



Folkhälsomyndigheten

Diarienummer: 00596-2017

Global AIDS Monitoring (GAM) 2017 for Sweden

The Public Health Agency of Sweden is responsible for the coordination process of the international reporting on HIV in Sweden. The reporting describes the HIV preventive work in Sweden and the epidemiological development, based on the commitments to the Dublin Declaration and the UN General Assembly Political Declarations on HIV/AIDS. This obligation encompasses collecting GARP indicator data and completing the 2016 Dublin Declaration questionnaire, in cooperation with HIV-Sweden, a national umbrella organization of six different NGOs for people living with HIV.

The attached progress report comprises the HIV preventive achievements and the epidemiological development in Sweden during 2014-2015. There is no new or extra developed epidemiological data to submit from 2016. Sweden is therefore attaching the GARP report from last year (2016).

Current status and challenges ahead

Sweden reported in 2016 that the 90-90-90 targets were reached, by estimated 90% of people living with HIV know their status, 95% of those diagnosed receive antiretroviral therapy and 95% of those on therapy have durable viral suppression.

One challenge ahead is the increasing percentage of foreign born people among new reported HIV cases in the last few years. It underlines the importance of developing efforts and methods to reach migrants at risk. This in regard to specific key populations who need information, counselling and testing services. Also, late diagnosis are common among the new reported HIV cases in Sweden, regardless of country of birth, emphasis the need for HIV testing services and to maintain and increase the knowledge and attention to HIV among practioners in primary health care. Furthermore, the HIV preventive efforts targeting IDUs need to be strengthened. Though needle and syringe exchange programs are in place to some extent, such services is still not available in many parts of Sweden.

Solna, February 2017

Anders Tegnell
Head of Department
State Epidemiologist of Sweden



2016 DUBLIN DECLARATION QUESTIONNAIRE

Introduction

Since 2004, the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia has had a strong influence on the regional response to the epidemic. The biennial process to monitor the Declaration has provided valuable data on what is being done by countries and where improvements in national programmes must be made to reduce the number of new infections and improve the quality of life for people living with HIV.

In 2014-15, ECDC conducted an extensive review of the data generated over the ten years since the Dublin Declaration was signed. This review — in combination with input from a wide range of government and civil society partners — helped shape the 2016 Dublin Declaration Questionnaire, which remains the primary data collection instrument for monitoring the Declaration.

One of the major changes in 2016 is a focus on a single questionnaire that is submitted by government and civil society jointly. Key stakeholders from both sectors are strongly encouraged to work together to complete the questionnaire as accurately and transparently as possible. The collaboration between government and civil society has proven to be essential for an effective response to HIV and that collaboration is the basis for this approach to monitoring and reporting.

The structure of the 2016 questionnaire is aligned more closely with the core components of national responses to HIV: strategic information, prevention, testing, treatment and the continuum of care; there is also a separate section on spending. In addition, the questionnaire focuses more directly on issues that are important to improving the response, including, for example, detailed questions about challenges and barriers related to prevention, testing and treatment.

The questionnaire is an interactive PDF to make completion as easy and uncomplicated as possible. Respondents should make sure the PDF is properly downloaded and saved before responding to any questions. See the General Instructions on the next page for additional information on completing the questionnaire.

Click on the titles below to go directly to a specific section of the questionnaire. There are also links to each of the topic areas in the left margin of each section to help you move quickly and easily around the questionnaire.

1. [Strategic Information](#)
2. [Prevention](#)
3. [Testing](#)
4. [Treatment](#)
5. [Continuum of Care](#)
6. [Spending](#)

General Instructions

- The questionnaire can be saved and reopened while it is being filled in. After it has been saved, responses to individual questions can be changed and/or edited. Please review the final version for accuracy before submitting it to ECDC.
- When the questionnaire is fully completed, please click on the SUBMIT button on the last page to send it to ECDC. The software will open your email programme and automatically attach the completed PDF form to that email. If you are submitting attachments with your completed questionnaire, please attach those documents to this same email.
- On the first page of the questionnaire, please provide the requested contact information. It is important to provide information for both primary and secondary contact people so ECDC knows who to consult if there are questions or clarifications related to the completed questionnaire.
- English is the official working language of ECDC. If possible, please provide information in this language.
- Please report the most current data that is available. However, you can specify the reporting period; it does not need to be based on a calendar year. If more recent data are available, you may choose to report that data. In all cases, please provide the date(s) associated with data submitted.
- Several questions ask for the primary source of data. If multiple sources of data are used to track a specific issue, please report the primary or most important source of data.
- In the text boxes included in the questionnaire, please provide complete but concise information. Text may be cut and pasted from other source materials into the boxes provided. However, long blocks of text may not be accurately captured by the interactive PDF. Additional information may be included as attachments with your completed questionnaire.
- If attachments are part of your submission, please use the following types of files: PDF, Word and Excel. If possible, attached files should have simple names that relate to the content of the document.
- If you have any questions about how to complete the questionnaire, please contact Teymur Noori at ECDC: Teymur.Noori@ecdc.europa.eu
- **The questionnaire should be submitted to ECDC no later than Thursday, 31 March 2016.**

Verification

PLEASE ENTER THE NAME OF YOUR COUNTRY HERE:

The purpose of this page is to capture contact information for the key people with direct responsibility for completing this questionnaire. In the spaces provided below, please provide the requested details for the key government and civil society contacts.

Did representatives from civil society participate in completing this questionnaire?

Yes No

Primary Government Contact

First Name:

Surname:

Job Title:

Email Address:

Phone Number:

Secondary Government Contact

First Name:

Surname:

Job Title:

Email Address:

Phone Number:

Civil Society Contact

First Name:

Surname:

Job Title:

Email Address:

Phone Number:

Strategic Information

1. What is the HIV prevalence among key populations in your country?

Please provide the most recent data disaggregated by gender where relevant.

Key population	Prevalence (range can be entered)	Male prevalence (disaggregated)	Female prevalence (disaggregated)	Total sample size	Year	Primary data source
Men who have sex with men No data	%	%				Case reporting Sentinel surveillance Special studies Other:
Migrants from high prevalence countries No data	%	%	%			Case reporting Sentinel surveillance Special studies Other:
People who inject drugs No data	%	%	%			Case reporting Sentinel surveillance Special studies Other:
Prisoners No data	%	%	%			Case reporting Sentinel surveillance Special studies Other:
Sex workers No data	%	%	%			Case reporting Sentinel surveillance Special studies Other:
Other population:	%	%	%			Case reporting Sentinel surveillance Special studies Other:
Other population:	%	%	%			Case reporting Sentinel surveillance Special studies Other:

2. What is the estimated population size for each key population?

Please provide the most recent data disaggregated by gender where relevant.

