

Overview

Each year the annual estimated number of people living with HIV (PLHIV) is calculated in Nepal with help of analytical tools namely AIDS Epidemic Model (AEM) and Spectrum. Various program data as key population size, Nepal Demographic Health Survey data, trends of prevalence and behavioral data from integrated biological and behavioral surveillance (IBBS) surveys, behavioral information on condom use, sexual behavior, injecting practice, number of clients etc and program data as people on ART and PMTCT data are used as input in the analytical tools and the annual estimated number of PLHIV is generated.

First HIV case was detected in 1988 in Nepal.

Heterosexual transmission is dominant (80%).

HIV prevalence among adult population is below 1%.

Key Population in Nepal

People who inject drugs (PWID)
Sex workers and their clients (Male and Female)
Men who have sex with men (MSM) and transgender people
Male labor migrants and their wives
Prison Inmates

Estimated number of people living with HIV

	29,503
Male	17,587
Female	11,916
Children (0-14 years)	1,171
Adults (15-49 years)	19,510
Adults (50+ years)	8,822
Adult HIV prevalence (15-49 years)	0.13%
Estimated new HIV infection in 2019	790



Figure 1. Distribution of People Living with HIV (15 years and above), 2019

FSW: Female Sex Workers; PWID: People who Inject Drugs; MSW: Male Sex Workers; SW: Sex workers; MSM: Men who have Sex with Men; TG: Transgender People, LR: Low Risk.

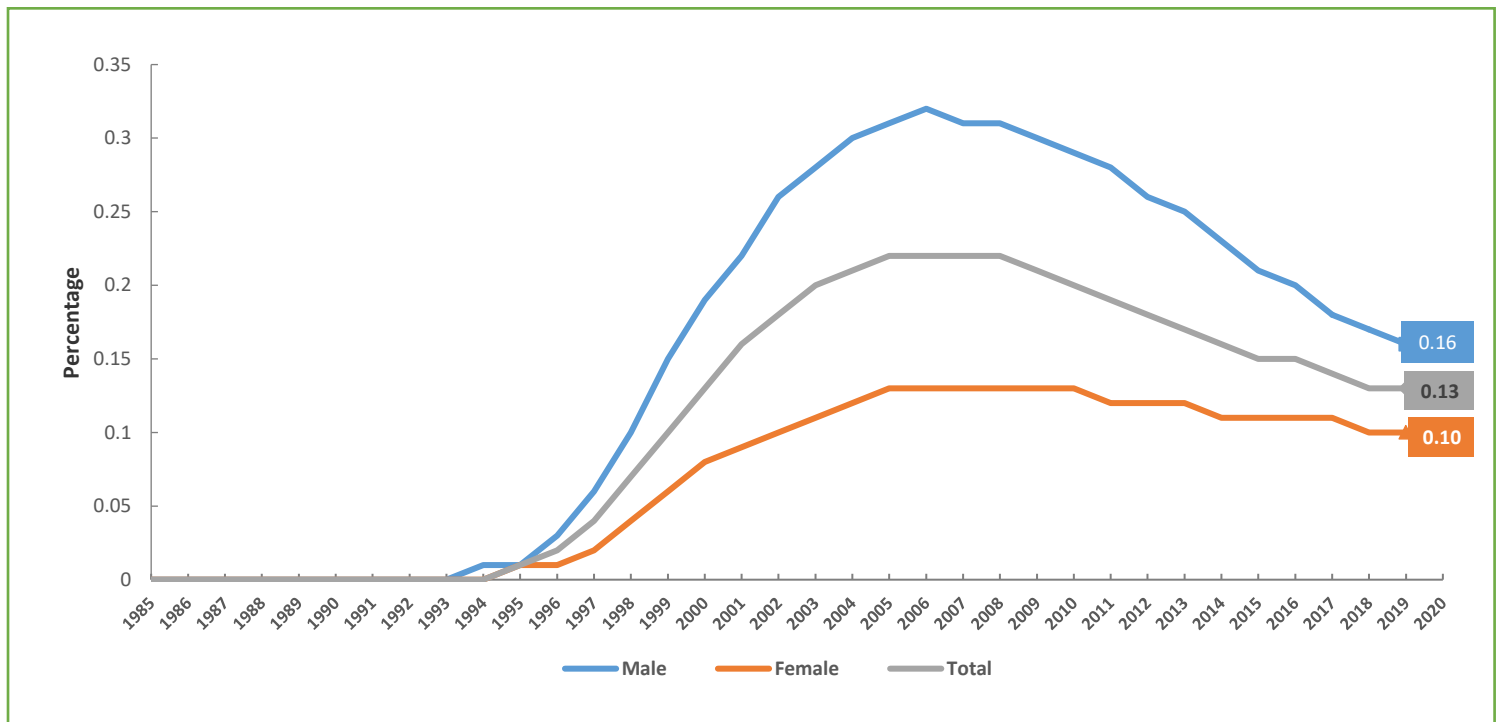
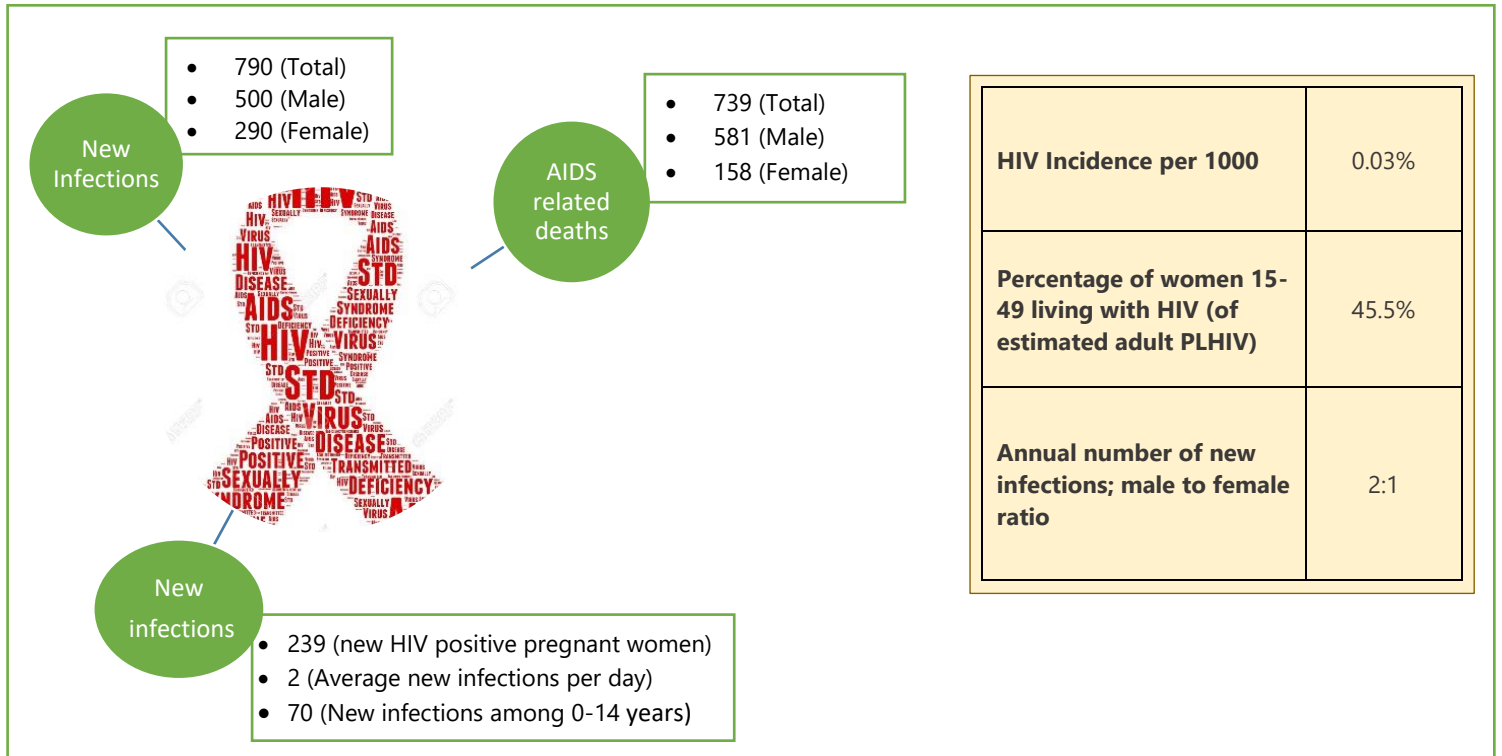


Figure 2. Trend of HIV prevalence among adult population (15-49 Year) 1985-2020

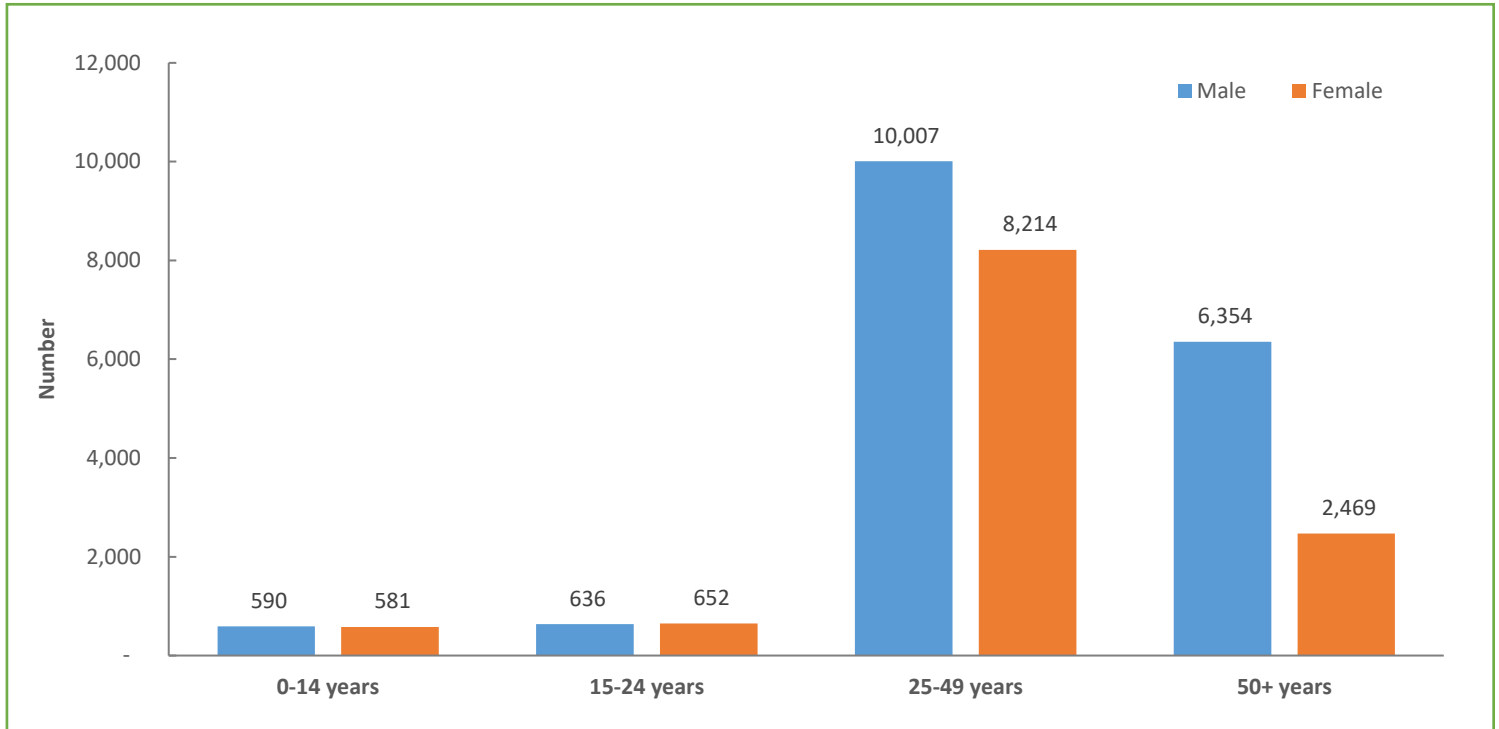


Figure 3. Estimated number of HIV infections by age group, 2019

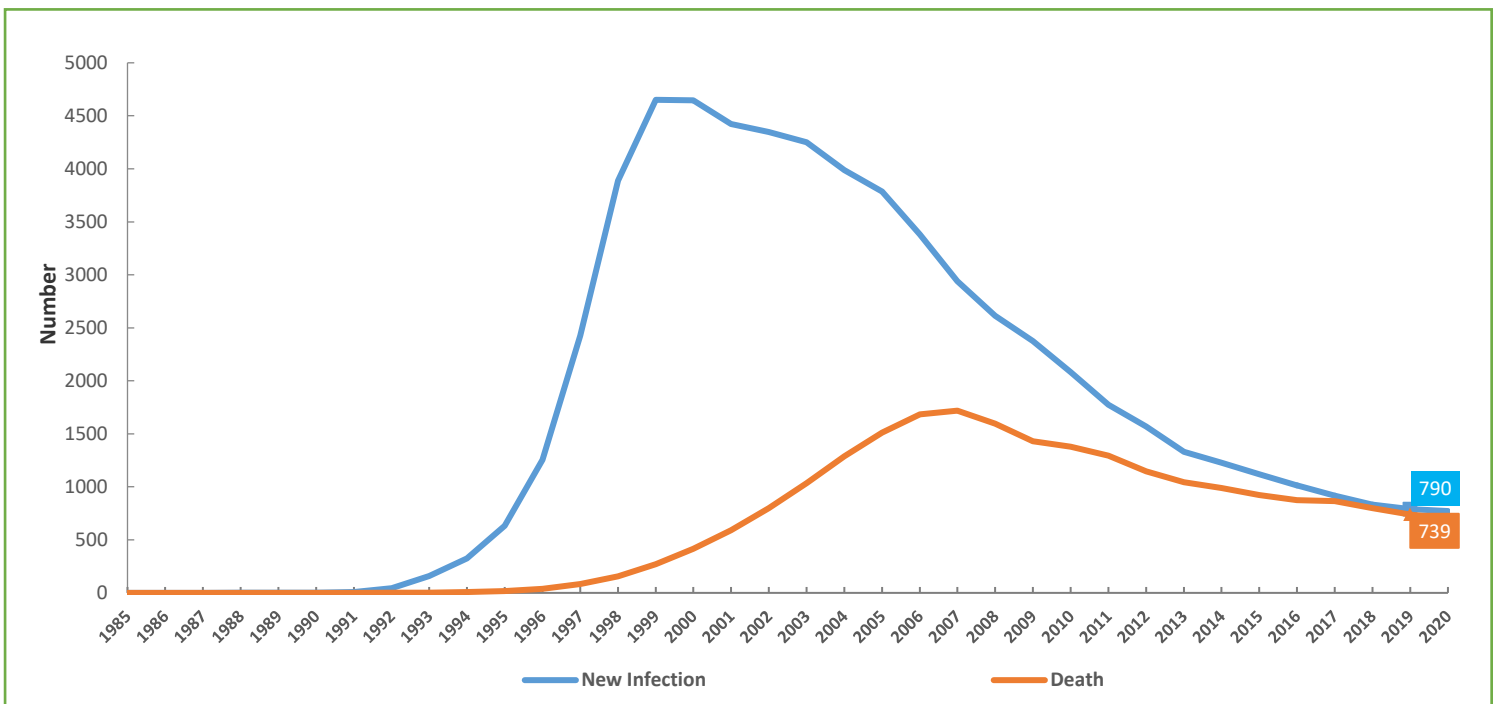


Figure 4. Trend of new HIV infections and deaths 2019 (1985-2020)

Diagnosed HIV Cases in Nepal

World AIDS Day 2020

Table 1. Reported HIV cases, as of 15 July 2020**Source:** Routine program data, 2020

	Male	Female	Transgender (TG)	Total
Ever Reported Cases	22,934	14,300	362	37,596
Alive PLHIV	13,341	9,572	223	23,136

Table 2. Ever Reported HIV Infections by Sub-Group and Gender as of 15 July 2020

Risk Groups	Male	Female	TG	Total	%
Sex Workers (SW)	221	1,969	68	2,258	6.0%
People who inject drugs (PWID)*	3,212	112	9	3,333	8.9%
Men who have sex with Men (MSM)**	845	5	263	1,113	3.0%
Blood and blood products	93	43	4	1,40	0.4%
Clients of SWs	11,659	214	7	11,880	31.6%
Migrant Workers***	3,859	339	2	4,200	11.2%
Spouse/Partner of Migrants	250	2,910	3	3,163	8.4%
Others****	2,795	8,708	6	11,509	30.6%
Total	22,934	14,300	362	37,596	100.0%

* Mode of Transmission – Injection or Sexual

** MSM includes both MSM and TG group and reporting is based on client's self-reported gender

*** Migrant risk group was added as one of the risk groups from 2011

**** From 2013/2014 Housewives, Male Partners, Prison Inmates, Children and Sub-group not identified are adjusted in "Others"

Source: Routine program data, 2020**Table 3.** Ever Reported HIV Infections by Age Group and Gender as of 15 July 2020**Source:** Routine program data, 2020

Age Group (Years)	Male	Female	TG	Total	%
0 - 4	541	361	0	902	2.4%
5 - 9	635	444	0	1,079	2.9%
10 - 14	341	260	0	601	1.6%
15 - 19	581	555	29	1,165	3.1%
20 - 24	2,361	1,895	92	4,348	11.6%
25 - 49	16,789	9,949	226	26,964	71.7%
50 - above	1,686	836	15	2,537	6.7%
Total	22,934	14,300	362	37,596	100.0%

Diagnosed HIV Cases in Nepal

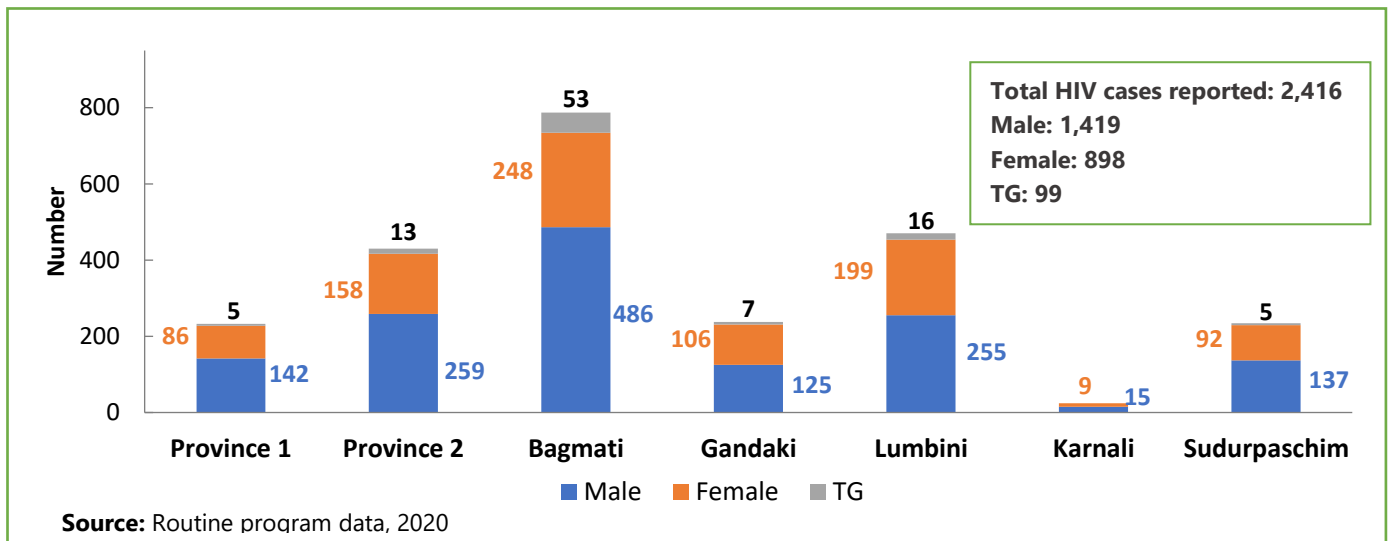


Figure 1. Distribution of Reported HIV Cases by Province and Gender (FY 076/77)

