

Country progress report - Nepal

Global AIDS Monitoring 2020



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- XI. AIDS out of isolation - Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Overall

Fast-track targets

Progress summary

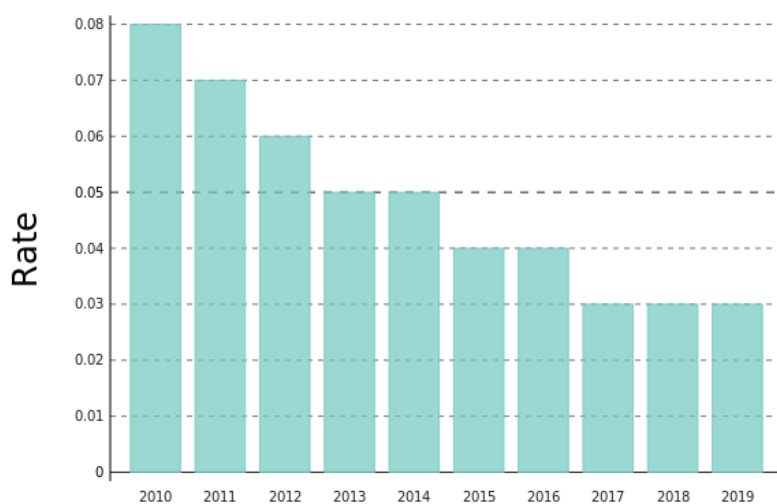
The HIV epidemic has evolved from a 'low prevalence' to 'concentrated epidemic', i.e. a low prevalence of HIV infection in the general population but a higher prevalence in specific sub-populations; people who inject drugs (PWID), men who have sex with men (MSM), transgender people (TG), male sex workers (MSW), female sex workers (FSW) and male labor migrants (MLM), as well as their spouses. The national estimate of FSW is minimum 43,829 and maximum 54,207. Similarly, estimates of MSM/MSW/TG are minimum 88,009 and maximum 112,150 and PWIDs are minimum 27,248 and maximum 34,487 (NCASC, 2016).

The estimated national HIV prevalence among the age group (15-49) was 0.13 with an estimated number of 29,503, people living with HIV in 2019. Out of that, 60% are males, 40% are females including 3.97% children aged 0-14 years. The 2019 national HIV infection estimation shows that the prevalence among adult aged 15-49 years has dropped from a peak (0.22%) in 2005 and is around 0.12 percent in 2020. HIV prevalence among the age group of 15-24 years was 0.02 percent in 2019. The new infection was peaked in 1999 with almost 4,250 new cases in a calendar year which has declined to 790 in 2019. The 2019 national HIV infection estimation shows that AIDS-related deaths are in declining trend (895 deaths in 2018 compared to 739 deaths in 2019).

Test and Treat Strategy has started all over the country from February 2017. Domestic resource mobilization in National, provincial and local level, and its proper utilization is still a challenge. Procurement of drugs and commodities through national system is another challenge. For fast-tracking the response to achieve 90-90-90 by 2021, the public-sector health services and NGOs working with and for KP and their partners need to find solutions that increase demand for services: a) Identify and reach KP for HIV prevention b) Increase HIV testing among KP and c) Retain in HIV care.

3.1 HIV incidence rate per 1000, Nepal (2010-2019)

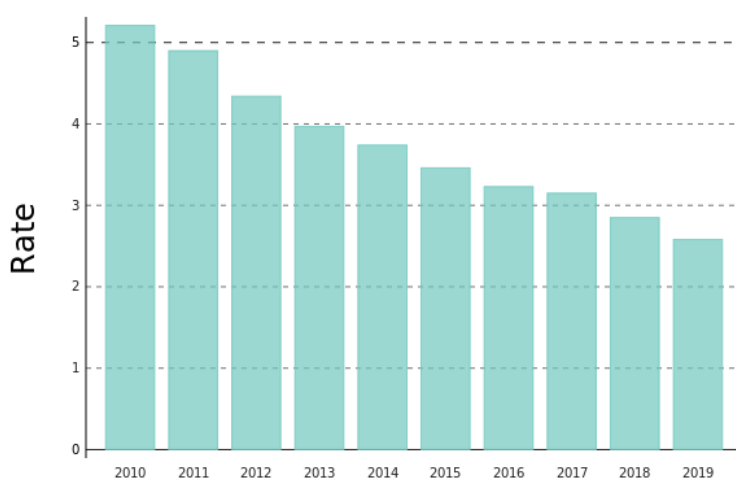
Number of people newly infected with HIV in the reporting period per 1000 uninfected population



Source: Spectrum file

1.7 AIDS mortality per 100 000, Nepal (2010-2019)

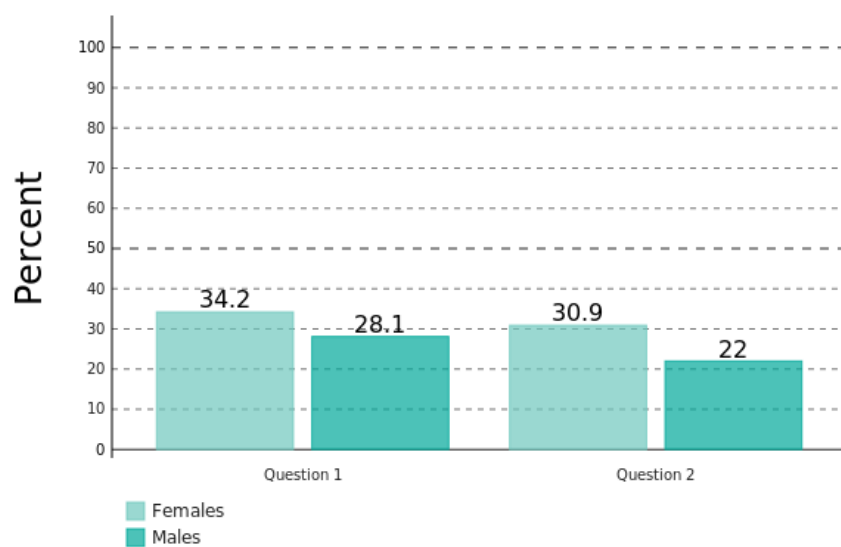
Total number of people who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

4.1 Discriminatory attitudes towards people living with HIV, Nepal (2017)

Percentage of respondents (aged 15-49 years) who respond "No" to: Question 1 - "Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?"; Question 2 - "Do you think that children living with HIV should be able to attend school with children who are HIV negative?"



HIV testing and treatment cascade

Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020

Progress summary

On first December 2016, Nepal launched new National HIV Strategic Plan (NHSP) 2016-2021 which is fully aligned with the global commitment of 90-90-90. Subsequently in line with national commitment and NHSP, Nepal's amended relevant guidelines on HIV testing and treatment as well, which played catalytic role to scale up the test and treat services in the country. Likewise, HIV testing services through community-led approach are being implemented as an innovative approach to enhance the HIV testing coverage in the country.

Way Forward

- a) Improve in HIV testing among KP through innovative approach such as community-led testing which is in the piloting phase and needs to be scaled up throughout the country. ART sites confirmatory testing should be done to incorporate HIV positive identified clients for confirmatory testing and to avoid loss of such clients.
- b) Focus on new testing strategy such as index testing to trace out hidden positive HIV cases.
- c) Incessant targeted program among migrants and their spouse should be implemented for the achievement of the first 90.
- d) Province wise viral load testing facility should be made available as currently there are only 8 viral load testing facilities out of which 3 are in Kathmandu and the service is available in 5 out of 7 provinces.

Policy questions (2019)

Is there a law, regulation or policy specifying that HIV testing:

a) Is mandatory before marriage

No

b) Is mandatory to obtain a work or residence permit

No

c) Is mandatory for certain groups

No

What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?

No threshold; treat all regardless of CD4 count; Implemented countrywide (>95% of treatment sites)

Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?