Key population	Size estimate (range can be entered)	Male (disaggregated)	Female (disaggregated)	National or sub-national data	Year	Primary data source
Men who have sex with men No data				National Sub-national		
Migrants from high prevalence countries No data				National Sub-national		
People who inject drugs No data				National Sub-national		
Prisoners No data				National Sub-national		
Sex workers No data				National Sub-national		
Other population:				National Sub-national		
Other population:				National Sub-national		

3. When was the most recent behavioural surveillance conducted among key populations in your country? When is the next round of behavioural surveillance scheduled to take place?

Please indicate if a next round is not currently scheduled.

Key population	Most recent behavioural surveillance		Next round of behavioural surveillance		
	National or sub-national data	Year	National or sub-national data	Year	Not scheduled
Men who have sex with men	National Sub-national		National Sub-national		
Migrants from high prevalence countries	National Sub-national		National Sub-national		
People who inject drugs	National Sub-national		National Sub-national		
Prisoners	National Sub-national		National Sub-national		
Sex workers	National Sub-national		National Sub-national		
Other population:	National Sub-national		National Sub-national		
Other population:	National Sub-national		National Sub-national		

4. Which sub-groups within key populations are at the greatest risk of HIV infection? Please identify: 1) the sub-group; 2) the behaviours and factors that place them at higher risk of infection; 3) the source of data on risk behaviours and factors for sub-groups; and 4) the population size estimate for the sub-group.

Sub-groups identified in previous rounds of Dublin reporting include MSM who engage in high-risk sexual or drug-related behaviour, migrant MSM, younger MSM, sex workers who inject drugs, HIV-positive women who do not seek healthcare during pregnancy and migrants at risk of post-arrival infection of HIV.

Sub-group	Behaviours and factors	Primary data source	Population size estimate
No data on sub-groups		Behavioural surveillance Project data Special study Other: Year:	No size estimate
		Behavioural surveillance Project data Special study Other: Year:	No size estimate
		Behavioural surveillance Project data Special study Other: Year:	No size estimate
		Behavioural surveillance Project data Special study Other: Year:	No size estimate
		Behavioural surveillance Project data Special study Other: Year:	No size estimate

5. What data does your country have on the following behaviours among men who have sex with men?

Note: Antiretroviral treatment and pre-exposure prophylaxis (PrEP) are having an effect on the risks historically associated with these behaviours. However, at this time, these behaviours remain reasonable measures of potential risk among this population.

Behaviour	Primary data source	Key findings
Unprotected anal sex with a <i>steady partner</i> of unknown HIV serostatus No data	Behavioural surveillance Project data Special study Other: National Year: Sub-national	
Unprotected anal sex with a <i>non-steady partner</i> of unknown HIV serostatus No data	Behavioural surveillance Project data Special study Other: National Year: Sub-national	
Unprotected anal sex with multiple (i.e. more than three) <i>non-steady partners</i> of unknown HIV serostatus No data	Behavioural surveillance Project data Special study Other: National Year: Sub-national	

6. What data does your country have on the following behaviours among people who inject drugs?

Behaviour	Primary data source	Key findings
Sharing of needles and/or syringes* No data	Behavioural surveillance Project data Special study Other: National Year: Sub-national	
Unprotected sex with a steady partner** No data	Behavioural surveillance Project data Special study Other: National: Year Sub-national	
Unprotected sex with a non-steady partner No data	Behavioural surveillance Project data Special study Other: National Year: Sub-national	
Unprotected sex with multiple partners No data	Behavioural surveillance Project data Special study Other: National Year: Sub-national	

*Related EMCDDA indicator is “the percent of current IDUs sharing used needles/syringes in the last 4 weeks (receiving or passing on)”.

**Relevant EMCDDA indicator for unprotected sex is “the percent ever IDUs who report the use of a condom at last sexual intercourse.”

7. What is the most current data available on the following two measures linked to injecting drug users?

Number of syringes distributed per person who injects drugs per year by needle and syringe programmes *EMCDDA & UNAIDS measure	Number:	Year:
Percentage of estimated opioid users receiving opioid substitution therapy (OST) *EMCDDA measure	Percentage:	Year:

8a. What data are available on injecting drug use among men who have sex with men in your country (e.g. rates of injecting drug use)?

8b. Which of the following drugs (injected or non-injected) are associated with sexualised drug use among men who have sex with men?

Methamphetamine	Yes	No	No data
Gammahydroxybutyrate (GHB)	Yes	No	No data
Gammabutyrolactone (GBL)	Yes	No	No data
Mephedrone	Yes	No	No data
Other:			
Other:			

8c. What other information (e.g. project findings, expert opinion) is available about sexualised drug use among men who have sex with men in your country?

9. What percentage of people newly diagnosed with HIV are tested for active TB? What percentage of people newly diagnosed with HIV who are tested for active TB are found to have TB?

Percentage of people newly diagnosed with HIV who are tested for active TB:	%	Year:	No data
Percentage of people newly diagnosed with HIV who are tested for active TB who are found to have TB:	%	Year:	No data

10. What are the main challenges and barriers to effective diagnosis and treatment of HIV and TB co-infections?

Prevention

1. What priority is given to HIV prevention for the following key populations in your country?

Key population	High priority	Medium priority	Low priority	Not applicable
Men who have sex with men				
Migrants from high prevalence countries				
Undocumented migrants				
People who inject drugs				
Prisoners				
Sex workers				
Other population:				
Other population:				

2. Are laws and/or policies in effect that authorise the following HIV prevention activities in your country?

	Yes	No
Provision of pre-exposure prophylaxis (PrEP)		
Provision of post-exposure prophylaxis (PEP) for key populations		
Provision of post-exposure prophylaxis (PEP) in health care settings		
Provision of needle and syringe programmes for people who inject drugs		
Provision of opioid substitution therapy for people who inject drugs		
Availability of supervised injection sites for people who inject drugs		
Provision of condoms in prison settings		
Provision of needle and syringe programmes in prison settings		
Provision of opioid substitution therapy in prison settings		
Provision of HIV prevention services for undocumented migrants		

3. Does your country have laws or policies that may limit access to or uptake of HIV prevention, services among key populations?

	Yes	No
Criminalisation of HIV exposure		
Criminalisation of HIV non-disclosure		
Criminalisation of homosexual behaviour		
Criminalisation of sex work		
Limit on harm reduction in prison settings		

4. Does your country implement the following prevention interventions for key populations? If so, do the interventions focus on sub-groups at greatest risk of HIV infection? What is the estimated level of national coverage (high, medium or low) for each intervention?