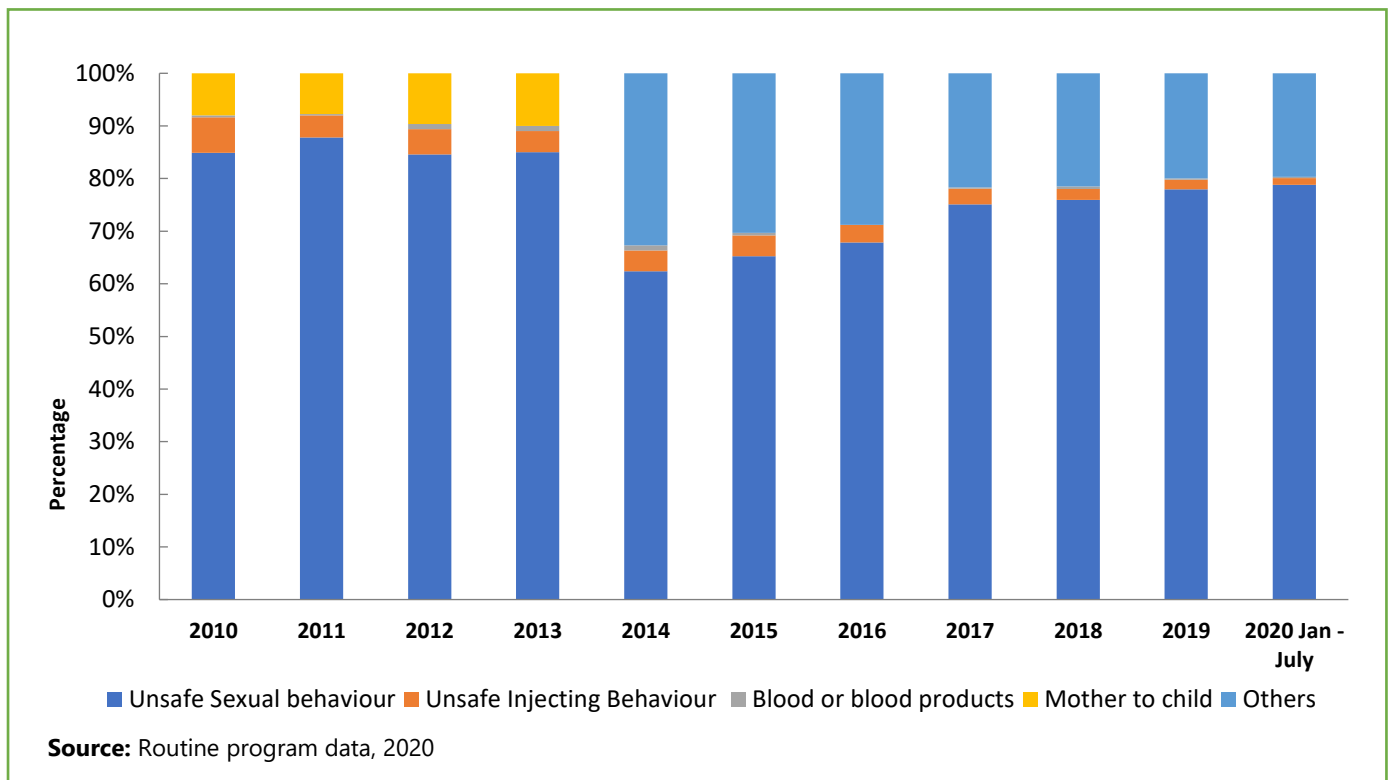


Figure 2. Reported HIV Cases by Mode of Transmission in Nepal, 2010-2020 July

Overview

HIV Testing and Counseling service was first started in Nepal in 1995. HIV Testing and Counseling is the entry point for overall HIV care services. It is provided free of cost to the key populations at higher risk and general population all over the country. Nepal’s HIV testing and counseling services is guided by the 2020 National HIV Testing and Treatment Guidelines. Community based testing approach has also been initiated in key populations as recommended by 2017 National Guidelines on Community Led HIV Testing. Nepal has also implemented community led testing approach to maximize HIV testing among key populations in selected districts (FY 076/77 - MSM and TG: 25, PWID: 27 and FSW:17). There are 185 service sites providing HIV testing and counseling, including 145 government sites as of July 2020.

Table 1: HIV Testing and Counselling 2011 - 2020 (Jan-July)

Source: Routine program data, 2020

Indicators	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020 (Jan-July)
Tested for HIV	95,501	120,450	139,566	116,439	164,051	173,195	294,324	265,055	204,834	66,285
HIV positive	2,060	2,433	2,426	1,907	1,610	2,144	1,842	2,226	2,796	1,155

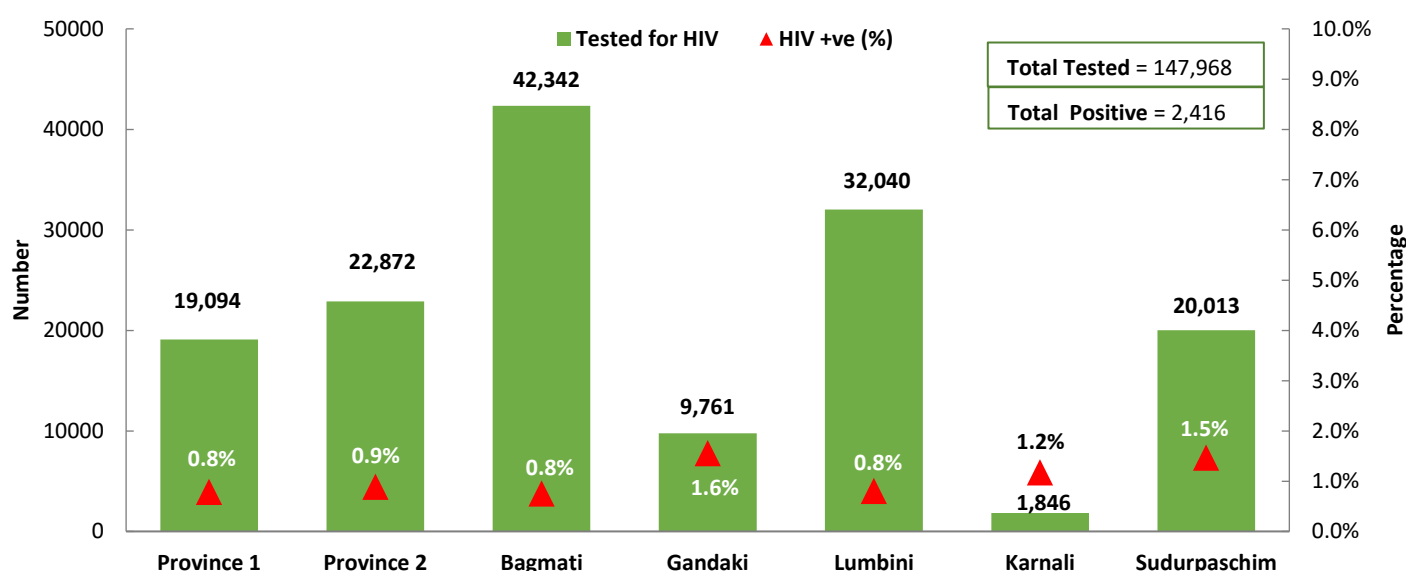


Figure 1. HIV Testing and Yield Proportion by Province in Nepal (FY 076/77)

Source: Routine program data, 2020

HIV Testing and Counselling (HTC)

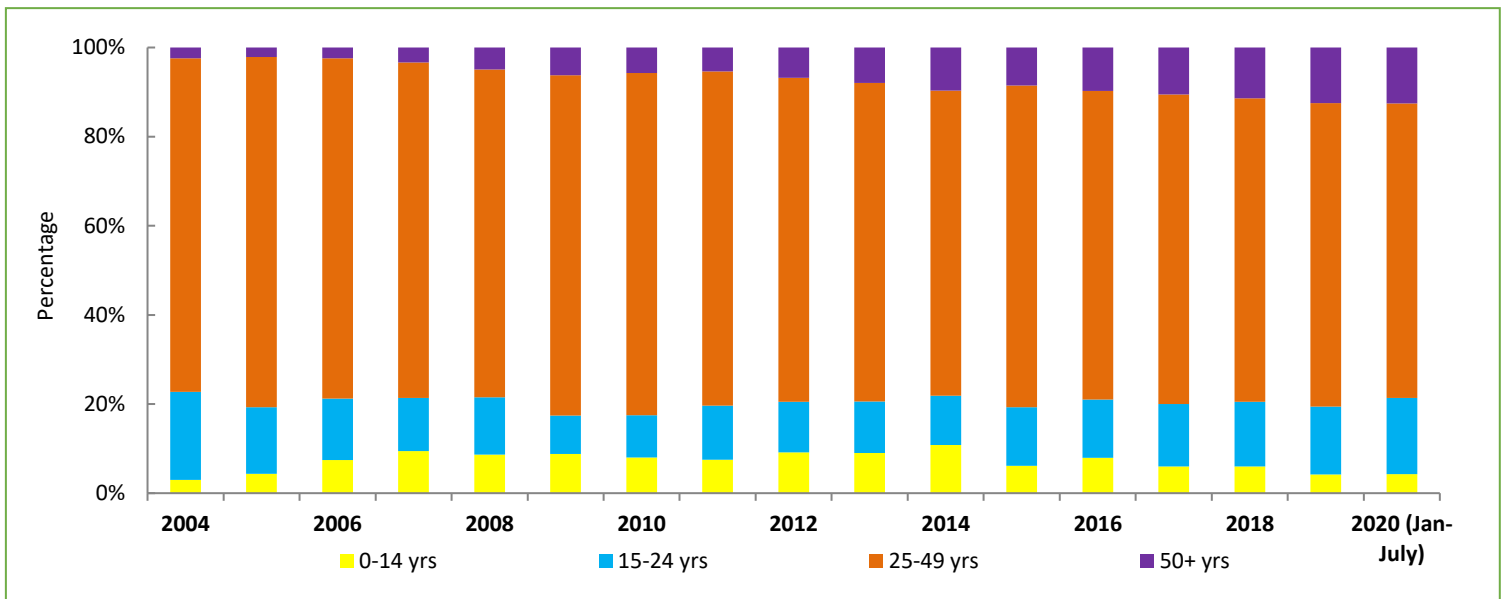


Figure 2. Reported HIV Infections by Age Group: 2004 -2020 (Jan-July)

Source: Routine program data, 2020

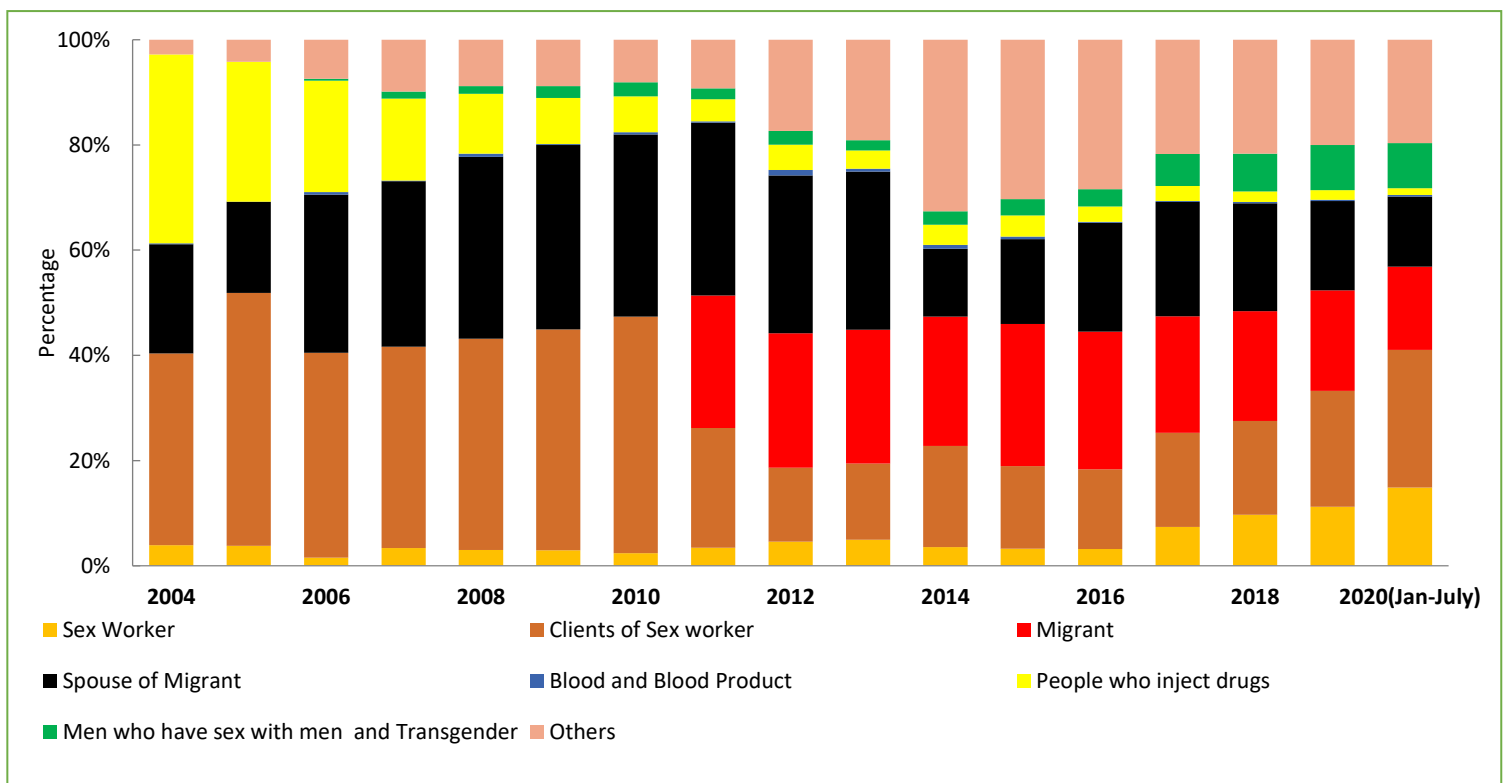
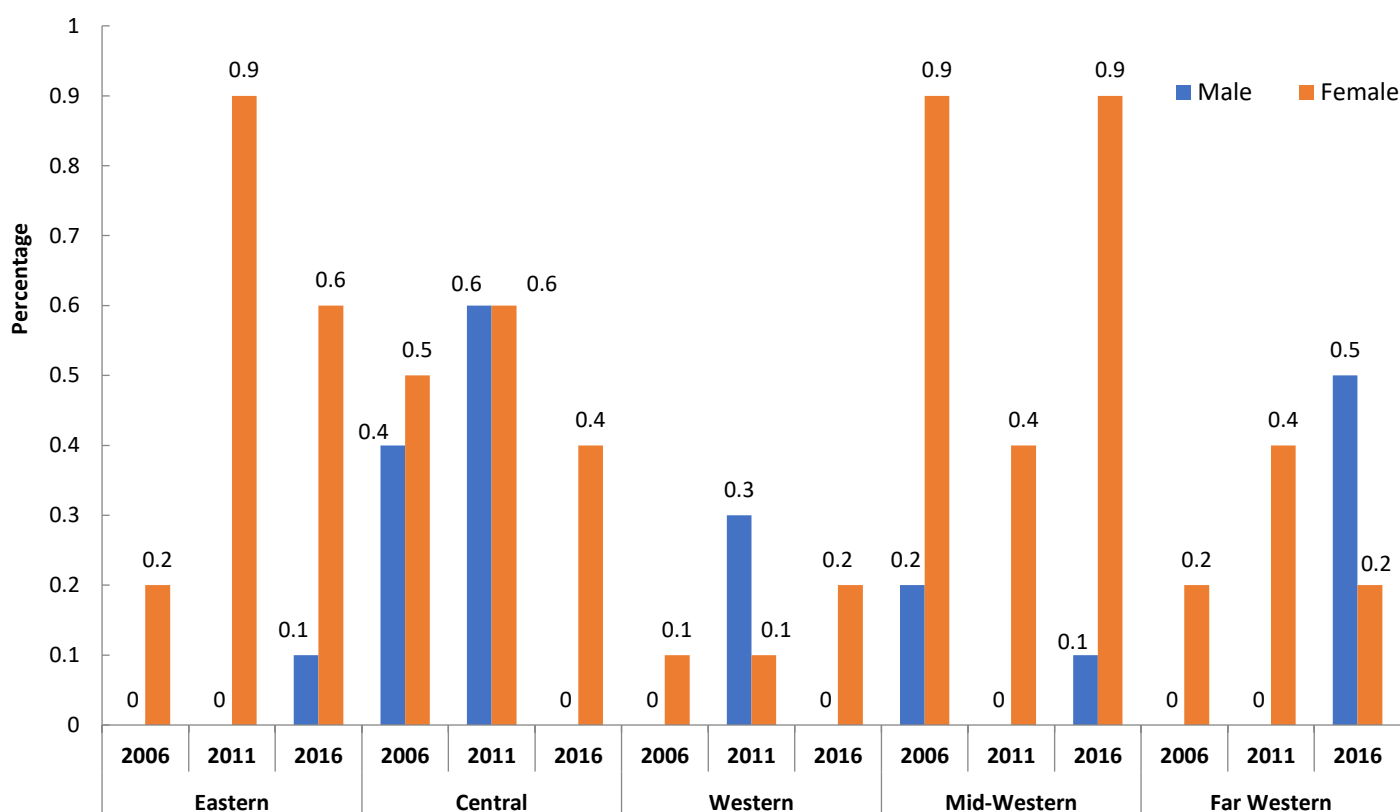


Figure 3. Reported HIV Infections by Risk Groups, 2004 - 2020 (Jan-July)

Source: Routine program data, 2020

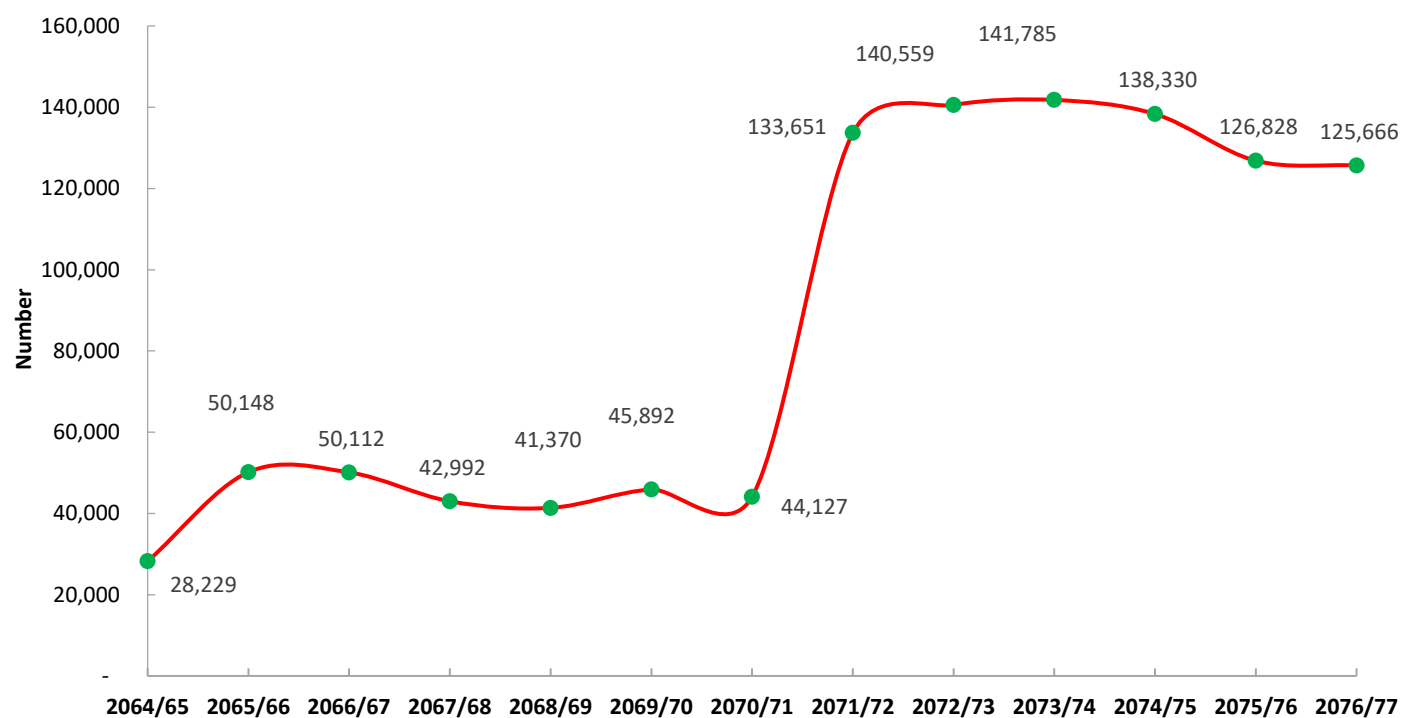
Overview

Key interventions for management of STIs in Nepal are targeted behavior change communication (BCC), condom promotion and distribution, diagnosis and treatment of STIs (both syndromic and etiological management) and referral services. STIs management services are available from government health facilities and NGOs for key populations. Nepal has been following WHO recommended approach for the management of STIs in patients with recognized signs and symptoms. The first National STIs Case Management Guideline was developed in 1995 and revised in 2014. Integrated Biological and Behavioral Surveillance (IBBS) Surveys and integrated health management information system (IHMS) are the main source of information for STIs prevalence among key population in Nepal.



