male		Female		Male		Female		Male		Female		Male		Female		Male		Female	
value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N
Swaziland	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Togo	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Uganda	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
United Rep of Tanzania	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Zambia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Zimbabwe	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Appendix 1, Table 9: Age disaggregated data reported against UNGASS core indicators

	UNGASS																												
	Prevalence of HIV among IDUs				Percentage of IDUs receiving condoms in last 12 months				Percentage of IDUs reporting use of condom the last time they had sex				Percentage of IDUs who received an HIV test in the last 12 months and who know their results				Percentage of IDUs who report knowing where you can go if you wish to receive an HIV test				% IDUs receiving sterile needles-syringes in last 12 months				% IDUs reporting use of sterile injecting equipment the last time they injected drugs				
	<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years		
	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	
Eastern Europe and Central Asia:																													
Armenia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Azerbaijan	3.73	161	11.56	839	0.62	161	3.1	839	19.25	161	14.54	839	4.97	161	4.89	839	55.9	161	41.84	839	7.45	161	13.95	839	70.81	161	60.67	839	
Belarus	3.85	78	17.02	235	66.98	536	70.91	1100	51.25	400	63.73	761	51.68	536	59.18	1100	71.83	536	73.64	1100	73.88	536	75.73	1100	83	400	89.17	859	
Georgia	0	162	2.48	1127	.	.	.	.	85.07	67	75.9	249	4.93	142	5.79	985	.	.	.	.	.	.	.	.	42.96	142	48.83	985
Kazakhstan	3.59	724	2.78	4136	62.85	724	63.37	4136	60.91	463	43.04	2391	51.24	724	56.55	4136	92.54	724	94.1	4136	68.23	724	71.4	4136	63.13	716	62.99	3791	
Kyrgyzstan	4.76	84	15.32	816	40.48	84	42.16	816	56.67	60	53.08	471	28.57	84	41.05	816	79.76	84	90.2	816	30.95	84	44.61	816	.	60	.	625	
Moldova	10	60	18.2	241	9.6	66	8.8	262	35.1	39	39	152	48.2	66	48.6	260	78.7	66	82.6	262	9.7	66	15	262	99	52	98.9	203	
Russian Federation	11.97	117	16.82	333	3.95	76	20.6	335	53.98	113	41.59	315	34.19	117	22.52	333	72.37	76	85.37	335	14.47	76	26.57	335	86.21	116	81.68	333	
Tajikistan	12.27	163	18.29	1192	73.01	163	65.6	1192	49.45	91	25.22	686	27.61	163	37	1192	60.12	163	65.52	1192	76.07	163	77.01	1192	79.87	149	60.66	994	
Turkmenistan	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Ukraine	10.18	1759	27.68	4700	28.63	1757	38.34	4703	52.83	1575	46.61	4265	21.12	1757	27.56	4703	80.99	1757	84.03	4703	29.25	1757	45.8	4703	89.02	1757	86.71	4703	
Uzbekistan	7.18	404	11.37	3694	41.58	404	40.15	3694	30.1	196	25.37	1963	23.27	404	34.92	3694	74.26	404	78.61	3694	50.25	404	59.72	3694	79	319	81.87	2841	
Western and Central Europe:																													
Albania	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Andorra	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Austria	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Belgium	.	.	.	.	.	.	.	.	.	.	.	.	23.53	51	38.7	261	.	.	.	.	.	.	.	.	.	.	.	.
Bosnia & Herzegovina	.	.	.	.	45.2	31	.	.	.	20	23.2	156	12.1	27	32.2	234	40	31	.	.	37.6	31	.	.	.	27	86.7	234
Bulgaria	8.06	620	5.89	798	55.26	608	65.62	794	43.12	385	34.12	466	40.49	610	52.9	792	83.77	616	83.79	796	75.66	608	85.77	794	83.88	614	87.93	787	
Croatia	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Cyprus	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Czech Republic	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Denmark	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Estonia	59.59	245	64.1	454	.	.	.	.	71.2	507	59.6	349	51.02	245	44.93	454	.	.	.	.	.	.	.	.	.	.	.
Finland	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
France	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
FYR of Macedonia	.	.	0.75	134	.	.	.	.	49.35	77	51.34	187	35.71	112	46.62	281	88.46	156	92.59	243	.	.	.	.	67.27	110	75	264
Germany	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Greece	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Hungary	0	116	0	474	.	.	.	.	.	.	.	.	100	116	100	474	.	.	.	.	.	.	.	.	.	.	.	.
Iceland	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Ireland	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Israel	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Italy	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Latvia	24.76	311	15.63	96	.	.	.	.	.	.	.	.	59.39	229	78	50	.	.	.	.	33.89	298	23.4	94	85.25	122	80.35	285
Liechtenstein	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Lithuania	72.22	72	72.56	328	97.22	72	98.17	328
Luxembourg	0	32	2.16	139	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Malta	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

	UNGASS																											
	Prevalence of HIV among IDUs				Percentage of IDUs receiving condoms in last 12 months				Percentage of IDUs reporting use of condom the last time they had sex				Percentage of IDUs who received an HIV test in the last 12 months and who know their results				Percentage of IDUs who report knowing where you can go if you wish to receive an HIV test				% IDUs receiving sterile needles-syringes in last 12 months				% IDUs reporting use of sterile injecting equipment the last time they injected drugs			
	<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years	
	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N
Monaco	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Montenegro	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Netherlands	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Norway	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Poland	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Portugal	4.91	570	14.42	1162	.	.	.	.	35.71	364	37.65	6961	41.32	121	35.31	1572	.	.	.	.	.	.	.	.	59.03	144	70.41	1656
Romania	1.23	162	1.05	287	.	.	.	.	22	.	15	.	13.58	162	21.6	287	.	.	.	.	.	.	.	.	87	.	84	.
San Marino	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Serbia	0	49	5.62	267	13.46	52	26.49	268	36.84	38	27.65	170	17.31	52	34.7	268	55.77	52	84.33	268	36.54	52	55.6	268	90.38	52	77.61	268
Slovakia	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Slovenia	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Spain	20	15	19.44	144	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Sweden	.	.	.	.	27.91	43	26.39	216	9.68	31	5.79	121	83.72	43	81.94	216	79.07	43	80.09	216	34.88	43	21.3	216	53.85	26	58.96	173
Switzerland	0	56	11.71	726	.	.	.	.	36.17	47	51.29	503	70.49	61	58.94	755	.	.	.	.	.	.	.	.	95.08	61	95.36	755
Turkey	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
United Kingdom	0.98	409	2.12	2172	.	.	.	.	41.84	141	43.87	693	.	.	.	.	.	.	.	.	.	.	.	.	77.86	271	81.57	1449
South and South-East Asia:																												
Afghanistan	7.64	144	6.95	403	.	.	.	.	42.59	54	32.79	183	25	144	21.53	404	.	.	.	.	16.67	144	16.79	405	95.14	144	93.56	404
Bangladesh	0.22	458	1.7	4537	8.54	82	17.06	1114	40.35	57	42.93	608	4.88	82	4.13	1114	13.41	82	12.75	1114	71.95	82	79.35	1114	30.49	82	31.6	1114
Bhutan	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Brunei Darussalam	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Cambodia	.	.	.	.	.	.	.	.	.	.	.	.	36.27	102	33.82	68	53.47	101	52.94	68	.	.	.	.	.	.	.	.
India	.	.	.	.	15.04	133	17.63	346	12.7	63	17.46	126	21.05	133	20.52	346	75.94	133	76.88	346	17.29	133	18.5	346	85.19	108	87.08	271
Indonesia	41.47	340	57.97	659	45.54	437	55.53	967	34.5	258	36.25	698	36.61	437	47.57	967	72.08	437	81.49	967	72.08	437	77.04	967	86.96	437	88.52	967
Lao PDR	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Malaysia	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Maldives	0	108	0	168	.	.	.	.	.	.	.	.	14.81	108	18.45	168	.	.	.	.	.	.	.	.	70.97	62	72.06	68
Myanmar	27.81	187	39.17	554	49.59	365	61.14	543	78.57	140	76.74	172	26.03	365	28.18	543	86.03	365	90.42	543	49.59	365	61.14	543	83.29	365	78.82	543
Nepal	7	.	33.4	.	.	.	.	.	49.3	.	45.3	.	19.3	.	23.3	.	.	.	.	.	.	.	.	.	98	.	100	.
Pakistan	22.49	498	20.4	2481	.	.	.	.	29.17	240	31.16	1287	12.45	498	11.69	2481	22.69	498	23.5	2481	55.62	498	58.85	2481	79.32	498	76.94	2481
Philippines	0.19	526	0.23	430	35.67	527	34.8	431	25.71	105	19.42	139	1.14	526	1.86	430	70.97	527	83.29	431	25.05	527	22.51	431	82.92	527	87.47	431
Singapore	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Sri Lanka	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Thailand	.	.	.	.	.	.	.	.	40	20	42.07	454	56.52	23	62.67	718	.	.	.	.	.	.	.	.	60.87	23	63.23	718
Timor Leste	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Viet Nam	.	.	.	.	17.91	871	22.36	2008	53.59	683	51.09	1427	17.64	890	18.03	2146	46.18	877	65.97	2116	65.27	861	35.88	1962	94.03	888	94.86	2142
East Asia:																												
China	8.3	2557	9.4	2353	55.3	2558	62	2360	37.8	748	35.6	7670	28.4	2559	38.3	2358	.	.	.	.	38	2554	45	23564	61.6	693	72.5	7032
DPR Korea	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Japan	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Mongolia	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

	UNGASS																											
	Prevalence of HIV among IDUs				Percentage of IDUs receiving condoms in last 12 months				Percentage of IDUs reporting use of condom the last time they had sex				Percentage of IDUs who received an HIV test in the last 12 months and who know their results				Percentage of IDUs who report knowing where you can go if you wish to receive an HIV test				% IDUs receiving sterile needles-syringes in last 12 months				% IDUs reporting use of sterile injecting equipment the last time they injected drugs			
	<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years					
	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N				
Republic of Korea			
Taiwan			
Caribbean:																												
Antigua & Barbuda			
Bahamas			
Barbados			
Bermuda			
Commonwealth of Puerto Rico			
Cuba			
Dominica			
Dominican Republic			
Grenada			
Haiti			
Jamaica			
Saint Kitts & Nevis			
Saint Lucia	12.5	8	5.61	214	.	.	.	.	.	.	.	.	22.22	9	16.24	234	.	.	.	.	.	.	.	.	.
Saint Vincent & Grenadines			
Suriname			
Trinidad & Tobago			
Central and South America:																												
Argentina			
Belize			
Bolivia			
Brazil			
Chile			
Colombia			
Costa Rica			
Ecuador			
El Salvador			
Guatemala			
Guyana			
Honduras			
Nicaragua			
Panama			
Paraguay			
Peru			
Uruguay			
Venezuela			
North America:																												
Canada	2.9	345	13.9	2818	.	.	.	.	35.1	262	39.6	1664	48.7	345	46.5	2818	.	.	.	.	.	.	.	.	.
Mexico	2.35	383	5.73	908	42.47	146	40.86	279	31.15	488	26.84	1125	11.54	26	33.23	325	40.41	146	49.1	279	40.14	847	39.51	1901