Please note in this series of questions that 'prisoners' has been replaced with 'prisons'. Consequently, questions should be answered in the context of the location, not the population. For example, estimated coverage should be the percentage of prisons: all prisons, most prisons, some prisons.

Condom promotion and distribution programmes	Men who have sex with men	People who inject drugs	Migrants from high prevalence countries	Undocumented migrants	Sex workers	Prisons
Intervention is in place	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Intervention is focused on sub-groups at greatest risk of infection	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Estimated national coverage	High Medium Low Don't know	High Medium Low Don't know	High Medium Low Don't know	High Medium Low Don't know	High Medium Low Don't know	All Most Some Don't know

Lubricant promotion and distribution programmes	Men who have sex with men	Sex workers	Prisons
Intervention is in place	Yes No	Yes No	Yes No
Intervention is focused on sub-groups at greatest risk of infection	Yes No	Yes No	Yes No
Estimated national coverage	High Medium Low Don't know	High Medium Low Don't know	All Most Some Don't know

Population-specific STI testing and clinical services	Men who have sex with men	People who inject drugs	Migrants from high prevalence countries	Undocumented migrants	Sex workers	Prisons
Intervention is in place	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Intervention is focused on sub-groups at greatest risk of infection	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Estimated national coverage	High Medium Low Don't know	High Medium Low Don't know	High Medium Low Don't know	High Medium Low Don't know	High Medium Low Don't know	All Most Some Don't know

Pre-exposure prophylaxis (PrEP)	Men who have sex with men	People who inject drugs	Migrants from high prevalence countries	Undocumented migrants	Sex workers	Prisons
Intervention is in place	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Intervention is focused on sub-groups at greatest risk of infection	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Estimated national coverage	High Medium Low Don't know	High Medium Low Don't know	High Medium Low Don't know	High Medium Low Don't know	High Medium Low Don't know	All Most Some Don't know

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Post-exposure prophylaxis (PEP) for key populations	Men who have sex with men	People who inject drugs	Migrants from high prevalence countries	Undocumented migrants	Sex workers	Prisons
Intervention is in place	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Intervention is focused on sub-groups at greatest risk of infection	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Estimated national coverage	High Medium Low Don't know	High Medium Low Don't know	High Medium Low Don't know	High Medium Low Don't know	High Medium Low Don't know	All Most Some Don't know

Health promotion or behaviour change communication programmes	Men who have sex with men	People who inject drugs	Migrants from high prevalence countries	Undocumented migrants	Sex workers	Prisons
Intervention is in place	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Intervention is focused on sub-groups at greatest risk of infection	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Estimated national coverage	High Medium Low Don't know	High Medium Low Don't know	High Medium Low Don't know	High Medium Low Don't know	High Medium Low Don't know	All Most Some Don't know

Specific programmes to reduce HIV risks linked to substance use and abuse	Men who have sex with men	People who inject drugs	Migrants from high prevalence countries	Undocumented migrants	Sex workers	Prisons
Intervention is in place	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Intervention is focused on sub-groups at greatest risk of infection	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Estimated national coverage	High Medium Low Don't know	High Medium Low Don't know	High Medium Low Don't know	High Medium Low Don't know	High Medium Low Don't know	All Most Some Don't know

Needle and syringe programmes	People who inject drugs	Prisons
Intervention is in place	Yes No	Yes No
Estimated national coverage	High Medium Low Don't know	All Most Some Don't know

Opioid substitution therapy	People who inject drugs	Prisons
Intervention is in place	Yes No	Yes No
Estimated national coverage	High Medium Low Don't know	All Most Some Don't know

Supervised injection sites	People who inject drugs	Prisons
Intervention is in place	Yes No	Yes No
Estimated national coverage	High Medium Low Don't know	All Most Some Don't know

Specialised harm reduction programmes for people who inject non-opioid drugs	People who inject drugs		Men who have sex with men		Prisons	
Intervention is in place	Yes	No	Yes	No	Yes	No
Estimated national coverage	High	Medium	High	Medium	All	Most
	Low		Low		Some	
	Don't know		Don't know		Don't know	

5a. Is holistic/comprehensive sexuality education taught in your country's primary and secondary schools? (Holistic/comprehensive sexuality education gives children and young people unbiased, scientifically correct information on all aspects of sexuality and, at the same time, helps them to develop the skills to act upon this information.)

Primary schools	Yes	No
Secondary schools	Yes	No

5b. If Yes, in what percentage (estimated) of schools?

Primary schools	%
Secondary schools	%

5c. If No, what are the reasons? Select all that apply for each level of school.

	Primary	Secondary
Political or religious opposition		
Lack of awareness of the importance of the topic		
Lack of time or space in the school curriculum		
Lack of an appropriate sexuality curriculum		
Lack of teachers trained in the subject		
Lack of funding		
Other:		

6. Are there ongoing, completed or planned pre-exposure prophylaxis (PrEP) demonstration or pilot projects in your country? (Note: PrEP demonstration/pilot projects can help determine which implementation approach is best suited to a given country or setting.)

PrEP demonstration projects	Time frame	Number of participants	Demographic profile of the participants	Setting
Ongoing				Health care setting Community-based Other:
Completed				Health care setting Community-based Other:
Planned				Health care setting Community-based Other:
No projects ongoing, completed or planned				

7a. Are there other plans to implement PrEP in your country?

Yes No

7b. If Yes, briefly describe those plans.**8. What information is available on the 'off-licence' use of Truvada or other ARVs for PrEP? For example, how widely is it used? Is the product primarily purchased online? (Note: 'Off-licence' refers to when a drug is prescribed outside its approved or licensed use.)**

No information

9. Are initiatives underway to educate key stakeholders on the use of PrEP as an effective prevention intervention?

Policy makers	Yes	No	Planned
Health ministries/departments	Yes	No	Planned
Physicians	Yes	No	Planned
Pharmacists	Yes	No	Planned
Public health professionals	Yes	No	Planned
HIV prevention programmes	Yes	No	Planned
Potential PrEP users	Yes	No	Planned
Other:	Yes	No	Planned

10. What issues are limiting or preventing the implementation of PrEP in your country? What is the level of importance for each issue? Select all that apply.

	Level of importance		
Adherence	High	Medium	Low
Drug resistance	High	Medium	Low
Eligibility	High	Medium	Low
Feasibility	High	Medium	Low
Cost of the drug	High	Medium	Low
Cost of service delivery	High	Medium	Low
Lower condom use	High	Medium	Low
Increased transmission of other sexually transmitted diseases	High	Medium	Low
Other:	High	Medium	Low

Note: Question 11 asks about challenges and barriers to a) providing HIV prevention services and b) increasing the uptake of prevention services. It is important to think carefully if the challenges and barriers to delivering HIV prevention services to key populations are different – or the same – as those related to increasing the uptake of prevention services among people who are at a greater risk of being infected.