Source: Nepal Demographic Health Survey (NDHS) 2006, 2011 and 2016. Note: Data presented as per the previous development regions. Data will be presented in province wise manner in future.

Figure 1. Self-reported sexually transmitted infections (STIs) prevalence in Nepal



Source: Annual Report, Department of Health Services (DoHS)/IHMS Routine Program Data FY 076/77

Figure 2. Annual reported cases of sexually transmitted infections (STIs) in Nepal

Table 1. Syphilis prevalence among different survey population, 2018

SN	Survey Populations	Study Area in 2018	Prevalence of Active Syphilis
1	Men who have Sex with Men and Transgender	Tarai Highway Districts	2.4
2	Female Sex Workers	22 Highway Districts	1.1
3	Male Labor Migrants	Eastern Districts	-
4	Wife of Migrants	Far Western Nepal	-

Source: Integrated Biological and Behavioral Surveillance (IBBS) Survey

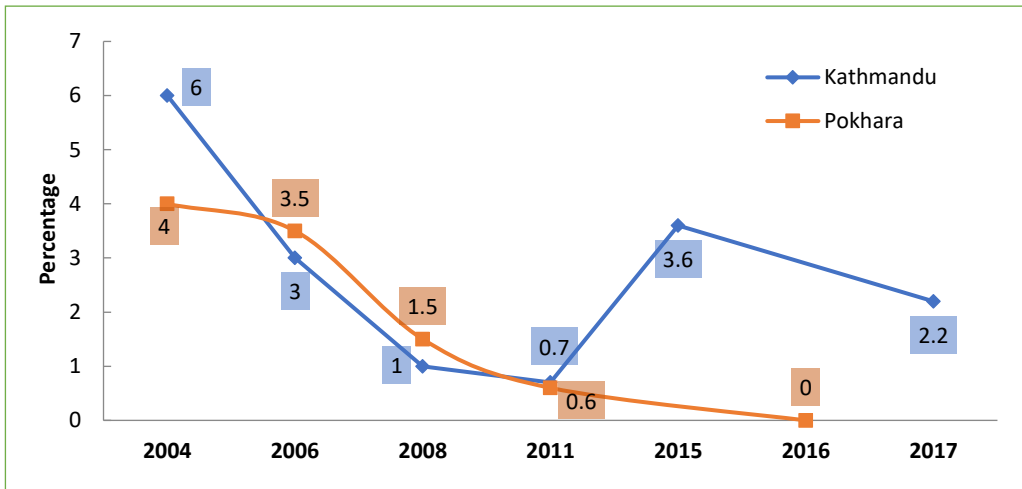


Figure 3. Prevalence of active syphilis among female sex workers

Source: Integrated Biological and Behavioral Surveillance (IBBS) Survey.

Figure 4. Prevalence of STI among female sex workers in 22 terai highway districts

Source: Integrated Biological and Behavioral Surveillance (IBBS) Survey 2003-2018

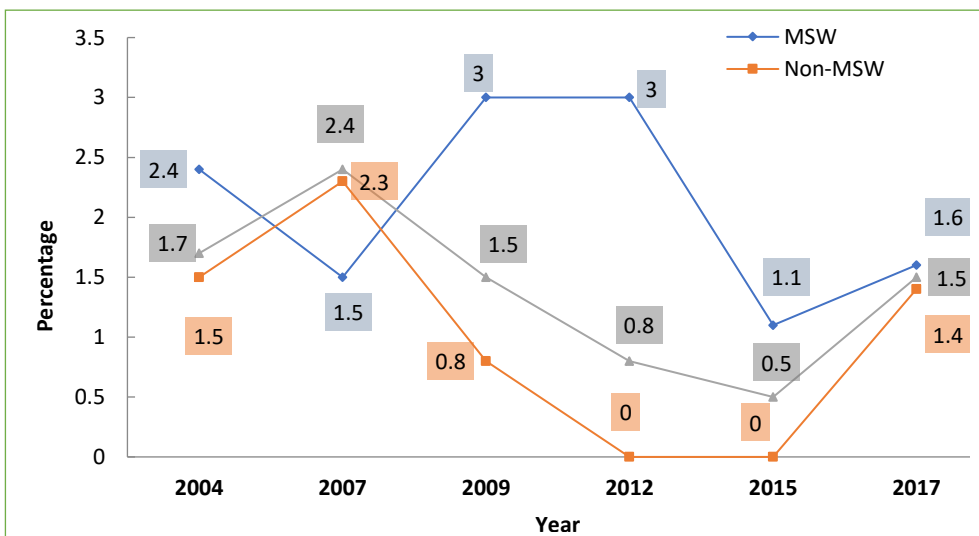
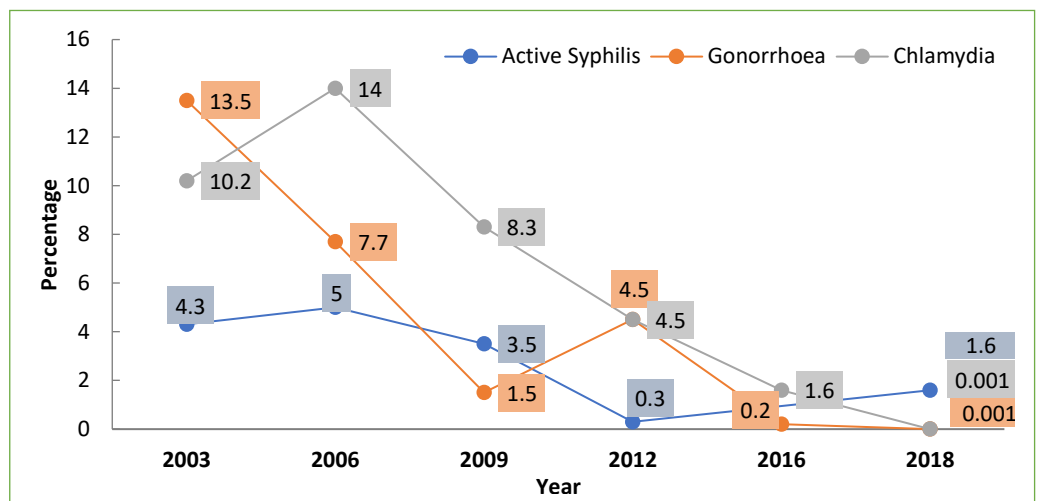


Figure 5. Prevalence of active syphilis among men who have sex with men / transgender in Kathmandu valley

MSW: Male Sex Workers, Non- MSW: Non-Male Sex Workers, MSM: Men who have sex with Men.

Source: Integrated Biological and Behavioral Surveillance (IBBS) Survey 2004-2017

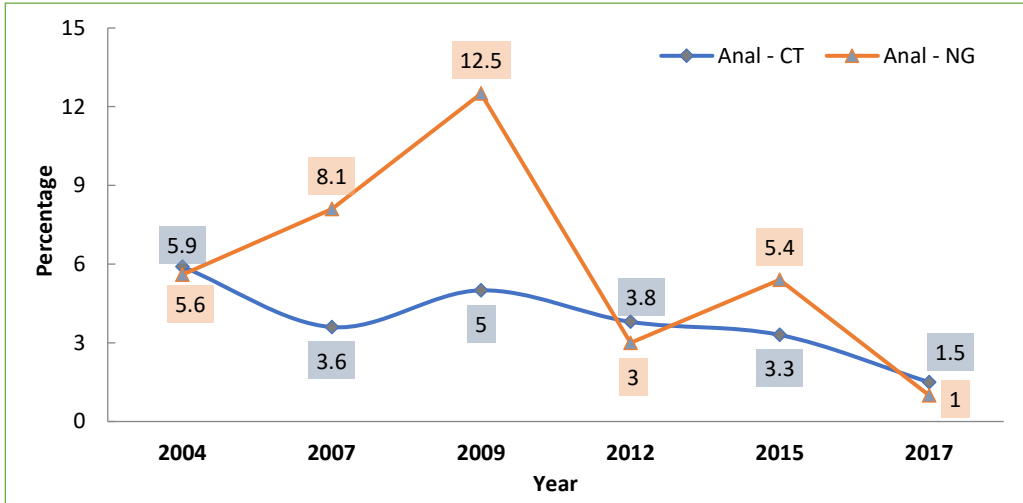


Figure 6. Prevalence of STI among men who have sex with men / transgender in Kathmandu valley

CT: Chlamydia Trachomatis; NG: Neisseria Gonorrhoea.

Source: Integrated Biological and Behavioral Surveillance (IBBS) Survey 2004-2017

Figure 7. Prevalence of active syphilis among people who inject drugs (male) in Kathmandu valley

Source: Integrated Biological and Behavioral Surveillance (IBBS) Survey 2002-2017

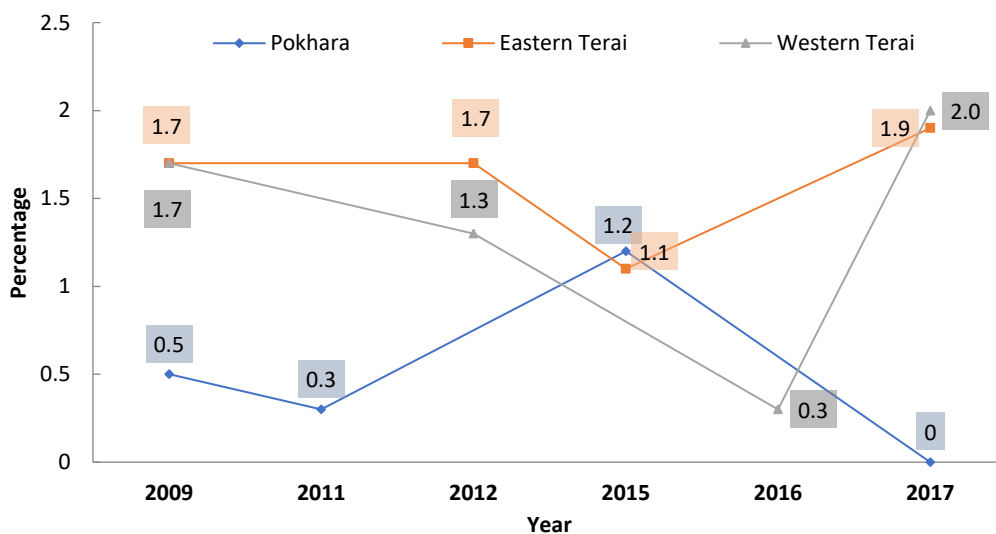
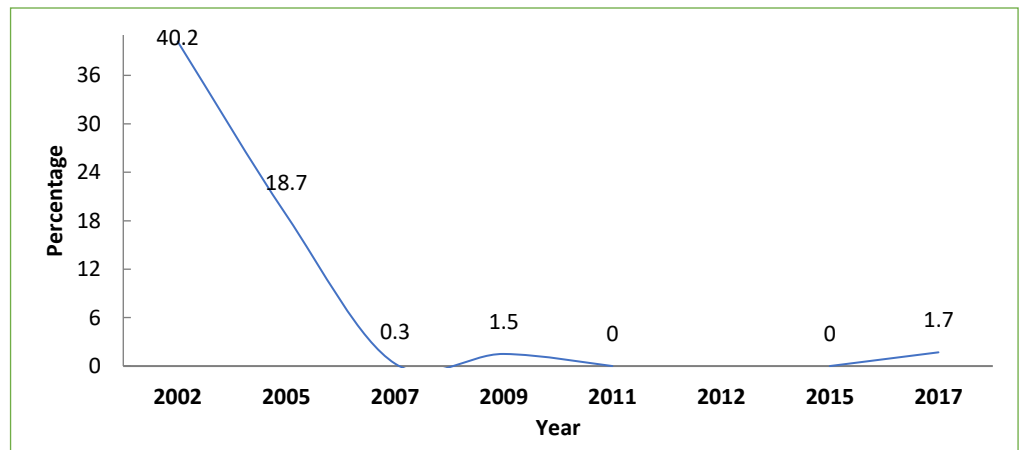


Figure 8. Prevalence of active syphilis among people who inject drugs (male)

Source: Integrated Biological and Behavioral Surveillance (IBBS) Survey 2002-2017

Prevention of Mother to Child Transmission (PMTCT) in Nepal

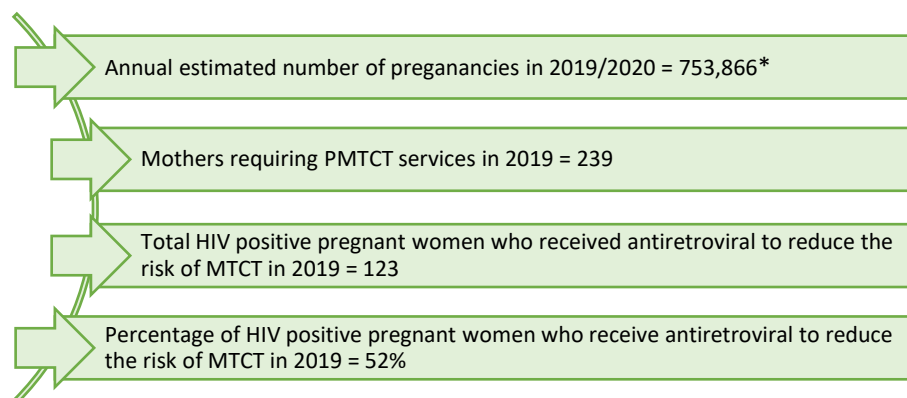
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World AIDS Day 2020

Overview

Comprehensive Prevention of Mother to Child Transmission (PMTCT) service started in Nepal in February 2005. Community-based PMTCT (CB-PMTCT) program has been expanded in all 77 districts of Nepal where HIV screening and counselling is done among every ANC visit at the health facilities. ARV medicines are made available in all districts of Nepal. However, life-long ART service is only provided through 80 ART sites and 20 ART Dispensing Centers (ADC) throughout the country.



Source: National HIV Estimates 2019, * iHMIS Routine program data FY 076/077

Table 1. Services statistics on PMTCT in Nepal: 2010 – July 2020

Indicators	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020 (Jan-Jul)
Tested for HIV (PMTCT)	94,511	124,025	129,131	142,043	158,146	187,552	306,872	394,867	467,930	431,912	225,171
HIV Positive pregnant women	138	169	175	125	162	88	154	106	81	73	29
HIV +ve mother Delivered	120	134	110	139	131	115	121	145	123	134	42
Mothers received ART	96	117	126	142	162	145	181	192	146	123	52
Babies received Prophylaxis	112	129	108	136	127	114	118	137	122	135	41

Source: Routine Program Data, 2020

Prevention of Mother to Child Transmission (PMTCT) in Nepal

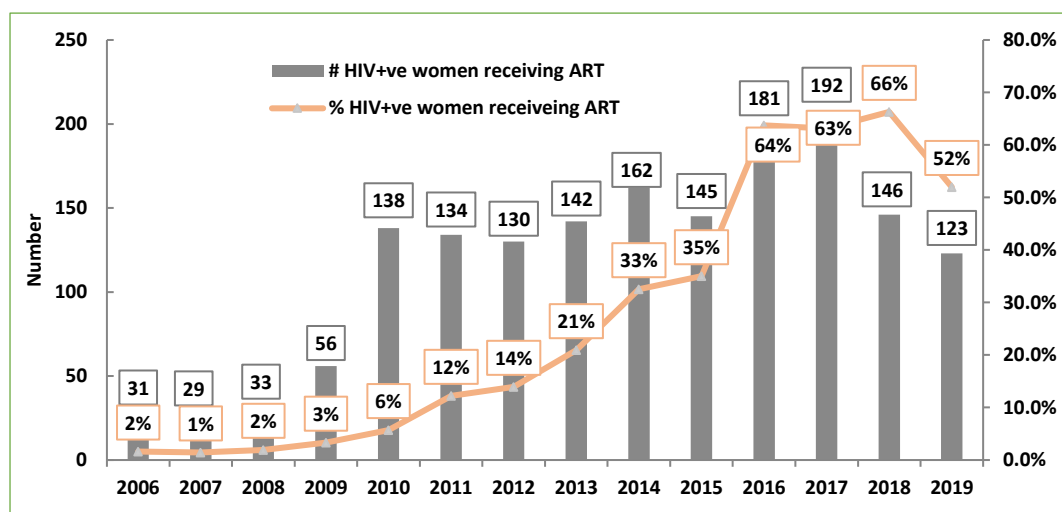


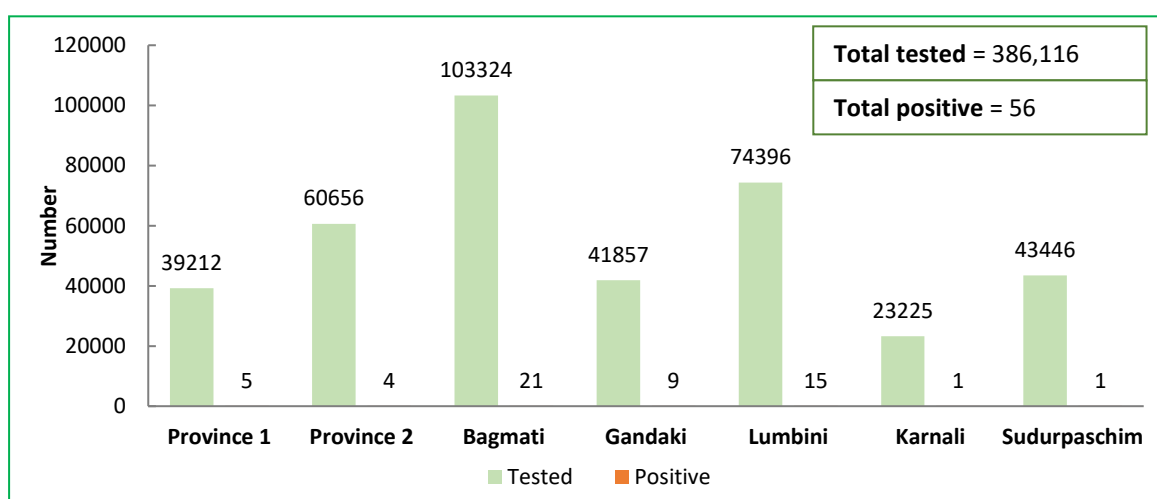
Figure 1. Coverage of PMTCT Program in Nepal (2006 – 2019)

Source: Routine program Data, 2020

Note: Option B+ was started from 2015 in Nepal.

Figure 2. PMTCT tested vs positive Province wise (FY 076/77)

Source: Routine program data, 2020



Early Infant Diagnosis (EID)

Early Infant Diagnosis (EID) service is available for babies born to the HIV-positive mothers to detect HIV status among exposed baby at the earliest. DNA PCR test is done for EID and conducted among the children below 18 months. EID through DNA PCR technology is available at National Public Health Laboratory (NPHL), Teku since September 2014. Dried blood spot (DBS) samples for EID are collected from all ART sites.