	UNGASS																											
	Prevalence of HIV among IDUs				Percentage of IDUs receiving condoms in last 12 months				Percentage of IDUs reporting use of condom the last time they had sex				Percentage of IDUs who received an HIV test in the last 12 months and who know their results				Percentage of IDUs who report knowing where you can go if you wish to receive an HIV test				% IDUs receiving sterile needles-syringes in last 12 months				% IDUs reporting use of sterile injecting equipment the last time they injected drugs			
	<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years					
	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N				
United States	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Oceania:																												
American Samoa	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Australia	0	196	1.7	1968	-	-	-	-	32	149	26	1146	-	-	-	-	-	-	-	-	-	-	-	-				
Fed. States of Micronesia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Fiji	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
French Polynesia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Guam	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Kiribati	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Marshall Islands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Nauru	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
New Caledonia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
New Zealand	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Palau	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Papua New Guinea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Samoa	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Solomon Islands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Tonga	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
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Iran, Islamic Republic	9.4	383	15.06	2516	5.66	442	11.91	2611	34.29	210	32.58	1372	16.31	423	24	2637	-	-	-	-	-	-	76.53	294	74.11	1742		
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Jordan	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
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Somalia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
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	Prevalence of HIV among IDUs				Percentage of IDUs receiving condoms in last 12 months				Percentage of IDUs reporting use of condom the last time they had sex				Percentage of IDUs who received an HIV test in the last 12 months and who know their results				Percentage of IDUs who report knowing where you can go if you wish to receive an HIV test				% IDUs receiving sterile needles-syringes in last 12 months				% IDUs reporting use of sterile injecting equipment the last time they injected drugs			
	<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years	
	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N
Yemen	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Sub-Saharan Africa:																												
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Benin	4.76	21	3.7	27	31.58	19	26.03	73	60	5	27.63	76	26.32	19	24.66	73	57.89	19	86.3	73	0	19	0	73	25.81	31	33.87	62
Botswana	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Burkina Faso	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
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Niger	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Nigeria	2.86	105	6.13	538	32.5	40	53.23	124	70.11	87	64.43	194	19.82	111	23.83	579	81.08	111	51.99	579	85.45	110	89.86	572	85.45	110	89.86	572
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Rwanda	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
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Senegal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
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Sierra Leone	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
South Africa	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

	UNGASS																											
	Prevalence of HIV among IDUs				Percentage of IDUs receiving condoms in last 12 months				Percentage of IDUs reporting use of condom the last time they had sex				Percentage of IDUs who received an HIV test in the last 12 months and who know their results				Percentage of IDUs who report knowing where you can go if you wish to receive an HIV test				% IDUs receiving sterile needles-syringes in last 12 months				% IDUs reporting use of sterile injecting equipment the last time they injected drugs			
	<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years		<25 years		≥25 years	
	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N	value	N
Swaziland
Togo
Uganda
United Rep of Tanzania
Zambia
Zimbabwe

Appendix 2: Evidence supporting HIV prevention interventions

Needle and syringe programs

By increasing the amount of clean equipment in circulation, and minimising the time that infected needles remain in circulation, the number of unsafe injections can be reduced^{1 2}. A number of different distribution models have been developed: free needle and syringe programmes (NSP), through fixed and outreach models; vending machines selling injecting equipment; sales of injecting equipment, commonly through pharmacies; and distribution of equipment by drug injectors themselves and their peers³⁻⁵.

NSPs are the most often studied models. There is strong evidence that NSPs reduce injecting risk^{3 4 6}, though there is less direct evidence on their impact on HIV incidence^{3 4}. The impact of NSPs is likely to be proportional to the volume of needles-syringes distributed and entering circulation⁷⁻⁹, and the proportion of IDUs receiving sufficient sterile syringes to cover all injections^{10 11}.

Voluntary drug treatment for dependent drug users

By reducing drug use, and therefore injection frequency, effective interventions for drug dependence can reduce unsafe injection³.

Agonist and antagonist pharmacotherapy

The mainstay of treatment for opioid dependence is opioid substitution therapy (OST). OST reduces overall injecting, and increases safe injecting¹²⁻¹⁴, and is associated with improved health and social functioning^{15 16}. Higher doses and longer treatment are associated with greater reductions in drug use and HIV risk^{13 15 17-21}, and outcomes are improved if OST is delivered alongside psychosocial interventions¹⁵. Methadone and buprenorphine are listed on the WHO's *List of Essential Medicines* for treatment of opioid dependence²², given strong evidence of their effectiveness^{14 17}. Heroin-assisted treatment (medical prescription of diamorphine with supervised self-administration), with psychosocial support, may be effective in reducing illicit heroin use with clients who have repeatedly failed in other OST²³.

Despite considerable research, there is no evidence that current pharmacotherapies for cocaine or meth/amphetamine dependence are effective²⁴⁻²⁷. Opioid *antagonist* pharmacotherapy, namely oral naltrexone is efficacious *during* treatment²⁸, but low client interest, daily dosing, and high dropouts limit effectiveness. A Cochrane review concluded it did not retain patients or reduce relapse compared to placebo²⁸. One controlled trial of implantable naltrexone has been conducted²⁹; a Cochrane review concluded there is insufficient controlled evidence on its effectiveness²⁷.

Psychosocial treatments for drug dependence

Non-pharmacological treatments are commonly delivered to treat all forms of drug dependence, and may be delivered through a range of modalities including therapeutic communities, cognitive behavioural treatment and other psychologically based interventions. Psychosocial interventions can be delivered one-on-one; in groups of clients; or, if users have a sexual partner, in couples. The strongest evidence of effectiveness for treatment of psychostimulant dependence exists for cognitive behavioural therapy and contingency management³⁰, though the specific elements vary widely across studies, making it difficult to know which specific elements are most effective³⁰.

Detoxification

Detoxification from drug use is a common intervention to address drug use. Medically supervised detoxification, conducted in an inpatient setting and involving medications to reduce discomfort (either symptomatic relief, or for opioid detoxification, tapering doses of substituted opioid medication), is efficacious for ensuring completed detoxification^{15 31 32}. Given very high relapse rates, detoxification is not recommended as a standalone intervention for sustained abstinence but should rather be offered in conjunction with other evidence based treatment¹⁵.

Compulsory detention as a drug use intervention

In some countries, most notably in Asia, extrajudicial systems exist, with detention of drug users in closed settings, typically operated by military, government security or police, for what is claimed to be treatment of drug use³³⁻³⁶. However, drug dependence is seldom an entry criterion and rarely medically confirmed, so entrants may not require drug treatment. There is typically no appeal process; release is after set terms considered longer than clinically warranted, or based on unrelated outcomes³⁴. Detainees are often forced to comply with non-evidence-based interventions³³⁻³⁷; evidence-based, effective drug treatment and HIV prevention is rarely delivered^{33 34 36 38}. Detoxification is rarely medically-assisted, treatment is rarely supervised by health personnel, and conditions in some facilities have been described as overcrowded and unsanitary³⁴.

Increasing evidence suggests that HIV risk behaviours occur within such settings^{35 36}, with claims that risk might be elevated compared to in the community³⁴. High relapse and re-entry (70-100%) suggest sustained reductions in drug use do not result³⁴ and there is no evidence of reduced HIV incidence. External evaluations have concluded that there may be adverse impacts upon drug use and HIV risk³⁵, in addition to human rights violations^{34-37 39}. In some countries, this is the most common intervention, so resources are not used for effective HIV prevention.

Table A2.1: Compulsory detention as an intervention for drug use

	Nature of compulsory detention	No. detained (12 months)	No. detained at a single point in time	Number in OST at a single point in time	No. in other drug treatment
Brunei Darussalam	1 mandatory drug rehabilitation facility ⁴⁰	NK ^(D)	NK ^(D)	0 ^(D)	-
Cambodia	14 compulsory military-style camps ⁴¹	1505 - 1719 ^(C)	NK ^(C)	0 ^(A)	NK ^(B)
China	700 compulsory detoxification settings; 300 re-education through labour camps ⁴²	300,000 ^(D)	NK ^(D)	94,973 ^(B)	NK ^(C)
Iran	Temporary compulsory drug treatment centres ⁴³	NK ^(A)	NK ^(A)	108,000 * ^(B)	231101 ^(C)
Lao PDR	7 compulsory drug rehabilitation centres, involving drug detoxification ^{40 44}	NK ^(B)	833 ^(B)	0 ^(A)	3500 ^(E)
Malaysia	28 compulsory drug treatment centres ³⁴	NK ^(A)	6848 ^(A)	4,135 ^(C) -6,538 ^(B)	1685 ^(F)
Myanmar	26 "major" and 40 "minor" centres ³³	1492 ^(E)	NK ^(E)	500 ^(A)	NK
Taiwan	28 compulsory Drug treatment Centres ^{45 46}	14398 ^(B)	3612 ^(B)	12,598 ^(B)	242 ^(A)
Thailand	90 compulsory rehabilitation sites ⁴⁷	40,680 ^(B)	NK ^(B)	4,150-4,696 * ^(B)	NK ^(F)
Turkmenistan	1 compulsory detention site ^{48 49}	6546 ^(D)	NK ^(D)	0 ^(A)	16513 ^(B)
Viet Nam	109 centres, with entry via committal by family, the community, or arrest for a positive urine test, drug possession or report of drug use ³⁴	NK ^(B)	> 60,000 ^(B)	1484 ^(A)	NK ^(A)

The data in this table were collected from a systematic review undertaken in 2009⁵⁰. Reproduced (with permission from Elsevier) from: Degenhardt et al, 2010⁵¹. The countries listed in this table were those for which compulsory detention as a drug-use intervention was identified. This is distinct from imprisonment following arrest and sentencing for a criminal offence, which is *not* featured here. Year of data: ^(A) = 2009; ^(B) = 2008; ^(C) = 2007; ^(D) = 2006; ^(E) = 2005; ^(F) = 2004; ^(G) = 2003; ^(H) = 2002. * Number of clients in 12-month period. Numbers of clients in other forms of drug treatment are known underestimates: although multiple interventions were often reported, the number of clients in each form of treatment was rarely known.

HIV testing and counselling (HTC)

Testing and notifying IDUs of their HIV status is an important step in allowing IDUs to make informed decisions about their behaviours, and to be referred for care, treatment and other screening (such as for viral hepatitis)⁵². There is some evidence to suggest that HIV testing and counselling (HTC) itself may be associated with lower levels of injecting and some sexual risk behaviours^{53 54}. The context in which testing occurs is important: testing without access to risk-reduction information, safe sex and safe injecting materials, or access to ART for those who are HIV-positive and require treatment, is not likely to be effective in reducing HIV or its impact in reducing HIV transmission⁵². Further counselling and information offered to IDUs should be tailored to the social and legal challenges faced by IDUs.

Antiretroviral therapy (ART)

Member states have committed to achieving universal access to antiretroviral therapy (ART) for all people living with HIV in need of treatment. ART is essential to reduce AIDS-related mortality and morbidity and must be available to HIV-positive IDUs when clinically indicated^{55 56}. Recent guidance from WHO recommend early initiation of treatment, when CD4 counts are <350 cells/ μ L⁵⁷.

There is increasing evidence that antiretroviral treatment (ART) lowers viral load and reduces HIV transmission among serodiscordant sexual partners^{58 59}. Recent observational evidence also

suggests that lower viral loads are associated with reduced HIV-incidence among IDUs⁶⁰. Mathematical models, though untested in the field, suggest that universal initiation of treatment could eliminate new infections⁶¹ (see further discussion in the later section on combination interventions).

Numerous studies have demonstrated that IDUs can obtain the same benefit from ART as other people with HIV, with no higher levels of drug resistance developing⁶². Further, by providing drug dependence treatment, such as OST for opioid dependent people, as well as peer and psychosocial support, adherence to ART and treatment outcome IDUs can be enhanced^{63 64}. Availability and accessibility of ART for IDUs need not be contingent, however, upon drug use or drug treatment status. Directly observed ART treatment for IDUs receiving OST, at NSPs or in specialised residential facilities, has been demonstrated as an effective method of improving adherence to ART^{65 66}.

Reducing sexual risk

It is uncertain what proportion of incident HIV cases among IDUs is attributable to sexual transmission. Some evidence exists that sexual transmission is an important cause of HIV among injectors⁶⁷, and it is certainly an important risk for the non-injecting partners of IDUs. Reducing sexual risk behaviours in this group is therefore a priority.

