

FINAL REPORT

BASELINE ASSESSMENT OF THE CURRENT STATUS OF RESOURCES, POLICIES AND SERVICES FOR INJECTING DRUG USE AND HIV/AIDS IN SOUTH AND SOUTH EAST ASIA.

**COMMISSIONED BY THE UNITED NATIONS REGIONAL TASK FORCE ON
INJECTING DRUG USE AND HIV/AIDS FOR ASIA AND THE PACIFIC**

Conducted by

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INTRODUCTION

The United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS in Asia and the Pacific (UNRTF) commissioned the Centre for Harm Reduction (CHR), Macfarlane Burnet Institute for Medical Research and Public Health, Australia to undertake a baseline assessment of current programs and services for drug users in South and South East Asia. The assessment would serve to identify major barriers for the implementation of harm reduction programs and to measure progress in the scaling up of programs and services for drug users in Asia. This would inform priority areas for the UNRTF's work-plan.

Goal: Development of an analytical framework and a baseline assessment of current programs and services for drug users in South and South East Asia.

Output 1: An analytic framework/matrix to monitor and evaluate scale up activity in selected South and South East Asian countries.

The analytical framework would contain the essential data necessary for the development of country-by-country support plans in the following areas:

- advocacy for political commitment, conducive policies and allocation of adequate resources for scaling up harm reduction services;
- technical assistance and capacity building in all areas of comprehensive services and continuum of care for drug dependent users;
- management and operational planning of scale-up efforts;
- monitoring and evaluation.

The information collected for the baseline addresses three main areas:

- National Program Support;
- Barriers to scaling-up; and
- Service coverage and program implementation.

Output 2: A desk based baseline assessment of selected South and South East Asian countries on key scale-up criteria, identifying gaps for further data collection and research activity.

The baseline assessment would identify the main elements of country support programs, including the following:

- legal environment (drug control laws, legal status and availability of substitution drugs, needle and syringe, legal/judicial practices and punishment of illicit drug use, access to health services);
- policy environment for comprehensive services to drug dependent users;
- existence of national scaling-up plans/programs;

- surveillance systems in place;
- current status of resources allocated to drug dependence related HIV/AIDS prevention, treatment, care and support (national budgets and external funding);
- current coverage of services, including interventions in prison settings;
- existing human resources in the harm reduction sector;
- monitoring and evaluation systems;
- key barriers to scaling-up;
- existence of collaborative mechanisms between drug control and HIV/AIDS agencies of Government and civil society;
- existence of collaborative mechanisms between public health and law enforcement agencies of Government and civil society; and
- other gaps in country responses.

PROCESS

The baseline assessment was a two step process with two major outputs.

1. An instrument to monitor and evaluate scale up activity in selected South and South East Asian countries was developed by CHR. The instrument was presented to the Task Force at the UN Regional Task Force Meeting in Kuala Lumpur in July 2006. Feedback and suggestions from the Task Force members were noted and later incorporated into the final instrument. The final instrument was validated by the Task Force.

2. A desk based review of relevant documents was conducted. Countries in the purview of this assessment were Bangladesh, India, Nepal and Pakistan in South Asia and China, Indonesia, Malaysia, Myanmar, Thailand and Vietnam in South East Asia.

To avoid duplication of effort and in consideration of a potential SIDA funded initiative among drug users in the SE Asian Region, WHO Cambodia requested CHR to include Laos and Cambodia in the exercise. As a result, the baseline assessment covered 4 South Asian and 8 South East Asian countries.

METHODOLOGY

Step 1: A desk based review of documents pertaining to the subject area was conducted from early November until mid December 2006. One full time staff member, Burnet Institute country program managers and country teams began gathering and collating information for the countries of interest.

Step 2: A matrix was developed to facilitate data collection according to the objectives.

Step 3: Data was sourced from UN documents, a recent assessment of Drug Issues and Responses in the Asia Pacific Region undertaken by Centre for Harm Reduction (CHR) and Turning Point Alcohol and Drug Centre for the Australian National Council on Drugs (ANCD), NGO and government reports, the Hidden Epidemic reports, country profiles, project proposals including the UNDOC ROSA Project TD/RAS/03/H13, project reports and evaluations, personal

communications with key informants, websites of international organizations and multilateral and bilateral development agencies, the USAID CORE initiative (Mapping HIV/AIDS Service Provision), the Asian Harm Reduction Network Bulletins, newspaper and magazine articles and conference presentations.