Table 2. Early Infant Diagnosis: 2014 – July 2020

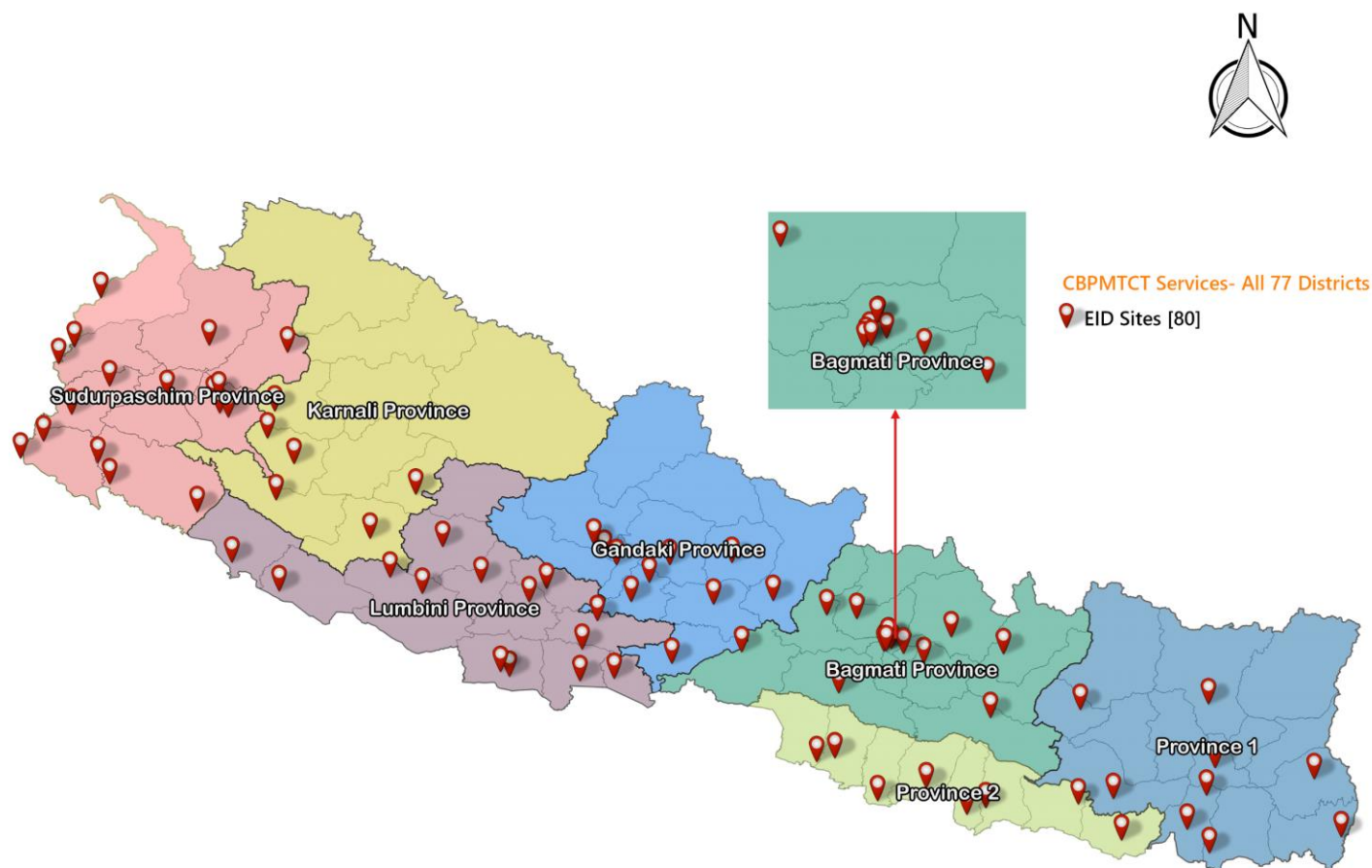
SN	Indicator	2014	2015	2016	2017	2018	2019	2020 (Jan- July)
1	Total number of children up to 18 months tested (PCR)	74	191	143	208	285	294	128
2	Total number of children up to 18 months diagnosed HIV positive through PCR test	4	15	10	16	25	21	9

Source: Routine program data, 2020

Prevention of Mother to Child Transmission (PMTCT) in Nepal

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Overview

ART service is started from February 2004 from Sukraraj Tropical and Infectious Disease Hospital Kathmandu in Nepal. ART is available for free of cost for all People Living with HIV (PLHIV). As of July 2020, there are 80 ART sites and 20 ART Dispensing Centers (ADCs) in 61 districts. Nepal has adopted Test and Treat approach since Feb 2017. National HIV Testing and Treatment Guideline 2020 is the guiding document for providing HIV treatment and care in Nepal. CD4 count services is available from 33 sites in 27 districts.

Viral Load Testing Services

Viral load (VL) testing services is available from 8 sites in the country. VL testing sites are established in 5 provinces. Viral load testing sites are National Public Health Laboratory Kathmandu, Seti Provincial Hospital Kailali, Sukraraj Tropical and Infectious Disease Hospital Kathmandu, Bir Hospital Kathmandu, Pokhara Academy of Health Sciences Kaski, Koshi Hospital Morang and two sites; Karnali Provincial Hospital Surkhet and Bayalpata Hospital Achham are using GeneXpert Machine.

HIV Care and ART Tracking System

DHIS2 Tracker

HIV Care and ART Tracking System also known as DHIS2 Tracker is functional in all ART sites in the country. This system has three interlinked systems; namely DHIS2 Tracker, mHealth and Biometrics. The HIV Care and ART Tracking System is based on the same DHIS2 platform which is also used by the iHIMS under the Management Division, Department of Health Services. The main objective of system is to record the information in single system, help in eliminating duplication of client throughout the system and in client management.

mHealth (Mobile Health)

The DHIS2 tracker system supports mHealth to deliver appointment reminder messages, and HIV related awareness messages to the client enrolled in the service. mHealth aims to support HIV treatment and improve retention in treatment. The structured messages deliver to the provided mobile number of the client during registration.

Biometrics

Biometric system interlinked with the DHIS2 Tracker system scan the fingerprint of clients, which makes it easier to determine whether the client is new or already registered in the system, and thereby retrieve and add information instantly. The Biometric System also helps avoid the issue of double counting of clients and link medical records with biometric (fingerprint pattern) information of the client.

One National HIV Information System (ONHIS)

NCASC with support from FHI 360/LINKAGES and Save The Children has developed information system and piloted in Bhaktapur district. This system has been developed with an aim to integrate recording and reporting of prevention, testing, care and support services managed by different partners into existing HIV Care and ART Tracking system which in turn help country to ensure one national HIV Information system.

HIV Care and Antiretroviral Therapy (ART) Services in Nepal

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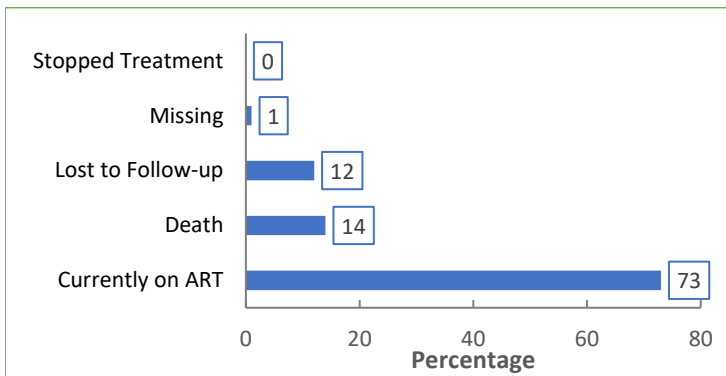


Table 1. Facts on ART, as of July 2020

Indicators	Value
Total PLHIV currently on ART (as of July 2020)	19,410
Patients on the 1 st line regimen	12,472
Patients substituted on the 1 st line	6,152
Patients switched on the 2 nd line	786
Total children currently on ART	1,242

Source: Routine program data, 2020

Figure 1. Outcomes of ART Program in Nepal, as of July 2020

Source: Routine program data, 2020

Figure 2. People on ART by Province as of July 2020

Source: Routine program data, 2020

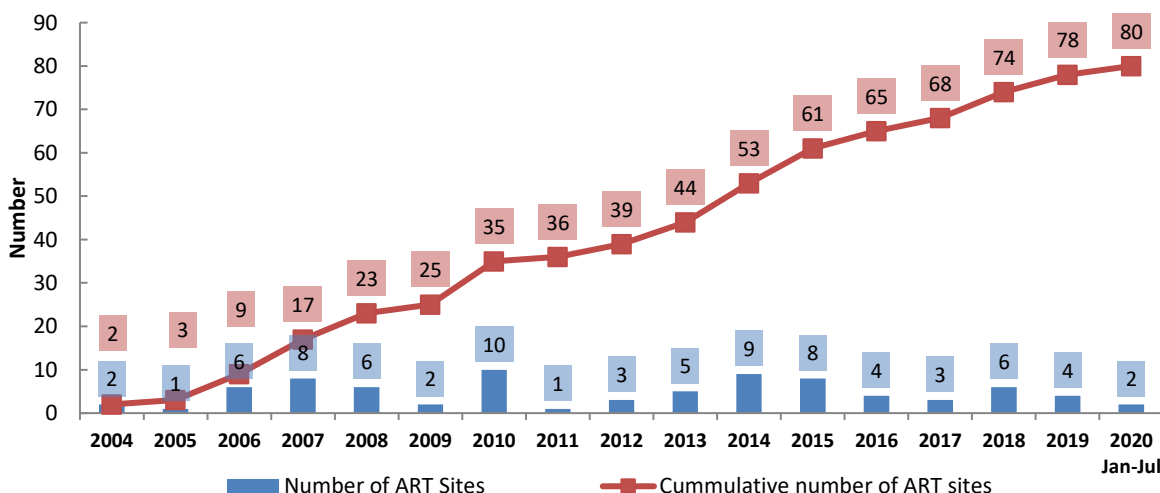
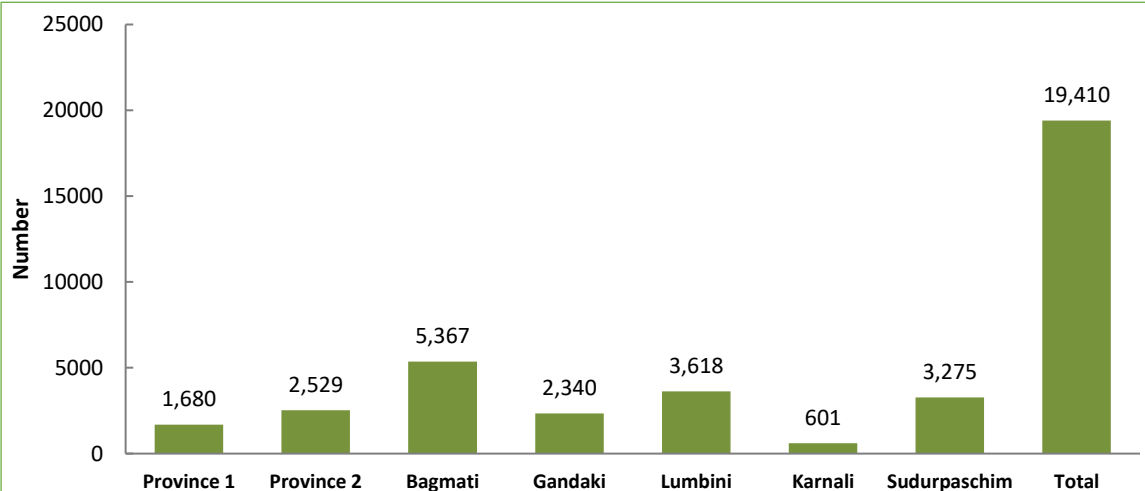


Figure 3. Number of ART sites in Nepal by establishment year as of July 2020

Source: Routine program data, 2020

HIV Care and Antiretroviral Therapy (ART) Services in Nepal

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Table 2. ART Profile of Nepal, as of July 2020

Indicators	2011 July	2012 July	2013 July	2014 July	2015 July	2016 July	2017 July	2018 July	2019 July	2020 July
Ever enrolled on ART (cumulative)	7,437	9,246	11,091	12,899	14,745	16,449	19,388	22,048	24,423	26,562
PLHIV receiving ARVs (cumulative)	5,876	7,142	8,546	9,818	11,089	12,446	14,544	16,428	17,987	19,410
Lost to follow up (cumulative)	677	908	1,055	1,217	1,530	1,612	2,049	2,397	2,794	3,337
Stopped Treatment	12	11	27	30	31	31	25	22	25	17
Death (cumulative)	872	1,185	1,463	1,834	2,095	2,410	2,770	3,201	3,617	3,798

Percentage of adults and children receiving antiretroviral therapy among all estimated adults and children living with HIV: 66% (July 2020)

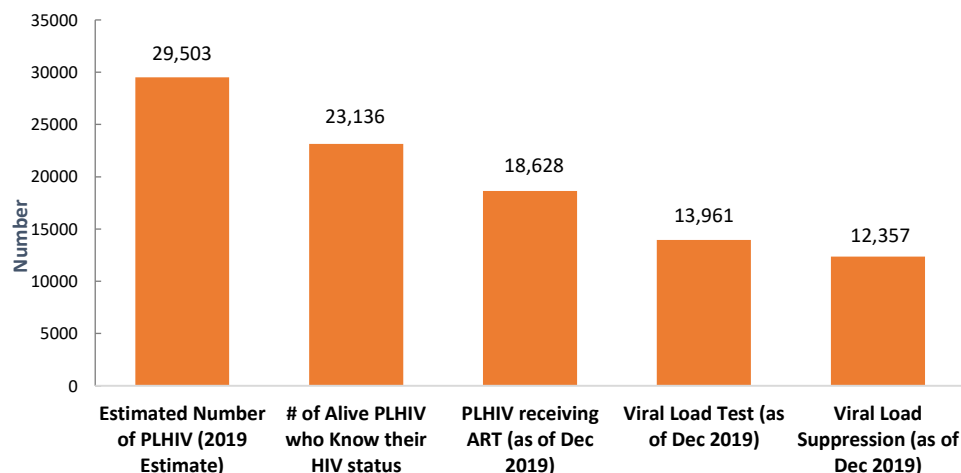


Figure 4. Treatment Cascade as of 2019 (R).

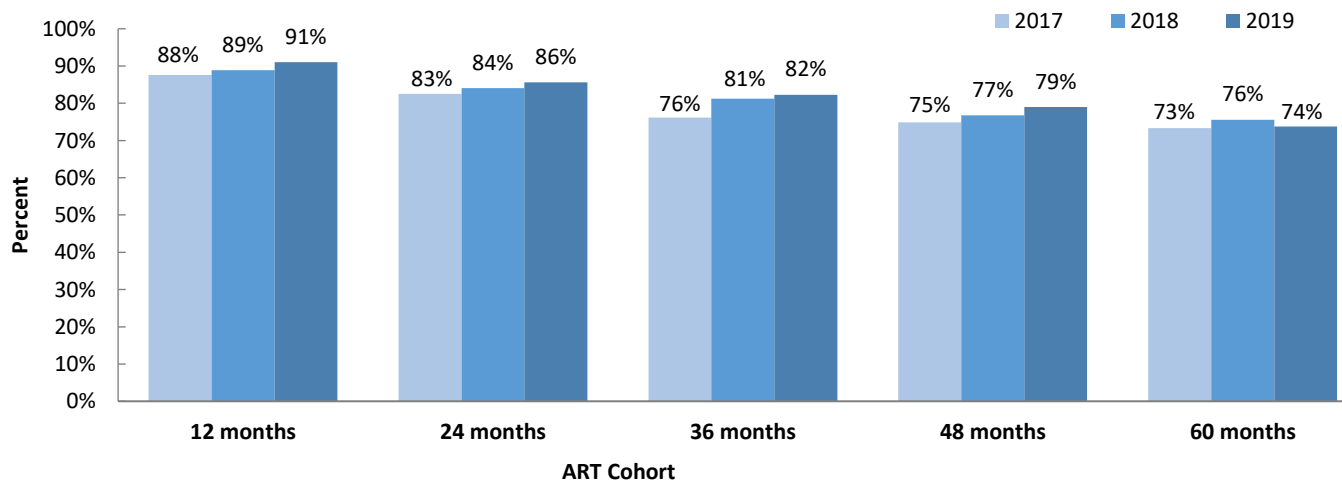


Figure 5. Cohort wise trend of PLHIV retention on ART (2017-2019)

Source: Routine program data, 2020

HIV Care and Antiretroviral Therapy (ART) Services in Nepal

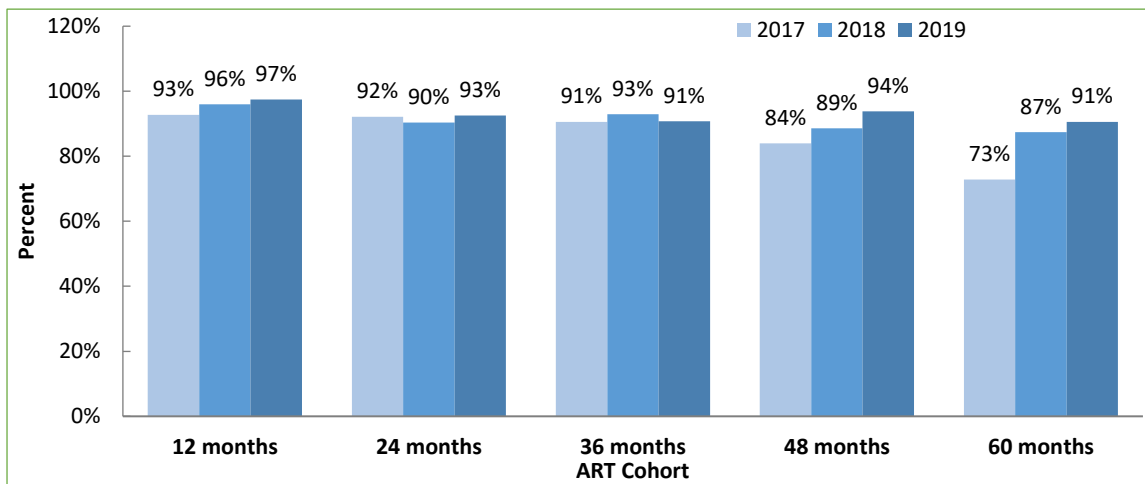


Figure 6. Trend of retention on ART among children (<15 Years) (2017-2019)

Source: Routine program data, 2020

Figure 7. Trend of retention on ART among adult (15+ Years) (2017-2019)