Sexual risk reduction strategies are well studied in other populations^{68 69}. Condom provision, combined with education (often using peer interventions), has been found to reduce unprotected sex in other populations⁶⁹. Treatment of STIs for a range of populations including men attending STI clinics, and sex workers, suggest reductions in STIs and HIV incidence might occur following treatment^{69 70}. Although not directly examined among IDU populations, there is reason to expect that it would have a similar impact.

US evidence suggests behavioural interventions lead to reductions in unprotected sex among drug users⁷¹, including those who are HIV-positive⁷². A recent Cochrane review concluded that multiple-session interventions were no more effective than single-session interventions in reducing sexual risk, so single-session interventions were more cost-effective⁷³. Limited evidence supports couples-based interventions to reduce sexual risk⁷⁴. Network and peer-led interventions have been found to be effective *and* cost effective in reducing sexual risk⁷⁵. OST has been found to reduce some sexual risk behaviours (e.g. multiple sexual partners) but not others (e.g. extent of condom use)¹².

Reducing HIV incidence

At first glance that interventions reducing self-reported injecting or sexual risk would reduce HIV incidence. The relationship is more complex, however: many studies show only modest associations

between reported needle-sharing and HIV infection⁷⁶, high rates of HIV are recorded among IDU that report “never sharing”^{77 78}, which may in part be due to a reluctance to report sharing behaviours. A potentially non-linear relationship may exist between changes in sharing frequency and HIV transmission⁷⁹. The level of background risk (i.e. HIV prevalence and distribution in a community, determining the likelihood of shared equipment being contaminated) may also lead to “risk redundancy”: if infection risk is sufficiently high, reduction but not elimination of risk behaviours may not be sufficient to reduce infection. Furthermore, HIV incidence is not often measured, and limited statistical power would inhibit attempts to detect an impact in many studies.

In heterosexual populations, consistent condom use has been estimated to reduce HIV incidence by 80%⁸⁰. Ecological data suggest OST and NSP expansion are associated with reductions in HIV incidence among IDUs^{3 4 81}, though individual effects and intervention dose or coverage are rarely examined^{3 4}.

Lowering viral load through ARV delivery may reduce HIV incidence between serodiscordant sexual partners by up to 90%^{82 83}; expert consensus statements endorsed by WHO argue for research to investigate HAART as HIV prevention, given its effects upon HIV viral load⁵⁶. Provision of ART could therefore also reduce HIV incidence among IDUs^{84 85}. Recent prospective cohort evidence found that IDU community-level plasma HIV-1 RNA concentration predicted community-level HIV incidence among IDUs after adjusting for injecting and sexual risk, a decline that occurred as ART coverage increased from 43-70%, and as proportions treated with HAART increased from 8-99%⁸⁶.

Following known exposure to HIV, post-exposure prophylaxis (PEP) prevents HIV infection if administered correctly and in time (within 72 hours of exposure)⁸⁷. Wider access to PEP for IDUs has been advocated⁸⁸, but not empirically studied. A Cochrane review concluded that use of *pre*-exposure prophylaxis (PrEP) could not yet be recommended in any at-risk group, including IDUs, because of the limited evidence on effectiveness available⁸⁹; however, more recent controlled trial evidence with men who have sex with men suggested that PrEP reduced HIV incidence by 44%⁹⁰.

Combination interventions in HIV prevention

None of the interventions described above reduces injecting, injecting risk, sexual risk *and* HIV infectivity. Reviews of HIV prevention note that combining interventions is more likely to have an impact^{3 91 92}, and cohort and modelling studies suggest the impact of NSP and OST on HIV incidence among IDUs may be minimal if delivered as ‘stand-alone’ interventions^{11 93}. Conversely, there may be an ‘enhanced impact’ relationship between participation in OST and ART whereby OST assists those who are HIV-positive to stabilise across multiple domains^{81 94-97}, and increases adherence to ART⁹⁸⁻¹⁰². There has been little empirical evaluation of the impact of combined approaches on HIV

transmission^{3 4 51 91 92}. Evaluations of multi-component HIV prevention programs have demonstrated reductions in HIV risk but impact on HIV incidence is less studied³.

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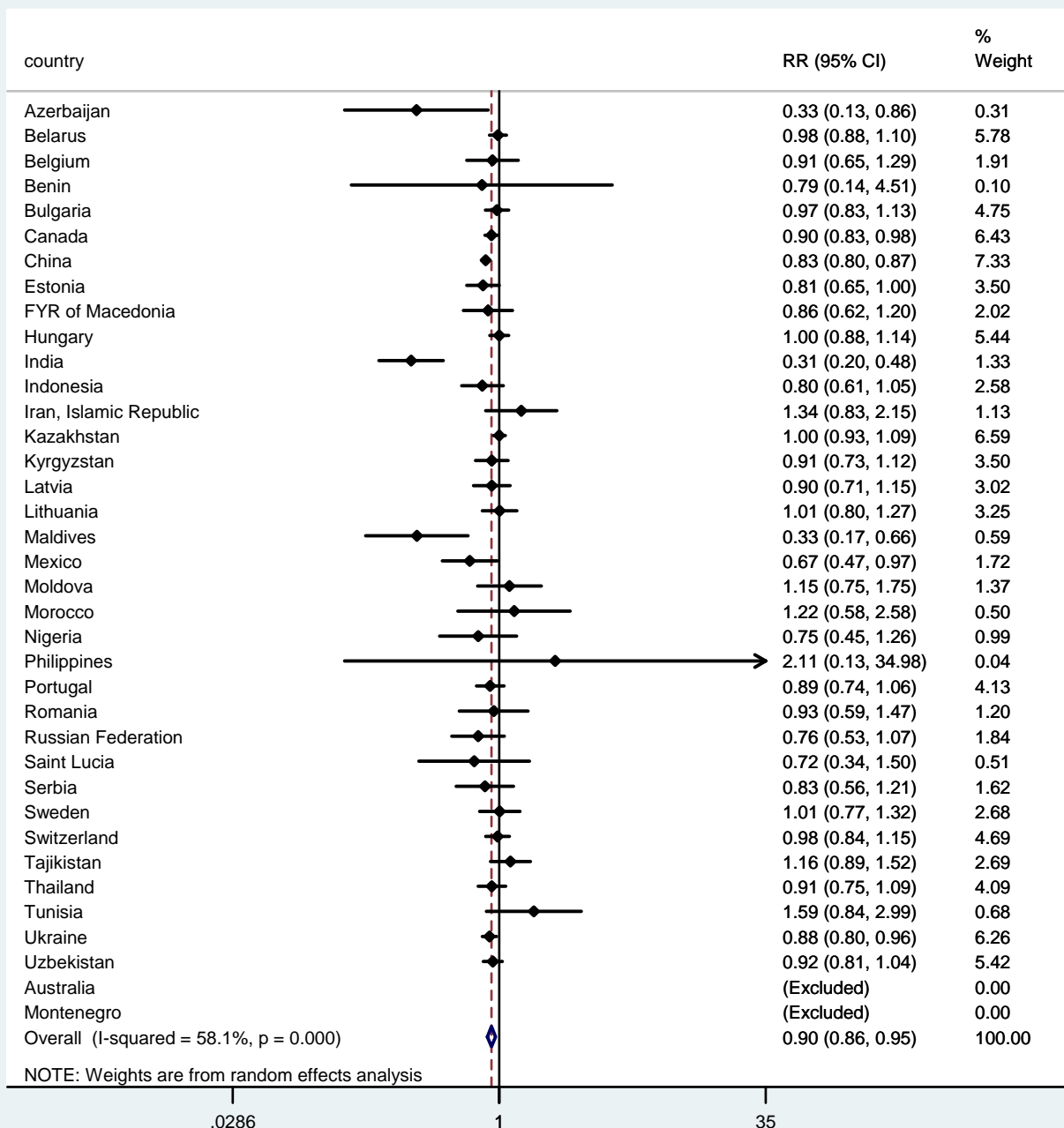
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Appendix 3

Appendix 3, Figure 1

Forest plot: meta-analysis of male/female relative risk

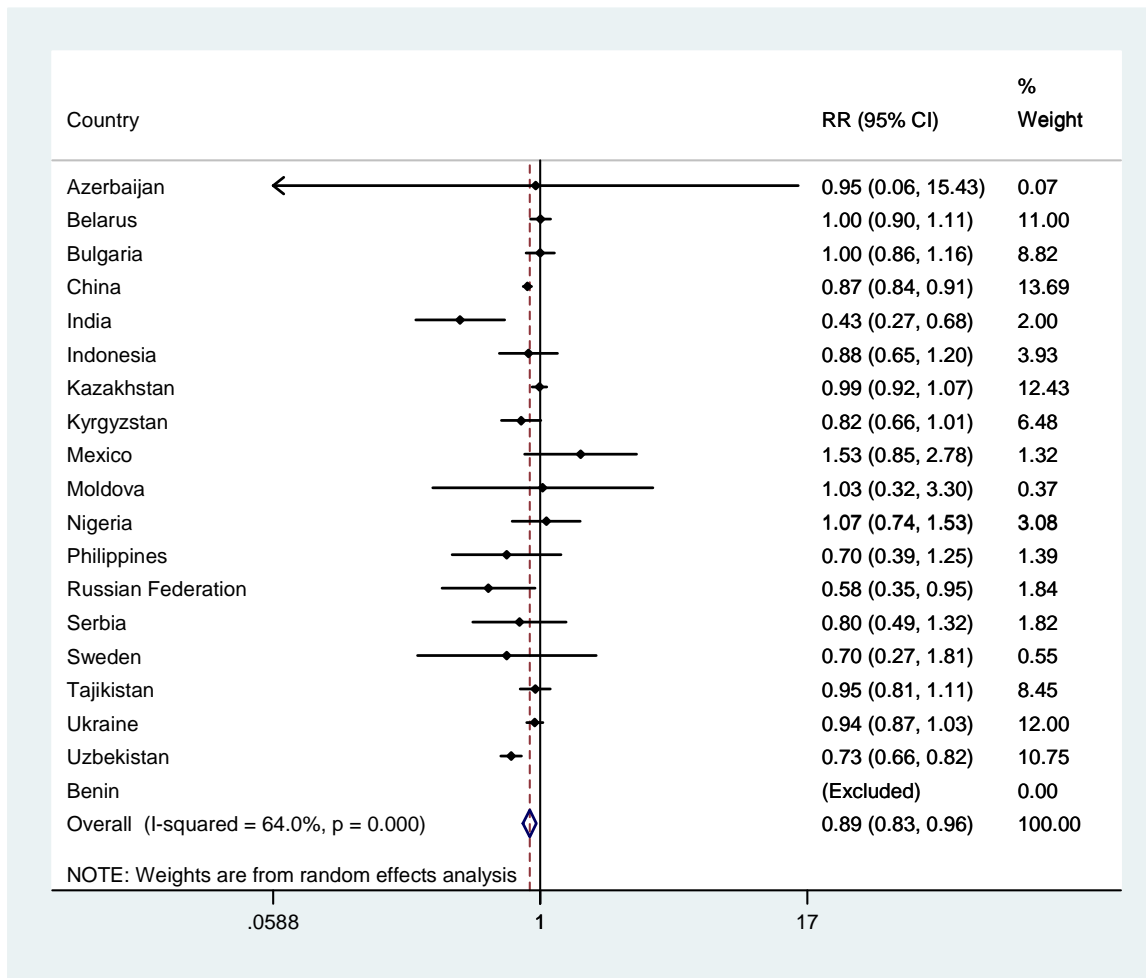
UNGASS core indicator 8: Percentage of IDUs who received an HIV test in the last 12 months and who know their results