11a. What are the main challenges or barriers to providing HIV prevention services for key populations in your country?

Please identify all populations affected by a challenge or barrier and the significance of the challenge/barrier. *Only select 'Not relevant' if the issue is not a challenge or barrier to any of the listed populations.*

Challenges or barriers to providing HIV prevention services	Key populations Select all affected by the challenge or barrier.	Overall significance of the challenge or barrier		
Laws or policies (e.g. criminalisation of HIV exposure, drug use, sex work; limits to provision of harm reduction services)	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Lack of data on who should be targeted with prevention messages and services	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Availability of appropriate, population-specific prevention services	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Availability of commodities and supplies (e.g. syringes, condoms, lubricant)	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Sustainable funding for prevention services	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Prevention knowledge and skills of health professionals and programme staff	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low

Challenges or barriers to providing HIV prevention services	Key populations Select all affected by the challenge or barrier.	Overall significance of the challenge or barrier		
Stigma and discrimination among health professionals Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Language and culture Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Other challenge or barrier: (please specify)	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low

11b. What are the main challenges or barriers to increasing the uptake of HIV prevention services among key populations in your country?

Please identify all populations affected by a challenge or barrier and the significance of the challenge/barrier. Only select 'Not relevant' if the issue is not a challenge or barrier to any of the listed populations.

Challenges or barriers to increasing the uptake of HIV prevention services	Key populations Select all affected by the challenge or barrier.	Overall significance of the challenge or barrier		
Laws or policies (e.g. criminalisation of HIV exposure, drug use, homosexuality, sex work) Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Perception of risk among key populations Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Availability of appropriate, population-specific prevention services Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low

Challenges or barriers to increasing the uptake of HIV prevention services	Key populations Select all affected by the challenge or barrier.	Overall significance of the challenge or barrier		
Prevention knowledge and skills of health professionals and programme staff Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Stigma and discrimination among health professionals Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Stigma and discrimination within the key population Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Language and culture Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Other challenge or barrier: (please specify)	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low

12. Are there major gaps in HIV prevention services for any of the following populations? Select all that apply.

<input type="checkbox"/>	Men who have sex with men
<input type="checkbox"/>	Migrants from high prevalence countries
<input type="checkbox"/>	Undocumented migrants
<input type="checkbox"/>	People who inject drugs
<input type="checkbox"/>	Prisoners
<input type="checkbox"/>	Sex workers
<input type="checkbox"/>	Other population:

13. What are the priority gaps in HIV prevention that need to be addressed in order to reduce the number of new infections?

Testing

1. Does your country have laws or policies that authorise or prevent the following types of HIV testing?

Community testing is conducted outside of conventional health facilities. Home-sampling kits allow individuals to collect their own blood or saliva sample and send it to a laboratory for analysis. The laboratory will notify the individual with the results online or by phone. Self-testing allows individuals who want to know their HIV status to collect a specimen, perform a test and interpret their own results.

	Authorise	Prevent	No applicable laws or policies
Community-based testing delivered by trained medical staff			
Community-based testing delivered by non-medical staff (e.g. trained lay people)			
Home-sampling kits			
Self-testing kits			

2. Does your country have laws or policies that may limit access to or uptake of HIV testing among key populations?

May limit access to or uptake of HIV testing	Yes	No
Criminalisation of HIV exposure		
Criminalisation of HIV non-disclosure		
Criminalisation of homosexual behaviour		
Criminalisation of sex work		

3a. Does your country have national HIV testing guidelines?

Yes No

3b. If Yes:

When were they last revised?

3c. Is your country currently considering revisions to the guidelines?

Yes No

3d. What aspects of the guidelines need to be revised?

4. If your country has national HIV testing guidelines, do they specifically address the following key populations? Select all that apply.

<input type="checkbox"/>	Men who have sex with men
<input type="checkbox"/>	Migrants from high prevalence countries
<input type="checkbox"/>	Undocumented migrants
<input type="checkbox"/>	People who inject drugs
<input type="checkbox"/>	Prisoners
<input type="checkbox"/>	Sex workers
<input type="checkbox"/>	Other population:
<input type="checkbox"/>	Other population:

No national HIV testing guidelines

5. Are community-based testing, home sampling and self-testing included in the HIV testing guidelines?

	Yes	No
Community-based testing delivered by trained medical staff		
Community-based testing delivered by non-medical staff (e.g. trained lay people)		
Home sampling		
Self-testing		

No national HIV testing guidelines

6. How widely implemented are community-based testing, home sampling and self-testing in your country?

	Community-based testing delivered by trained medical staff	Community-based testing delivered by non-medical staff (e.g. trained lay people)	Home sampling	Self-testing
Don't know				
Not at all				
Pilot site(s) only				
Limited implementation				
Moderate implementation				
Extensive implementation				

7. Are efforts underway to increase the use of community-based HIV testing, home sampling and self-testing?

	Community-based testing delivered by trained medical staff			Community-based testing delivered by non-medical staff			Home sampling			Self-testing		
	Yes	No	Planned	Yes	No	Planned	Yes	No	Planned	Yes	No	Planned
General population	Yes	No	Planned	Yes	No	Planned	Yes	No	Planned	Yes	No	Planned
Men who have sex with men	Yes	No	Planned	Yes	No	Planned	Yes	No	Planned	Yes	No	Planned
Migrants from high prevalence countries	Yes	No	Planned	Yes	No	Planned	Yes	No	Planned	Yes	No	Planned
Undocumented migrants	Yes	No	Planned	Yes	No	Planned	Yes	No	Planned	Yes	No	Planned
People who inject drugs	Yes	No	Planned	Yes	No	Planned	Yes	No	Planned	Yes	No	Planned
Prisoners	Yes	No	Planned	Yes	No	Planned	Yes	No	Planned	Yes	No	Planned
Sex workers	Yes	No	Planned	Yes	No	Planned	Yes	No	Planned	Yes	No	Planned
Other population:	Yes	No	Planned	Yes	No	Planned	Yes	No	Planned	Yes	No	Planned

8a. Is HIV indicator condition-guided testing included in the national HIV testing guidelines?

(HIV indicator condition-guided testing links various conditions such as sexually transmitted infections to an elevated risk of HIV infection. If a patient has any of these conditions and does not know their HIV status, an HIV test is strongly recommended.)

Yes No

No national HIV testing guidelines

8b. If Yes:

Do the guidelines related to this approach to testing include the following categories?