Source: Routine program data, 2020

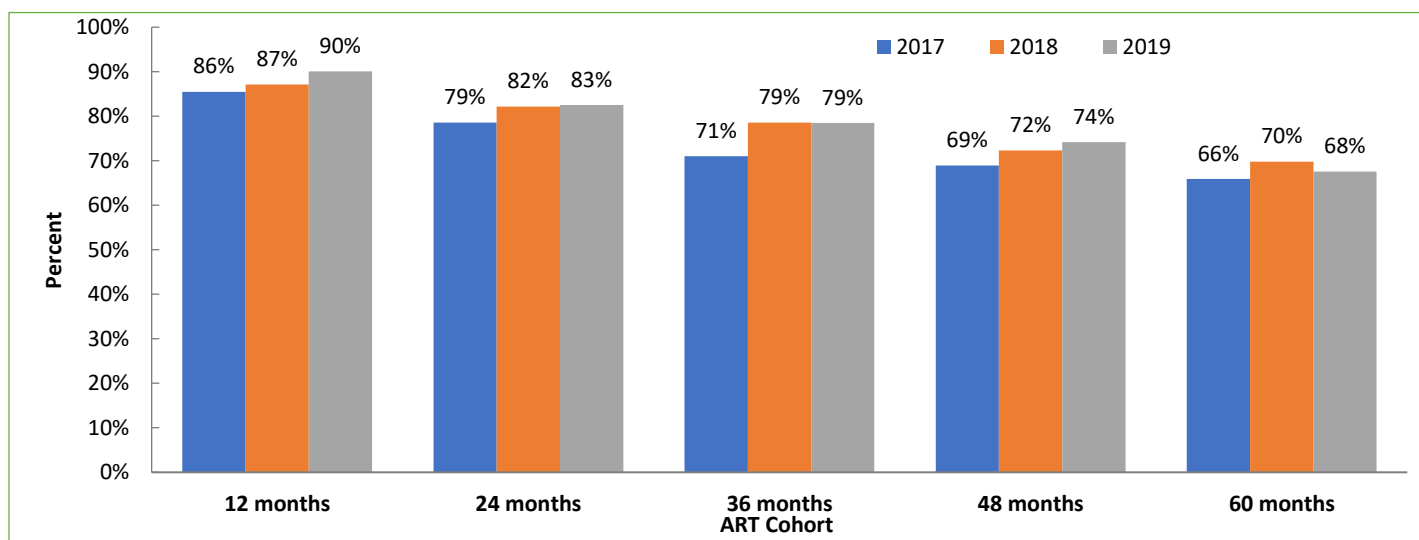
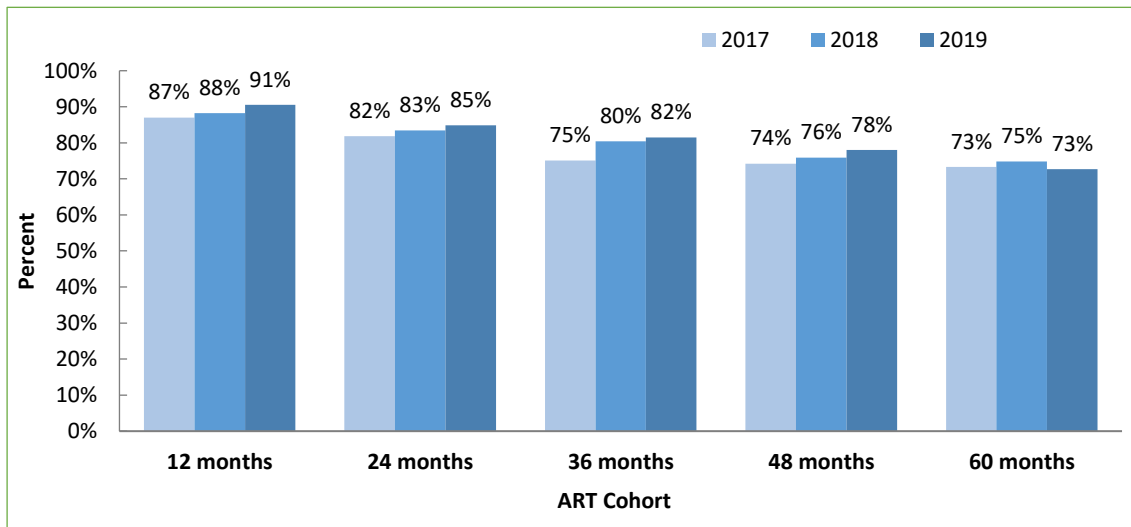


Figure 8. Trend of retention on ART among male PLHIV (2017-2019)

Source: Routine program data, 2020

HIV Care and Antiretroviral Therapy (ART) Services in Nepal

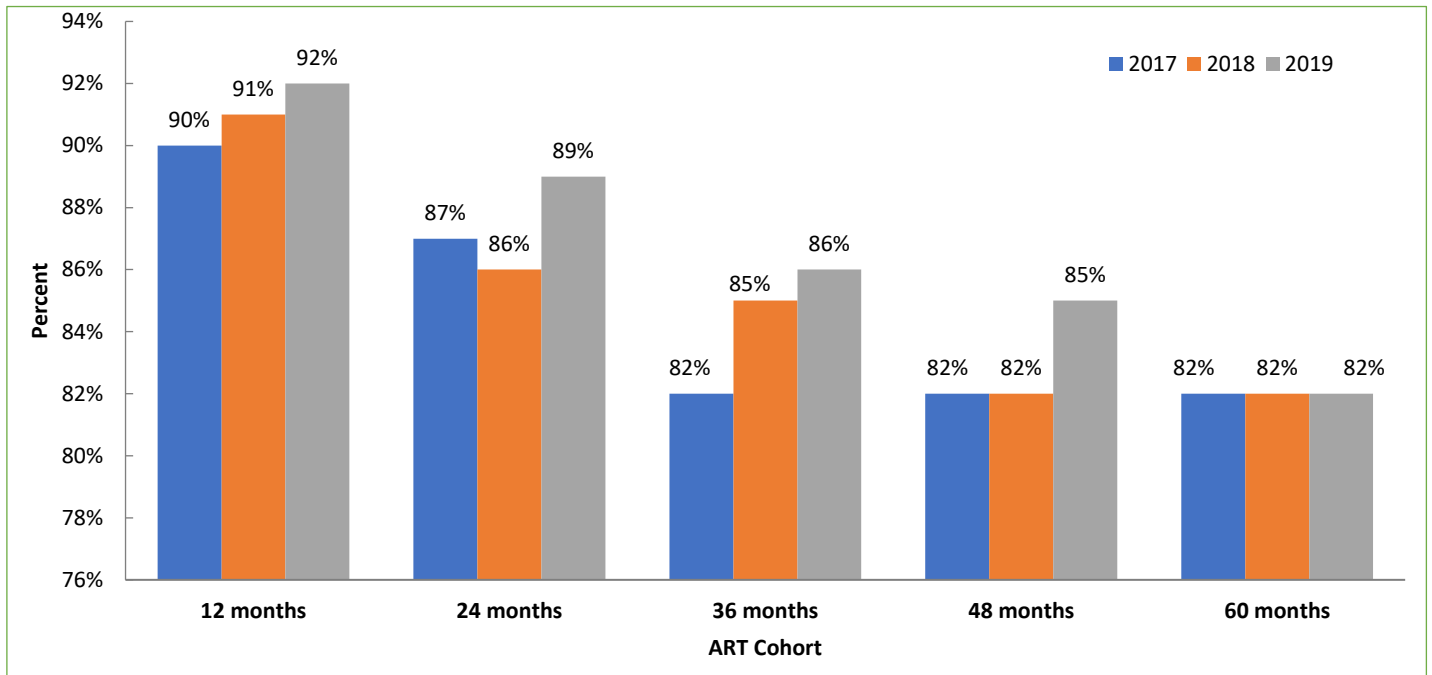


Figure 9. Trend of retention on ART among female PLHIV (2017-2019)

Source: Routine program data, 2020

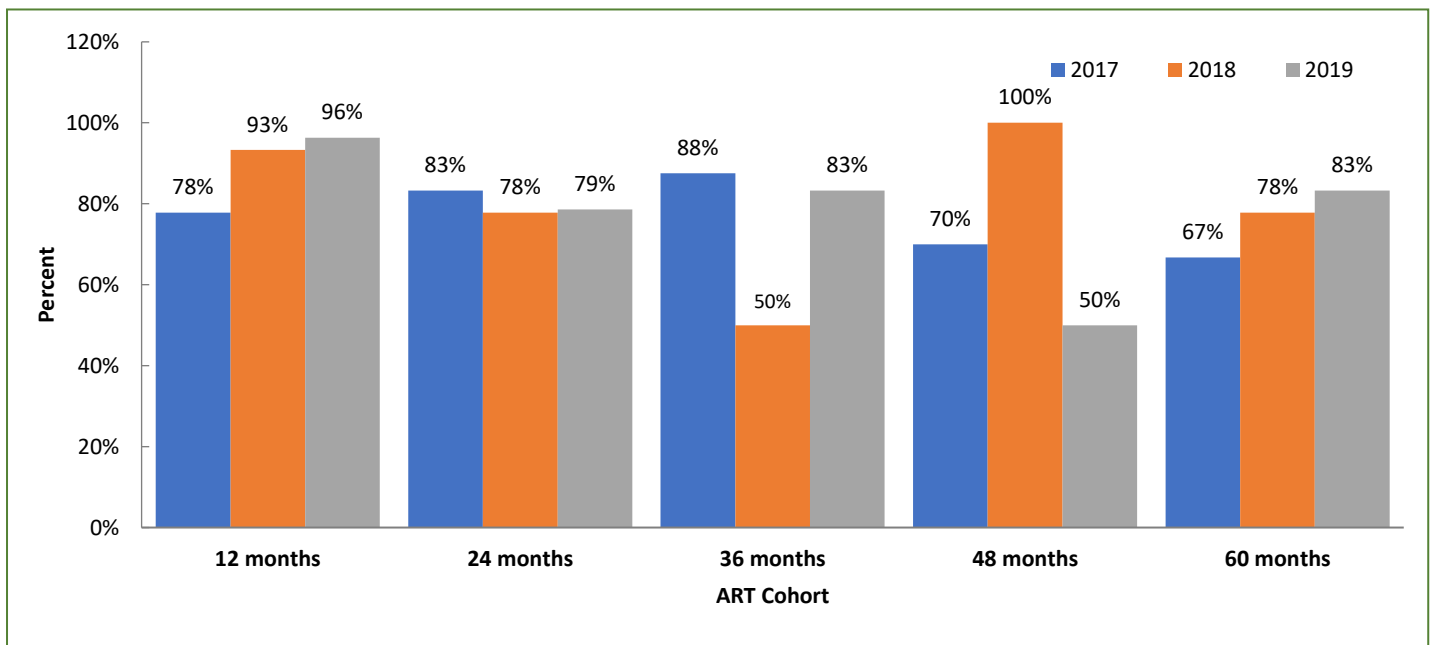


Figure 10. Trend of retention on ART among transgender PLHIV (2017-2019)

Source: Routine program data, 2020

The values displayed in figure 5 to figure 10 are based on the cohort data analysis of 60 months of last three years; 2017, 2018 and 2019 among PLHIV who have started ART in the cohort duration.

HIV Care and Antiretroviral Therapy (ART) Services in Nepal

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Table 3. Total sample for ART cohort

Source: Routine program data, 2020

Year	ART Cohort Duration	Total sample	Gender wise			Age wise	
			Female	Male	Transgender	Child (<15 years)	Adult (15+ years)
2019	60 months	1689	743	940	6	106	1583
	48 months	1720	789	925	6	113	1607
	36 months	1900	905	989	6	163	1737
	24 months	2537	1170	1353	14	227	2310
	12 months	2471	1080	1364	27	195	2276
2018	60 months	1816	835	972	9	103	1713
	48 months	1834	818	1006	10	132	1702
	36 months	1853	843	1004	6	127	1726
	24 months	2055	970	1076	9	188	1867
	12 months	2708	1241	1452	15	251	2457
2017	60 months	1909	892	1014	3	92	1817
	48 months	2041	942	1089	10	131	1910
	36 months	1981	902	1071	8	149	1832
	24 months	1975	910	1059	6	139	1836
	12 months	2358	1118	1231	9	245	2113

Community and Home-Based Care (CHBC)

- CHBC responds to the physical, social, emotional and spiritual needs of PLHIV and families from diagnosis to death and bereavement.
- National package of CHBC as per National Guidelines on CHBC and Standard Operating Procedures 2011 consists of care and support to PLHIV for adherence, nutritional education, hygiene and sanitation, family planning, referral, linking with social services, emotional/spiritual support and counseling, infection prevention, and end of life care.

Table 4. Achievements on CHBC program, FY 076/77

Facts on CHBC (FY 076/77)	N
District Covered	57
Number of new PLHIV who received CHBC services	1924
Number of PLHIV (new and old) who received CHBC services	10816

Source: Save the Children routine program data

Community Care Centre (CCC) Service

- CCC is a short-term care home catering to the needs of PLHIV and serving as a link between the hospital and home/community.
- The key services include positive prevention, medical care, nutritional support, treatment literacy for adherence, care and support, and linkage to other social services.

Table 5. Achievements on CCC program, FY 076/77

Facts on CCC (FY 2076/77)	N
District Covered	56
Number of new PLHIV receiving services from CCC	2103
Number of PLHIV receiving Follow-up services from CCC	7223
Number of PLHIV admitted to CCC to start ART	2807
Number of PLHIV received counselling service	7223

Source: Save the Children routine program data

HIV testing through CLT and Index Testing

- Community-based testing services are provided to at-risk populations by health workers and trained lay providers at a workplace, entertainment sites, hot spots and cruising sites of KPs, border check points, educational facilities or at home. Community-led testing (CLT) is recommended as part of community-based testing (CBT) and "test for triage" strategy in which at-risk populations are offered HIV testing by trained lay providers.
- Index testing is a focused HIV testing approach in which providers work with individuals living with HIV (index clients) to elicit voluntary HIV testing to their sexual or injecting partners, their biological children or biological parents (if a child is the index client) for HIV. The index testing approach has the highest HIV case-finding yield.

Table 6. Achievements on CLT and Index testing program, FY 076/77

Achievements of FY 2076/77	Community Led Testing (CLT)
Screened for HIV	85,087
Reactive for HIV	1,046
Confirmed HIV diagnosis	1,001
Linked to ART	890

Source: Save the Children & FHI360/LINKAGES Nepal routine program data

Indicators	N
Number of new PLHIV received services	3,187
Number of new and old PLHIV received services	4,845

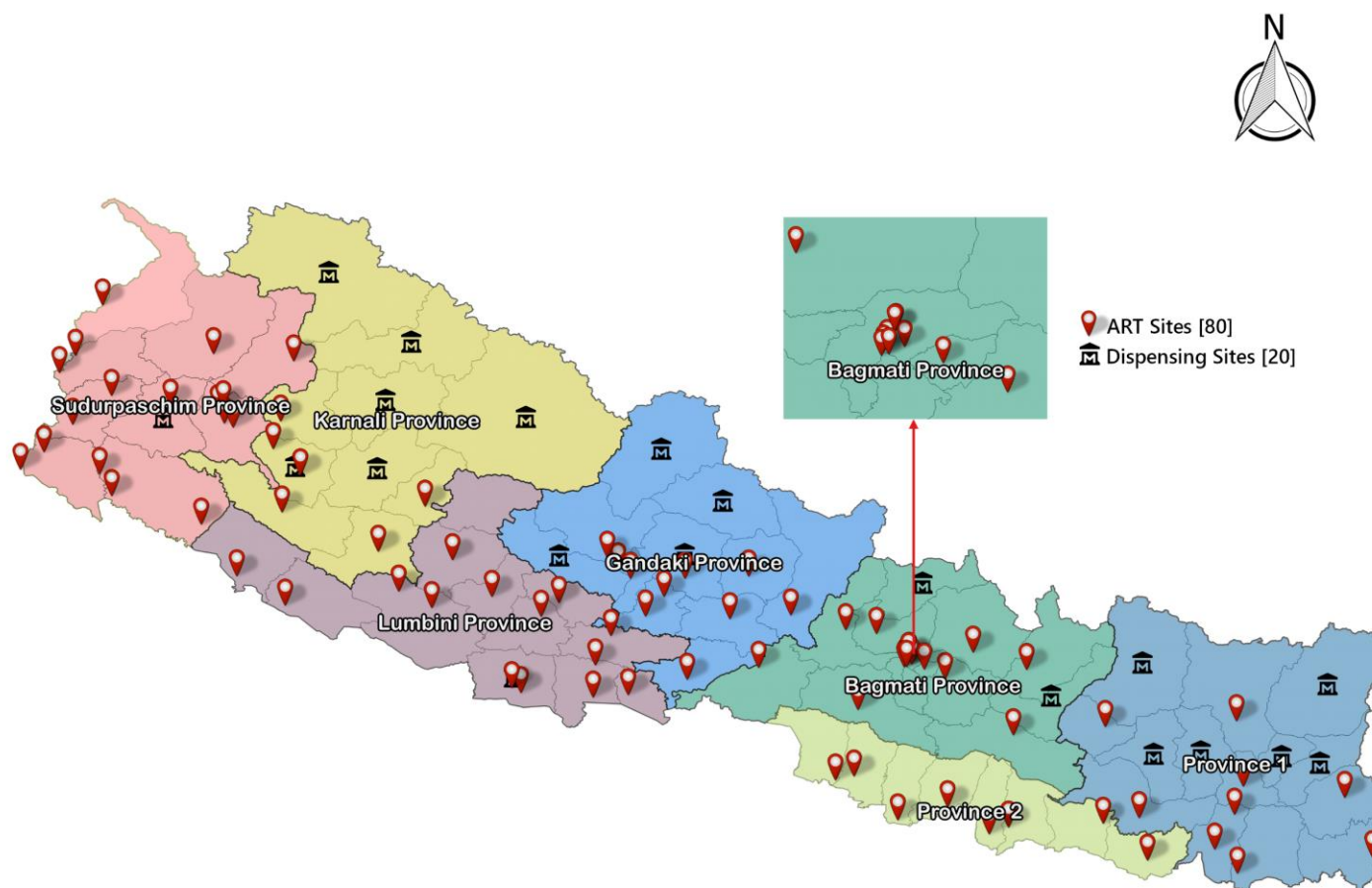
Table 7. Achievement in Community Care Services (CCS) of FY 076/77

Source: FHI360/LINKAGES Nepal routine program data

HIV Care and Antiretroviral Therapy (ART) Services in Nepal

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Nepal has been monitoring HIV and STI epidemic by collecting data from the following sources:

Case Reporting of HIV and STI

Routine case reporting of HIV and STI is done from HIV testing and counselling and PMTCT sites as well as other service sites. The routine reporting of HIV and STI from these sites is integrated in IHMIS since 2014.

Integrated Biological and Behavioral Surveillance (IBBS) Survey

Nepal has been conducting HIV and STI surveillance particularly among key populations, namely: people who inject drugs, FSW and their clients, MSM and TG, and Male Labor Migrants for more than a decade mainly to track changes in HIV and STI prevalence along with behavioral components such as condom use etc. Hepatitis-B and C screening among PWID has been started in the IBBS surveys from 2015. From this year, national level surveillance survey is conducted among people who inject drugs and data collection completed.

Monitoring of HIV Drug Resistance

Preparations for setting up a system for monitoring of HIV drug resistance for example, monitoring of Early Warning Indicators is underway. In this regard, guidelines on monitoring for HIV Drug Resistance Early Warning Indicators has been prepared in November 2013. HIV drug resistance survey was conducted in 2017 and 2019/2020.

Size Estimation of Key Populations

National size estimation of key populations (FSW, PWID and MSM/TG) was started in 2010. The second round of size estimation of key population was conducted in 2016.

HIV Infection Estimations and Projections

Nepal updates HIV infection estimates annually using available biological and behavioral data, routine program data, key population size estimates and other relevant key information from different studies using AIDS Epidemic Modelling (AEM) and Spectrum.

HIV Surveillance

NCASC is taking the lead in HIV surveillance activities in Nepal, in technical collaboration with WHO, UNAIDS, Save the Children/Global Fund and USAID/LINKAGES Nepal including the engagement of communities and people living with HIV. NCASC has developed 2017 National Consolidated Guidelines on Strategic Information of HIV Response in Nepal. The national consolidate SI guidelines aims to design an appropriate framework for measuring progress of National HIV Strategic Plan (2016-2021) targets and indicators at different level, i.e. impact, outcome and output level, including definitions of core indicators and specifications for data collection and provide a road map for data sources, data collection, analysis and its use for improvement of program implementation.