Appendix 3, Figure 2

Forest plot: meta-analysis of male/female relative risk

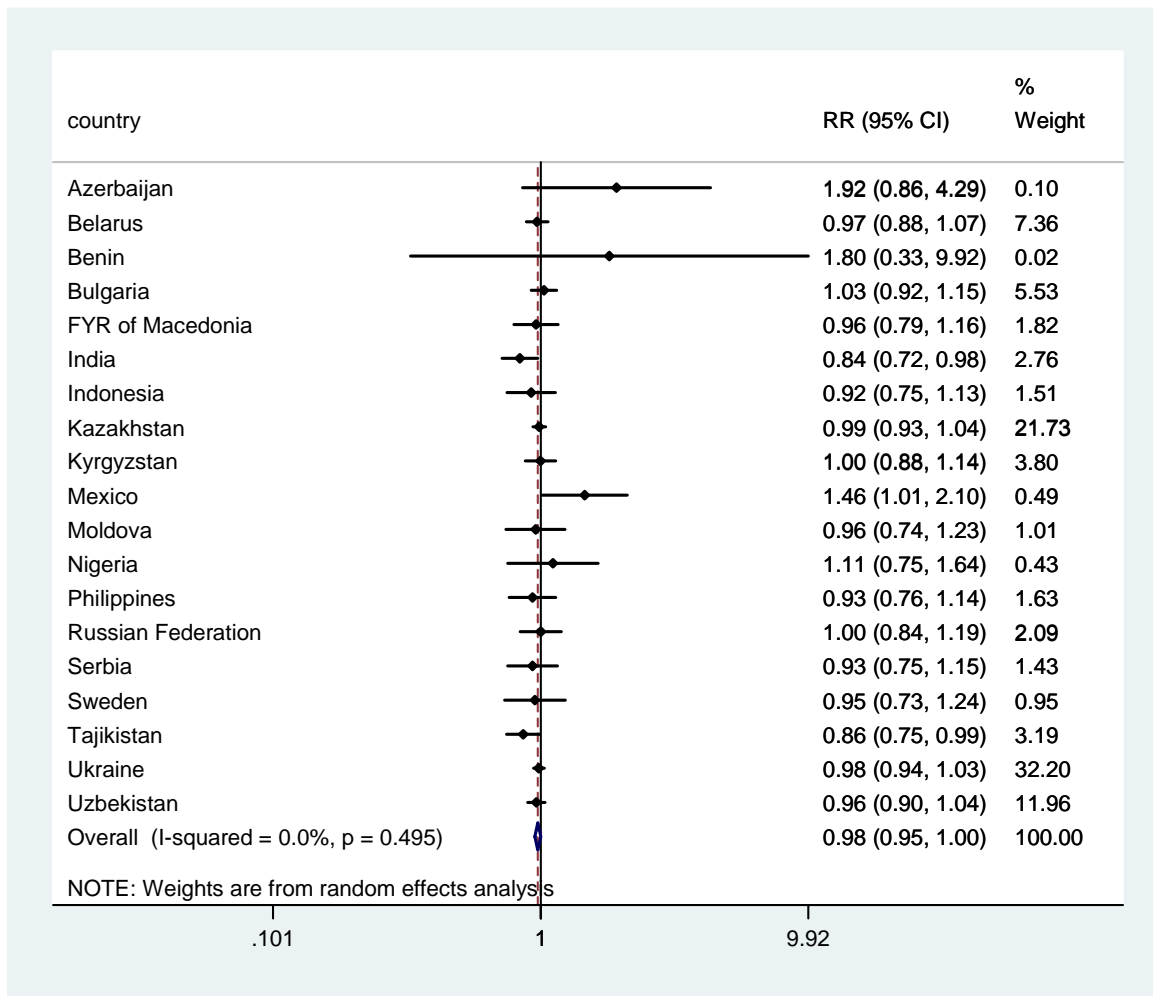
UNGASS core indicator 9 (aggregated): Percentage of IDUs reached with HIV prevention programmes (respondents answering "yes" to questions for indicators 9.1, 9.2 and 9.3)



Appendix 3, Figure 3

Forest plot: meta-analysis of male/female relative risk

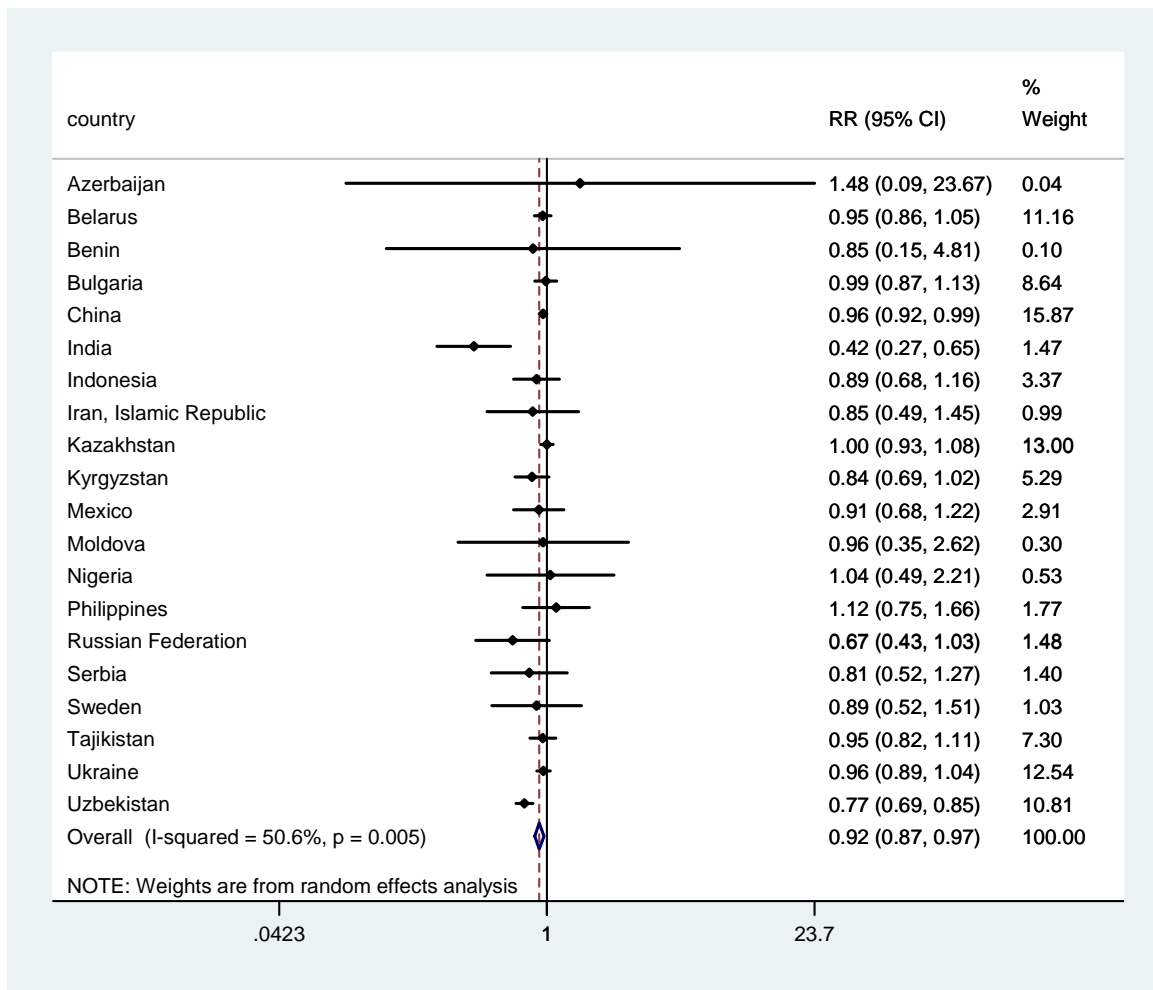
UNGASS core indicator 9.1: Percentage of IDUs who know where to go to receive an HIV test



Appendix 3, Figure 4

Forest plot: meta-analysis of male/female relative risk

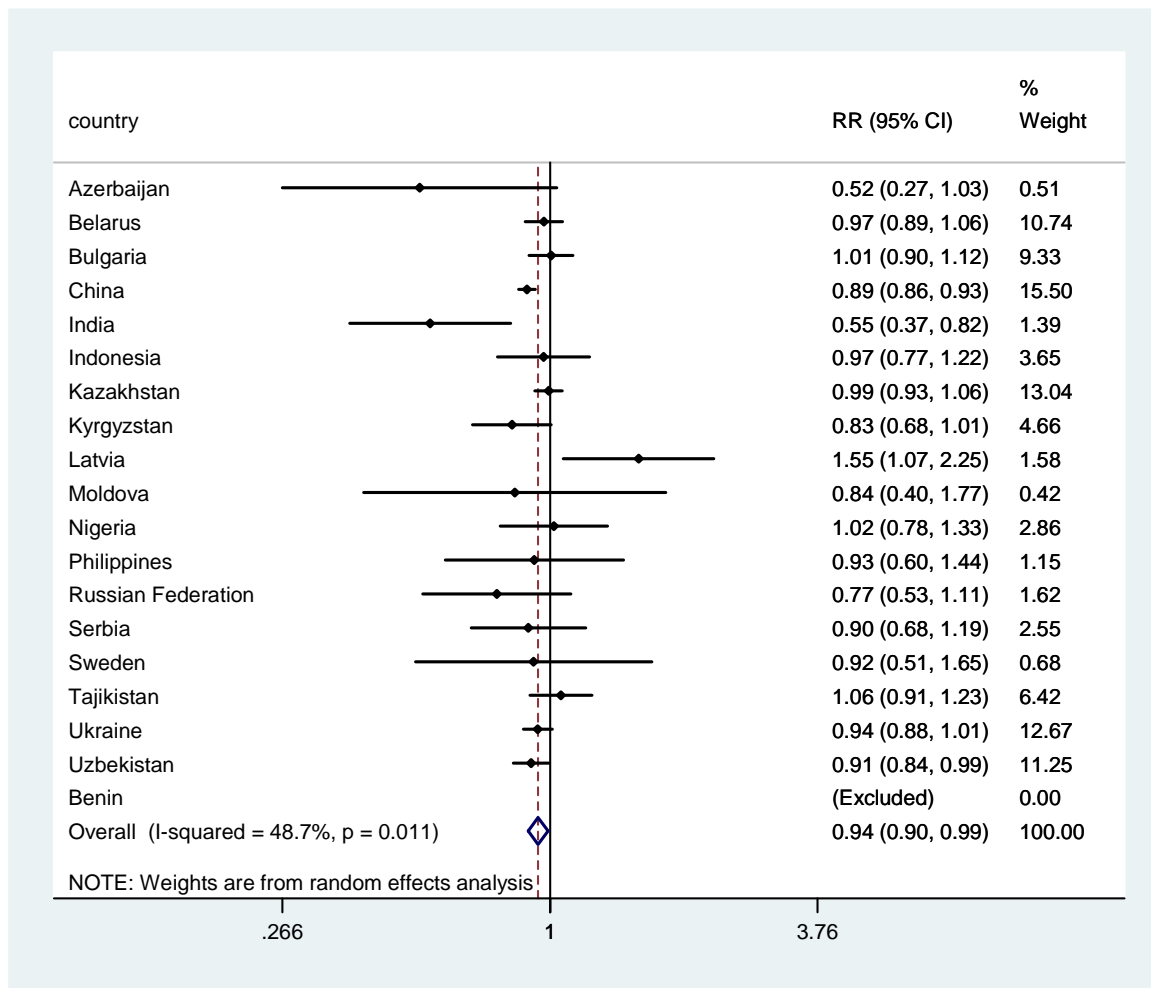
UNGASS core indicator 9 part 2: Percentage of IDUs who have been given condoms in the last 12 months



