Nepal

Snapshot (2016 - 2021)

Executive Summary

Overview

The vision of the national strategic plan is "ending the AIDS epidemic as a public health threat in Nepal by 2030". Strategies that will be undertaken are:

- Focus on reaching key populations through outreach and, by communities of key populations, through in-reach.;
- Offer HIV test and treat services, regardless of CD4 count;
- Retain people living with HIV in treatment, resulting in undetectable viral load;
- Fast-Track prioritized investments with a scope, scale, intensity, quality, innovation and speed to have the biggest impact;
- Enhance critical programme and critical social enablers;
- Establish functional public private partnerships to bridge the prevention treatment continuum through task-sharing;
- Focus on innovative, well-coordinated and integrated services towards primary HIV prevention for and with key populations.

Key Populations

Key populations identified in the national strategy are: female, transgender and male sex workers and their clients; transgender people (TG); gay men and other men who have sex with men; people who inject drugs (PWID); incarcerated people; mobile and migrant populations

HIV Epidemic and Behavioural Data

As of December 2016, 32,735 people were living with HIV in Nepal. Estimated annual new infections declined from 5,626 in 2002 to 942 in 2016, and the trend of AIDS-related deaths was also declining from an estimated 2,238 in 2013 to 1,771 in 2016.

Nepal's HIV epidemic remains concentrated among key populations, with HIV prevalence at 8.2% among men who have sex with men (MSM) and transgender people in certain parts of the country, up to 8.5% among people who inject drugs (and 8.8% among women who inject); and 2.2% among female sex workers. Reported rates of condom use and safe injecting are high.

Program Coverage

It is estimated that 78% of PLHIV know their HIV status and 63% are on antiretroviral therapy (ART).

Nepal's prevention strategy is centred on a case management approach in which the community is tasked with identifying and reaching those who are most at risk, linking them to services and providing support for them to be retained by services - Identify, Reach, Recommend, Test, Treat and Retain (IRRTTR). HIV self-testing for MSM, TG and male sex workers; and Pre-exposure prophylaxis (PrEP) for MSM, TG, FSWs and male sex workers were piloted over the period 2017-2020. Needle and syringe programming and opioid substitution is provided for PWID.

In 2017 prevention program coverage among key populations rarely exceeded 50%. Although it is claimed that all PWID were reached with prevention programs- defined package of services, only around 50% of the targeted number of needles necessary were distributed.

National Strategy Funding

In 2019 it was anticipated that domestic funding would account for 28% of the cost of implementing the national strategy. A further 32.3% of required funding was expected from external sources (primarily the Global Fund). A remaining gap of just over $US13.4 million would remain to fully implement the national strategy (39.7% of funds required).

Policy Environment in relation to HIV, SOGIE and Sexual Behaviour

Male to male sex is legal and a third gender is recognised under the constitution. However, sex work and drug use are criminalised.

In 2017 members of key populations reported facing high levels of discrimination, and in some cases violence, within the community, from law enforcement personnel and in health care settings.

Meaningful involvement of the Community

The "Identify, Reach, Recommend, Test, Treat and Retain (IRRTTR) strategy" is centred on expanding the community's role in case finding and case management. National networks of key populations were key partners in the development of the national strategic plan.

Overview of the National Strategic Plan

The vision of the national strategic plan is "ending the AIDS epidemic as a public health threat in Nepal by 2030". [1] Targets are:

- Identify, recommend and test 90% of key populations.
- Treat 90% of people diagnosed with HIV.
- Retain 90% of people diagnosed with HIV on antiretroviral therapy.
- Eliminate vertical transmission of HIV and keep mothers alive and well.
- Eliminate congenital syphilis.
- Reduce 75% of new HIV infections.

Strategies that will be undertaken are [2]:

- Focus on reaching key populations through outreach and, by communities of key populations, through in-reach.
- Offer HIV test and treat services, regardless of CD4 count.
- Retain people living with HIV in treatment, resulting in undetectable viral load.
- Fast-Track prioritized investments with a scope, scale, intensity, quality, innovation and speed to have the biggest impact.
- Enhance critical programme and critical social enablers.
- Establish functional public private partnerships to bridge the prevention treatment continuum through task-sharing.
- Focus on innovative, well-coordinated and integrated services towards primary HIV prevention for and with key populations.