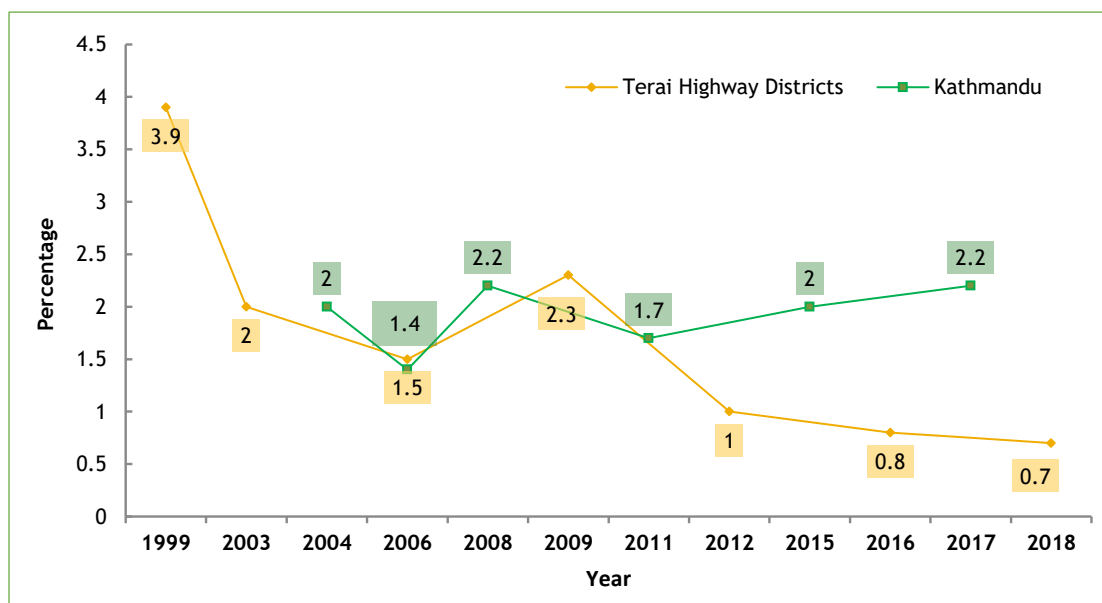


Figure 1. HIV prevalence among female sex worker

Source: Integrated Bio-Behavioural Surveillance (IBBS) Survey

Figure 2. HIV and STI prevalence among men who have sex with men and transgender in Kathmandu Valley

Source: Integrated Bio-Behavioural Surveillance (IBBS) Survey

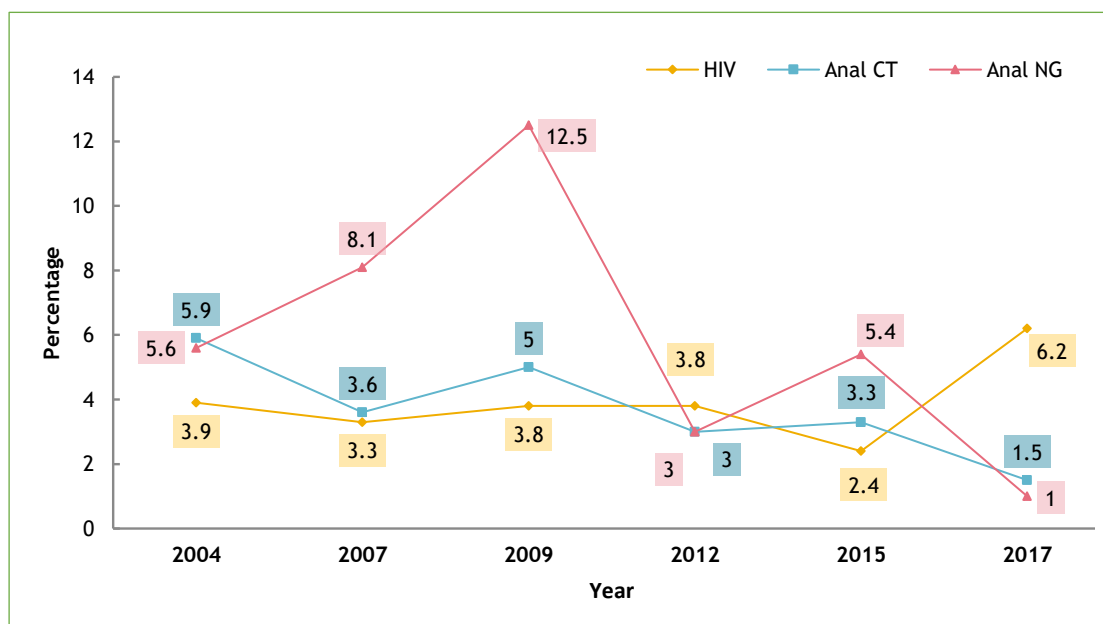


Table 1. HIV prevalence among different survey populations in Nepal

Survey Population	HIV Prevalence	Survey Location
Female Sex Workers	0.7	22 Highway Districts 2018
Male Labor Migrants	0.3	Eastern Districts 2018
MSM and TG	8.2	Tarai Highway 2018
Wives of Migrants	0.5	Far-west Districts 2018

Source: Integrated Biological and Behavioral Surveillance (IBBS) Survey

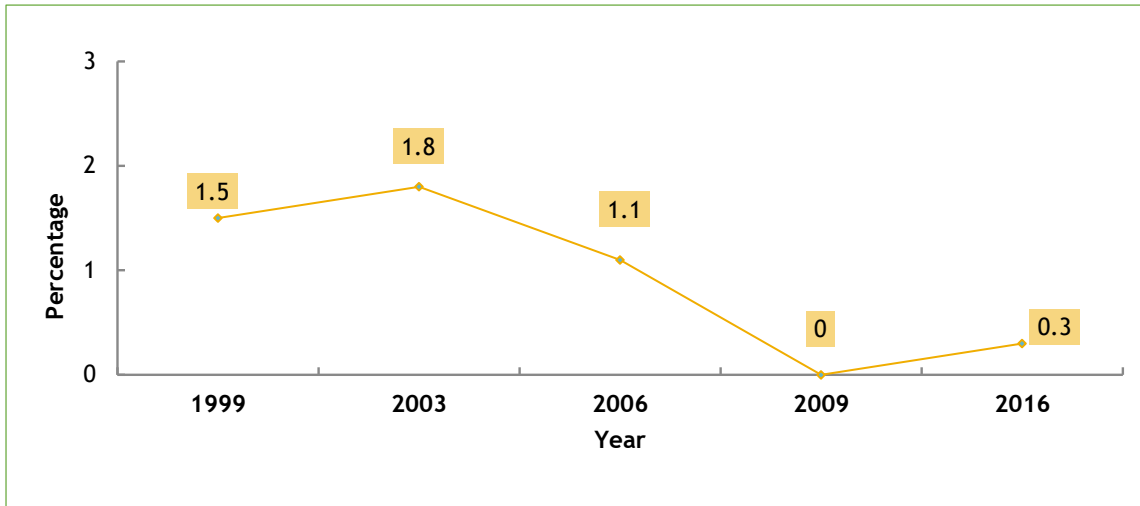


Figure 3. HIV prevalence among truckers

Source: Integrated Bio-Behavioural Surveillance (IBBS) Survey

Figure 4. HIV prevalence among people who injects drugs

Source: Integrated Bio-Behavioural Surveillance (IBBS) Survey

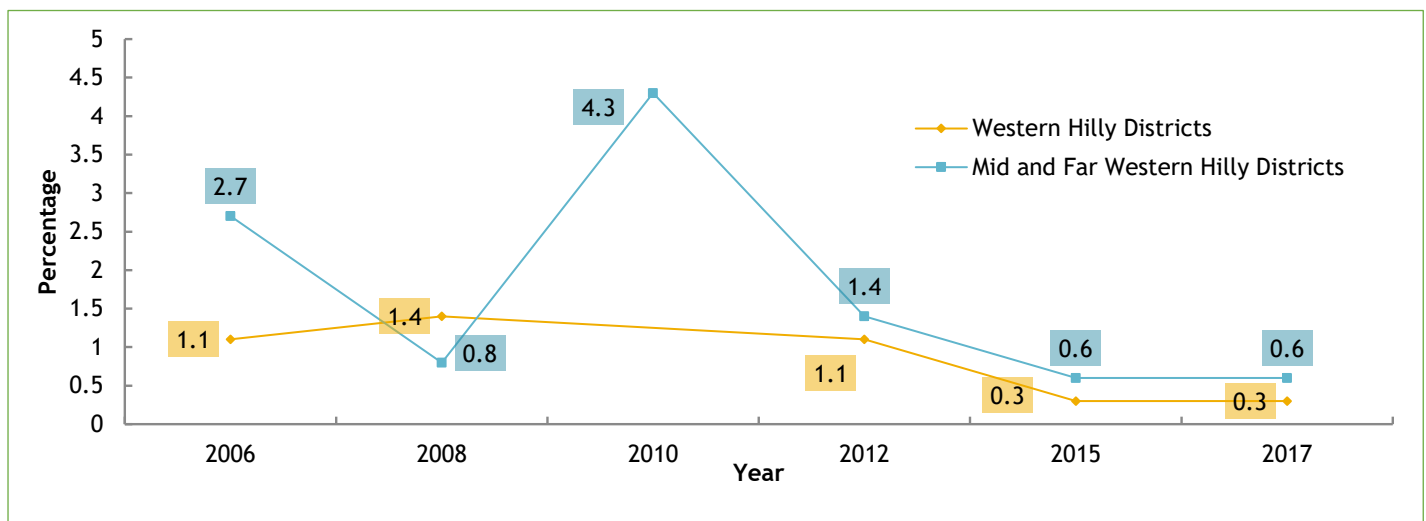
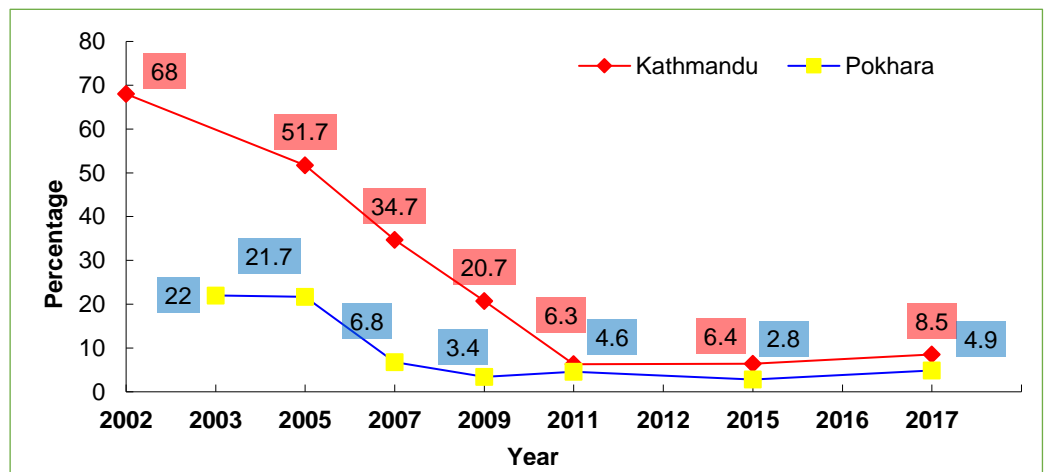


Figure 5. HIV prevalence among male labor migrants

Source: Integrated Bio-Behavioural Surveillance (IBBS) Survey

Table 2. Hepatitis prevalence among people who inject drugs in 2017

Survey Location	Hep B	Hep C	Coinfection (Hep C & HIV)
PWID-Male			
Eastern Tarai	0.8	38.0	2.5
Western to Far Western Terai	2.7	24.0	3.7
Pokhara	2.6	22.0	3.8
Kathmandu Valley	1.0	21.0	7.4
PWID-Female			
Pokhara	1.3	3.0	0.6

Source: Integrated Bio-Behavioural Surveillance (IBBS) Survey

Table 3. Epidemic zone specific Integrated Biological and Behavioral Surveillance (IBBS) Survey (1999 – 2020)

Key populations at higher risk	Survey areas	Rounds	Survey years
Female Sex Workers (FSW)	Kathmandu Valley	6	2004, 2006, 2008, 2011, 2015, 2017
	Pokhara Valley	5	2004, 2006, 2008, 2011, 2016
	16 Tarai Highway Districts	7	1999, 2003, 2006, 2009, 2012, 2016, 2018
	6 Tarai Highway Districts	6	2004, 2006, 2009, 2012, 2016, 2018
Male People who Inject Drugs (PWID)	Kathmandu Valley	7	2002, 2005, 2007, 2009, 2011, 2015, 2017
	Pokhara Valley	7	2003, 2005, 2007, 2009, 2011, 2015, 2017
	Eastern Tarai Districts	7	2003, 2005, 2007, 2009, 2012, 2015, 2017
	West to Far West Tarai Districts	6	2005, 2007, 2009, 2012, 2016, 2017
	National level surveillance survey	1	2020*
People who Inject Drugs (Female)	Kathmandu Valley	1	2016
	Pokhara Valley	1	2017
Men who have Sex with Men (MSM) and Transgender (TG)	Kathmandu Valley	6	2004, 2007, 2009, 2012, 2015, 2017
	Tarai Highway Districts	2	2016, 2018
	Pokhara Valley	1	2017
Male labor migrants	Western to Mid & Far Western Districts	6	2006, 2008, 2010a, 2012, 2015, 2017
	Eastern Districts	1	2018
Wives of labor migrants	Far-Western region	3	2008, 2010, 2018

^a In 2010, IBBS among MLM was conducted in Mid and Far Western Clusters only;

*For female injecting drug users, 2020 survey field work completed in purposive sampling.

Overview

Targeted interventions are implemented in Nepal with an aim to offer HIV prevention and care services to key populations. The key populations for HIV are people who inject drugs (PWID), sex workers and their clients, men who have sex with men (MSM) and trans-gender (TG) people, male labor migrants (MLM) and their wives and prison inmates. Targeted interventions are implemented by province level government and other partners.

People Who Inject Drugs (PWID)

Harm reduction program [Needle Syringe Exchange and Opioid Substitution Therapy (OST) Program] are key interventions among people who inject drugs in Nepal. Government of Nepal and partners have been implementing Opioid Substitution Therapy program through 12 sites in 10 Districts.

Table 1. Targeted Interventions-People Who Inject Drugs

Indicator	Achievement						
	FY 070/71	FY 071/72	FY 072/73	FY 073/74	FY 074/75	FY 075/76	FY 076/77
Districts covered	23	23	28	13	27	27	27
Reached through BCC	6,570	13,478	31,144	15,249	22,201	27,080	27,067
Condom distributed	610,557	606,171	786,504	12,237	671,631	1,118,664	987,567
HIV tested and counselled	5,332	9,777	15,897	11,478	19,992	25,832	17,613
Needle/Syringe distributed	1,731,095	1,663,213	1,521,054	1,661,546	1,459,464	2,674,136	2,589,409
On Methadone	-	-	819	909	740	906	672
On Buprenorphine	-	-	528	145	176	292	216

Source: Save the Children routine program data

Female Sex Workers (FSW) and their Clients

FSW are themselves at risk of HIV and STI transmission due to high number of sexual partners and sexual contacts some of which may be unsafe. The priority targeted prevention intervention among FSW and their clients are behaviour change intervention, including provision of condoms, HIV testing and counselling, presumptive treatment of STI, diagnosis and treatment of STI and referral services.

Targeted Interventions among Key Populations in Nepal

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Table 2. Targeted Interventions-Female Sex Workers

Source: FHI360/LINKAGES routine program data

Indicator	Achievement-FSW					
	FY 071/72	FY 072/73	FY 073/74	FY 074/75	FY 075/76	FY 076/77
Districts covered	29	25	16	17	17	19
Reached through BCC	33,138	32,599	41,134	44,284	33,012	16,668
Condom distributed	4,712,296	4,204,696	3,352,293	2,697,692	1,520,951	957,298
HIV tested and counselled	10,006	9,765	28,715	30,743	23,684	11,228
STI diagnosed and treated	10,104	9,847	10,761	10,074	5,311	1,555

Table 3. Targeted Interventions-Clients of Female Sex Workers

Source: FHI360/LINKAGES routine program data

Indicator	Achievement-Clients of FSW					
	FY 071/72	FY 072/73	FY 073/74	FY 074/75	FY 075/76	FY 076/77
Districts covered	25	25	16	17	17	19
Reached through BCC	88,706	88,706	90,717	81,500	47,633	23,053
Condom distributed	2,805,769	2,713,038	2,199,082	1,847,855	1,151,476	7,14,538
HIV tested and counselled	12,957	12,621	27,316	31,393	26,639	10,632
STI diagnosed and treated	627	626	793	776	629	487

Men who have Sex with Men (MSM) and Transgender (TG)

The priority targeted prevention intervention among MSM and TG are behavior change interventions, including provision of condoms and lubricants, HIV testing and counselling, diagnosis and treatment of STIs and referral services. The interventions program is implemented with the support from Government of Nepal, the Global Fund and PEPFAR/USAID.

Table 4. Targeted Interventions-MSM and TG

Source: FHI360/LINKAGES and Save the Children routine program data

Indicator	Achievement						
	FY 070/71	FY 071/72	FY 072/73	FY 073/74	FY074/75	FY075/076	FY076/077
Districts covered	31		22	21	29	25	26
Reached through BCC	34,427	40,230	50,584	73,138	82,559	109,603	89,963
Condom distributed	2,046,540	2,385,565	2,110,799	3,323,791	3,592,262	4,483,048	3,437,351
HIV tested and counselled	7,574	6,674	21,474	37,250	59,672	73,494	35,407
STI diagnosed and treated	5,426	1,909	365	398	660	220	114

Male Labor Migrants (MLM) and their Spouses

Male labor migrants (particularly to India) and their sexual partners are at risk for HIV. The priority targeted prevention interventions among migrants and their spouse are behavior change interventions, including provision of condoms, HIV testing and counseling, diagnosis and treatment of STIs and referral services. Government of Nepal and its Partners have implemented intervention through partner NGOs among migrants and their spouses.

Table 5. Targeted Interventions-MLM and their Spouses

Indicator	Achievement						
	FY 070/71	FY 071/72	FY 072/73	FY 073/74	FY 074/75	FY075/076	FY076/77
District Covered	-	38	38	8	41	42	10
Reached through BCC	285,623	119,863	247,696	89,255	306,184	112,393	2,406
Condom distributed	2,991,704	1,340,286	1,578,039	418,077	1,068,456	387,351	2,017
HIV tested and counselled	42,679	40,623	103,667	17,238	101,202	6,572	797

Note: In FY 2076/77; activities have been implemented by Save the Children only, all other programs were not conducted due to enforcement of lockdown and COVID-19 situation.

Prison Inmate

Prison Inmates are also at risk of HIV and STI transmission; due to unsafe sex practice and inadequate level of information regarding risk factors of HIV. The priority targeted prevention interventions among migrants and their spouse are behavior change interventions, including provision of condoms, HIV testing and counselling, diagnosis and treatment of STIs and referral services. The priority targeted prevention intervention among prison inmates are behaviour change intervention, including provision of condoms, HIV testing and counselling, diagnosis and treatment of STIs. The intervention program is implemented with the support of government of Nepal and Pooled fund through Ministry of Social Development of all seven provinces

Table 6. Targeted Interventions-Prison Inmates

Source: Data provided by provincial government

Indicator	Achievement		
	FY 074/75	FY 075/76	FY 076/77
Districts covered	10	44	13*
Reached through BCC	6,493	17,611	1,290*
HIV tested and Counsellled	2,318	6,923	1,223*

Note: Program conducted only in Province 1, Lumbini and Sudurpaschim, all other province could not conduct due to enforcement of lockdown and COVID-19 situation.

*Detailed report received from Province Lumbini only.

Children Affected by AIDS (CABA)

CABA program only targets HIV positive children under 18 years of age. CABA Program is implemented by Government of Nepal in collaboration with Save the Children in 46 districts. Under CABA Support, every HIV infected Child is provided with Nrs.1000 per month for their education, health, nutrition and livelihood support. As of July 2020, 1312 (709 Male & 603 Female) HIV infected children have been supported with essential packages.

Indicator	Achievement
Individuals screened for HIV	22,954
Individuals tested and counselled for HIV	22,954
HIV positive cases	55
Linked to ART	43
Number of condoms distributed	66,600

Table 7. HIV prevention, diagnosis and treatment services implemented by partner

Source: AIDS Healthcare Foundation (AHF) Nepal routine program data (FY 076/77)

Indicators	Achievement
Number of PLHIV supported with transportation costs	5,451
Number of PLHIV supported with lab-investigation (USG, CT Scan, X-Ray etc) costs	1,360
Number of viral load samples transported to labs	3,657
Number of PLHIV received nutritional support	2,100

Table 8. Care and support services implemented by partner

Source: AIDS Healthcare Foundation (AHF) Nepal routine program data (FY 076/77)

Causes of Death.