Appendix 3, Figure 5

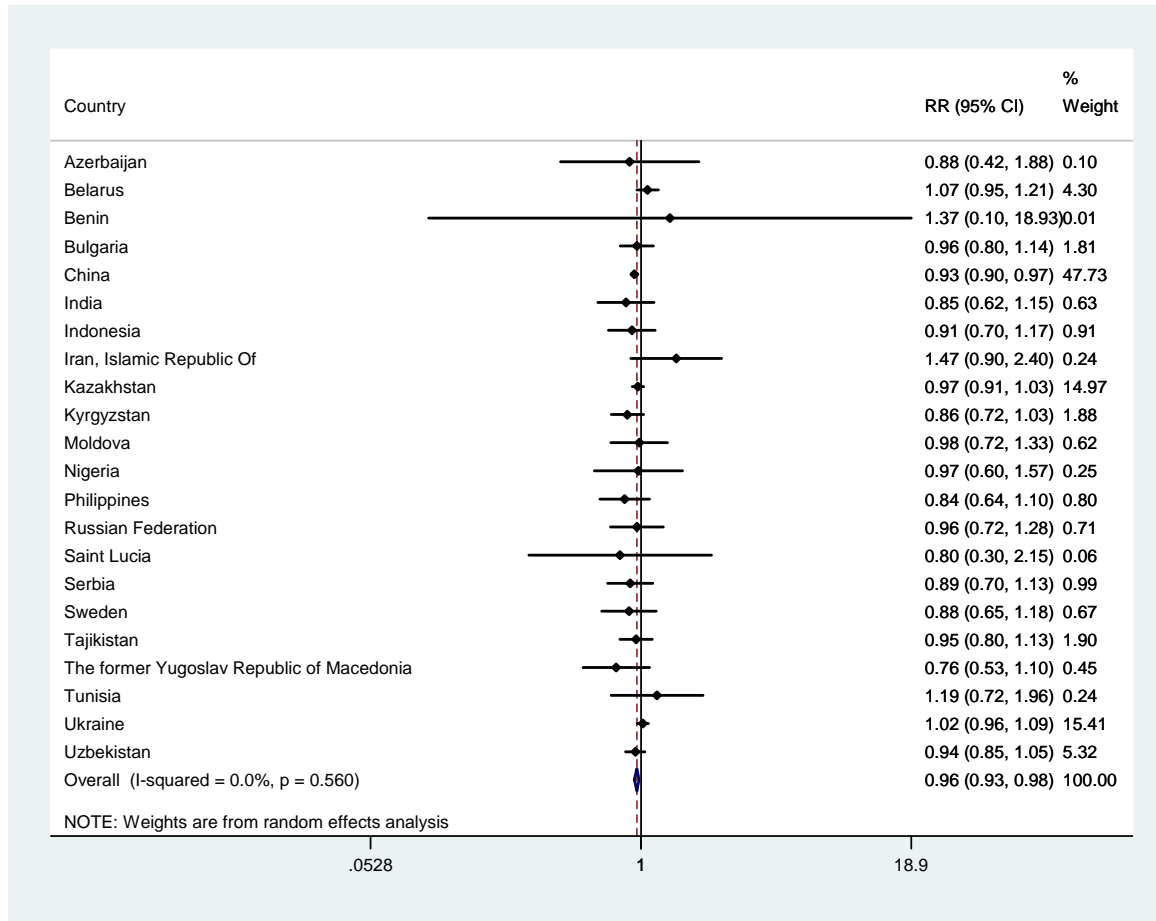
Forest plot: meta-analysis of male/female relative risk

UNGASS core indicator 9 part 3: Percentage of IDUs who have been given sterile needles and syringes in the last 12 months



Appendix 3, Figure 6

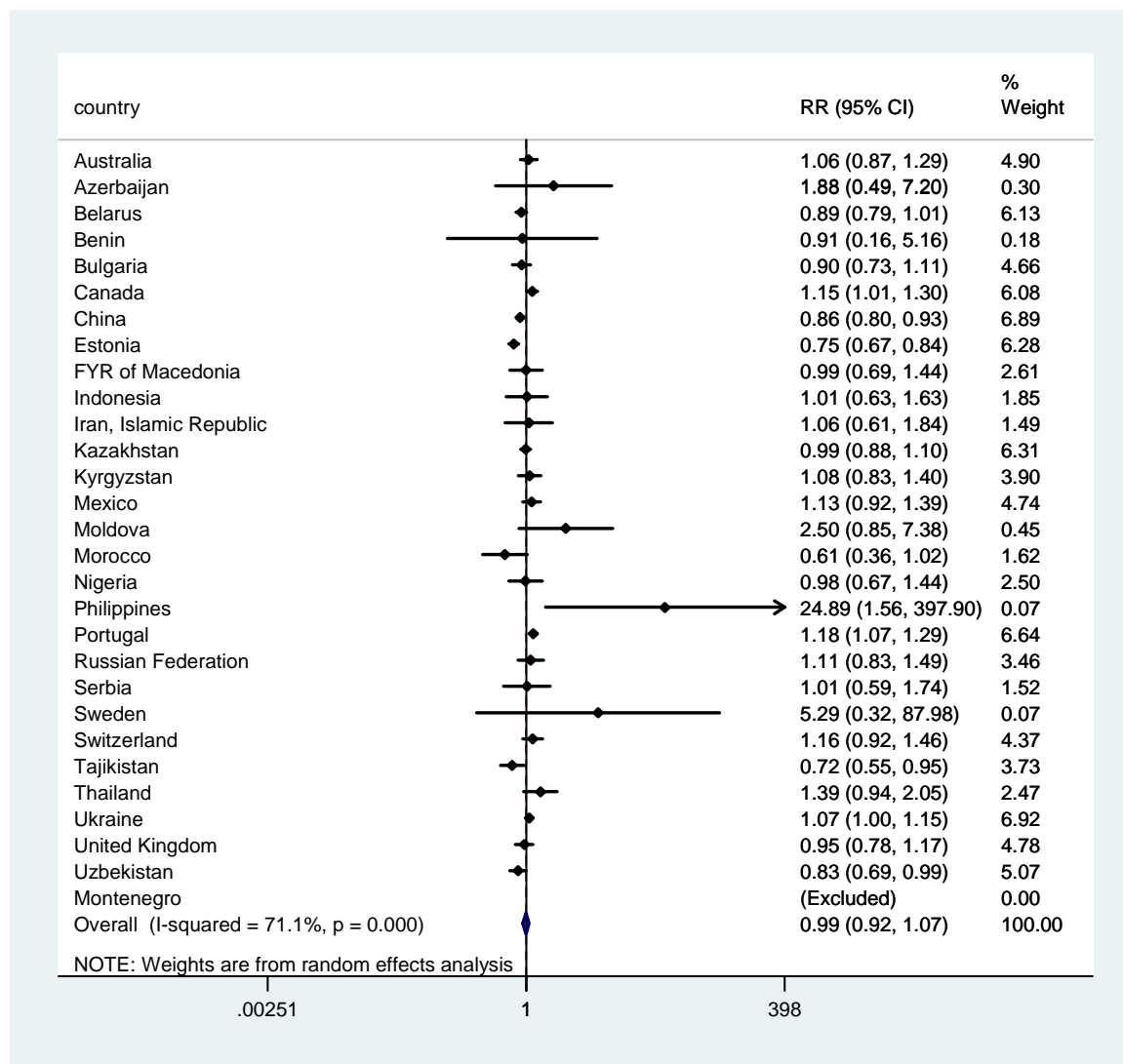
Forest plot: meta-analysis of male/female relative risk, UNGASS core indicator 14: Percentage of IDUs who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.



Appendix 3, Figure 7

Forest plot: meta-analysis of male/female relative risk,

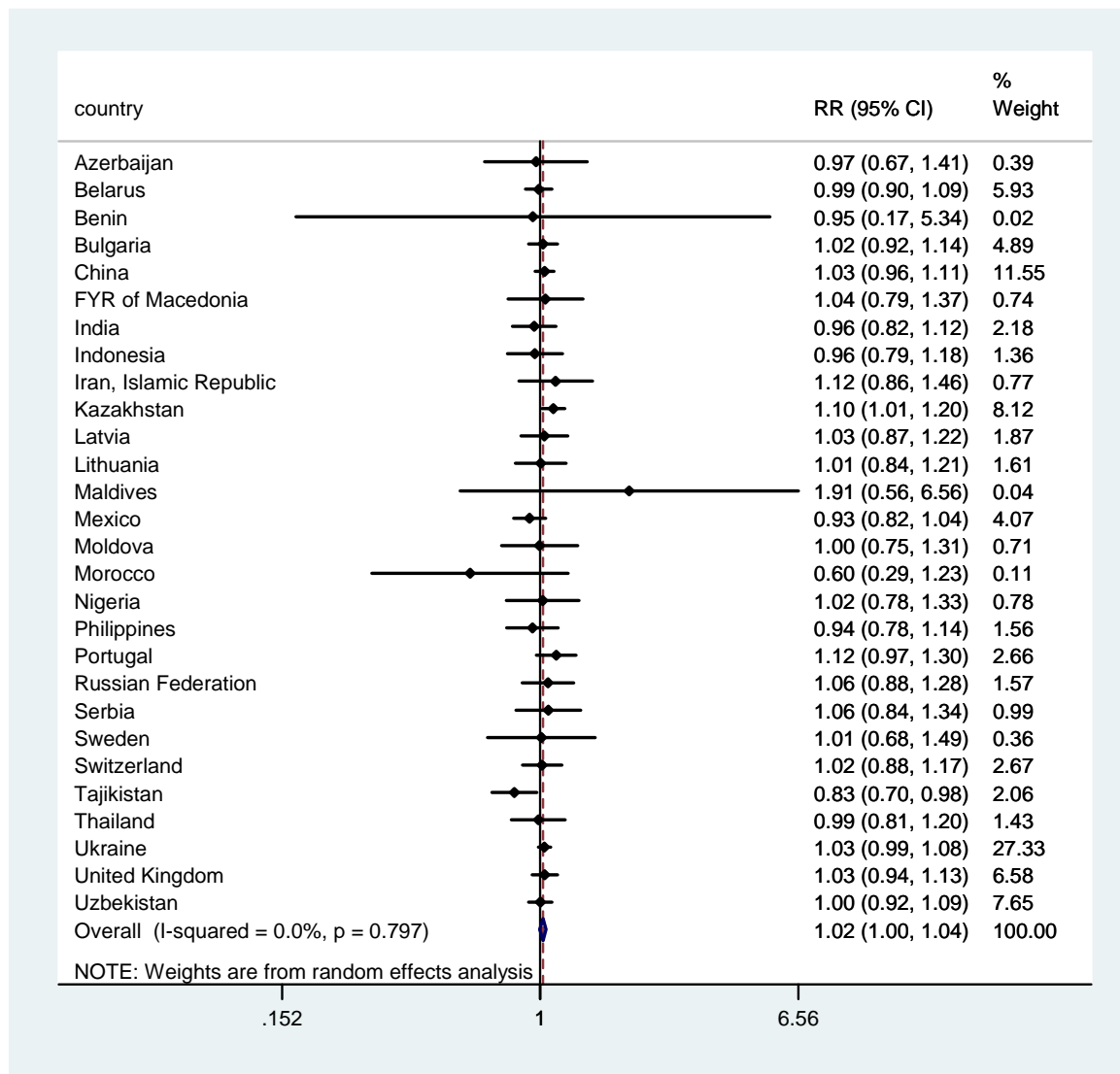
UNGASS core indicator 20: Percentage of IDUs reporting the use of a condom the last time they had sex.