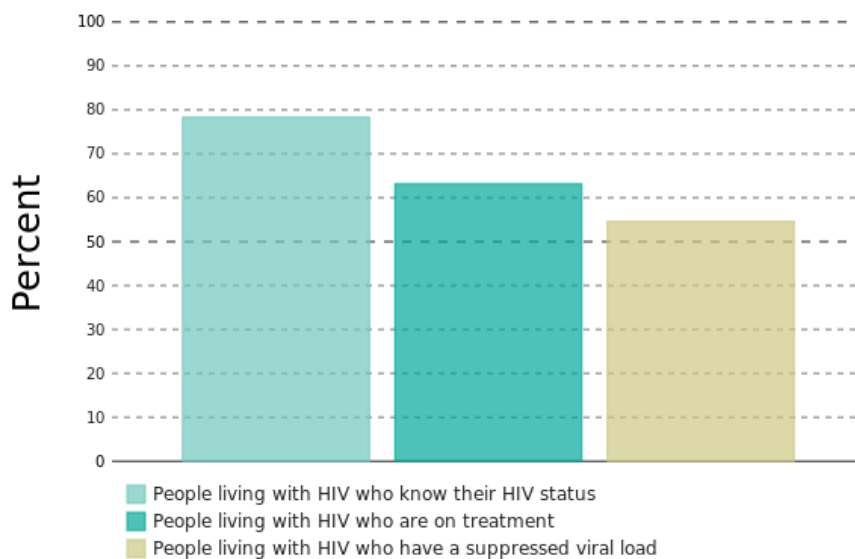
a) For adults and adolescents

Yes; Implemented countrywide (>95% of treatment sites)

b) For children

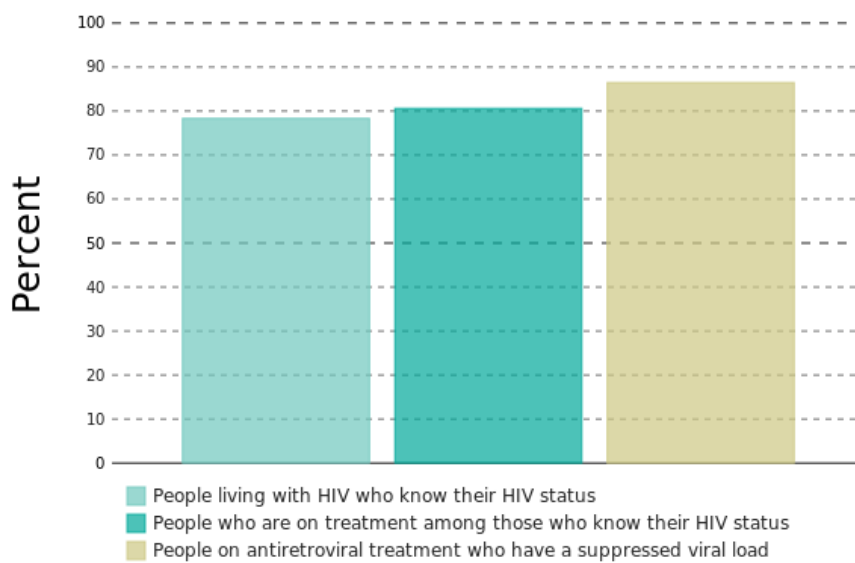
Yes; Implemented countrywide (>95% of treatment sites)

HIV testing and treatment cascade, Nepal (2019)



Source: Spectrum file

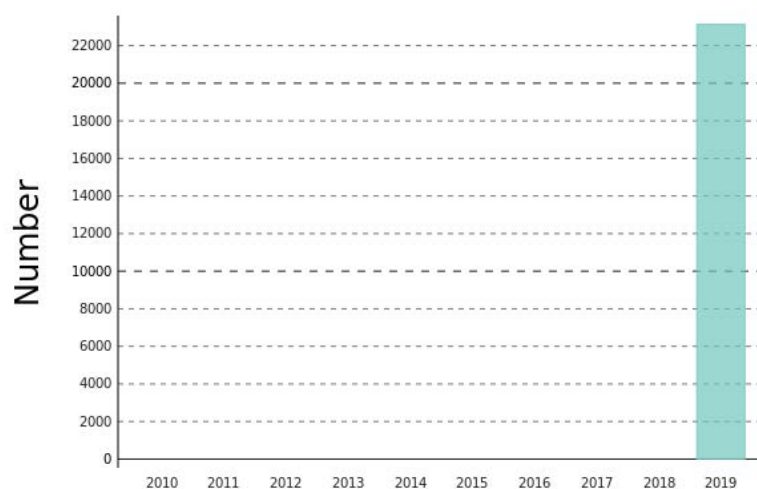
Progress towards 90-90-90 target, Nepal (2019)



Source: Spectrum file

1.1 People living with HIV who know their HIV status, Nepal (2010-2019)

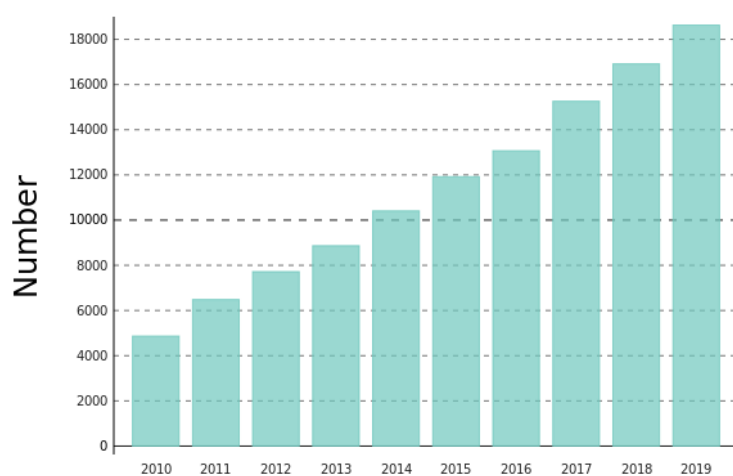
Number of people living with HIV who know their HIV status



Source: Spectrum file

1.2 People living with HIV on antiretroviral therapy, Nepal (2010-2019)

Number of people on antiretroviral therapy



Source: Spectrum file

1.3 People living with HIV on antiretroviral treatment who have suppressed viral load, Nepal (2010-2019)

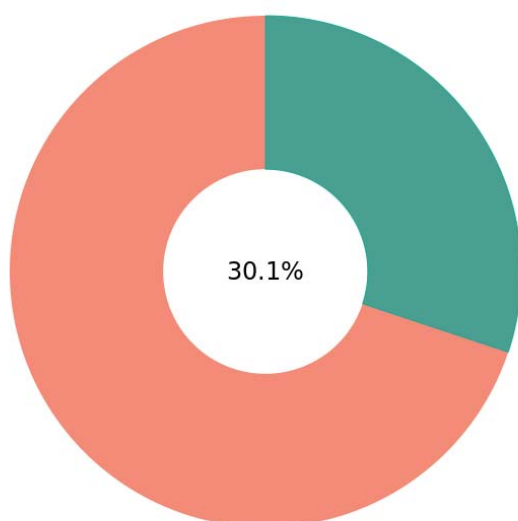
Number of people living with HIV with suppressed viral loads



Source: Spectrum file

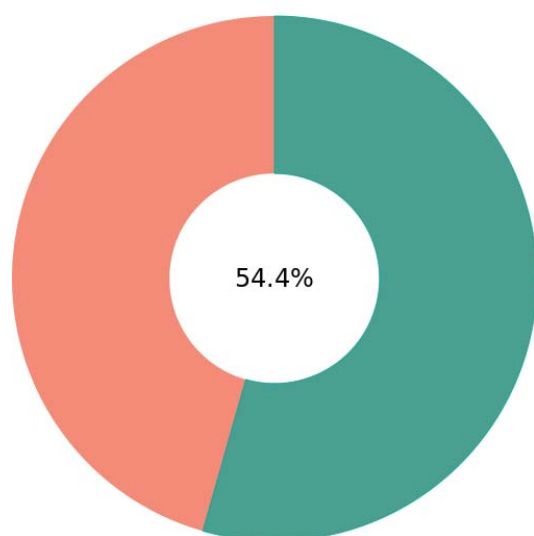
1.4 Late HIV diagnosis, Nepal (2019)

Percentage of people living with HIV with the initial CD4 cell count <200 cells/mm³ during the reporting period