A full list of references is included at the end of this document.

Step 4: After the country matrices were completed, country assessments were sent to various key informants for validation of the information gathered and to source additional information and.

Feedback and comment was received from UNODC Regional Office for South Asia (ROSA), UNODC Pakistan, UNAIDS Nepal, FHI and ICDRR-B in Bangladesh, WHO Cambodia, the AusAID funded IHPCP and Burnet Offices Vietnam, Lao and Indonesia, NGOs, program implementers and researchers in South and South East Asia.

Data analysis: all the data gathered were included in the matrices and where gaps were identified these were recorded.

GAPS IDENTIFIED

(1) Legal and policy environment

One of the main impediments to the implementation and scaling-up of harm reduction programs is the confusion surrounding the implications of legislation and policies on NSP and substitution therapy in many South East Asian countries. Often, the HIV laws or policies clash with those of the bodies responsible for all drug-related issues. For example, in Vietnam, NPS are endorsed in the Law on HIV/AIDS Prevention and Control, whereas possession of needles and syringes is still unlawful for those recorded as suspicious or IDU. Similarly, in India, it is not actually clear whether NSP are legal or not. Sometimes, the interpretation of legislation and policies varies between different districts and provinces, and between law enforcement agencies and harm reduction service providers. Even where conducive laws and policies are in place, their implementation may be delayed or simply not happen at all.

In several countries, harm reduction interventions such as substitution therapy and NSP are still operating illegally (e.g. Vietnam, Bangladesh). Harsh penalties may apply to possession of small quantities of drugs. Strong advocacy will be required to address the laws that prevent their operation. Where possible, IDU should be involved in policy formulation. This has so far been a major gap.

(2) Surveillance and M&E

Some countries have made notable progress regarding their surveillance and M&E systems and are developing a standardized, country-wide system, e.g. Myanmar (see below). In other countries, surveillance is irregular and only covers selected areas (e.g. Malaysia). In several cases (e.g. PDR Lao), the main mechanism of surveillance is through seizure and arrest data. Often, screening and treatment data do not disaggregate for IDU.

(3) Coverage

In most countries, service coverage is highly uneven (e.g. India, China, Bangladesh).

In addition, there are often imbalances between the different types of services provided. For example, in China the emphasis has largely been on methadone maintenance, at the expense of needle and syringe programs. In some countries, there is basically no service provision for IDU (e.g. PDR Lao). However, it must be taken into account that countries are at different stages of responding to the HIV/AIDS epidemic among IDU.

Within existing services, referral mechanisms are frequently weak, and integration of prevention, care and support programs is lacking. Services in prisons are non-existent in most countries surveyed. Sometimes even condoms are not available (e.g. India).

Discrimination and stigma continues to be a major barrier to accessing services for IDU in all countries. This also occurs within health services. For example, there is widespread discrimination against IDU with regard to the provision of ARV. Consequently, the delivery of ARV for IDU is very weak throughout. Alternatively, IDU receiving ARV may be denied oral substitution therapy (e.g. India).

Insufficient attention is paid to female IDU, who constitute only a small fraction of service users in many countries. Their special needs ought to be taken into account, especially seeing that there is significant overlap between the female IDU and sex worker populations.

Where possible, IDU should be involved in the design and delivery of harm reduction programs. This has so far only happened in a minority of cases.

(4) Resources

Most harm reduction programs remain donor funded. Where money has been made available by governments, disbursement is often slow.

Technical expertise in harm reduction remains low in many cases, and capacity building is urgently required. Human resources constitute a bottleneck in many countries – this ranges from insufficient staff numbers, to high staff turnover and underpaying.

(5) Collaborative mechanisms

The different government ministries and international agencies active in countries often operate vertically. Sometimes, it is not clear who is responsible for the coordination of harm reduction policies and programs. There may also be tensions between different government ministries (e.g. Cambodia), or competition between service providers.