Appendix 3, Figure 8

Forest plot: meta-analysis of male/female relative risk,

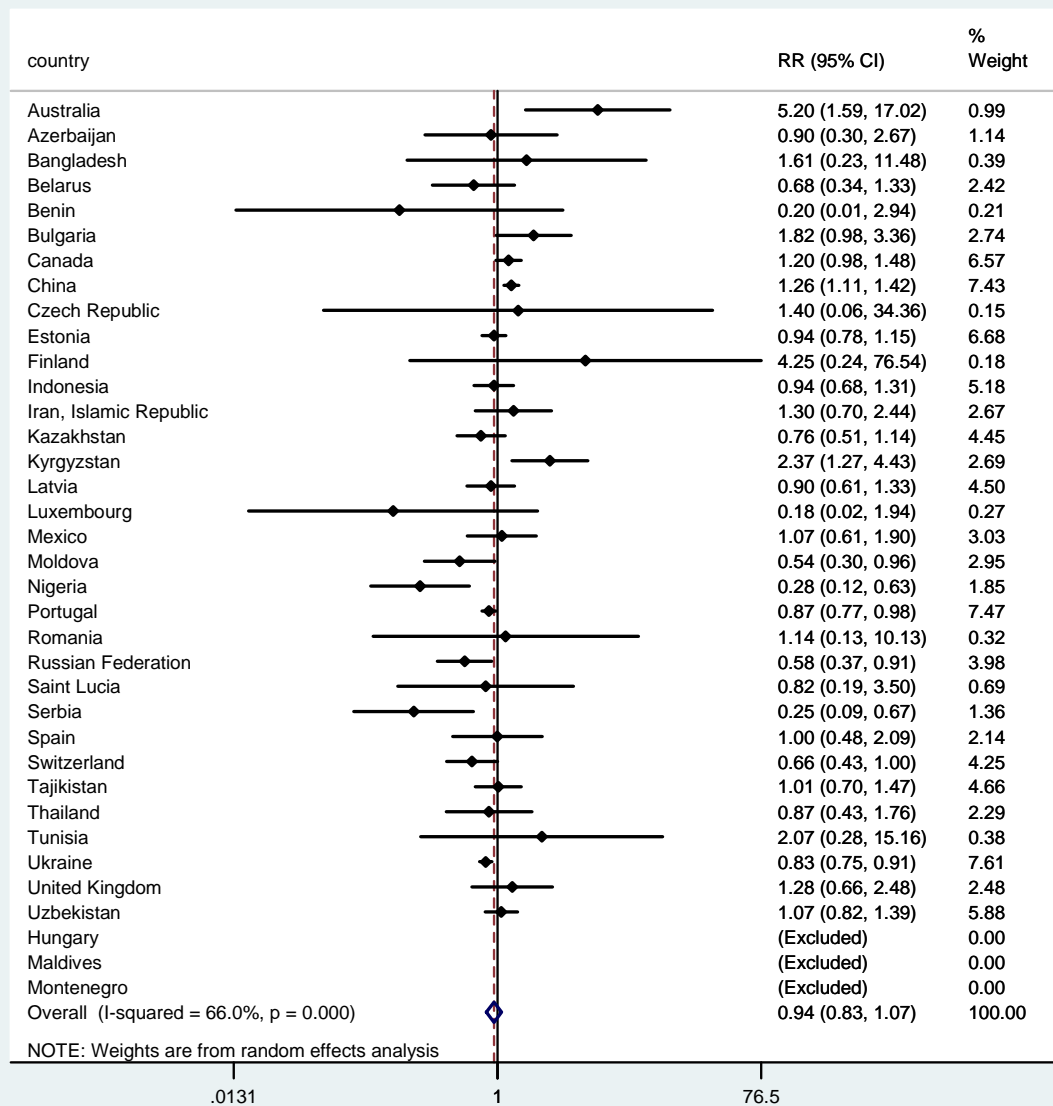
UNGASS core indicator 21: Percentage of IDUs reporting the use of sterile injecting equipment the last time they injected drugs.



Appendix 3, Figure 9

Forest plot: meta-analysis of male/female relative risk,

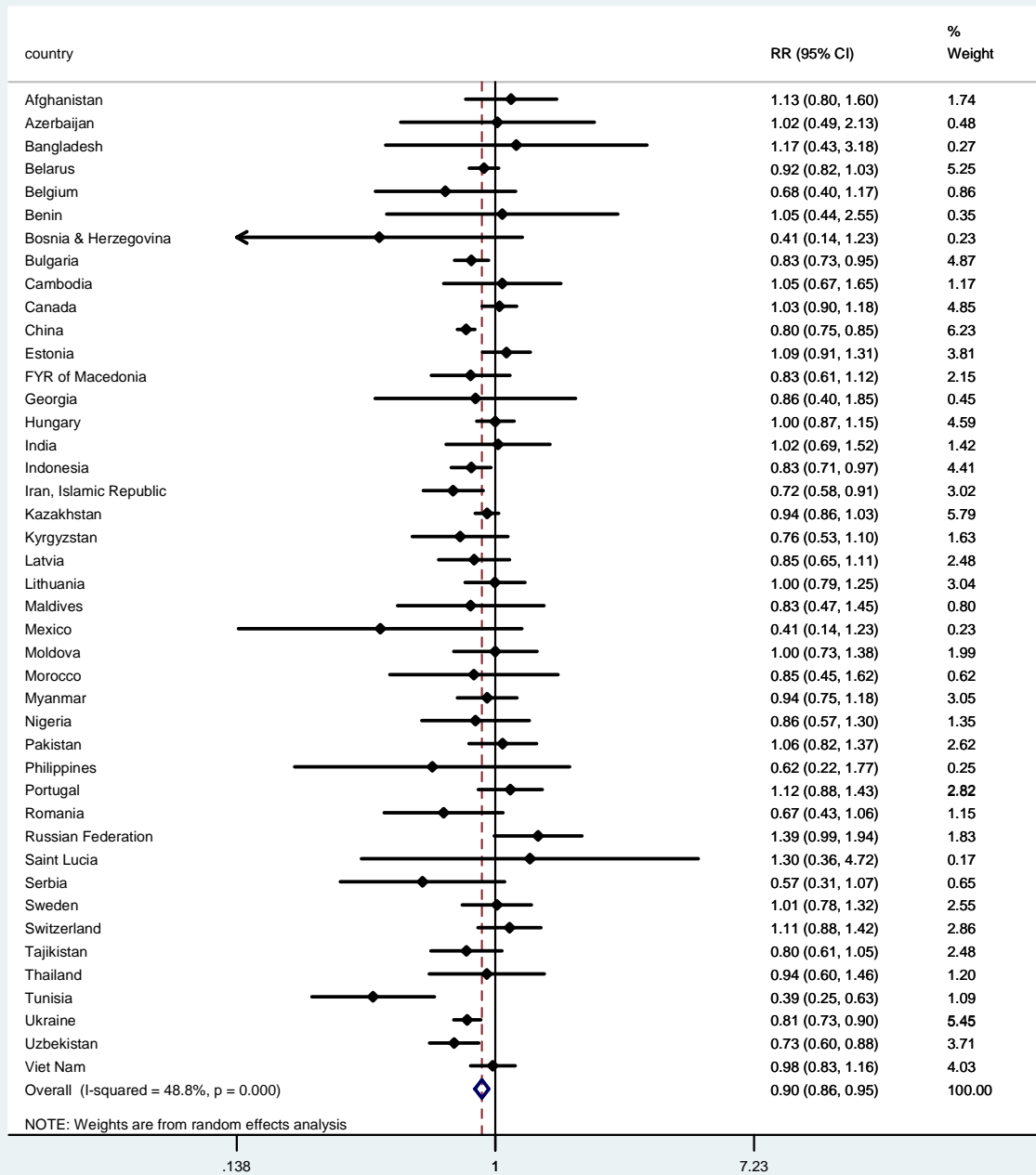
UNGASS core indicator 23: Percentage of IDUs who test positive for HIV



Appendix 3, Figure 10

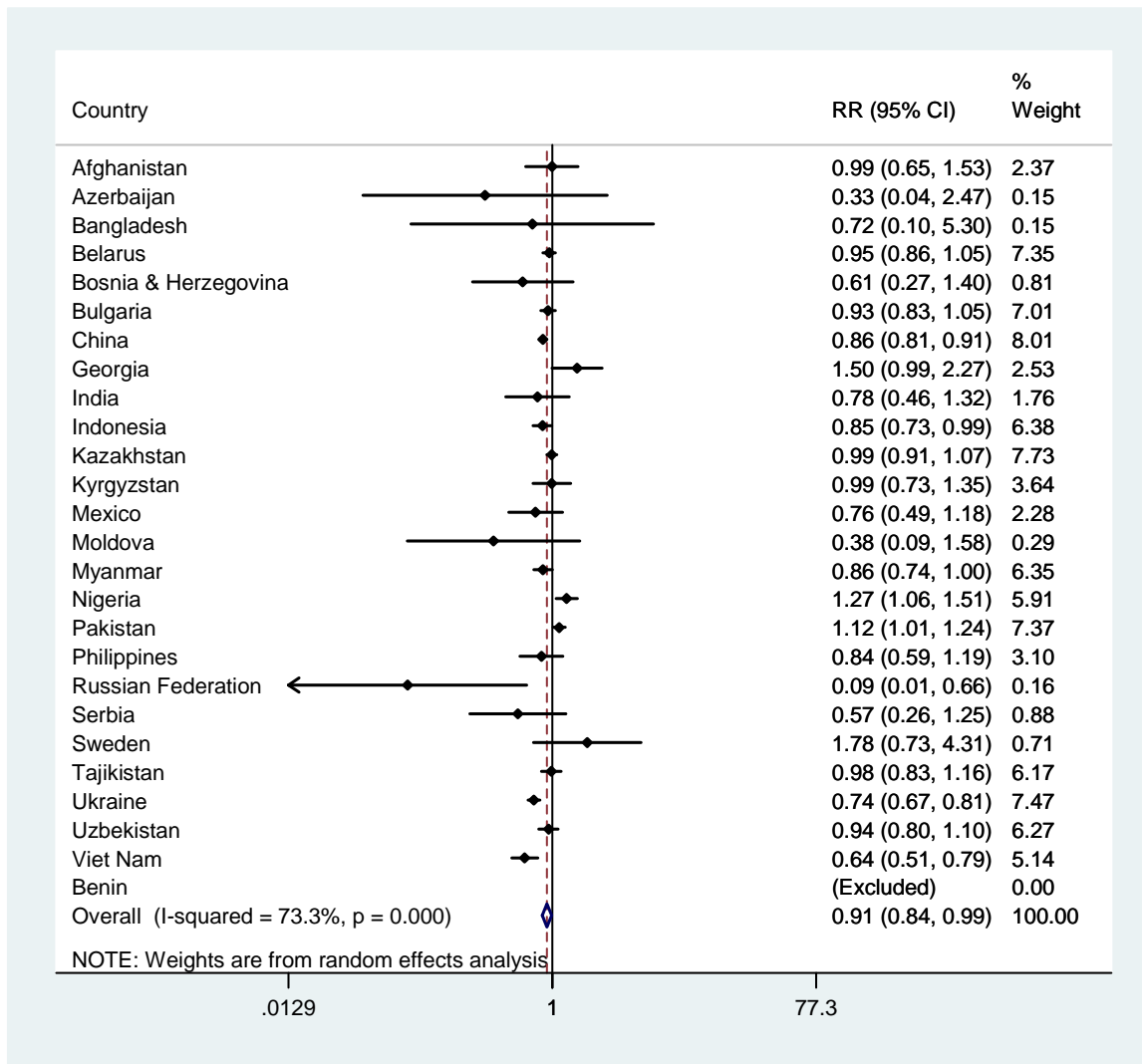
Forest plot: meta-analysis of age <25yrs/≥25yrs relative risk,

UNGASS core indicator 8: Percentage of IDUs who received an HIV test in the last 12 months and who know their results