	Yes	No
Conditions which are AIDS defining among people living with HIV	Yes	No
Conditions associated with an undiagnosed HIV prevalence of >0.1%	Yes	No
Other conditions considered likely to have an undiagnosed HIV prevalence of >0.1%	Yes	No
Conditions for which not identifying the presence of HIV infection may have significant adverse implications for the individual's clinical management	Yes	No

9. How widely implemented is HIV indicator condition-guidance testing in your country?

Don't know	
Not at all	
Pilot site(s) only	
Limited implementation	
Moderate implementation	
Extensive implementation	

10. Is partner notification included in the testing guidelines?

Yes No Don't know

No national testing guidelines

11. How widely implemented is partner notification in your country?

Don't know	
Not at all	
Pilot site(s) only	
Limited implementation	
Moderate implementation	
Extensive implementation	

12. Are efforts underway to increase the use of partner notification among key populations?

Men who have sex with men	Yes	No	Planned
Migrants from high prevalence countries	Yes	No	Planned
Undocumented migrants	Yes	No	Planned
People who inject drugs	Yes	No	Planned
Prisoners	Yes	No	Planned
Sex workers	Yes	No	Planned
Other population:	Yes	No	Planned

13. Is mandatory HIV testing conducted with any of the following populations?

	Yes	No
Men who have sex with men		
Migrants from high prevalence countries		
Undocumented migrants		
People who inject drugs		
Prisoners		
Sex workers		
Other population:		
Other population:		

14. What is the rate of testing among key populations during the past 12 months? If data is available for a different time frame (e.g. tested in the past 24 months), please note the time frame in the appropriate column. Please include the year when the most current data was collected, whether it is national or sub-national data and, if possible, the sample size of the survey.

Populations	Testing rate	Time frame	National or sub-national data	Year	Sample size
Men who have sex with men No data		12 months Other:	National Sub-national		
Migrants from high prevalence countries No data		12 months Other:	National Sub-national		
Undocumented migrants No data		12 months Other:	National Sub-national		
People who inject drugs No data		12 months Other:	National Sub-national		
Prisoners No data		12 months Other:	National Sub-national		
Sex workers No data		12 months Other:	National Sub-national		
Other populations		12 months Other:	National Sub-national		

15. What are the key factors that contribute to late diagnosis of HIV in your country? Please select all relevant factors, indicate the significance of the factor and if evidence exists.

Factors contributing to late diagnosis	Key population Select all affected by the key factor.	Significance of the factor			Evidence exists	
		High	Medium	Low	Yes	No
Lack of knowledge about HIV and AIDS Not relevant for any key population	Men who have sex with men	High	Medium	Low	Yes	No
	Migrants from high prevalence countries	High	Medium	Low	Yes	No
	Undocumented migrants	High	Medium	Low	Yes	No
	People who inject drugs	High	Medium	Low	Yes	No
	Prisoners	High	Medium	Low	Yes	No
	Sex workers	High	Medium	Low	Yes	No
	Other population:	High	Medium	Low	Yes	No
Low risk perception Not relevant for any key population	Men who have sex with men	High	Medium	Low	Yes	No
	Migrants from high prevalence countries	High	Medium	Low	Yes	No
	Undocumented migrants	High	Medium	Low	Yes	No
	People who inject drugs	High	Medium	Low	Yes	No
	Prisoners	High	Medium	Low	Yes	No
	Sex workers	High	Medium	Low	Yes	No
	Other population:	High	Medium	Low	Yes	No
Denial of risk behaviours Not relevant for any key population	Men who have sex with men	High	Medium	Low	Yes	No
	Migrants from high prevalence countries	High	Medium	Low	Yes	No
	Undocumented migrants	High	Medium	Low	Yes	No
	People who inject drugs	High	Medium	Low	Yes	No
	Prisoners	High	Medium	Low	Yes	No
	Sex workers	High	Medium	Low	Yes	No
	Other population:	High	Medium	Low	Yes	No

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Factors contributing to late diagnosis	Key population Select all affected by the key factor.	Significance of the factor			Evidence exists	
Fear of knowing one's HIV status Not relevant for any key population	Men who have sex with men	High	Medium	Low	Yes	No
	Migrants from high prevalence countries	High	Medium	Low	Yes	No
	Undocumented migrants	High	Medium	Low	Yes	No
	People who inject drugs	High	Medium	Low	Yes	No
	Prisoners	High	Medium	Low	Yes	No
	Sex workers	High	Medium	Low	Yes	No
	Other population:	High	Medium	Low	Yes	No
Limited screening of patients with HIV risk factors when they are still asymptomatic Not relevant for any key population	Men who have sex with men	High	Medium	Low	Yes	No
	Migrants from high prevalence countries	High	Medium	Low	Yes	No
	Undocumented migrants	High	Medium	Low	Yes	No
	People who inject drugs	High	Medium	Low	Yes	No
	Prisoners	High	Medium	Low	Yes	No
	Sex workers	High	Medium	Low	Yes	No
	Other population:	High	Medium	Low	Yes	No
Inadequate efforts by health professionals to offer or recommend an HIV test to people at risk of HIV infection Not relevant for any key population	Men who have sex with men	High	Medium	Low	Yes	No
	Migrants from high prevalence countries	High	Medium	Low	Yes	No
	Undocumented migrants	High	Medium	Low	Yes	No
	People who inject drugs	High	Medium	Low	Yes	No
	Prisoners	High	Medium	Low	Yes	No
	Sex workers	High	Medium	Low	Yes	No
	Other population:	High	Medium	Low	Yes	No
Stigma and discrimination among health professionals Not relevant for any key population	Men who have sex with men	High	Medium	Low	Yes	No
	Migrants from high prevalence countries	High	Medium	Low	Yes	No
	Undocumented migrants	High	Medium	Low	Yes	No
	People who inject drugs	High	Medium	Low	Yes	No
	Prisoners	High	Medium	Low	Yes	No
	Sex workers	High	Medium	Low	Yes	No
	Other population:	High	Medium	Low	Yes	No
Stigma and discrimination within the key population Not relevant for any key population	Men who have sex with men	High	Medium	Low	Yes	No
	Migrants from high prevalence countries	High	Medium	Low	Yes	No
	Undocumented migrants	High	Medium	Low	Yes	No
	People who inject drugs	High	Medium	Low	Yes	No
	Prisoners	High	Medium	Low	Yes	No
	Sex workers	High	Medium	Low	Yes	No
	Other population:	High	Medium	Low	Yes	No
Other:	Men who have sex with men	High	Medium	Low	Yes	No
	Migrants from high prevalence countries	High	Medium	Low	Yes	No
	Undocumented migrants	High	Medium	Low	Yes	No
	People who inject drugs	High	Medium	Low	Yes	No
	Prisoners	High	Medium	Low	Yes	No
	Sex workers	High	Medium	Low	Yes	No
	Other population:	High	Medium	Low	Yes	No

16. What is being done in your country to reduce late presentation and late diagnosis?

Note: Question 17 asks about challenges and barriers to a) providing HIV testing and b) increasing the uptake of testing. It is important to think carefully if the challenges and barriers to delivering HIV testing services to key populations are different – or the same – as those related to increasing the uptake of testing among people who are at a greater risk of being infected.