Key Populations

Key populations identified in the national strategy are: [3]

- female, transgender and male sex workers and their clients
- transgender people
- gay men and other men who have sex with men
- people who inject drugs
- incarcerated people
- mobile and migrant populations

HIV Epidemic and Behavioural Data

As of December 2016, 32,735 people were living with HIV in Nepal. Estimated annual new infections declined from 5,626 in 2002 to 942 in 2016, and the trend of AIDS-related deaths was also declining from an estimated 2,238 in 2013 to 1,771 in 2016. [4]

Nepal's HIV epidemic remains concentrated among key populations, with HIV prevalence at 8.2% among men who have sex with men (MSM) and transgender people in certain parts of the country, up to 8.5% among people who inject drugs (and 8.8% among women who inject), 2.2% among female sex workers; and 0.4% among male labour migrants.1 The majority of new infections are occurring among 'low risk' women (from their spouses), male labour migrants and MSM. [5]

The geographical areas with the most infections are the Kathmandu Valley, the highway districts, and the far-western development region. Because of their high numbers, mobile and migrant populations and their partners from the mid- and far-western development regions contribute to high numbers of HIV. [6]

Low-risk males and females accounted for 40% and 35%, respectively, of all people living with HIV in 2015, and yet their HIV prevalence is much lower than that in key populations due to their larger numbers. [7]

Key Population Size Estimates [8]

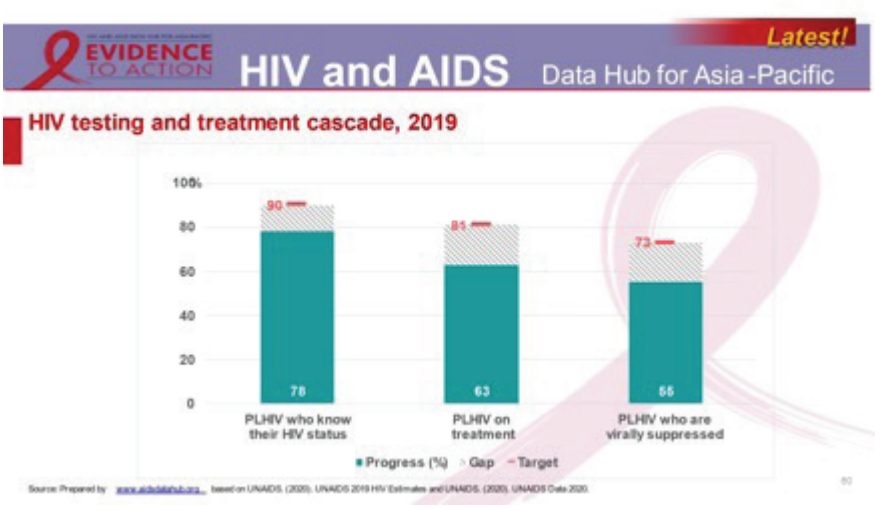
Key Population Characteristics	Men who have Sex with Men (2016)	Transgender Women (2016)	Sex Workers (2017) [9]	People who Inject Drugs (2016)	People who Use Drugs (2017)
Size Estimate (2019)	60,300	21,500	(male 18915) (female 49018	30,900	22,374

The following table provides data reported to UNAIDS for condom use, safe injecting practices, ART coverage and HIV testing and status awareness for key populations [10].

Population	Condom Use	Safe Injecting	ART Coverage	HIV status awareness
Men who have sex with Men	83.9%		Data not reported	64.8% (2017)
Transgender people	79.7%		Data not reported	67.6% (2017)
Sex workers	90.8%		Data not reported	68.6% (2017)
People who inject drugs	77.4%	86.4%	Data not reported	49.6% (2017)

Program Coverage

It is estimated that 78% of PLHIV know their HIV status and 63% are on ART.



Nepal's Constitution guarantees access to free basic health servicesa s a fundamental right of all Nepali citizens. [11] As HIV is considered a high-priority national development programme, these basic services include HIV testing services and first-line ARVs. ART services are primarily delivered through government agencies while testing occurs in both government and non-government services.

Prevention programs for key populations are mainly delivered through NGOs subcontracted through the National Centre for AIDS and STD Control (NCASC) or through funding from external agencies.

Nepal's prevention strategy is centred on a case management approach in which the community is tasked with identifying and reaching those who are most at risk, linking them to services and providing support for them to be retained by services - Identify, Reach, Recommend, Test, Treat and Retain (IRRTTR). This individualised management approach to prevention is reflected in the national strategy identification of the key gap in strategic information as "being largely constrained by the lack of a unique identifier implemented across the programme, which would help to track a person through the HIV prevention, treatment and care continuum and reduce duplication." [12]

HIV self-testing (for MSM, TG and male sex workers) and PrEP (for MSM, TG, FSWs and male sex workers) were piloted over the period 2017-2020.

Needle and syringe programming and opioid substitution is provided for PWID.

Program	Baseline (2017)	Projected 2020/21
Percentage of people living with HIV currently receiving antiretroviral therapy	13,477/60,300 22.3%	74%
Percentage of Key Populations reached with prevention programs- defined package of services (MSM	53.8%	90%
Percentage of the key population that have received an HIV test during the reporting period and who know their results (MSM)	41%	90%
Percentage of Key Populations reached with prevention programs- defined package of services (TG)	8%	90%
Percentage of the key population that have received an HIV test during the reporting period and who know their results (TG)	7.4%	90%
Percentage of Key Populations reached with prevention programs- defined package of services (male sex workers)	12.7%	90%
Percentage of the key population that have received an HIV test during the reporting period and who know their results (male sex workers)	9.7%	90%
Percentage of Key Populations reached with prevention programs- defined package of services (female sex workers)	62%	90%
Percentage of the key population that have received an HIV test during the reporting period and who know their results (female sex workers)	19.9%	90%
Percentage of Key Populations reached with prevention programs- defined package of services (PWID)	100%	90%
Percentage of the key population that have received an HIV test during the reporting period and who know their results (PWID)	51.4%	90%
Percentage of PWID on opioid substitution therapy	4.4%	90%