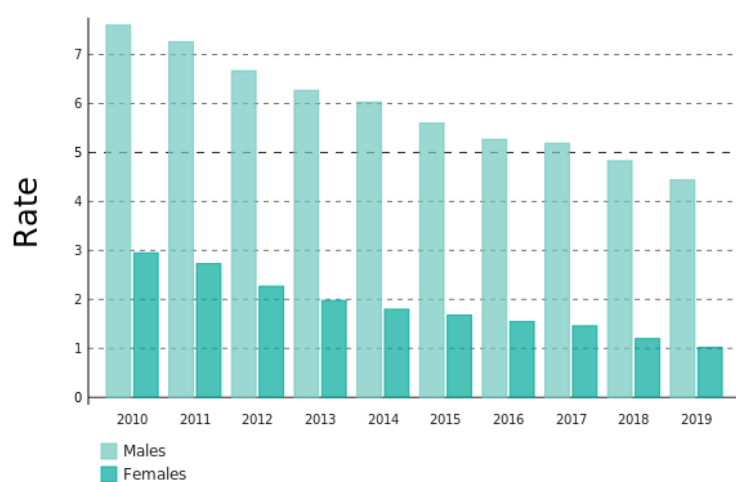
1.4 Late HIV diagnosis, Nepal (2019)

Percentage of people living with HIV with the initial CD4 cell count <350 cells/mm3 during the reporting period



1.6 AIDS mortality rate per 100 000, Nepal (2010-2019)

Total number of people who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

1.6 AIDS mortality rate per 100 000 among adults, Nepal (2010-2019)

Total number of adults who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

Prevention of mother-to-child transmission

Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018

Progress summary

Early Infant Diagnosis (EID) service has been started since September 2014. Currently, Dried Blood Samples (DBS) are collected from all ART sites across the country. 93.3% percent (223 of total estimated 239 infants born to HIV-positive mothers received an HIV test within 2 months of birth (Routine Program Report, NCASC 2019).

Nepal has scaled up the elimination of Vertical Transmission (eVT) services in recent years. The service has been planned to scale up beyond the birthing centers across the country. After the implementation of elimination of vertical transmission strategy, HIV testing among pregnant women has increased almost by 15% in 2019 (57%; 431912/ 755647) as compared with 43% in 2016.

Way-forward

National integrated HIV reporting system can help to track of positive women delivery and EID test from ART sites. The inclusion of private hospitals in the eVT service with the support from FCHV and community-led testing who do not visit the government health facility for antenatal services is crucial. Moreover, pregnant women, who are members of the key populations, need to be unfailingly tested and, if HIV positive, should be enrolled in the ART to keep them alive and well. Recording and reporting of pregnancy and EID related data from one information system.

Policy questions (2019)

Does your country have a national plan for the elimination of mother-to-child transmission of HIV?

No

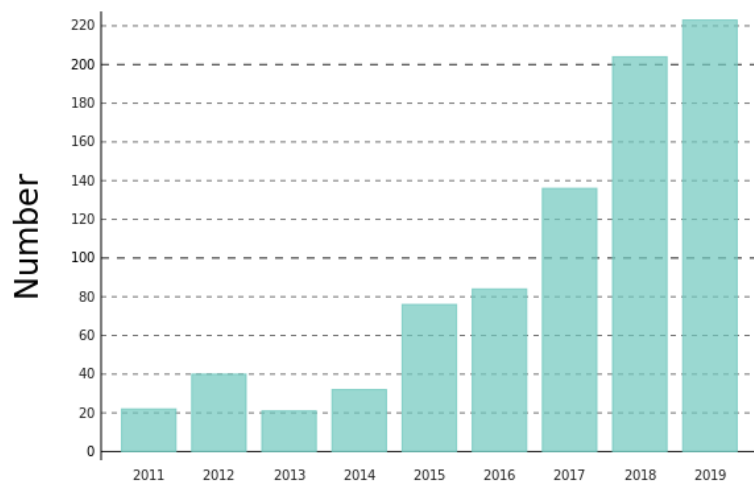
Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?

Treat all, regardless of age

Implemented countrywide (>95% of treatment sites)

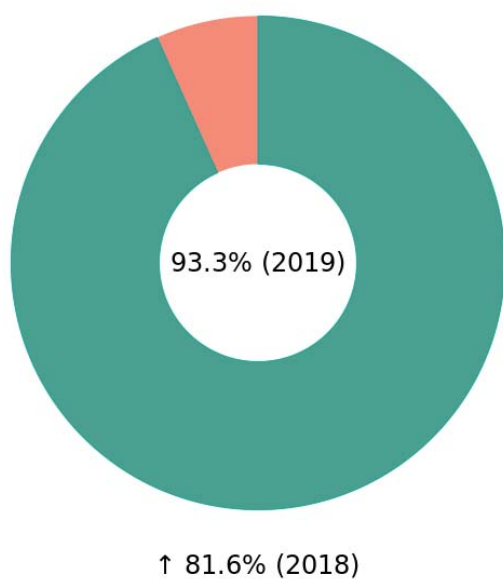
2.1 Early infant diagnosis, Nepal (2011-2019)

Number of infants who received an HIV test within two months of birth



2.1 Early infant diagnosis, Nepal (2018-2019)

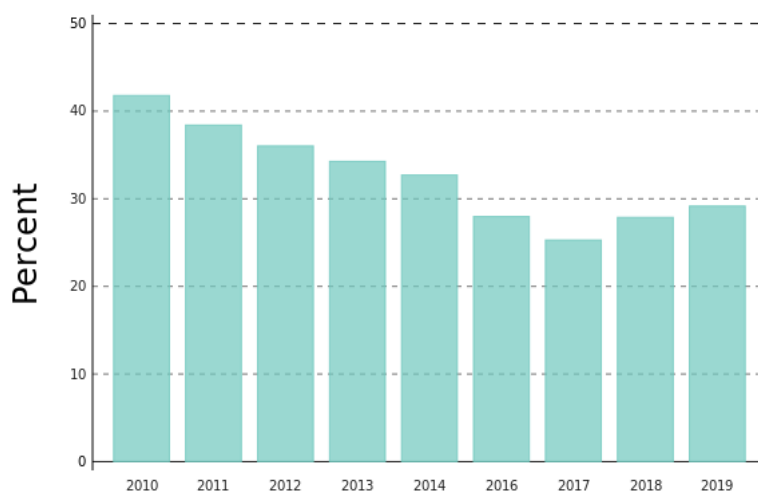
Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth



Source: Spectrum file

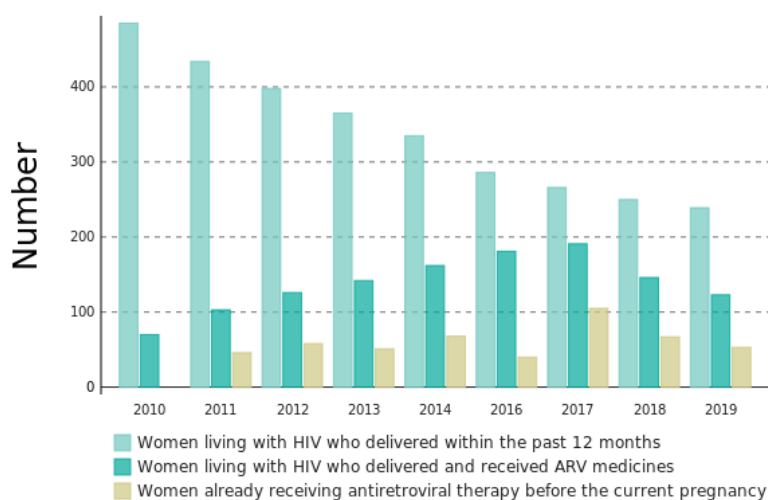
2.2 Mother-to-child transmission of HIV, Nepal (2010-2019)

Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months



Source: Spectrum file

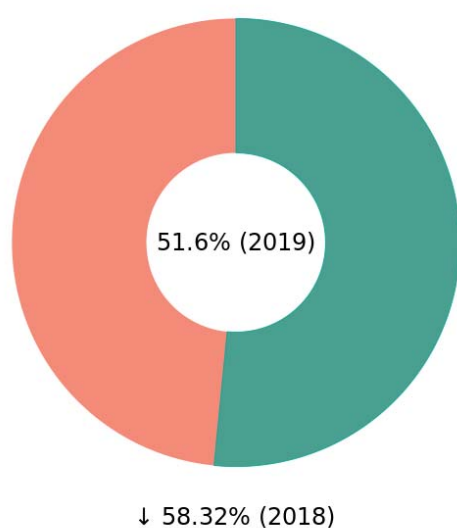
2.3 Preventing mother-to-child transmission of HIV, Nepal (2010-2019)