RECOMMENDATIONS

(1) Strengthening Data Collection

For several countries, data on service provision is still incomplete, despite persistent efforts to obtain this information. These gaps should be filled as soon as possible. Ultimately, data should be collected at regular intervals to inform countries' progress in providing services for injecting drug users so that the spread of HIV amongst this group can be contained. During data collection, it emerged that frequently different agencies operating within the same country were not well informed of each other's activities. Better collaboration and coordination between different agencies is required, especially between governmental and non-governmental organizations.

It might be useful to set up a central database that service providers as well as government and international organizations can access. This has recently been accomplished in Myanmar, where a national monitoring and evaluation system was designed with the help from CHR. This system monitors coverage of service delivery and impact.

(2) Clarifying Laws and Policies

The legal and policy situation, especially with regard to needle and syringe programs and substitution therapy, for most countries should be reviewed in depth (except Bangladesh, India, Nepal, Pakistan, which are covered in a draft UNODC ROSA document “Legal and Policy concerns related to IDU Harm Reduction in SAARC Countries”). This is warranted since in many cases, the implications of existing laws and policies are not clear, leading to different interpretations by law enforcement agencies and harm reduction organizations. Sometimes, existing laws are in conflict with more recent policies that embrace harm reduction. Continued advocacy is required in cases where the operation of harm reduction programs is jeopardized by existing legislation (e.g. Bangladesh). Harm reduction education to police should be scaled up.

(3) Comprehensive Service Delivery

Countries should make every effort to strengthen the areas of service delivery identified as particularly weak above. This may involve advocacy at different levels, and coordination and collaboration between different agencies. Thus, there is an urgent need to provide anti-retrovirals to those IDU who require them. The number of female IDU covered by services should be increased. Referral mechanisms need strengthening, and greater integration of prevention, care and support programs is required. Services in prisons should be introduced where they are non-existent. Attention should also be paid to drug users other than IDU, such as amphetamine-type substance users. Finally, there is often significant overlap between IDU and other high-risk and bridging populations. These groups must also be targeted if interventions are to be successful.

(4) Dissemination of Information

The data collected for this Task Force could benefit a wide range of agencies and should be made available to them to inform their future activities. This sharing of information could also take the form of publication in a peer-reviewed journal, possibly as a review article.

Recommendations for individual countries are included in each of the country matrices (see Appendix).

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REFERENCES

Aceijas C, Friedman SR, Cooper HL, Wiessing L, Stimson GV and Hickman M (2006). *Estimates of injecting drug users at the national and local level in developing and transitional countries, and gender and age distribution*. Sexually Transmitted Infections **82 (Supplement 3)**, iii10-iii17.

Aceijas C, Stimson G, Hickman M and Rhodes T (2004). Global overview of injecting drug use and HIV infection among injecting drug users. *AIDS* **18**, 2295-2303.

Adeeba Kamarulzaman, personal communication.

Adnan Khan, personal communication.

Ambekar A, Lewis G, Rao S and Sethi H (2005). *South Asia Regional Profile 2005*. New Delhi: United Nations Office on Drugs and Crime, Regional Office for South Asia.

Asian Harm Reduction Network (2005). *AHRNews* **37-38**, January-July 2005.

Asian Harm Reduction Network (2006). *AHRNews* **40**, January-May 2006.

Asian Harm Reduction Network (2006). *AHRNews* **41**, June-September 2006.

Asian Harm Reduction Network (2006). Drug Use and HIV/AIDS News Digest Monday - Wednesday, 4-6 December 2006.

Asian Harm Reduction Network (2006). Drug Use and HIV/AIDS News Digest Thursday - Friday, 14-15 December 2006.

Azim T, Hussein N and Kelly R (2005). Effectiveness of harm reduction programmes for injecting drug users in Dhaka city. *Harm Reduction Journal* **2:22**.

Burnet Vietnam (2006). HIV prevention among IDU programs. Field notes from monitoring visits and QNRs for FHI project Sept 2006.

Chandrasekaran P, Dallabetta G, Loo V, Rao S, Gayle H and Alexander A (2006). Containing HIV/AIDS in India: the unfinished agenda. *The Lancet Infectious Diseases* **6(8)**, 508-521.

Charles M, Bewley-Taylor D and Neidpath A (2005). *Drug Policy in India: Compounding Harm?* Briefing Paper Ten, The Beckley Foundation Drug Policy Program, October 2005.