17a. What are the main challenges or barriers to providing HIV testing in your country? Please identify all populations affected by a challenge or barrier and the significance of the challenge/barrier. *Only select 'Not relevant' if the issue is not a challenge or barrier to any of the listed populations.*

Challenges or barriers to providing HIV testing	Key populations Select all affected by the challenge or barrier.	Overall significance of the challenge or barrier		
Laws or policies (e.g. criminalisation of HIV exposure, drug use, homosexuality, sex work) Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Availability of HIV testing services, in general Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Availability of community-based testing services Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Availability of home-sampling kits/ services Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Availability of self-testing Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Lack of data on who should be recommended for testing Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low

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Challenges or barriers to providing HIV testing	Key populations Select all affected by the challenge or barrier.	Overall significance of the challenge or barrier		
Sustainable funding for testing services Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Stigma and discrimination among health professionals Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Ability of health care professionals to identify and screen asymptomatic patients who should be tested Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Language and culture Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Other challenge or barrier: (please specify)	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low

17b. What are the main challenges or barriers to increasing the uptake of HIV testing among key populations in your country? Please identify all populations affected by a challenge or barrier and the significance of the challenge/barrier. *Only select 'Not relevant' if the issue is not a challenge or barrier to any of the listed populations.*

Challenges or barriers to increasing the uptake of HIV testing	Key populations Select all affected by the challenge or barrier.	Overall significance of the challenge or barrier		
Laws or policies (e.g. criminalisation of HIV exposure, drug use, homosexuality, sex work) Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Availability of HIV testing services in general Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Availability of community-based testing services Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Availability of home-sampling kits/services Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Availability of self-testing Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Lack of support for or buy-in to HIV testing among the key populations Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Confidentiality Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low

Challenges or barriers to increasing the uptake of HIV testing	Key populations Select all affected by the challenge or barrier.	Overall significance of the challenge or barrier		
Stigma and discrimination among health professionals Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Stigma and discrimination within the key population Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Language and culture Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Other challenge or barrier: (please specify)	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low

18. What is being done to increase uptake of HIV testing overall and among different population groups?

	Actions
Overall No activities	
Men who have sex with men No activities	
Migrants from high prevalence countries No activities	
Undocumented migrants No activities	
People who inject drugs No activities	
Prisoners No activities	
Sex workers No activities	
Other population:	

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19. Are there major gaps in HIV testing services for any of the following populations?

	Yes	No
Men who have sex with men		
Migrants from high prevalence countries		
Undocumented migrants		
People who inject drugs		
Prisoners		
Sex workers		
Other population:		

20. What are priority gaps in HIV testing need to be addressed in order to increase testing uptake and reduce the number of late diagnoses?

Treatment

1. What is the current policy and practice for initiating antiretroviral treatment in your country? Select one from each column.

Treatment threshold	Policy	Practice
Initiation regardless of CD4 count		
CD4 ≤ 500		
CD4 ≤ 350		
CD4 ≤ 200		
Other:		

2. Does your country have laws or policies that may limit access to or uptake of HIV treatment among key populations?

Laws or policies that may limit access to or uptake of treatment?	Yes	No
Criminalisation of HIV exposure		
Criminalisation of HIV non-disclosure		
Criminalisation of drug use		
Criminalisation of homosexuality		
Criminalisation of sex work		

3a. Is antiretroviral treatment provided for undocumented migrants in your country?

Yes No

3b. If Yes, is treatment available to them at the same cost or on the same basis as it is for other people in your country?

Yes No

4. What are the main challenges or barriers to getting people who have been diagnosed with HIV on treatment?

Please identify all populations affected by a challenge or barrier and the significance of the challenge/barrier. *Only select 'Not relevant' if the issue is not a challenge or barrier to any of the listed populations.*

Challenges or barriers to getting people who have been diagnosed with HIV on treatment	Key populations Select all affected by the challenge or barrier.	Overall significance of the challenge or barrier		
Laws or policies (e.g. criminalisation of HIV exposure, drug use, homosexuality, sex work) Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Systems / referral mechanisms to link people diagnosed with HIV to treatment programmes Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low

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Challenges or barriers to getting people who have been diagnosed with HIV on treatment	Key populations Select all affected by the challenge or barrier.	Overall significance of the challenge or barrier		
Availability of treatment programmes Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Availability of drugs Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Treatment-related knowledge and skills of health professionals Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Stigma and discrimination among health professionals Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Stigma and discrimination within the key population Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Confidentiality Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Integration with other health services (e.g. treatment for non-communicable diseases (NCDs)) Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low

Challenges or barriers to getting people who have been diagnosed with HIV on treatment	Key populations Select all affected by the challenge or barrier.	Overall significance of the challenge or barrier		
Integration with other support services (e.g. nutrition, housing) Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Language and culture Not relevant for any key population	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low
Other challenge or barrier: (please specify)	Men who have sex with men	High	Medium	Low
	Migrants from high prevalence countries	High	Medium	Low
	Undocumented migrants	High	Medium	Low
	People who inject drugs	High	Medium	Low
	Prisoners	High	Medium	Low
	Sex workers	High	Medium	Low
	Other population:	High	Medium	Low