Source: Spectrum file

2.3 Preventing mother-to-child transmission of HIV, Nepal (2018-2019)

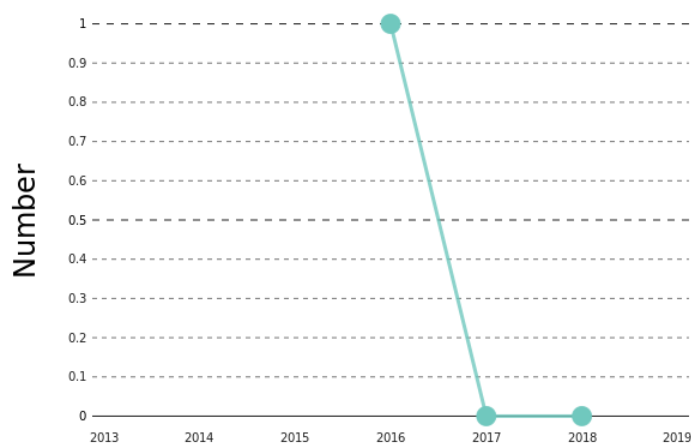
Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV



Source: Spectrum file

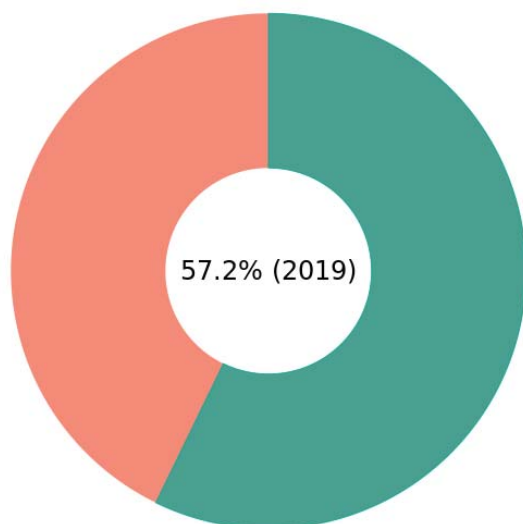
2.5 Congenital syphilis rate (live births and stillbirth), Nepal (2013-2019)

Number of reported congenital syphilis cases (live births and stillbirths)



2.6 HIV testing in pregnant women, Nepal (2018-2019)

Percentage of pregnant women with known HIV status



↓ 61.7% (2018)

HIV prevention; Key populations

Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners

Progress summary

The incidence rate of HIV has decreased from 0.04 per 1000 population in 2015 to 0.03 per 1000 population in 2019. (Source: National HIV Infections Estimates, 2019, NCASC). The latest mapping and size estimation exercise among KPs, MSM, MSW, TG, PWID and FSW was carried in 2016. The national estimate of FSW, MSW and MSM was 49,018, 18,287 and 60,333 respectively. Similarly, the national estimates of TG was 21,460. Furthermore, the estimated numbers of male and female PWID were 27,567 and 3,301 respectively (NCASC, 2016).

Way -forward

With the enforcement of Test, Treat and Retain approach, Nepal now needs to emphasize on decentralizing HIV screening to communities, and expanding the use of rapid diagnostic tests (RDT) through the speedy roll out of Community-based/led testing (CBT) through 'test for triage' to increase HIV testing. Expanding HIV testing services (HTS) through trained lay providers working in the community will increase access to these services and their acceptability to people from key population.

Low coverage in needle syringe distribution program and OST program highlight the need for scaling up of needle and syringe distribution program and the OST program across the country. Different methodology and approach should be adopted which are more cost effective to make it more 'client-centered' in order to improve demand. New innovations in OST program such as take away dose so that client does not have to visit daily to the OST sites should be designed and implemented to increase the coverage of the program in the whole country. Also, regular reporting should be ensured from targeted interventions program.

Policy questions: Key populations (2019)

Criminalization and/or prosecution of key populations

Transgender people

- Neither criminalized nor prosecuted

Sex workers

- Selling sexual services is criminalized
- Buying sexual services is criminalized
- Ancillary activities associated with selling sexual services are criminalized
- Ancillary activities associated with buying sexual services are criminalized
- Profiting from organizing and/or managing sexual services is criminalized

Men who have sex with men

- Laws penalizing same-sex sexual acts have been decriminalized or never existed

Is drug use or possession for personal use an offence in your country?

- Drug use or consumption is specified as a criminal offence
- Possession of drugs for personal use is specified as a criminal offence

Legal protections for key populations

Transgender people

- Neither criminalized nor prosecuted

Sex workers

- No

Men who have sex with men

- Constitutional prohibition of discrimination based on sexual orientation
- Constitutional prohibition of discrimination based on sex
- Constitutional prohibition of discrimination based on any grounds
- Prohibition of discrimination in employment based on sexual orientation

People who inject drugs

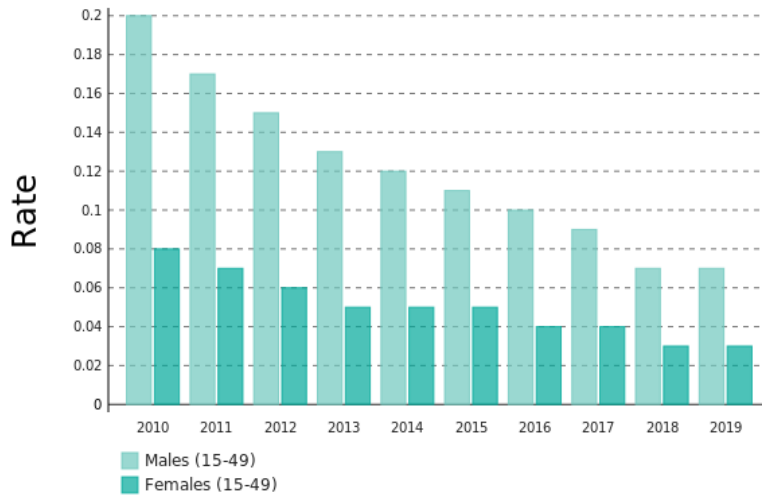
- No

Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?

No, guidelines have not been developed

3.1 HIV incidence rate per 1000, Nepal (2010-2019)

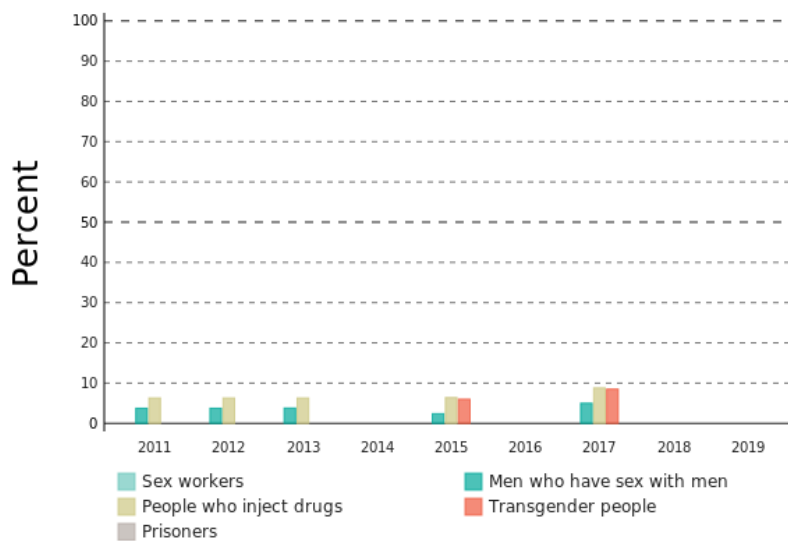
New HIV-infections in the reporting period per 1000 uninfected population (Adults, ages 15-49)



