I. RESPONSE HIGHLIGHTS

- Nepal’s National HIV/AIDS Strategy 2011–16 recognizes the disproportional impact borne by men who have sex with men (MSM) and includes principles of universal access and rights-based approach aligned with the 2011 Political Declaration on HIV/AIDS.

- Legal and policy barriers to effective HIV prevention for MSM have been considered by the Supreme Court of Nepal since at least 2007 in response to pleas from LGBTI advocacy groups. Since then, it began recognizing a third gender (metis) for purposes of citizenship rights.

- MSM and other key affected populations are consistently involved in Nepal’s Country Coordinating Mechanism (CCM) and other technical working groups related to HIV/AIDS prevention and treatment.

- Since 2004, MSM have been included in comprehensive and methodologically sound Integrated Biological and Behavioural Surveillance (IBBS).

- In 2008, an HIV-related risks and vulnerability and social networks study in Nepal revealed, among other things, the serious risk of HIV faced by MSM and teso lingi (a local term for the third sex) and limited access to HIV services.

- Nepal is a recipient country of the approved South Asia Multi-country Global Fund Round 9 Programme and previously received national Global Fund grants during Rounds 2, 7, and 10.

II. PRIORITIES FOR “GETTING TO ZERO”

- Ensure a continuum of prevention, treatment, and care and support programmes for key affected populations, including MSM and their partners, in priority geographical areas across the country.

- Integrate HIV interventions that adequately address the unique needs of MSM into existing government-run programmes to ensure greater sustainability.

- Conduct local research to generate more evidence on the changing dynamics, risks, and vulnerabilities of MSM and their networks. Findings should inform national policies, programme and funding priorities, and advocacy.

- Promote efforts to create an enabling environment for effective MSM programme implementation. This must include continued review of the Criminal and Civil Code.

- Increase domestic funding to the country’s AIDS response. Currently, over 90 percent of HIV resources are coming from external development partners.

III. THE CURRENT SITUATION

Nepal’s National Centre for AIDS and STD Control has officially recognized MSM as an important driver of the country’s HIV epidemic since at least 2003. Infections...
among the general population and injecting drug users have declined in recent years. Meanwhile, infections among MSM and female sex workers appear stable. Nepal’s HIV programme is recognised as a ‘P1’ or first priority in the country’s Interim National Development Plan. The Government of Nepal prioritisces P1 programmes when determining budget allocations. However, there are popular concerns regarding the sustainability of Nepal’s HIV financing mechanisms.

Coverage among key affected populations has improved over the years as a result of focused interventions and increased community-based organization involvement.


As in most countries, MSM are stigmatized and socially marginalized in Nepal. The Blue Diamond Society (BDS), a prominent advocacy group for the rights of LGBTI Nepalis, reports of a prevalent ‘double stigma,’ or stigma related to sexual orientation and HIV infection. Faced with continued discrimination and threats of violent attacks, ‘metis,’ or persons of the third gender in Nepal, sometimes take to hospices.

Several policy and legal advancements have been made with regard to MSM and other key affected populations. Sunil Babu Pant, Director of BDS and member of the Constituent Assembly and Parliament of Nepal, led a campaign that demanded an end to all kinds of discrimination and violence against LGBTI populations. In 2007, the Supreme Court of Nepal ruled in favour of recognizing the third gender in national identification cards, a same sex marriage law, and ending or amending discriminatory laws against LGBTI populations. The ruling allegedly led to a reduction in violence against LGBTI populations and greater acceptance among segments of society, media, and government.

Nepal’s political instability continues to be a major barrier to an effective national response. It threatens sustained leadership in the national HIV response and risks a reversal of progress on meeting Millennium Development Goals.
More than half of MSM surveyed in each of the three previous IBBS rounds reported having their first sexual experience before the age of 17.7,9,23

A recent multivariate analysis of data obtained from MSM in Nepal showed that 'high risk of HIV infection' was significantly associated with being involved in sex work, having no knowledge of male STI symptoms, and having a history of STI symptoms.27

Sexual relations and marriage to women are common among MSM in Nepal. In 2007, 66.6 percent reported ever having sex with a woman and 42.5 percent were married to a woman. These figures have stayed fairly stable across studies in 2001 and 2005 also.4,9,28 The proportion of males whose first sexual partner was female was found to be between 40.8 and 63.9 percent during all three rounds of IBBS.7,9,23