Cohen J (2004). The Needle and the Damage Done. *Science* **304**, 509-512.

Communist Party of Vietnam Online Newspaper (2005). Eliminating the Stigma of HIV/AIDS. *Communist Party of Vietnam Online Newspaper*, 9 June, 2005. Accessed at http://www.cpv.org.vn/details_e.asp?topic=59&subtopic=157&id=BT690562035.

Department of Health (2006). *Myanmar National Strategic Plan on HIV and AIDS 2006-2010, Draft: 28 June 2006*. Yangon, Myanmar: Department of Health. Available at http://www.ibiblio.org/obl/docs4/MM_draft_Nat_strat_plan_on_HIV-AIDS.pdf.

Department of Human Rights and Justice (2006). *HIV & AIDS Situation Data, August 2006*. Jakarta, Indonesia: Department of Human Rights and Justice, Republic of Indonesia.

Devaney M, Reid G and Baldwin S (2006). *Situational Analysis of Illicit Drug Issues and Responses in the Asia-Pacific Region*. Canberra: Australian National Council on Drugs.

Dolan K, Kite B, Black E, Lowe J, Agalotis M, MacDonald M, Aceijas C, Stimson GV, Hickman M. and Valencia, G (2004). *Review of injection drug users and HIV infection in prisons in developing and transitional countries*. UN Reference Group on HIV/AIDS Prevention and Care among IDUs in Developing and Transitional Countries.

Dolan K, Kite B, Black E, Aceijas C and Stimson GV (2007). HIV in prison in low-income and middle-income countries, *Lancet Infect Dis* (2007) **7**, 32-41.

Do Nguyen Phuong, personal communication.

Fabio Mesquita, personal communication.

Farrukh Ansari, personal communication.

Graham Shaw, personal communication.

Hla Htay, personal communication.

Human Rights Watch (2003). *Ravaging the Vulnerable: Abuses against Persons at High Risk of HIV Infection in Bangladesh*. *Human Rights Watch Reports* **Vol. 15, No. 6(C)**, August 2003.

International Centre for Prison Studies (2006). *World Prison Brief*. London: International Centre for Prison Studies, King's College London. Available at <http://www.prisonstudies.org/>.

International Centre for Research on Women (2006). *HIV/AIDS Stigma. Finding Solutions to Strengthen HIV/AIDS Programs*. Washington DC: International Centre for Research on Women. Available at http://www.icrw.org/docs/2006_stigmasynthesis.pdf.

International Harm Reduction Development Program (2006). *Harm Reduction Developments 2005: Countries with Injection-Driven HIV Epidemics*. New York: International Harm Reduction Development Program (IHRD) of the Open Society Institute.

Jimmy Dorabjee, personal communication.

Karyn Kaplan, personal communication.

Kumar MS and Mortimore G (2006). HIV and injecting drug use in India: Situational Analysis and DFID Response. Paper presented at Conference on Injecting Drug Use of Pharmaceuticals and the HIV epidemic in the South Asian Region, New Delhi, India, 11-12 December 2006.

Lucina Schmich, personal communication.

Ministry of Finance (2005). *National HIV/AIDS Action Plan and Budget 2005-06*. Kathmandu, Nepal: Ministry of Finance.

Ministry of Health (2002). *IDU Data*. Jakarta, Indonesia: Ministry of Health, Republic of Indonesia.

Ministry of Interior (2005). *The 5-Year National on Drug Control 2005-2010*. Phnom Penh, Cambodia: Ministry of Interior, Kingdom of Cambodia.

Mith Samlanh (2005). *Harm Reduction Monitoring Report 2005*. Phnom Penh, Cambodia: Mith Samlanh. Available at http://www.streetfriends.org/CONTENT/ABOUT_US/harm_red_eng.pdf.

Mohammad S and Afsar HA (2004). *Guidelines for BCC: Enhancing content and strategies for harm reduction service provision Guidelines for Pakistan*. The National AIDS Control Program, Ministry of Health, Government of Pakistan and United States: Futures Group (DFID-funded: HIV/AIDS Prevention with Drug Harm Reduction in Pakistan Project).

Moses S, Blanchard JF, Kang, H, Emmanuel, F, Paul, SR, Becker, ML, Wilson D and Claeson M (2006). *AIDS in South Asia*. Washington DC: World Bank.