Source: Spectrum file

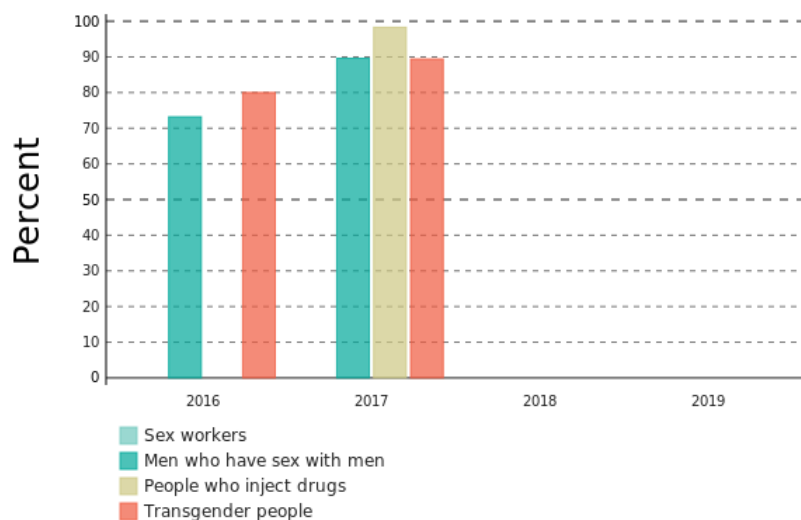
3.3 HIV prevalence among key populations, Nepal (2011-2019)

Percentage of specific key populations living with HIV



3.4 HIV testing among key populations, Nepal (2016-2019)

Percentage of people of a key population who tested for HIV in the past 12 months, or who know their current HIV status



3.6 Condom use among key populations, Nepal (2011-2019)

Percentage of people in a key population reporting using a condom the last time they had sexual intercourse



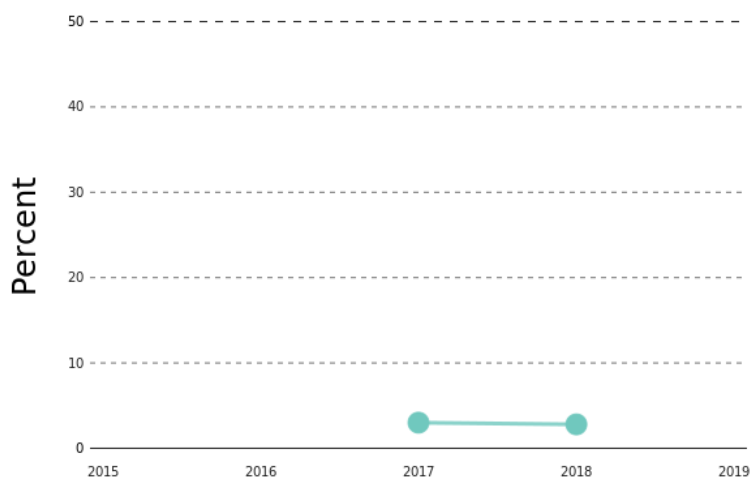
3.9 Needles and syringes distributed per person who injects drugs, Nepal (2011-2019)

Number of needles and syringes distributed per person who injects drugs per year by needle-syringe programmes



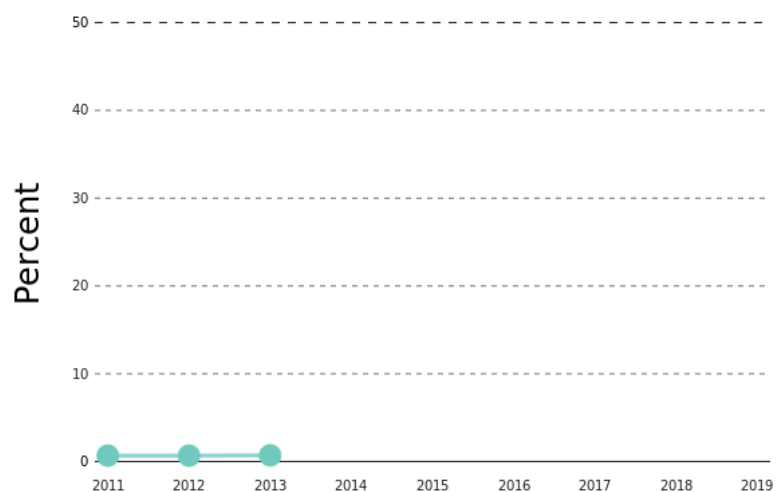
3.10 Coverage of opioid substitution therapy, Nepal (2015-2019)

Percentage of people who inject drugs receiving opioid substitution therapy (OST)



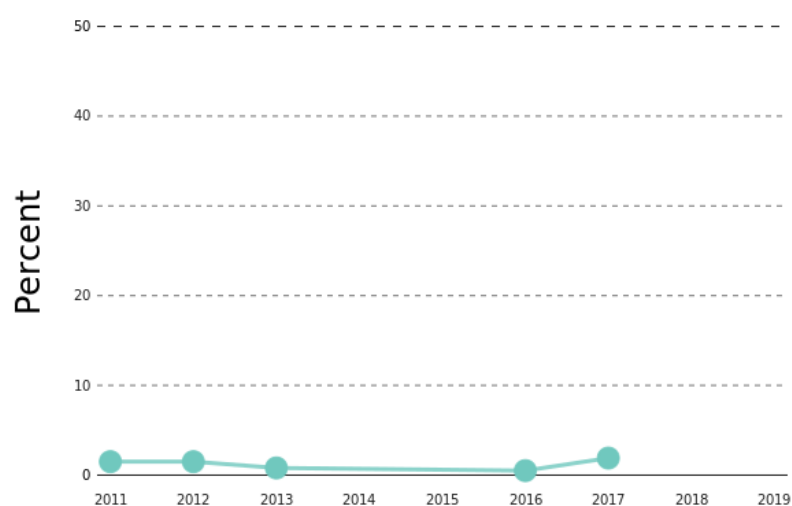
3.11 Active syphilis among sex workers, Nepal (2011-2019)

Percentage of sex workers with active syphilis



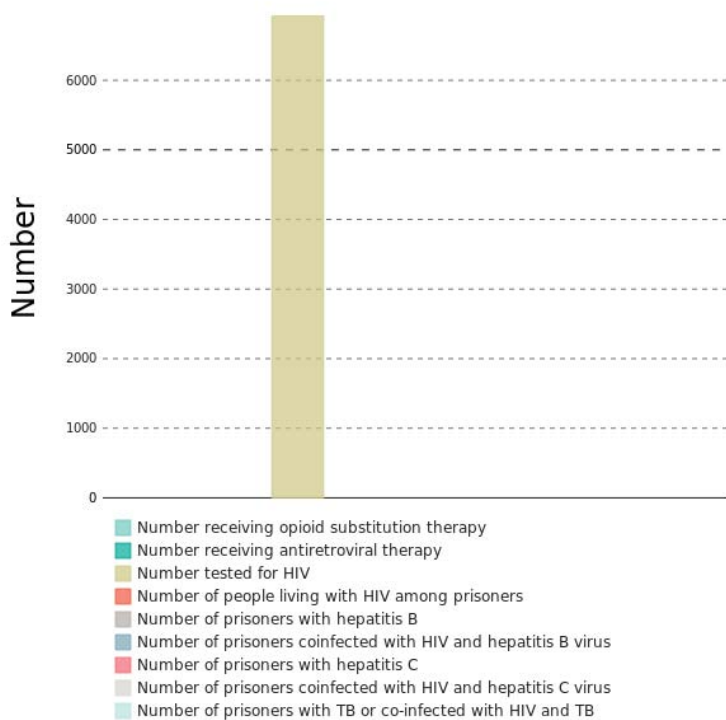
3.12 Active syphilis among men who have sex with men, Nepal (2011-2019)