5. What initiatives are in place to ensure that people who need treatment receive it?

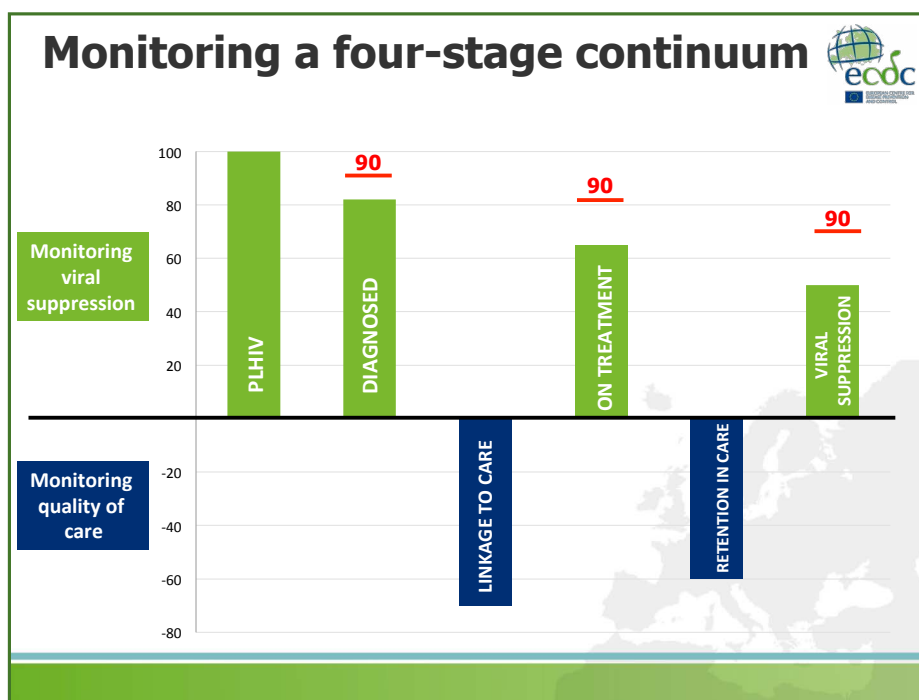
	Initiatives
Overall No initiatives	
Men who have sex with men No initiatives	
Migrants from high prevalence countries No initiatives	
Undocumented migrants No initiatives	
People who inject drugs No initiatives	
Prisoners No initiatives	
Sex workers No initiatives	
Other population:	

Continuum of Care

In September 2015, ECDC hosted an expert meeting on the HIV continuum of care in Europe. One of the goals of the meeting was to identify ways to improve the analysis of the continuum across the region.

The experts recommended focusing on four core issues that are essential to improving the HIV response: the estimated number of people living with HIV, testing/diagnosis, treatment and viral suppression. There was a parallel recommendation to move toward standardised definitions for each of the stages.

At the October 2015 meeting of the advisory group for monitoring the Dublin Declaration, the decision was made to monitor the HIV continuum of care using the recommended continuum.



Proposed definition for each of the four stages in the continuum

Stage 1: Total estimated number of people living with HIV in the country

The total estimated number should be based on an empirical modelling approach, using the [ECDC HIV Modelling Tool](#)¹, Spectrum or any other empirical estimate. The estimate should include diagnosed and undiagnosed people.

Stage 2: Number/percentage of above (estimated number of people living with HIV in the country) ever diagnosed

The number should include all new HIV or AIDS diagnoses. It should also include those people who are in care and those who have not been linked to care.

Stage 3: Number/percentage of above (estimated number of people living with HIV in the country, ever diagnosed) who ever initiated antiretroviral treatment

The number should include all who ever initiated ART, regardless of treatment regimen or treatment interruptions/discontinuation.

Stage 4: Number/percentage of above (estimated number of people living with HIV in the country, ever diagnosed, ever initiated antiretroviral treatment) who had VL ≤200 copies/ml at last visit (virally suppressed)

The number should include all who ever initiated ART, regardless of regimen or treatment interruptions/discontinuation.

¹ <http://ecdc.europa.eu/en/healthtopics/aids/Pages/hiv-modelling-tool.aspx>

1. For each of the following four population groups, please provide the latest available data on the continuum.

These data points should provide a 'snapshot' of the situation in your country.

1a. All people living with HIV

	Number	Year	Percentage	Primary Data Source
Stage 1: Total estimated number of people living with HIV	No data		100%	ECDC modelling tool SPECTRUM modelling tool Other modelling tool: Other estimate:
Stage 2: Number of above ever diagnosed with HIV	No data		Percentage of the number of PLHIV (see Stage 1): %	Cohort data Surveillance data Other data source:
Stage 3: Number of above who have ever initiated antiretroviral treatment	No data		Percentage of the number of people ever diagnosed with HIV diagnosis (see Stage 2): %	Cohort data Surveillance data Other data source:
Stage 4: Number of above who had VL ≤200 copies/mL at last visit	No data		Percentage of people who have ever initiated treatment (see Stage 3): %	Cohort data Surveillance data Other data source:

Comments/clarifications:

1b. Men who have sex with men

	Number	Year	Percentage	Primary Data Source
Stage 1: Total estimated number of people living with HIV	No data		100%	ECDC modelling tool SPECTRUM modelling tool Other modelling tool: Other estimate:
Stage 2: Number of above ever diagnosed with HIV	No data		Percentage of the number of PLHIV (see Stage 1): %	Cohort data Surveillance data Other data source:
Stage 3: Number of above who have ever initiated antiretroviral treatment	No data		Percentage of the number of people ever diagnosed with HIV diagnosis (see Stage 2): %	Cohort data Surveillance data Other data source:
Stage 4: Number of above who had VL ≤200 copies/mL at last visit	No data		Percentage of people who have ever initiated treatment (see Stage 3): %	Cohort data Surveillance data Other data source:

Comments/clarifications:

1c. People who inject drugs

	Number	Year	Percentage	Primary Data Source
Stage 1: Total estimated number of people living with HIV	No data		100%	ECDC modelling tool SPECTRUM modelling tool Other modelling tool: Other estimate:
Stage 2: Number of above ever diagnosed with HIV	No data		Percentage of the number of PLHIV (see Stage 1): %	Cohort data Surveillance data Other data source:
Stage 3: Number of above who have ever initiated antiretroviral treatment	No data		Percentage of the number of people ever diagnosed with HIV diagnosis (see Stage 2): %	Cohort data Surveillance data Other data source:
Stage 4: Number of above who had VL ≤200 copies/mL at last visit	No data		Percentage of people who have ever initiated treatment (see Stage 3): %	Cohort data Surveillance data Other data source:

Comments/clarifications:**1d. Foreign-born migrants**

	Number	Year	Percentage	Primary Data Source
Stage 1: Total estimated number of people living with HIV	No data		100%	ECDC modelling tool SPECTRUM modelling tool Other modelling tool: Other estimate:
Stage 2: Number of above ever diagnosed with HIV	No data		Percentage of the number of PLHIV (see Stage 1): %	Cohort data Surveillance data Other data source:
Stage 3: Number of above who have ever initiated antiretroviral treatment	No data		Percentage of the number of people ever diagnosed with HIV diagnosis (see Stage 2): %	Cohort data Surveillance data Other data source:
Stage 4: Number of above who had VL ≤200 copies/mL at last visit	No data		Percentage of people who have ever initiated treatment (see Stage 3): %	Cohort data Surveillance data Other data source:

Comments/clarifications:**3. What are the main challenges your country faces in collecting data for the continuum of care?**

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4. What is the average length of time between HIV diagnosis and date of first contact with whoever is responsible for initial care (e.g. date of first CD4 test, viral load test or start of ART)?