Loss to Follow-up and Missing among PLHIV

Overview

It is essential to ensure high level of retention in treatment among people living with HIV (PLHIV) to maximize the long-term effectiveness of ART programme. Evidence suggest that PLHIV who are missing and LTFU often have high mortality rates. Lots of different efforts (SMS reminder, community home based care etc) are ongoing in Nepal to reduce loss to follow-up and missing among PLHIV enrolled in HIV treatment. Growing evidence also suggest that AIDS-related deaths are declining over time due to improved access to antiretroviral therapy and on the other side, an ageing PLHIV have resulted in an increase in the non-AIDS-related disorders, such as cancer, cardiovascular and liver disease etc. So, this is the first time NCASC has systematically monitored and analysed the causes of missing, loss to follow up and death in PLHIV using data reported to HIV Care and ART Tracking (DHIS2 Tracker, mHealth and Biometric) system. This result provides an opportunity to prioritize and implement interventions with an aim to prevent avoidable mortality and improve quality of life among PLHIV.

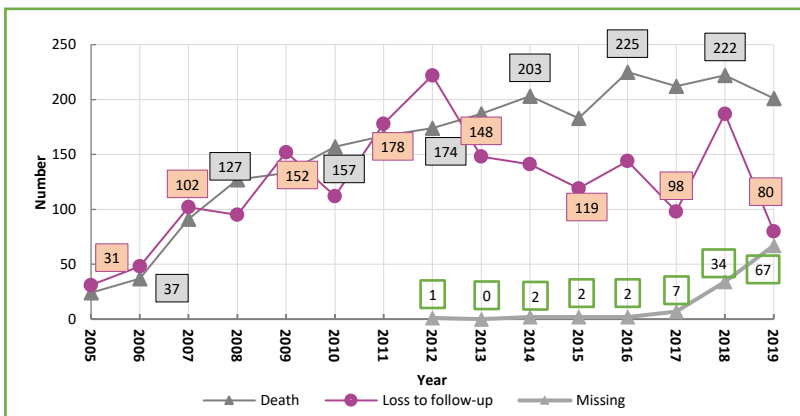


Figure 1. Annual trend of death, loss to follow-up and missing of PLHIV, 2005-2019

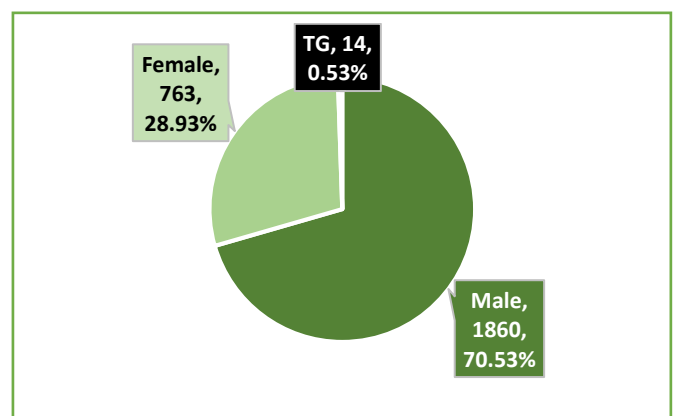


Figure 2. Gender wise distribution of total cumulative deceased PLHIV, as of May 2020

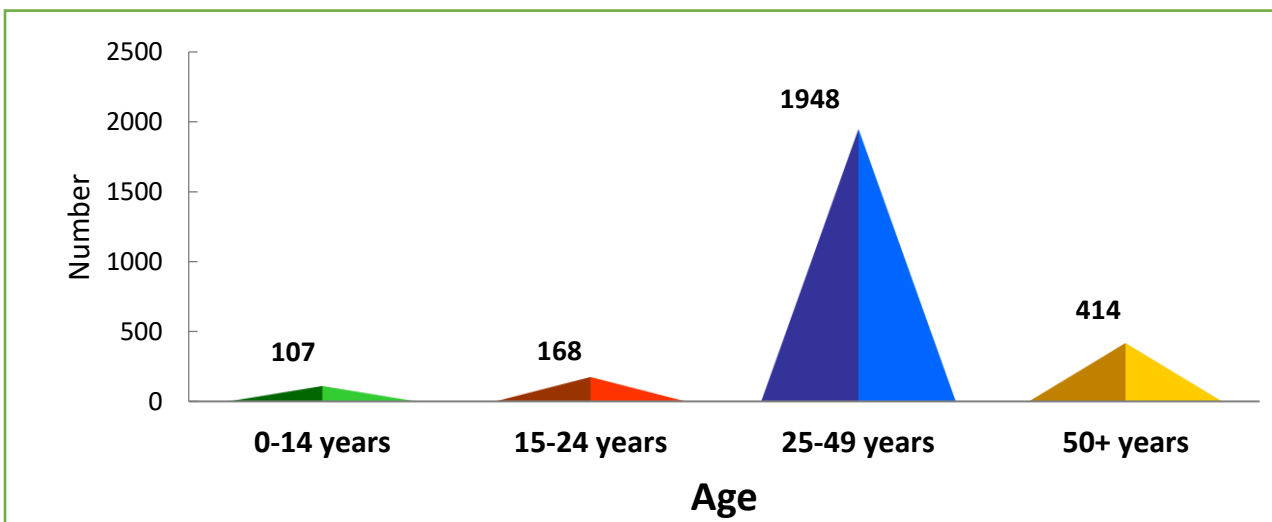


Figure 3. Age wise distribution of total cumulative deaths among PLHIV, as of May 2020

Causes of Death

Loss to Follow-up and Missing among PLHIV

FACT SHEET S1

2020

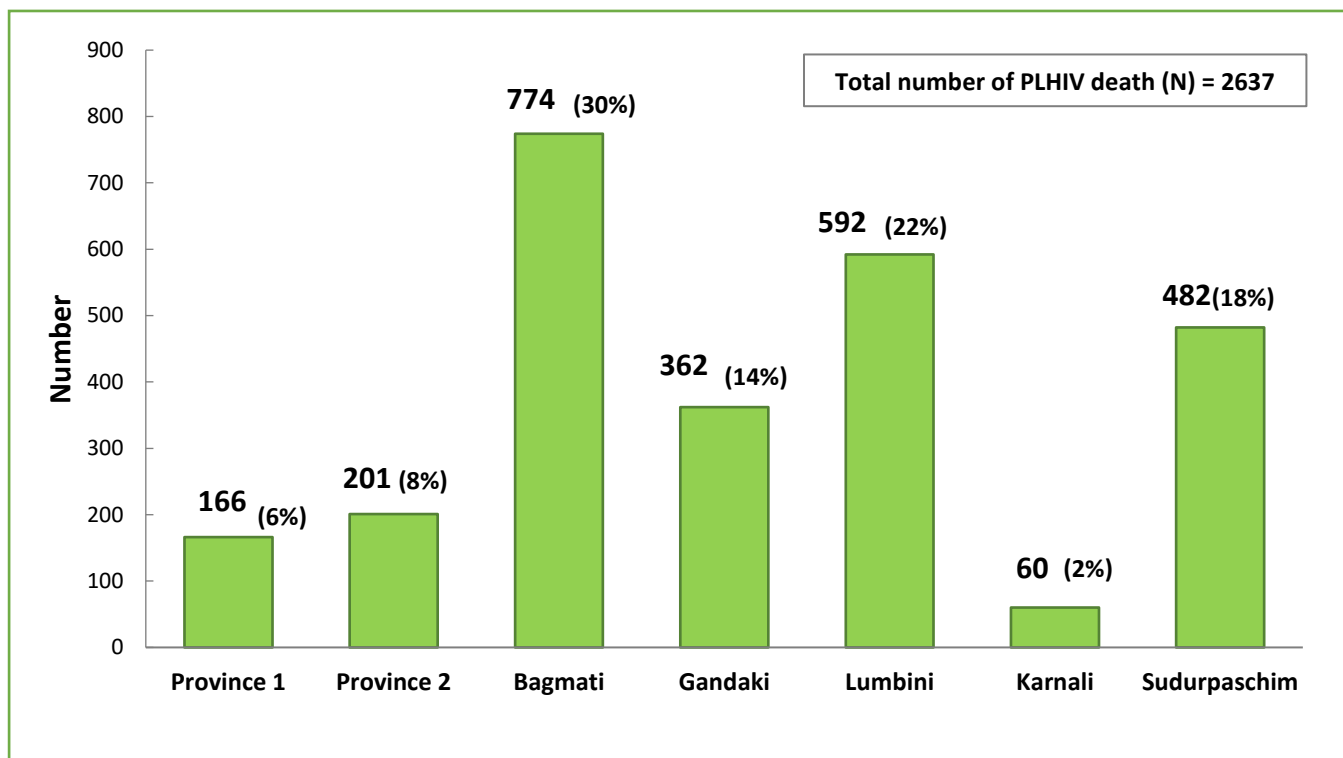


Figure 4. Province wise distribution of total cumulative deceased PLHIV as of May 2020