Percentage of men who have sex with men with active syphilis



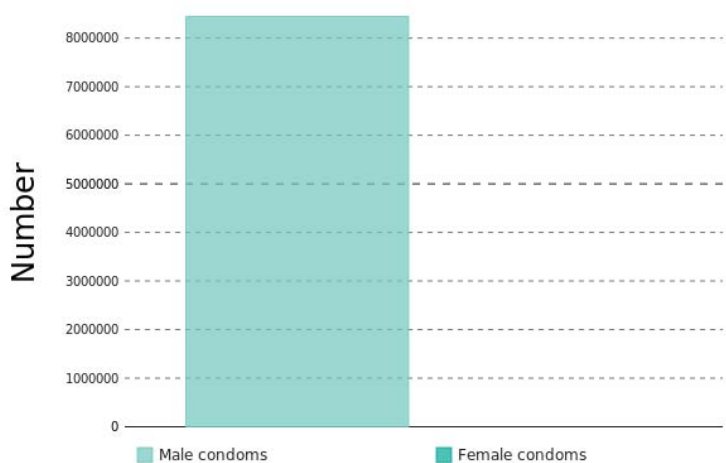
3.13 HIV prevention programmes in prisons, Nepal (2019)

HIV prevention and treatment programmes offered to prisoners while detained



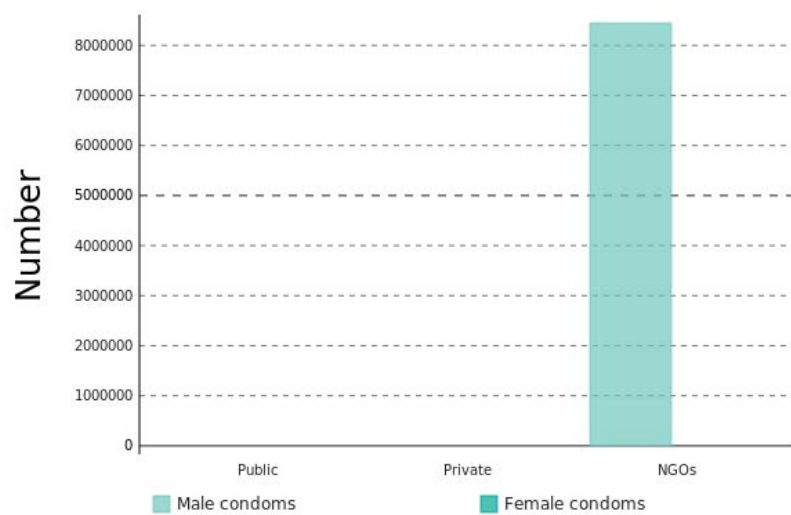
3.19 Annual number of condoms distributed, Nepal (2019)

Number of condoms distributed during the past 12 months



3.19 Annual number of condoms distributed, Nepal (2019)

Number of condoms distributed during the past 12 months



Gender; Stigma and discrimination

Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020

Progress summary

Nepal has become the first Asian country to identify the existence of 'gender and sexual minorities' in its constitution. Article 18 (2) of the constitution under Right to Equality states that no discrimination shall be made in the application of general laws on the grounds of origin, religion, race, caste, tribe, sex, physical condition, condition of health, marital status, pregnancy, economic condition, language or region, ideology or on similar other grounds. The Article further guarantees that women specifically have the right to safe motherhood and reproductive health and freedom from any kind of violence.

GoN and UN jointly facilitated a baseline study and five-year work-plan and budget for cost-shared 'Catalytic Funding' to scale-up programs for removing human rights barriers, for key populations to access health services.

Way -forward

Human rights-based HIV programs should be implemented to avoid inequalities or discrimination. Service providers, particularly health care workers and law enforcement personnel, must be oriented, trained and held accountable for service delivery with strong advocacy for zero tolerance against discrimination. Denial of access to service by health workers and law enforcement officials who commit human rights violation should be held accountable.

Key populations should be empowered to access quality health services and also to report discrimination cases to the national program and the National Human Rights Commission. Apart from that, Right to Health Women's Group (RTHWG-networks of women living HIV, Transgender-women, sex workers and female drug users) should be strongly supported on its advocacy efforts for incorporating KP women's issues into prevention of gender-based violence programs.

The upcoming program through cost-shared Catalytic funding for programs to remove human rights barriers, for key populations to access health services will also play a pivotal role to minimize these challenges.

Policy questions (2018)

Does your country have a national plan or strategy to address gender-based violence and violence against women that includes HIV

Yes

Does your country have legislation on domestic violence*?

Yes

- Physical violence
- Sexual violence
- Psychological violence
- Emotional violence
- Economic violence
- Explicit criminalization of marital rape
- Protection of former spouses

What protections, if any, does your country have for key populations and people living with HIV from violence?

- General criminal laws prohibiting violence
- Programmes to address workplace violence
- Interventions to address torture and ill-treatment in prisons

Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?

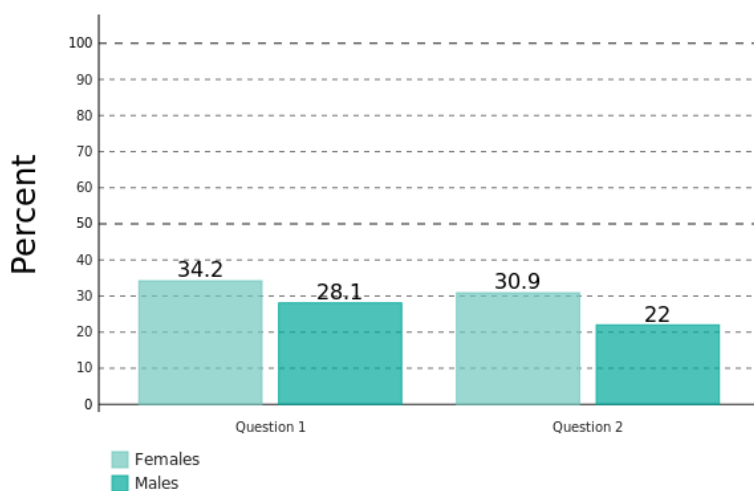
Yes, policies exists and are consistently implemented

Does your country have laws criminalizing the transmission of, non-disclosure of or exposure to HIV transmission?

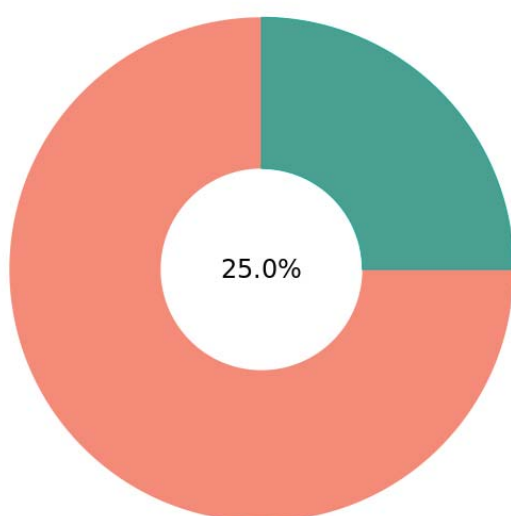
No

4.1 Discriminatory attitudes towards people living with HIV, Nepal (2017)

Percentage of respondents (aged 15-49 years) who respond "No" to: Question 1 - "Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?"; Question 2 - "Do you think that children living with HIV should be able to attend school with children who are HIV negative?"



Percentage of Global AIDS Monitoring indicators with data disaggregated by gender



Knowledge of HIV and access to sexual reproductive health services

Ensure that 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year

Progress summary

Nepal has education policies that guide the delivery of life skills-based HIV and sexuality education, especially in secondary schools. Apart from that, life skills-based HIV and sexuality education are included in teachers' training. National HIV Strategic Plan 2016-2021 was developed with active participation from Young Key Affected Population (YKAP) Group consisting of the young people from PWID, FSW, MSM and TG. YKAP helped in identifying gaps and needs by holding thematic discussions with the key stakeholders related to the strategic information to be addressed by the NHSP.

Way –forward

Participation of young people (15-24 years old) should be ensured in developing policies, guidelines and strategies relating to their health and in the implementation of interventions targeting among them. Along with that comprehensive package for increasing the knowledge of HIV among male and female youth should be developed.

Policy questions (2018)

Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:

a) Primary school

No

b) Secondary school

Yes

c) Teacher training

No

Social protection

Ensure that 75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020

Progress summary

National social protection frameworks of Nepal entail cash beneficiaries including elderly people, single women, people of the deprived community and remote areas and the school children of the deprived community. In this context of HIV, Nepal has recognized social protection as a critical enabler of the HIV response in its current and previous National HIV Strategic Plans. Aligning with the National HIV Strategic Plan, Nepal has been implementing a social protection program for Children Infected by AIDS (CIBA). More than 1,360 CIBA aged between 0-18 years, across 46 districts, are getting a monthly amount of Nepali currency Rs 1,000, (roughly US 10\$) on their individual bank accounts.