The national strategy aims to deliver 120 needles per year for all current PWID. In the year ending 30 June 2016, 1,872,257 needles were distributed (approximately 61 needles per year). [13]

National Strategy Funding

Until recently Nepal has been largely dependent on external sources to implement its HIV strategy. In 2014 external funding accounted for almost 90% of the total investment on HIV related activities. [14]

In 2019 it was anticipated that domestic funding would account for 28% of the cost of implementing the national strategy. A further 32.3% of required funding was expected from external sources (primarily the Global Fund). A remaining gap of just over $US13.4 million would remain to fully implement the national strategy (39.7% of funds required).

Anticipated funding of the National strategy in 2019		
Total Funding needs for the National Strategic Plan	33,726,674	
DOMESTIC resources	9,431,156	28%
External Funding	10894038	32.3%
Funding Gap	13,401,479	39.7%

Policy Environment in relation to HIV, SOGI and Sexual Behaviour

Nepal has become the first Asian country to identify the existence of 'gender and sexual minorities' in its constitution. This includes the rights to social justice for gender and sexual minorities. [15]

In 2007, the Supreme Court decriminalized homosexuality and recognized a third gender identity in the Sunil Babu Pant and Others Vs. Government of Nepal and Others (writ no 917 of Year 2007) Case. The Supreme Court also provided protective and anti-discriminatory provisions for PLHIV and people with diverse sexual orientation and gender identity. [16]

The law is silent on sex work as an occupation while clients of sex workers are criminalized. According to the Human Trafficking and Transportation (Control) Act 2007, it is an offence to engage the services of a sex worker. [17]

Drug Use is criminalised. However, laws do not prohibit needle and syringe distribution or the provision of substitution therapy.

Members of key populations continue to face high levels of discrimination and in some cases violence in the community, from law enforcement personnel and in health care settings. Low awareness among health care workers of the specific health needs of transgender people and men who have sex with men, deters them from accessing critical STI and other services. PLHIV and key populations have very little protection of their rights vis-à-vis health care and employment, despite constitutional prohibitions on discrimination on the basis of sex or health status. [18]

Meaningful involvement of the Community

The IRRTTR strategy is centred on expanding the community's role in case finding and case management. As reaching these targets will be contingent on reaching vulnerable and/or marginalised populations who for various reasons do not access health services, there is a need for continued investment in strengthening community capacity to carry out these roles. [19]

National networks of key populations were key partners in the development of the national strategic plan. Network representatives were the conveners of the six thematic groups the planning was based on. [20]

1. Government of Nepal Ministry of Health National Centre for AIDS and STD Control. National HIV Strategic Plan 2016-2021. P17
2. Ibid p17
3. Ibid p21
4. CCM Nepal. Funding Request Application Form Allocation Period 16 March 2018 to 15 March 2021. P4
5. CCM Nepal. Funding Request Application Form Allocation Period 16 March 2018 to 15 March 2021. P4
6. Government of Nepal Ministry of Health National Centre for AIDS and STD Control. National HIV Strategic Plan 2016-2021. P8
7. Ibid p8
8. Ibid p7
9. CCM Nepal. Funding Request Application Form Allocation Period 16 March 2018 to 15 March 2021. Programmatic Gap annex.
10. UNAIDS 'AIDSinfo' https://kpatlas.unaids.org/dashboard (accessed July 2021)
11. CCM Nepal. Funding Request Application Form Allocation Period 16 March 2018 to 15 March 2021. P5
12. Government of Nepal Ministry of Health National Centre for AIDS and STD Control. National HIV Strategic Plan 2016-2021. P13
13. CCM Nepal. Funding Request Application Form Allocation Period 16 March 2018 to 15 March 2021. Programmatic Gap Annex
14. Government of Nepal Ministry of Health National Centre for AIDS and STD Control. National HIV Strategic Plan 2016-2021. P12
15. National Centre for AIDS and STD Control Ministry of Health and Population. An Assessment of the Legal and Policy Environment in Response to HIV in Nepal. December 2015.
16. National Centre for AIDS and STD Control Ministry of Health and Population. An Assessment of the Legal and Policy Environment in Response to HIV in Nepal. December 2015P21
17. National Centre for AIDS and STD Control Ministry of Health and Population. An Assessment of the Legal and Policy Environment in Response to HIV in Nepal. December 2015 P19
18. CCM Nepal. Funding Request Application Form Allocation Period 16 March 2018 to 15 March 2021. P5
19. CCM Nepal. Funding Request Application Form Allocation Period 16 March 2018 to 15 March 2021. P6
20. Government of Nepal Ministry of Health National Centre for AIDS and STD Control. National HIV Strategic Plan 2016-2021. P5