Mukta Sharma, personal communication.

Nadeem Rehman, personal communication.

National AIDS Authority and National Centre for HIV/AIDS, Dermatology and STI Control (2006). *Estimating the resource requirements for the Cambodia National Strategic Plan for a comprehensive and multi-sectoral response to HIV/AIDS 2006-2010*. Phnom Penh, Cambodia: Ministry of Health, Kingdom of Cambodia.

National AIDS Commission Indonesia (2006). [Online]. Accessed at <http://www.aidsindonesia.or.id/index.php>.

National AIDS Control Organisation (2005). *UNGASS India Report*. New Delhi, India: Ministry of Health and Family Welfare, Government of India.

National AIDS Control Program (2005). *Guidelines for the Use of Antiretroviral Therapy in HIV Positive Adults and Adolescents in Pakistan*. Islamabad, Pakistan: Ministry of Health, Government of Pakistan, June 2005.

National AIDS Control Program (2005). *HIV Voluntary Counselling and Testing (VCT) Guidelines for Pakistan*. Islamabad, Pakistan: Ministry of Health, Government of Pakistan, June 2005.

National AIDS Control Program (2006). *UNGASS Indicators Country Report Pakistan (Reporting Period: January 2003-December 2005)*. Geneva: UNAIDS.

National Centre for HIV/AIDS, Dermatology and STI Control (2004). *National Strategic Plan for HIV/AIDS and STI Prevention and Care 2004-2007*. Phnom Penh, Cambodia: Ministry of Health, Kingdom of Cambodia.

National Narcotics Agency (2005). *IDU Data*. Jakarta, Indonesia: National Narcotics Agency.

Nick Thomson, personal communication.

Office of the State Council Working Committee on AIDS, China (2005). *Progress on implementing UNGASS Declaration of Commitment in China*. [Online]. Available at http://data.unaids.org/pub/Report/2006/2006_country_progress_report_china_en.pdf.

Open Society Institute (2006). *HIV/AIDS Country Profiles: Vietnam*. New York: Open Society Institute, HIV/AIDS Monitoring. Available at http://www.soros.org/initiatives/health/focus/phw/focus_areas/hiv_aids.

Qian H-Z, Schumacher J E, Chen HT and Ruan Y-H (2006). Injection drug use and HIV/AIDS in China: Review of current situation, prevention and policy implications. *Harm Reduction Journal* 3:4.

Pakistan National AIDS Consortium (2006). [Online]. Available at <http://www.pnac.net.pk> (accessed November 2006).

Panda S and Sharma M (2006). Needle syringe acquisition and HIV prevention among injecting drug users: A treatise on the "Good and Not so good" public health practices in South Asia. *Substance Use and Misuse* 41, 953-977.

People's Daily Online (2006): Methadone therapy, needle exchanges leading HIV battle. *People's Daily Online*, October 23, 2006.

Public Health Agency of Canada (2006). [Online]. Available at <http://www.phac-aspc.gc.ca/aids-sida/global/index.html> (accessed November 2006).

Rehman N (2006). *Policy on Opiate Dependence in Pakistan*. Islamabad, Pakistan: Government of Pakistan, Yearly Digest 2005-2006. Available at www.pakistan.gov.pk.

Reid G and Costigan G (2002). *Revisiting "the hidden epidemic": a situation assessment of drug use in Asia in the context of HIV/AIDS*. Melbourne: Centre for Harm Reduction, Burnet Institute.

Republic of Indonesia, National AIDS Commission (2006). *Country Report on the Follow-up to the Declaration of Commitment on HIV/AIDS (UNGASS), Reporting Period 2005-2005*. Geneva: UNAIDS.

Robert Power, personal communication.

Shakya JK (2001). *Drug Situation and Policy Issues on Drug Demand Reduction and HIV/AIDS Concerns in Nepal*. Report of the Technical Support Consultant Nepal, submitted to UNODC ROSA 27 June 2001.

Sharma B (2006). Critical contributing factors of pharmaceutical injecting in Nepal. Paper presented at the Conference on Injecting Drug Use of Pharmaceuticals and the HIV Epidemic in the South Asian Region, New Delhi, India, 11-12 December 2006.