Way –forward

HIV sensitive social protection program needs to be scaled up, and the regular funding should be ensured with collaboration from local government and also should be incorporated into the border social protection framework of the Government of Nepal.

Policy questions (2019)

Does the country have an approved social protection strategy, policy or framework?

Yes, and it is being implemented

a) Does it refer to HIV?

Yes

b) Does it recognize people living with HIV as key beneficiaries?

Yes

c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?

Yes

- Sex workers
- Gay men and other men who have sex with men
- Transgender persons
- People who inject drugs
- Prisoners

d) Does it recognize adolescent girls and young women as key beneficiaries?

Yes

e) Does it recognize children affected by HIV as key beneficiaries?

Yes

f) Does it recognize families affected by HIV as key beneficiaries?

Yes

g) Does it address the issue of unpaid care work in the context of HIV?

Yes

What barriers, if any, limit access to social protection programmes in your country?

- Lack of information available on the programmes
- Fear of stigma and discrimination

Community-led service delivery

Ensure that at least 30% of all service delivery is community-led by 2020

Progress summary

PLHIV communities with their networks spanning across a large part of the country are involved in supporting treatment and care as well as overall wellbeing of almost 17000 PLHIV in the country. Community and Home Based Care (CHBC) programs implemented by and for PLHIV across 58 districts have played a key role, especially in the retention and adherence support. The credit of maintaining the retention rate of more than 91 percent on ART after 12 months of initiation should also be attributed largely to them. There are a couple of ART sites in the country that are successfully managed by communities (such as outside public health-facilities: SPARSHA and Maiti Nepal). PLHIV led organizations are leading in delivering differentiated care to improve positive treatment outcomes through community care centre in 53 districts.

Way-forward

Capacity enhancement of communities and implementing partners – including KP communities/ networks, government, donors, private sector, INGOs and NGOs should be done especially for 'task- sharing' and 'in-reach,' in the alignment of IRRTR. Likewise, facilitating the smooth implementation of community-led testing (CLT) to achieve the 90-90-90 targets by 2020 should be a top priority. Improve coordination between CHBC and treatment centres for effective management of people living with advanced HIV disease.

Policy questions (2019)

Does your country have a national policy promoting community delivery of antiretroviral therapy?

Yes

Are there any of the following safeguards in laws, regulations and policies that provide for the operation of CSOs/CBOs in your country?

- Registration of HIV CSOs is possible
- Registration of CSOs/CBOs working with key populations is possible
- HIV services can be provided by CSOs/CBOs
- Services to key populations can be provided by CSOs/CBOs
- Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

HIV expenditure

Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6% for social enablers

Progress summary

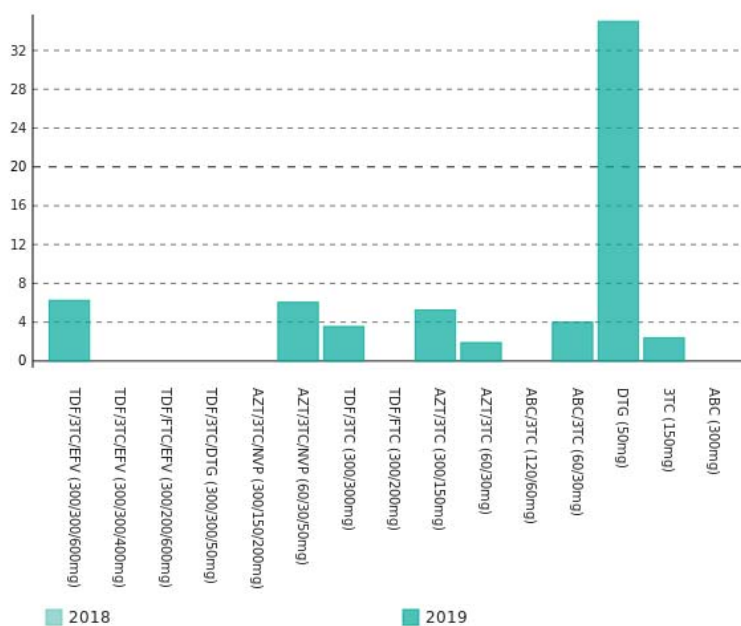
Government health spending has increased steadily in terms of total volume over the last decade. As a percentage of GDP, it has remained around 6.3% level over the last 5 years. According to Nepal's national health accounts (2011/12), out-of-pocket household payments account for more than 50% of all health expenditure, while almost half is spent on medicines and curative care. Reliance on external funding has declined significantly, with GoN funding increasing from around 50% during the first health sector plan (NHSP-I) from 2005-2009, to some 75% at the start of NHSP-III (2016). Still, the HIV program in Nepal remains heavily dependent on external assistance. GoN financing for the program comes both through direct sectoral budgets and through the Pooled Fund, a basket of funds which comprises, from external partners.

Way-forward

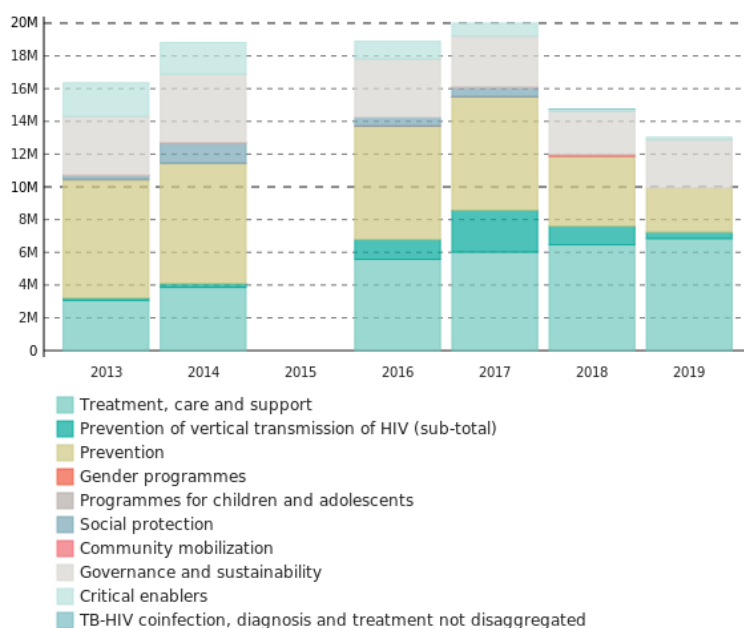
A further increase in domestic investment in HIV is required to ensure the sustainability of the HIV response in Nepal. Apart from this, HIV-related services that relied on this pooled funding need to be assessed and reshaped to fit the new prevention-treatment paradigm and public-private partnerships, through task-sharing. Multi-year contracts needs be issued, where feasible, to avoid implementation gaps. The government of Nepal has been contributing to targeted Interventions in particularly for key populations.

Apart from this, the Government is contemplating financing particularly for ART from its own sources. This initiative will leverage sustainable financing especially for ART as well as increase the share of domestic contribution to the national response.

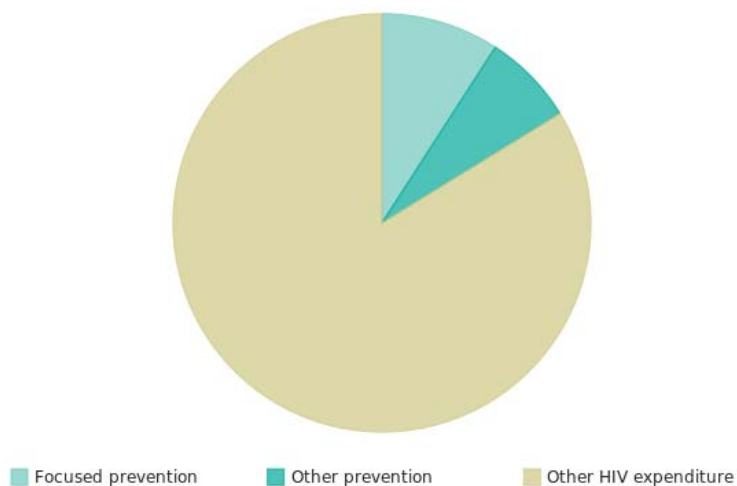
8.2 The average unit prices of antiretroviral regimens (in US\$), Nepal (2018-2019)



8.3 HIV expenditure by programme category, Nepal (2013-2019)



Share of effective prevention out of total, Nepal (2019)



Structure of investments on effective and other prevention programmes (%), Nepal (2019)



Empowerment and access to justice

Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights

Progress summary

The Constitution of Nepal (2015) guarantees that every person regardless of their situation or condition have, including but not limited to, the following fundamental rights: Right to live with dignity, Rights to freedom, Right to equality, Rights relating to justice, Right of victim of crime, Right against torture, Right against preventive detention, Right against untouchability and discrimination. Article 18 (2) under Right to Equality also states that no discrimination shall be made in the application of general laws on the grounds of origin, religion, race, caste, tribe, sex, physical condition, condition of health, marital status, pregnancy, economic condition, language or region, ideology or on similar other grounds.