VI. ADDITIONAL PROGRAMMATIC INFORMATION

Community-based responses

BDS is the key organization working with MSM in Nepal, with an expansive network of care, support, and human rights centres. As of September 2009, BDS’s MSM programme covers 26 districts and 31 cities.3,5,29

Services conducted by the BDS include: peer outreach, condom distribution, training on safe sex and HIV, community sensitization and awareness, and support services for MSM and transgender people living with HIV.1,29

As of 2012, there were 17 city offices, drop-in-centres, or separately established community-based organizations (CBOs) delivering HIV and sexual health services to MSM and male sex workers across Nepal.30

In Nepal’s 2005-06 annual HIV/AIDS plan, almost 70 percent of the total resources budgeted for HIV programmes were executed through NGOs.5

MSM groups in Nepal are consulted and are part of a variety of national processes.31

National MSM networks

BDS helped found the Federation of Sexual and Gender Minorities of Nepal (FSGMN), a national network of nine national organizations, during Round 7 of the Global Fund for AIDS, TB and Malaria (GFATM).30 FSGMN was supported by the USAID-funded ASHA Project from its inception and is currently supported by the USAID-funded Saath-Saath Project.32

In a 2008 mapping exercise performed by the Asia Pacific Coalition on Male Sexual Health (APCOM), 14 organizations were found to be working with MSM in Nepal.33

White Feather Nepal, a CBO that includes 50 members (including 25 hospitality, 15 beauticians and 20 fast food restaurants), provides capacity building and ‘life enhancement’ services in an effort to reduce stigma and promote social integration among Nepali MSM living with HIV.34

International Support

The South Asian MSM and AIDS Network (SAMAN), which includes Nepal, was awarded a multi-country grant in Round 9 of GFATM. The grant will finance support from the Naz Foundation International (NFI), Population Services International (PSI/TOPS), and the United Nations Development Programme (UNDP).17

Nepal also receives MSM-related support from: United Nations Children’s Fund (UNICEF), UNDR, United States Agency for International Development (USAID) / Family Health International (PHI-360), and U.K. Department for International Development (DFID).3 The latter amounts to approximately US$ 3.6 million over a seven-year period—a sizeable contribution relative to historical funding.35

Estimated funding for HIV prevention activities related to MSM during fiscal year 2011/12 represented 23 percent (or approximately US$ 1.2 million) of the total national HIV prevention budget.18 This suggests increased emphasis on MSM programming but reduced overall funding as compared to 2009 spending estimates.

National health system

BDS runs six MSM-focused ‘care and treatment’ centres in Nepal.37

A 2009 IBBS recommended that emphasis should be put on the availability of health services to MSM who are subjected to sexual violence.18

VII. ADDITIONAL LEGAL INFORMATION

Since 2007, transgender people, or metis, have been officially recognised with ‘third gender’ cards.39

There has been a history of harassment of MSM and HIV project workers, but the situation has improved since 2007.2,39

In 2008, an unpublished UN legal review found that Nepal was ‘prohibitive in high intensity’ for MSM and transgender people. In 2009-10, a second review conducted by the UNDP found that it was now ‘protective.’ This indicates the greatest degree of change possible, from the most repressive to the most protective category.39,40
REFERENCES


The MSM Country Snapshots are intended to circulate condensed strategic information, share progress and good practices, stimulate discussion, and inform priority interventions and advocacy efforts. The designations and terminology employed may not conform to United Nations practice and do not imply the expression of any opinion whatsoever on the part of the partnering organizations. Development of this document was a shared effort between the partnering organizations, UN country offices and national partners, and was supported by UNDP under the South Asia Multi-country Global Fund Round 9 Programme (MSA-910-G01-H).


Edited by Diego Solares, MPH. Design by Diego Solares and Ian Mungall/UNDP.

KEY CONTACT INFORMATION

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<tr>
<th>National MSM Network</th>
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<th>UN Country Team</th>
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<tr>
<td>Sunil Pant</td>
<td>Dr. Krishna Kumar Rai</td>
<td>Dr. Ruben F. del Prado</td>
</tr>
<tr>
<td>Executive Director, Blue Diamond Society</td>
<td>Director, NCASC</td>
<td>Country Coordinator, UNAIDS Nepal</td>
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<td>Kathmandu, Nepal</td>
<td>Kathmandu, Nepal</td>
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<td><a href="mailto:pantsunil@gmail.com">pantsunil@gmail.com</a></td>
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<td><a href="mailto:delprador@unaids.org">delprador@unaids.org</a></td>
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