Appendix 3, Figure 11

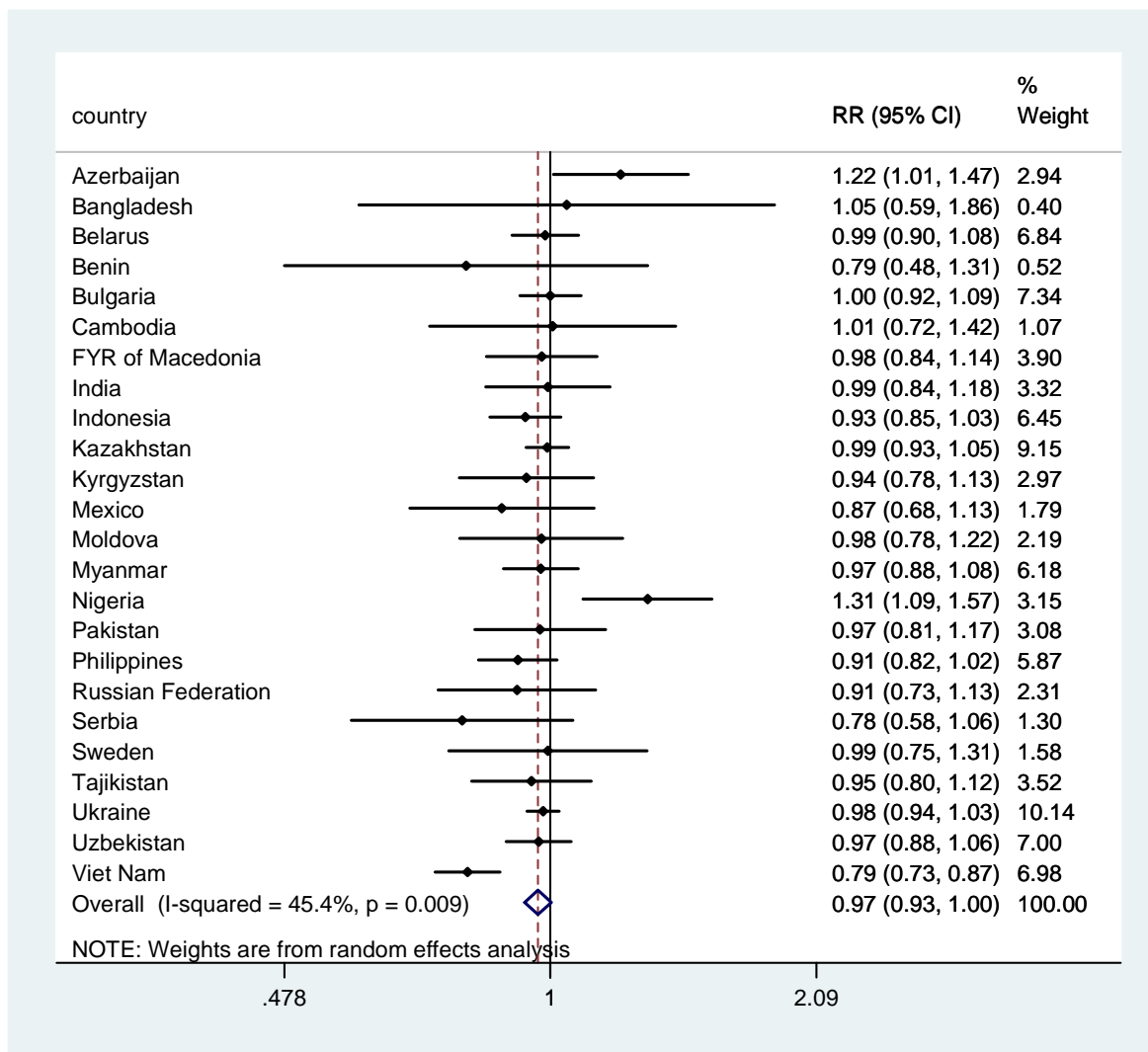
Forest plot: meta-analysis of age <25yrs/≥25yrs relative risk, UNGASS core indicator 9 (aggregated): Percentage of IDUs reached with HIV prevention programmes (respondents answering “yes” to questions for indicators 9.1, 9.2 and 9.3)



Appendix 3, Figure 12

Forest plot: meta-analysis of age <25yrs/≥25yrs relative risk,

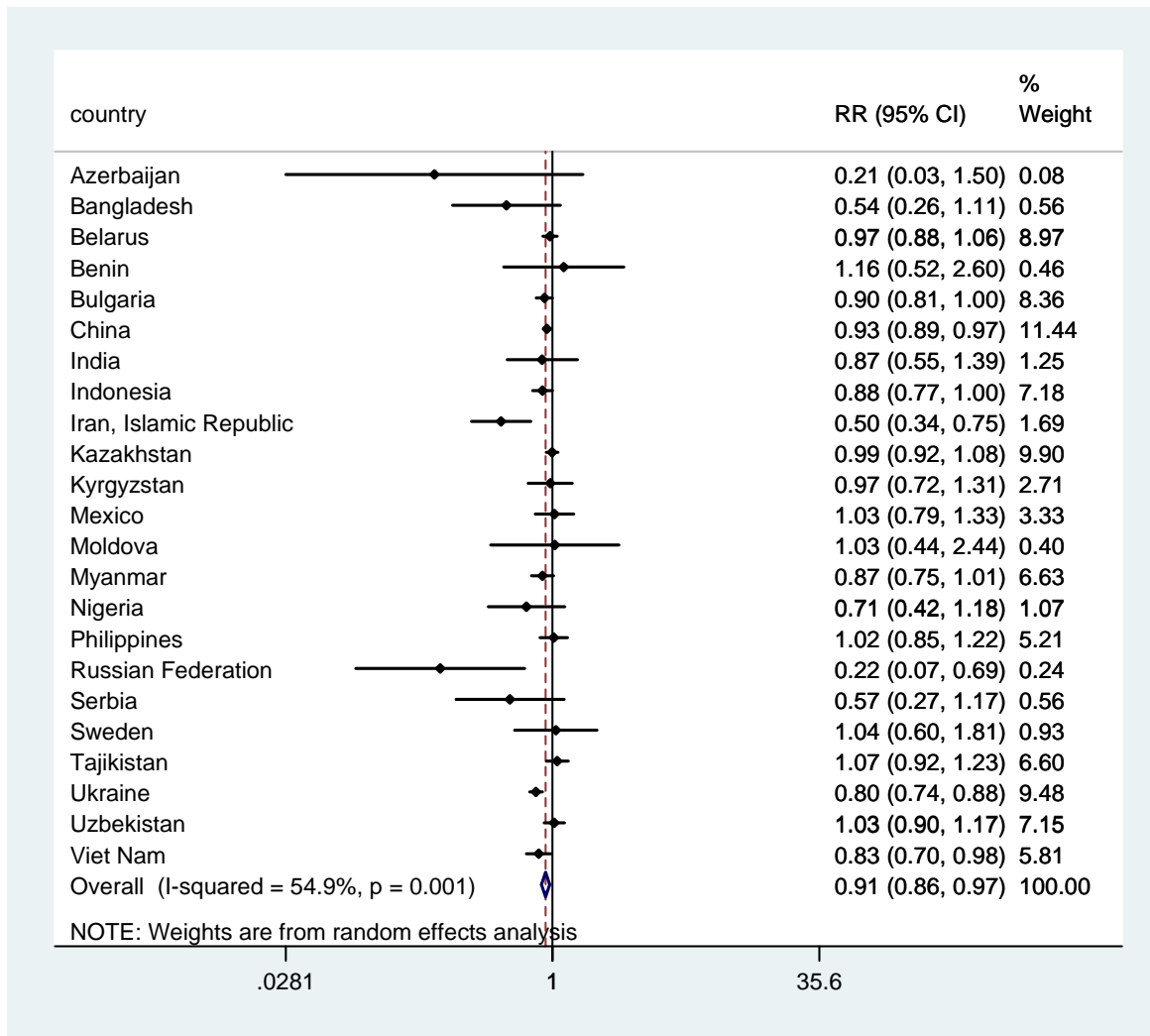
UNGASS core indicator 9.1: Percentage of IDUs who know where to go to receive an HIV test



Appendix 3, Figure 13

Forest plot: meta-analysis of age <25yrs/≥25yrs relative risk,

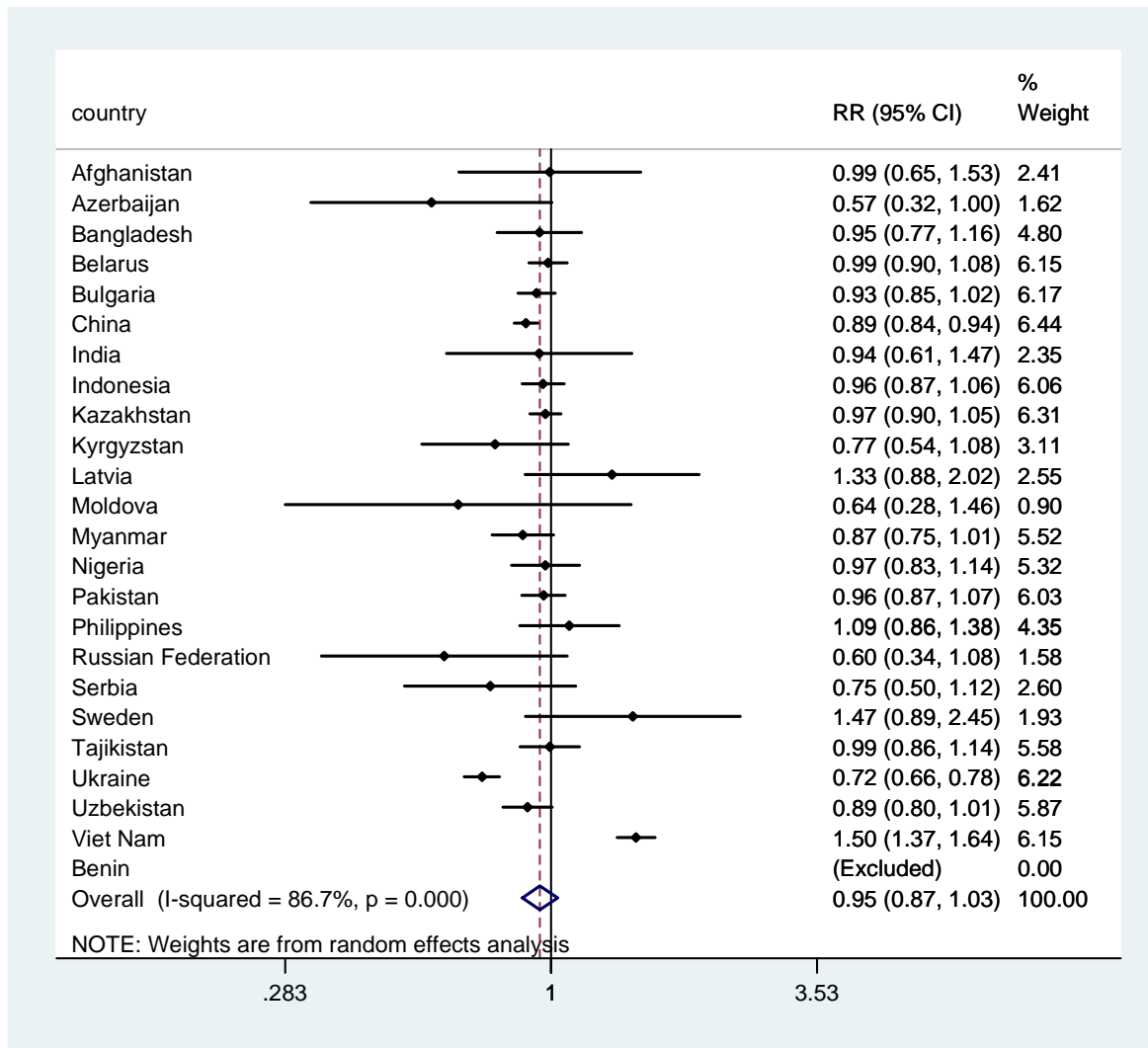
UNGASS core indicator 9 part 2: Percentage of IDUs who have been given condoms in the last 12 months