	Within one week of diagnosis
	Within two weeks of diagnosis
	Within one month of diagnosis
	Within three months of diagnosis
	Within six months of diagnosis
	No data

5. What is the average length of time between a confirmed HIV diagnosis and the start of treatment?

	Within one week of diagnosis
	Within two weeks of diagnosis
	Within one month of diagnosis
	Within three months of diagnosis
	Other:
	No data

6a. How is 'linkage to care' defined in your country?

6b. What measures are used to monitor linkage to care?

6c. What are the key findings from your monitoring of linkage to care?

7a. How are adherence and retention defined in your country?

Adherence definition:
Retention definition:

7b. How are adherence and retention rates calculated in your country?

Adherence rate calculation:
Retention rate calculation:

8. What measures are used to track adherence? Select all that apply.

<input type="checkbox"/>	Adherence not tracked
<input type="checkbox"/>	Viral suppression
<input type="checkbox"/>	Patient self reporting
<input type="checkbox"/>	Prescription data
<input type="checkbox"/>	Other:

9. What measures are used to track retention? Select all that apply.

<input type="checkbox"/>	Retention not tracked
<input type="checkbox"/>	Viral load measurements
<input type="checkbox"/>	Viral suppression
<input type="checkbox"/>	Prescription data
<input type="checkbox"/>	Insurance data
<input type="checkbox"/>	Doctor visits
<input type="checkbox"/>	Gaps in care
<input type="checkbox"/>	Other:

10. What is the adherence rate by population? Please provide the latest data.

	Adherence rate	Year	No data
All people living with HIV			
Men who have sex with men			
Migrants from high prevalence countries			
Undocumented migrants			
People who inject drugs			
Prisoners			
Sex workers			
Other population:			

11. What is the retention rate by population? Please provide the latest data.

	Retention rate	Year	No data
All people living with HIV			
Men who have sex with men			
Migrants from high prevalence countries			
Undocumented migrants			
People who inject drugs			
Prisoners			
Sex workers			
Other population:			

12. In general, what are the main challenges or barriers to achieving viral suppression facing people on treatment?

Challenges or barriers to achieving viral suppression		Overall significance of the challenge or barrier		
Adherence	Not relevant	High	Medium	Low
Retention	Not relevant	High	Medium	Low
Availability of drugs (i.e. stock outs)	Not relevant	High	Medium	Low
Tailored drug regimens	Not relevant	High	Medium	Low
Laboratory capacity (e.g. CD4, viral load)	Not relevant	High	Medium	Low
Integration with other health services (e.g. treatment for NCDs)	Not relevant	High	Medium	Low
Integration with other support services (e.g. nutrition, housing)	Not relevant	High	Medium	Low
Other challenge or barrier: (please specify)		High	Medium	Low

13. What initiatives are in place to ensure that patients on treatment achieve viral suppression?

14. Are effective systems in place to ensure that people living with HIV who are on treatment are linked to other care programmes and services?

Substance abuse	Yes	No
Mental health	Yes	No
Sexual and reproductive health	Yes	No
Hepatitis	Yes	No
Tuberculosis	Yes	No
Vaccinations	Yes	No
Chronic disease	Yes	No
Nutrition	Yes	No
Health literacy	Yes	No
Other:	Yes	No
Other:	Yes	No

15. What systems are in place to assess the overall quality of care for people living with HIV?

Spending

1. What is the estimated total expenditure on HIV in your country, including national and sub-national programmes? This figure should include all spending, including management, programme implementation, service delivery, drugs and commodities.

Estimated spending	Amount	Currency	Year	No data
Total				
National programmes:				
Sub-national programmes:				

2. Are sufficient funds available for programmes implemented by government and civil society in key areas of the HIV response?

	Government programmes		Civil society programmes	
Prevention	Yes	No	Yes	No
Testing	Yes	No	Yes	No
Treatment	Yes	No	Yes	No
Adherence and retention	Yes	No	Yes	No

3. Where are the most significant gaps in funding for HIV programmes?

4. What is the estimated percentage of all funds (national and sub-national) allocated for HIV prevention that are spent on programmes for key populations?

Estimated percentage	Year	No data
%		

5. What priority is given in your country to spending on HIV prevention for the following key population?

Key population	High	Medium	Low	Not applicable
Men who have sex with men				
Migrants from high prevalence countries				
Undocumented migrants				
People who inject drugs				
Prisoners				
Sex workers				
Other key population:				
Other key population:				

6. Over the past two years, has spending on HIV prevention for key populations increased, decreased or stayed approximately the same?

Key population	2014				2015			
	Increased	Decreased	Same	No data	Increased	Decreased	Same	No data
Men who have sex with men								
Migrants from high prevalence countries								
Undocumented migrants								
People who inject drugs								
Prisoners								
Sex workers								
Other key population:								
Other key population:								

7a. Are sufficient funds available for HIV prevention to decrease the number of new infections in your country?

Yes No

7b. Additional comments on funding for HIV prevention:

8. What is the estimated percentage of all funds (national and sub-national) allocated for HIV testing that are spent on programmes for key populations?

Estimated percentage	Year	No data
%		

9. What priority is given in your country to spending on HIV testing for the following key population?

Key population	High	Medium	Low	Not applicable
Men who have sex with men				
Migrants from high prevalence countries				
Undocumented migrants				
People who inject drugs				
Prisoners				
Sex workers				
Other key population:				
Other key population:				

10. Over the past two years, has overall spending on HIV testing for key populations increased, decreased or stayed approximately the same?

Key population	2014				2015			
	Increased	Decreased	Same	No data	Increased	Decreased	Same	No data
Men who have sex with men								
Migrants from high prevalence countries								
Undocumented migrants								
People who inject drugs								
Prisoners								
Sex workers								
Other key population:								
Other key population:								

11. What is the mean ART cost per patient per year?

Mean cost per patient	Currency	Year	No data

12. Over the past two years, has overall spending on HIV treatment increased, decreased or stayed approximately the same?

2014				2015			
Increased	Decreased	Same	No data	Increased	Decreased	Same	No data

13. If overall spending on treatment increased, what are the main reasons for the increase?

Select all that apply.

2014	2015
Higher prices for ART drugs	Higher prices for ART drugs
Increasing number of patients taking ART drugs	Increasing number of patients taking ART drugs
Other:	Other:
Other:	Other:

14. Is the cost of HIV treatment expected to increase over the next two years?

Yes	No	Uncertain
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Please use this space for any additional comments, feedback, etc.

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Final Reminders

Please do not forget to include any attachments when you submit your completed questionnaire to ECDC. Also, the deadline for submitting the questionnaire is **31 March 2016**.

Thank you!

Note: If you use internet mail (e.g. Gmail or Yahoo Mail,) The **SUBMIT** button above will not work. If so, **SAVE** the completed form and send it as an email attachment to: Teymur.Noori@ecdc.europa.eu