Way-forward

Human rights, gender justice, equity and inclusion should be clearly recognized as critical enablers as well as important areas of the investment for the success of national HIV response. Recognizing the law enforcement agencies and other uniformed services have an important role in protecting the disadvantaged key populations, they should be well trained in order to provide support and protection services to key populations. To address the funding barrier, in addition to regular funding for HIV, the global fund is allocating additional 1.3 million USD as a catalytic investment to address human rights-related barriers to access health services among key populations. Also, the networking of the key population should be made stronger so that robust advocacy can be done for their rights.

Policy questions (2018)

In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?

Yes, at a small scale

Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?

Yes

What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?

- Complaints procedure
- Mechanisms of redress
- Procedures or systems to protect and respect patient privacy or confidentiality

What barriers in accessing accountability mechanisms does your country have, if any?

- Mechanisms do not function
- Mechanisms are not sensitive to HIV
- Affordability constraints for people from marginalized and affected groups
- Awareness or knowledge of how to use such mechanisms is limited

AIDS out of isolation

Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C

Progress summary

The National Tuberculosis Program (NTP) is implementing TB/HIV activities in all districts. Currently, Isoniazid prevention therapy (IPT) services are being provided through all ART Centers. In 2019, 159 (males 111 and female 48) HIV positive new and relapse TB patients started on TB treatment who were already on antiretroviral therapy or started on antiretroviral therapy during TB treatment. Similarly, 13.5% (348/2571) percent of People living with HIV were newly enrolled in HIV care with active TB disease. (NCASC, Routine program data 2019).

By incorporating HCV and HBV in IBBS survey, from 2015, Nepal has started to monitor prevalence of these viral diseases among PWID male and female. The country is also planning to treat all PWIDs through its study to validate treatment protocol of HCV.

Way-forwards

Nepal needs to fulfill information gaps and put in surveillance mechanisms for tracking the dynamics of Hepatitis B as well as Hepatitis C. Apart from this; the country needs to address the burden of HBV and HCV among PWID with the planned and sustained response.

Policy questions (2019)

Is cervical cancer screening and treatment for women living with HIV recommended in:

a) The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)

Yes

b) The national strategic plan governing the AIDS response

Yes

c) National HIV-treatment guidelines

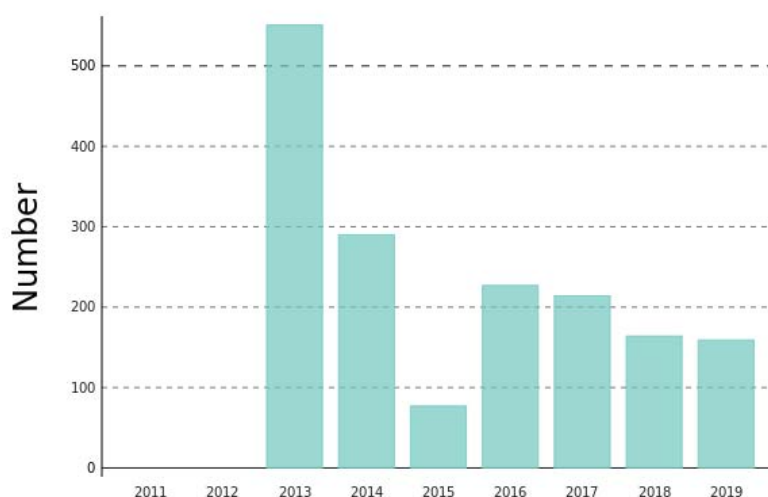
Yes

What coinfection policies are in place in the country for adults, adolescents and children?

- Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV
- Intensified TB case finding among people living with HIV
- TB infection control in HIV health-care settings
- Co-trimoxazole prophylaxis
- Hepatitis B screening and management in antiretroviral therapy clinics
- Hepatitis C screening and management in antiretroviral therapy clinics

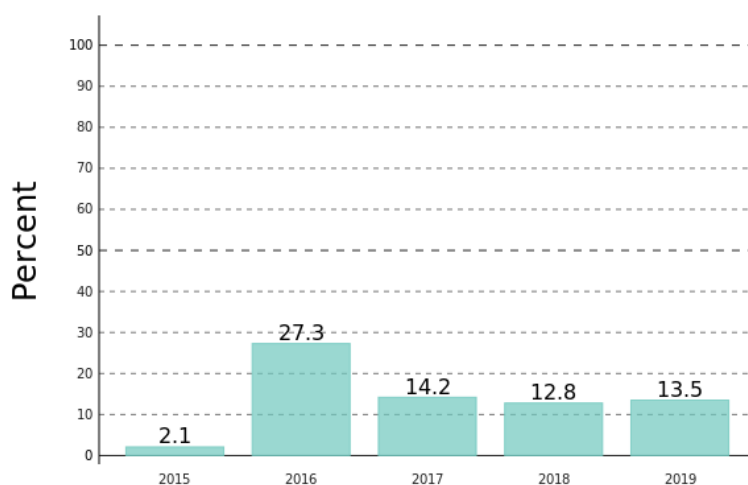
10.1 Co-managing TB and HIV treatment, Nepal (2011-2019)

Number of HIV-positive new and relapse TB patients started on TB treatment during the reporting period who were already on antiretroviral therapy or started on antiretroviral therapy during TB treatment within the reporting year



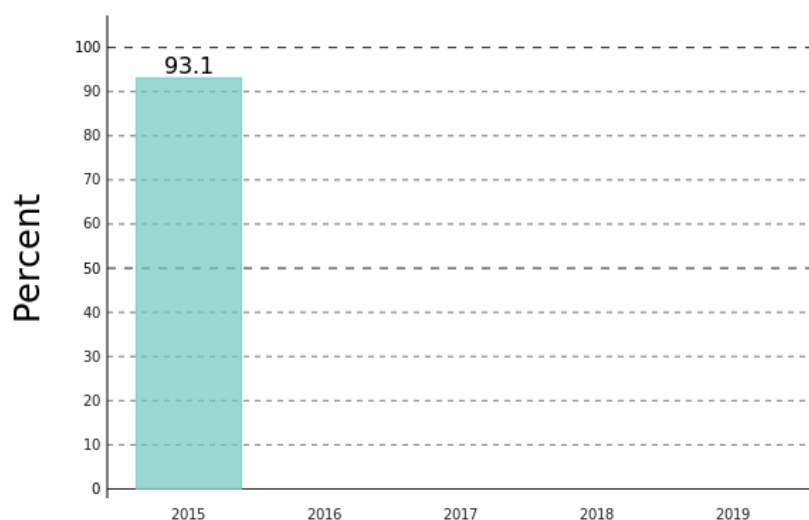
10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, Nepal (2015-2019)

Total number of people living with HIV with active TB expressed as a percentage of those who are newly enrolled in HIV care (pre-antiretroviral therapy or antiretroviral therapy) during the reporting period



10.3 Proportion of people living with HIV newly enrolled in HIV care started on TB preventive therapy, Nepal (2015-2019)

Number of patients started on treatment for latent TB infection, expressed as a percentage of the total number newly enrolled in HIV care during the reporting period



10.4/10.5 Sexually transmitted infections, Nepal (2013-2019)

Number of men reporting urethral discharge in the past 12 months; number of men reported with laboratory-diagnosed gonorrhoea in the past 12 months