Appendix 3, Figure 14

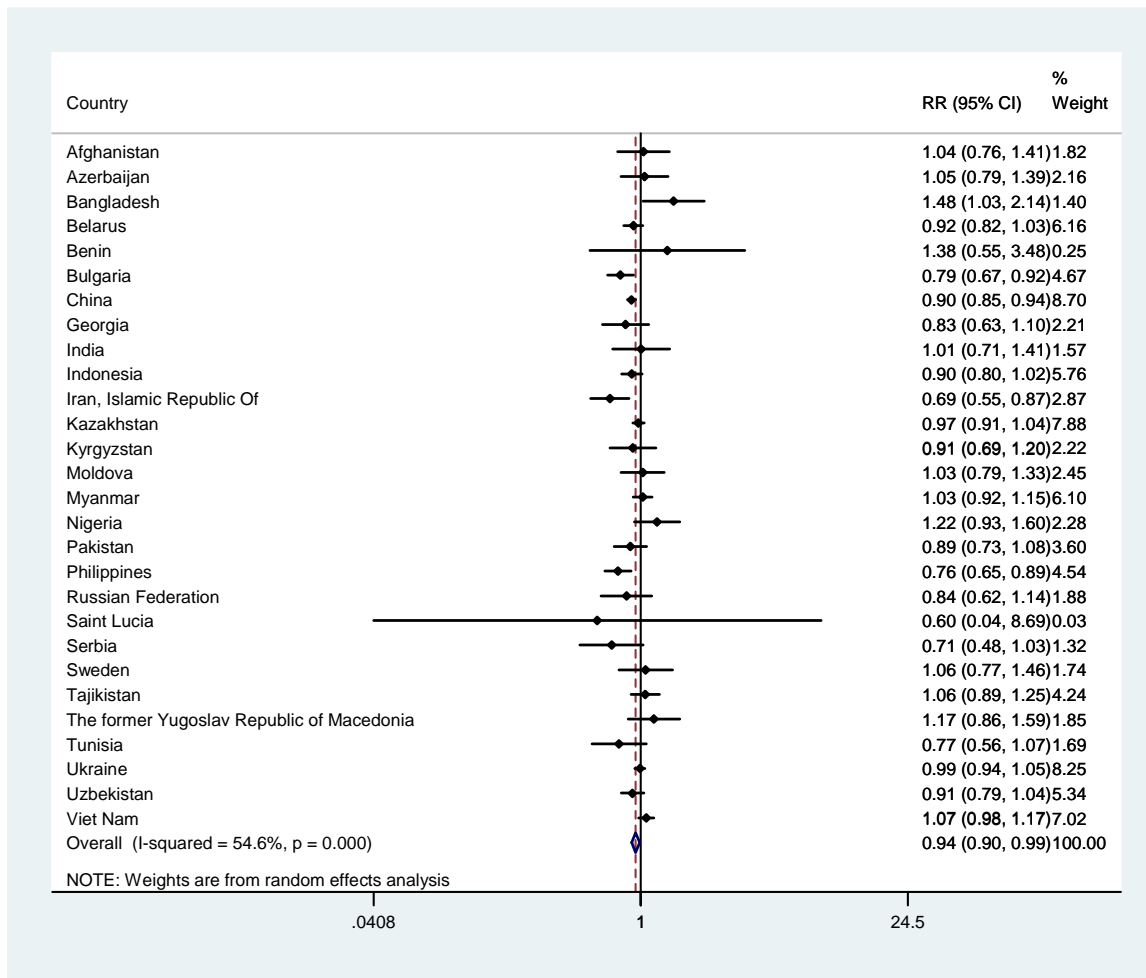
Forest plot: meta-analysis of age <25yrs/≥25yrs relative risk,

UNGASS core indicator 9 part 3: Percentage of IDUs who have been given sterile needles and syringes in the last 12 months



Appendix 3, Figure 15

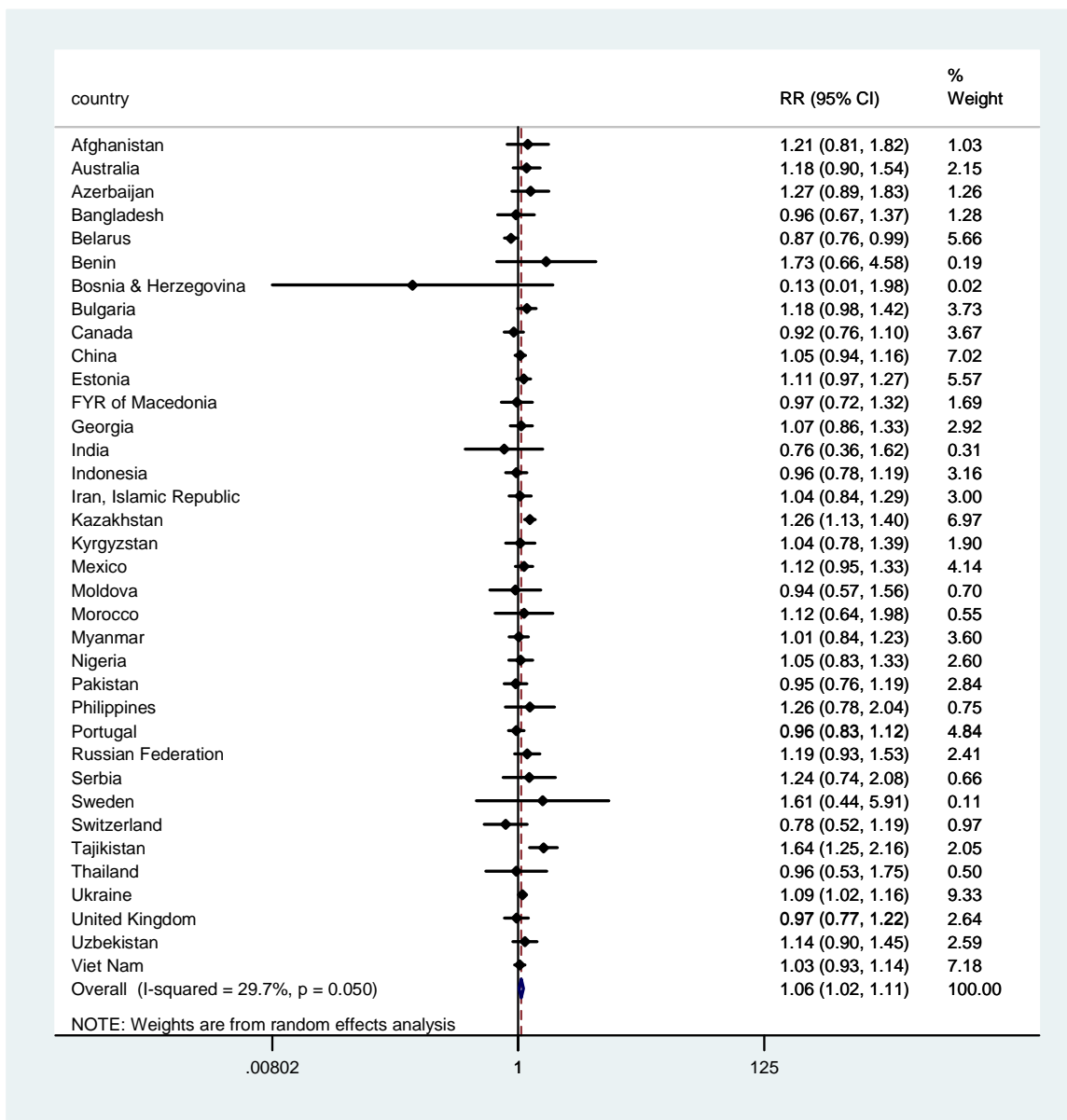
Forest plot: meta-analysis of age <25yrs/≥25yrs relative risk, UNGASS core indicator 14: Percentage of IDUs who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission.



Appendix 3, Figure 16

Forest plot: meta-analysis of age <25yrs/≥25yrs relative risk,

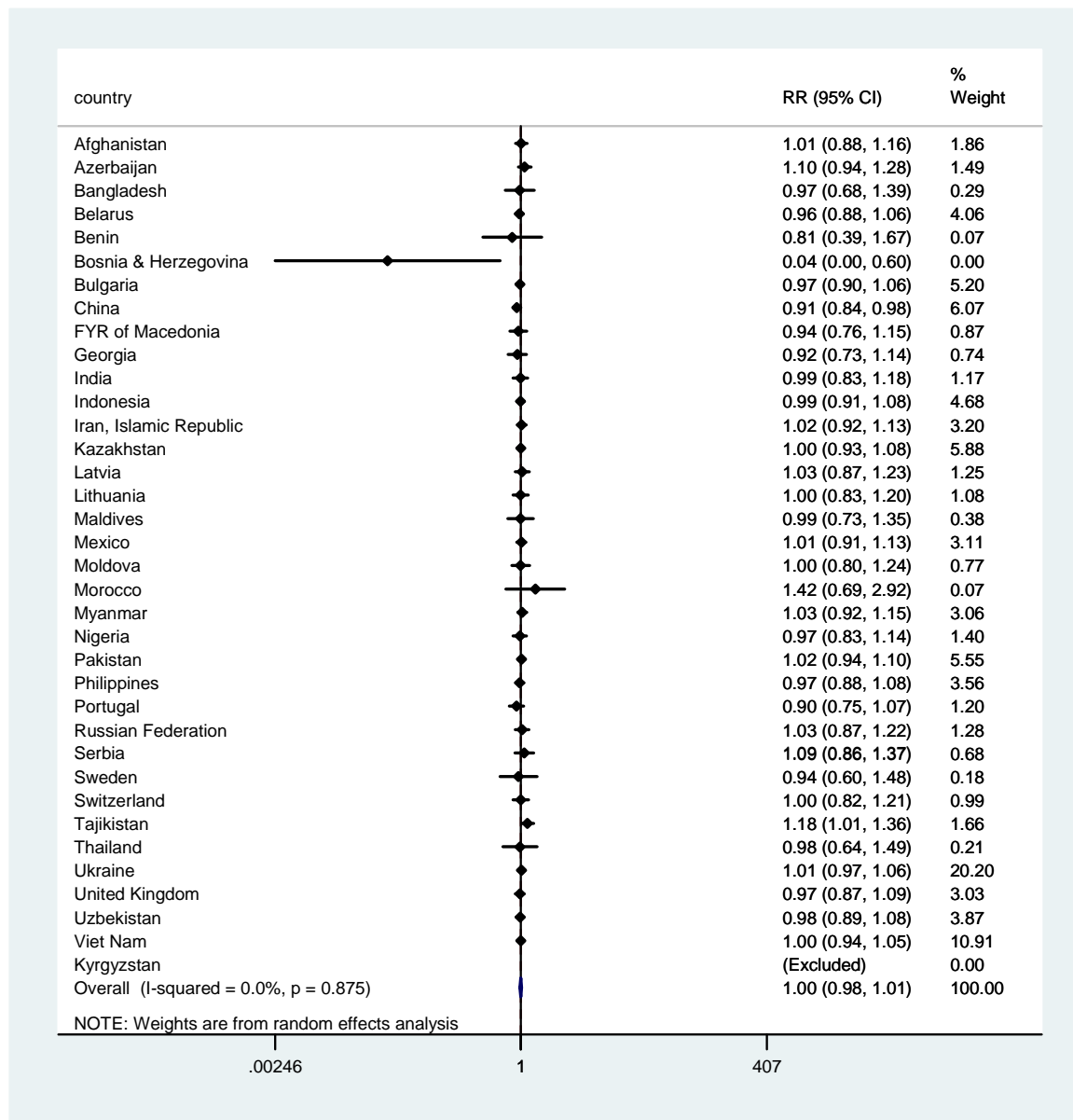
UNGASS core indicator 20: Percentage of IDUs reporting the use of a condom the last time they had sex.



Appendix 3, Figure 17

Forest plot: meta-analysis of age <25yrs/≥25yrs relative risk,

UNGASS core indicator 21: Percentage of IDUs reporting the use of sterile injecting equipment the last time they injected drugs.



Appendix 3, Figure 18

Forest plot: meta-analysis of age <25yrs/≥25yrs relative risk,

UNGASS core indicator 23: Percentage of IDUs who test positive for HIV