Shaw G. Report on the WHO, UNODC, UNAIDS consultative meeting with the Government of the Lao PDR on harm reduction needs in the country held on November 2, 2006, as part of the development of a SIDA-funded 3-year sub-regional harm reduction intervention.

Siddhart Singh, personal communication.

Tasneem Azim, personal communication.

Ton Smits, personal communication.

UNAIDS (2006). *Country Progress Report Bangladesh 2006*. Geneva: UNAIDS.

UNAIDS (2007). *HIV/AIDS in Vietnam. Mapping*. Ha Noi, Viet Nam: UNAIDS Viet Nam. Available at <http://www.unaids.org.vn/facts/mapping.htm>.

UNAIDS (2005). *Nepal Country Report 2005*. Geneva: UNAIDS.

UNAIDS (2006). *The "Three Ones" in Viet Nam*. Geneva: UNAIDS. Available at <http://www.unaids.org/en/Coordination/Regions/Asia.asp>.

UNAIDS (2006). *UNGASS National Report: Nepal 2005*. Geneva: UNAIDS.

UNDP: The HIV/AIDS Portal for Asia Pacific (2006). *Bangladesh at a Glance*. [Online]. Available at <http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Bangladesh/index.asp>.

UNDP: The HIV/AIDS Portal for Asia Pacific (2006). *Pakistan at a Glance*. [Online]. Available at <http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Pakistan/index.asp>.

UNODC ROSA, personal communication.

UNODC (2007). *Prevention of transmission of HIV among drug users in SAARC countries*. H13 Phase II Project Document (TD/RAS/03/H13). New Delhi: United Nations Office on Drugs and Crime, Regional Office for South Asia.

UNODCCP (2000). *Study of Drug Treatment Modalities & Approaches in Pakistan*, Islamabad, Pakistan: United Nations International Drug Control Programme, United Nations System in Pakistan.

UNODCCP (2002). *Illicit Drugs Situation in the Regions Neighbouring Afghanistan and the Response of ODCCP*. Vienna: United Nations Office for Drug Control and Crime Prevention.

USAID and CARE (2006). Mapping HIV/AIDS Service Provision for Most At-Risk and Vulnerable Populations in the Greater Mekong Sub-Region, July 2006. Washington, DC: CORE Initiative.

USAID, UNAIDS, WHO, UNICEF and the POLICY Project (2004). *Coverage of selected services for HIV/AIDS prevention, care and support in low and middle income countries in 2003*. Washington DC: Futures Group. Available at http://www.who.int/hiv/pub/prev_care/en/coveragereport_2003.pdf.

Walmsley R (2003). World Prison Population List, fourth edition. Home Office Research Findings no.188. London: UK Home Office. Available at www.homeoffice.gov.uk.

Walmsley R (2005). World Prison Population List, sixth edition. London: International Centre for Prison Studies, King's College London. Available at <http://www.kcl.ac.uk/depsta/rel/icps/world-prison-population-list-2005.pdf>.

Winarso, I, Irawati, I, Eka, B, Nevendorff, L, Handoyo, P, Salim, H, and Mesquita, F (2006). Indonesian National Strategy for HIV/AIDS control in prisons: a public health approach for prisoners, *International Journal of Prisoner Health* **2(3)**, 243-249.

World Bank (2006). *HIV/AIDS in Bangladesh (November 2006)*. Washington DC: World Bank. Accessed at <http://siteresources.worldbank.org/INTSAREGTOPHIVAIDS/Resources/HIV-AIDS-brief-Nov06-BD.pdf>.

World Bank (2006). *HIV/AIDS in Nepal (November 2006)*. Washington DC: World Bank. Accessed at <http://siteresources.worldbank.org/INTSAREGTOPHIVAIDS/Resources/HIV-AIDS-brief-Nov06-NPA.pdf>.

World Bank (2006). *HIV/AIDS in Pakistan (August 2006)*. Washington DC: World Bank. Accessed at <http://siteresources.worldbank.org/INTSAREGTOPHIVAIDS/Resources/HIV-AIDS-brief-August06-PKA.pdf>.

World Health Organization (2004). Scaling up Provision for Anti-Retrovirals to Injecting Drug Users and Non-Injecting Drug Users in Asia. Geneva: World Health Organization, "3 x 5" Initiative.