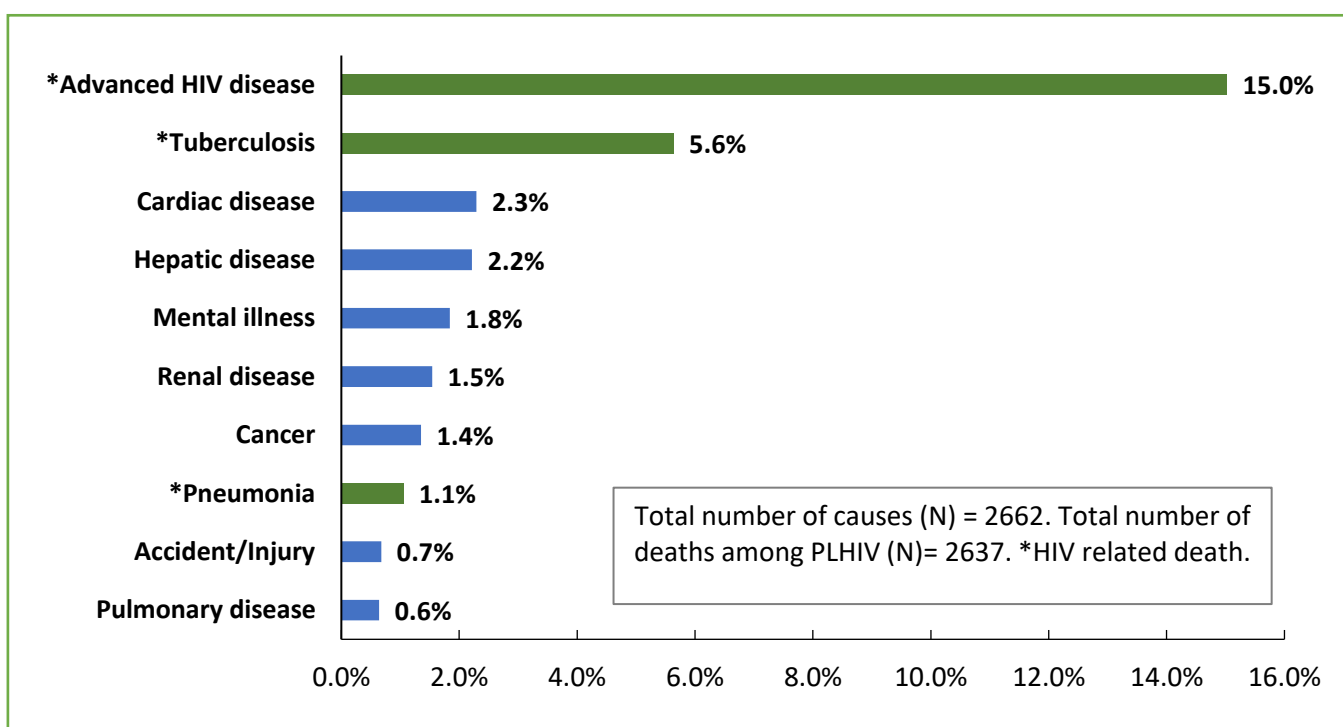


Figure 5. Top 10 causes of death among PLHIV as of May 2020

Causes of Death,

Loss to Follow-up and Missing among PLHIV

FACT SHEET S1

2020

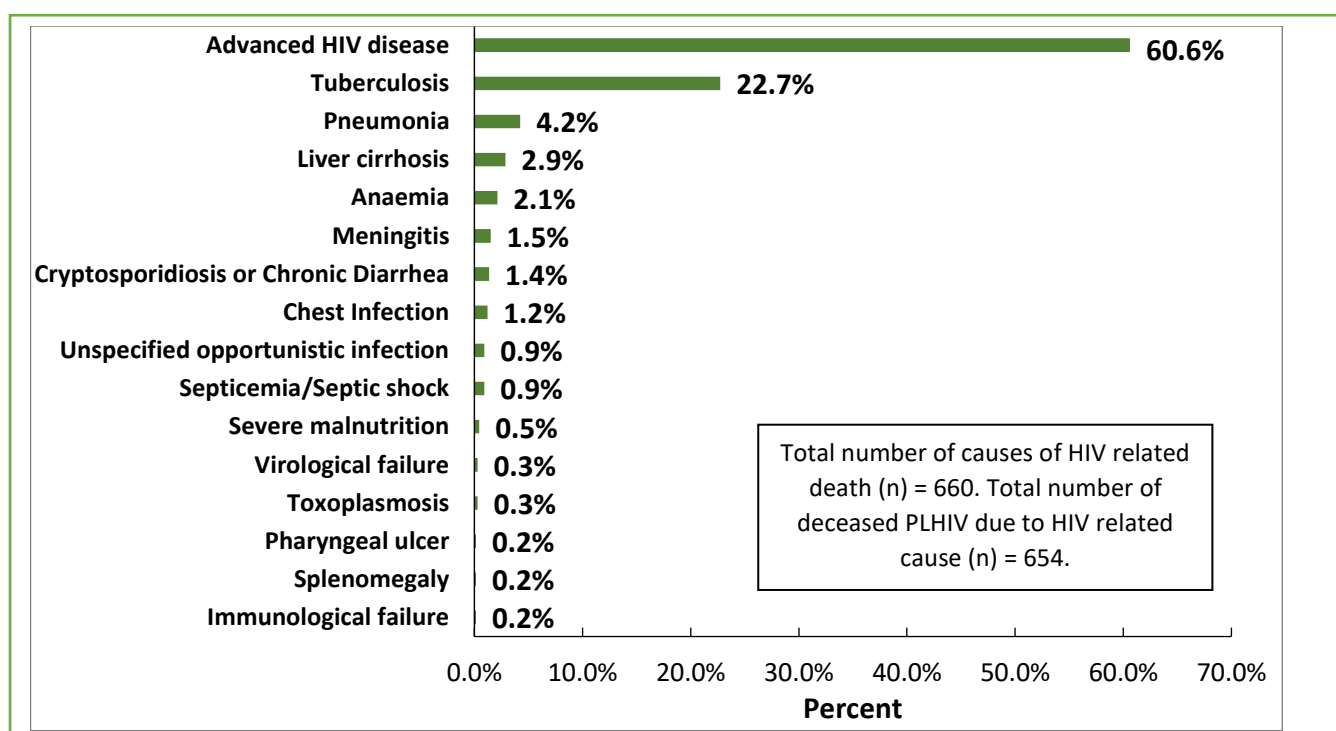


Figure 6. Causes of HIV related death among PLHIV as of May 2020

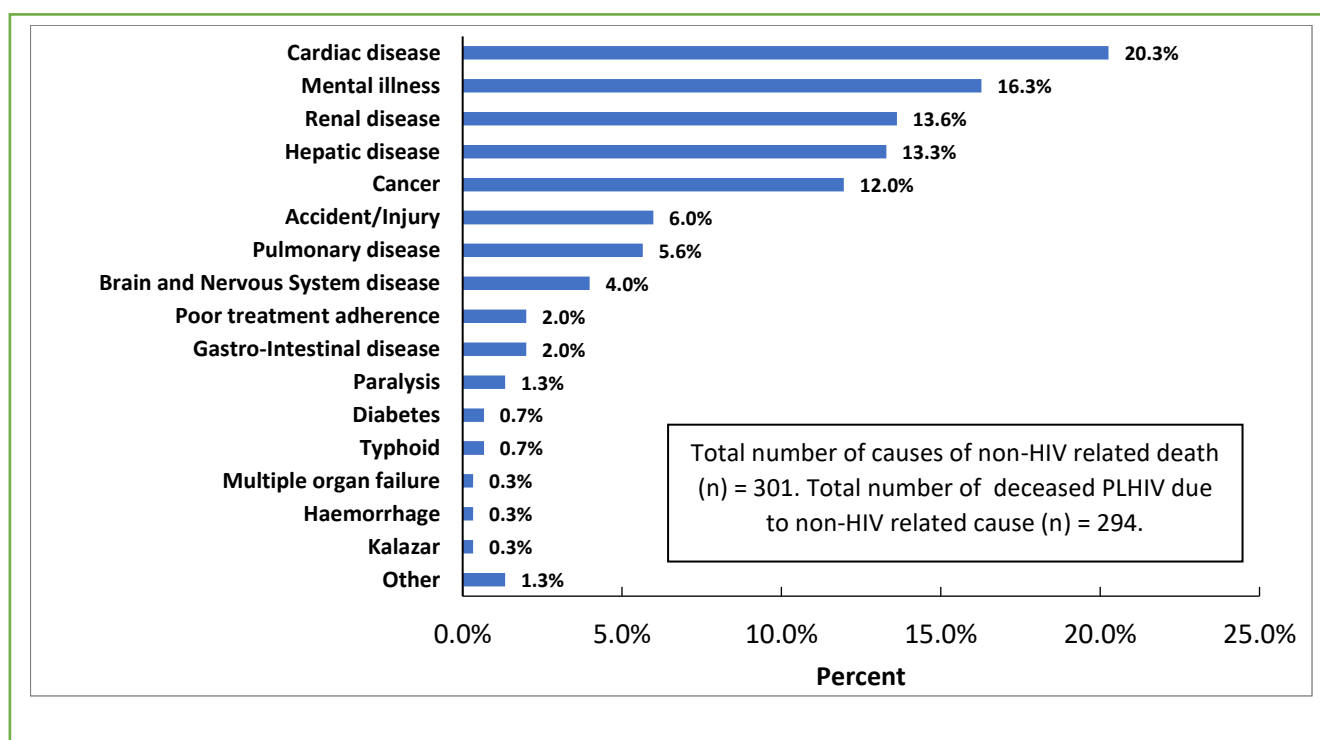


Figure 7. Causes of non-HIV related death among PLHIV as of May 2020

SPATIAL DISTRIBUTION

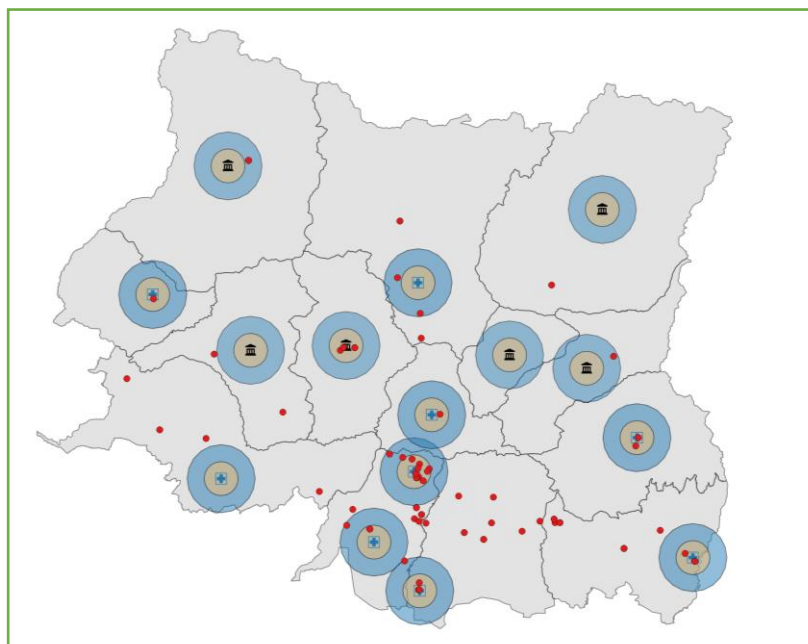
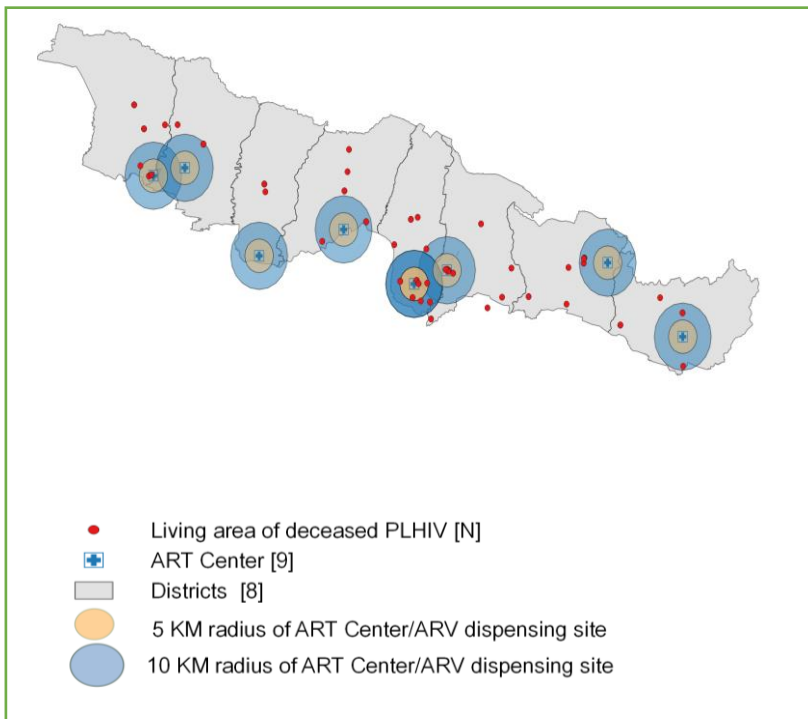
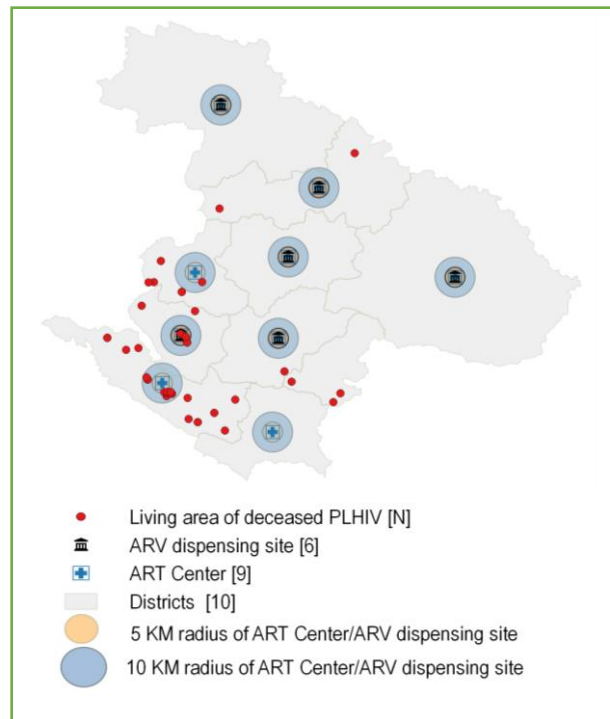


Figure 8. Spatial distribution of living area of deceased PLHIV according to distance to health centre in Province 1, 2020

- Living area of deceased PLHIV [N]
- ⊕ ART Center [9]
- ⌚ ARV dispensing site [6]
- Districts [14]
- 5 KM radius of ART Center/ARV dispensing site
- 10 KM radius of ART Center/ARV dispensing site



- Living area of deceased PLHIV [N]
- ⊕ ART Center [9]
- Districts [8]
- 5 KM radius of ART Center/ARV dispensing site
- 10 KM radius of ART Center/ARV dispensing site



- Living area of deceased PLHIV [N]
- ⌚ ARV dispensing site [6]
- ⊕ ART Center [9]
- Districts [10]
- 5 KM radius of ART Center/ARV dispensing site
- 10 KM radius of ART Center/ARV dispensing site

Figure 9. Spatial distribution of living area of deceased PLHIV according to distance to health centre in Province 2 (L) and Karnali province (R), 2020

Causes of Death,

Loss to Follow-up and Missing among PLHIV

FACT SHEET S1

2020

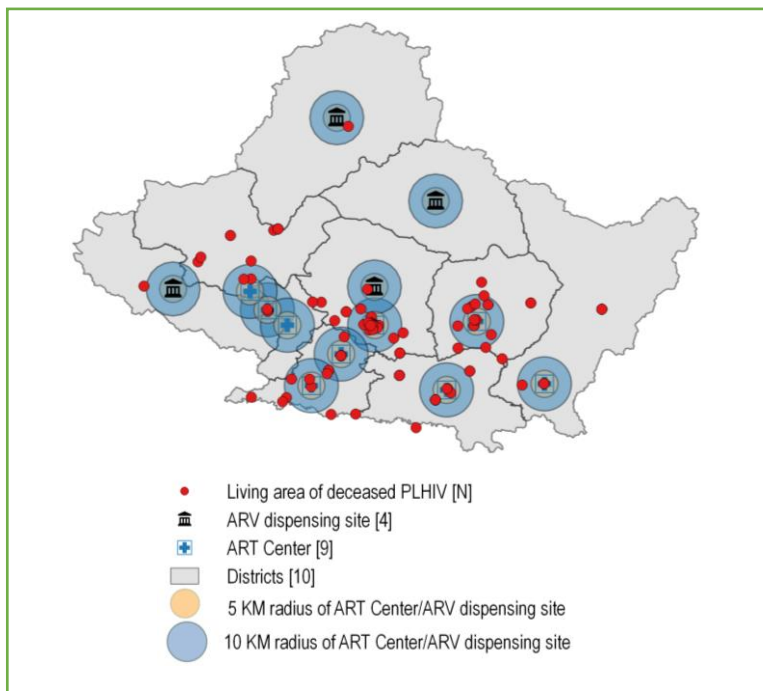
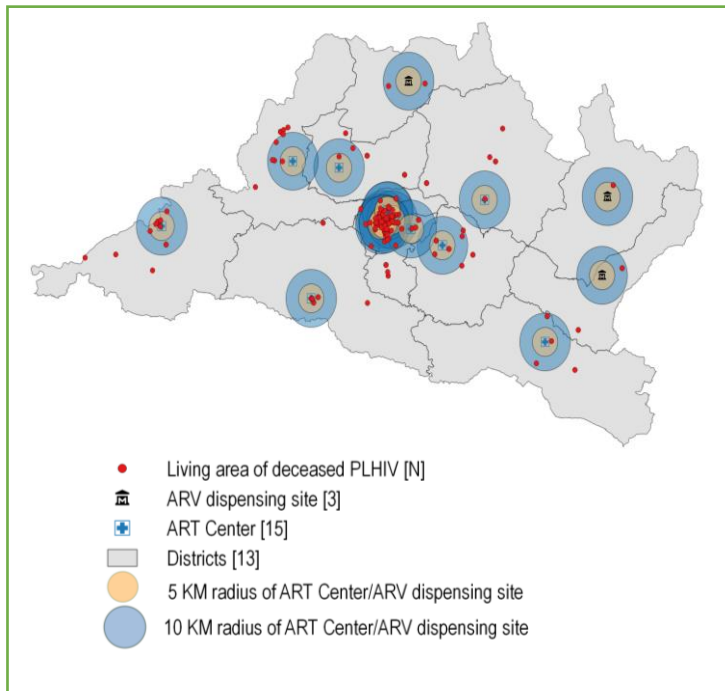


Figure 10. Spatial distribution of living area of deceased PLHIV according to distance to health centre in Bagmati (L) and Gandaki province (R), 2020

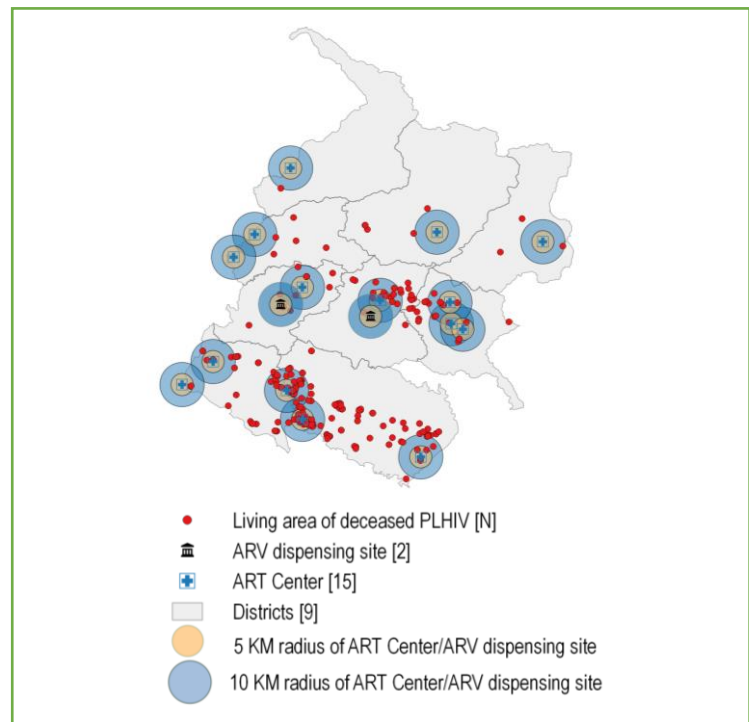
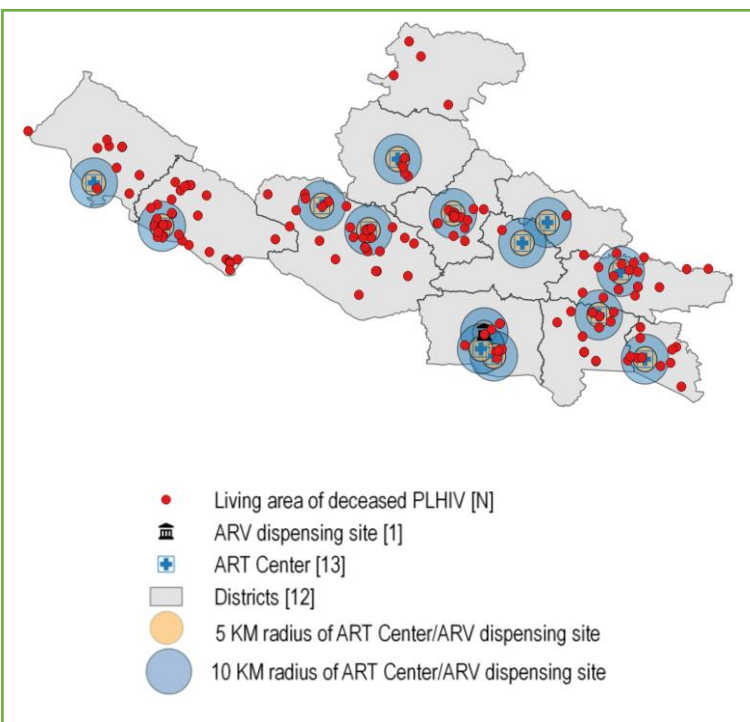


Figure 11. Spatial distribution of living area of deceased PLHIV according to distance to health centre in Lumbini (L) and Sudurpaschim province (R), 2020

Routine HIV program status during COVID-19 pandemic in Nepal

FACT SHEET S2
2020

World AIDS Day 2020

Overview

Different countries, including Nepal, implemented several strategies to contain the spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). One of the important strategies adopted against coronavirus disease 2019 (COVID-19) was the announcement of national-wide shelter in place so-called lockdown. COVID-19 pandemic has caused major disruptions in the implementation of health services and; diverting most of the resources and efforts to contain the COVID-19 pandemic also fuel the underachievement of activities of different health programme, including achievement of national HIV programme. This fact sheet aimed to present basic description of extent to which programmatic activities affected in terms of key indicators during COVID-19 situation using routine program data.

Anti-Retroviral Therapy (ART)

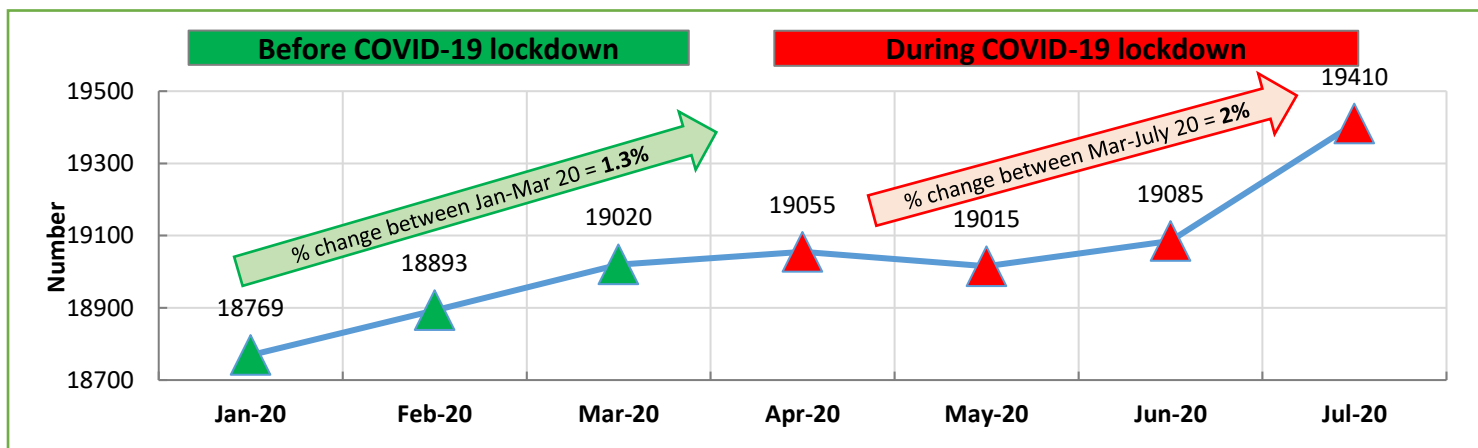


Figure 1. Trend of people living with HIV (PLHIV) currently on ART, Jan 2020-July 2020

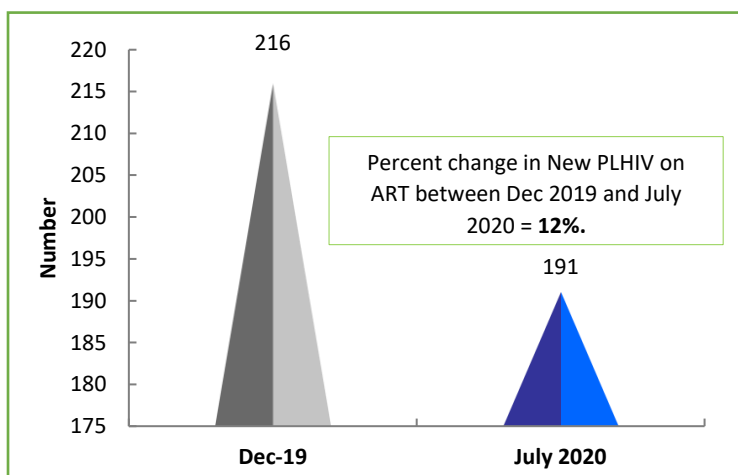


Figure 2. Comparison of PLHIV newly enrolled on ART between Dec 2019 and July 2020

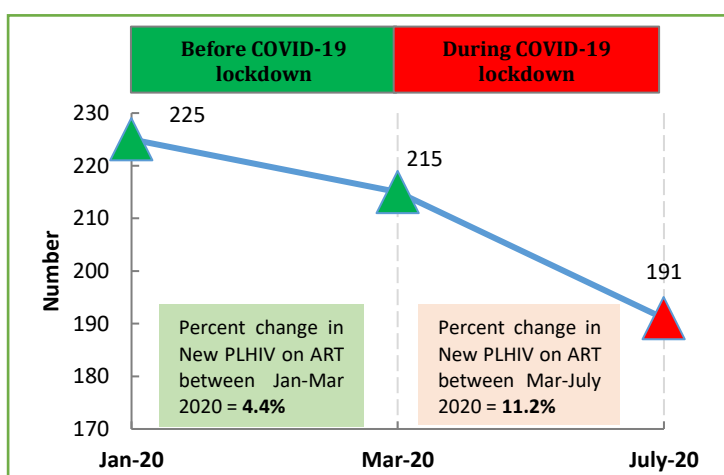


Figure 3. Trend of PLHIV newly enrolled on ART before and after lockdown

Routine HIV program status during COVID-19 pandemic in Nepal

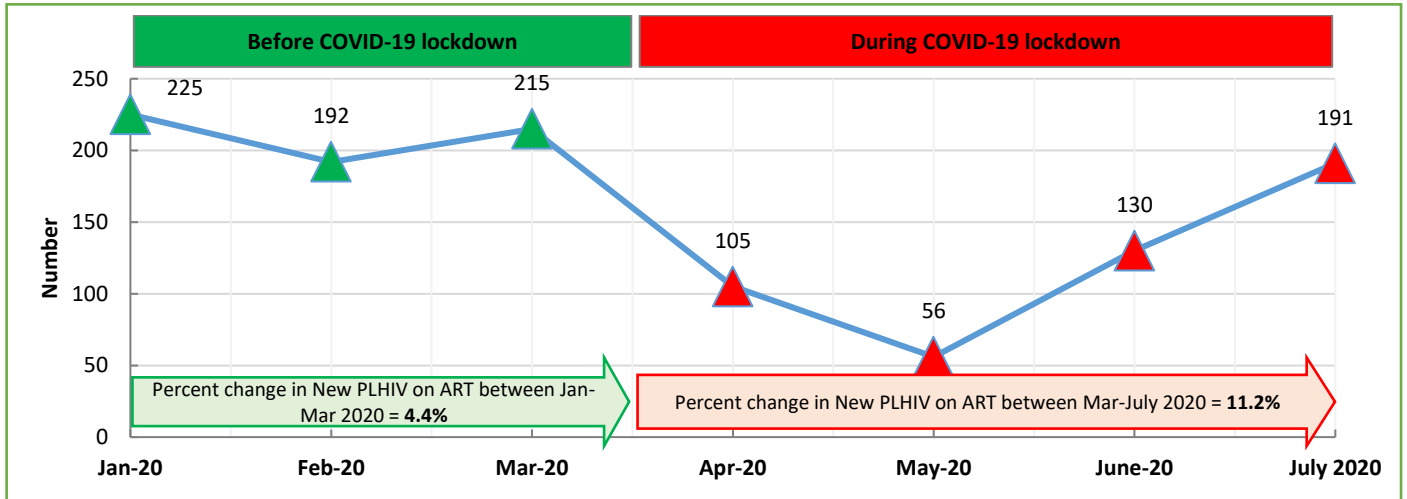


Figure 4. Month-wise trend of PLHIV newly enrolled on ART

Prevention of Mother-To-Child Transmission (PMTCT)

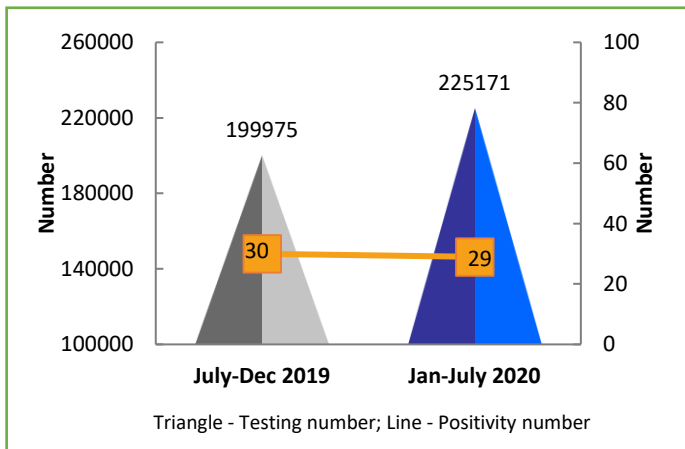


Figure 5. Semi-annual comparison of PMTCT testing vs. positivity

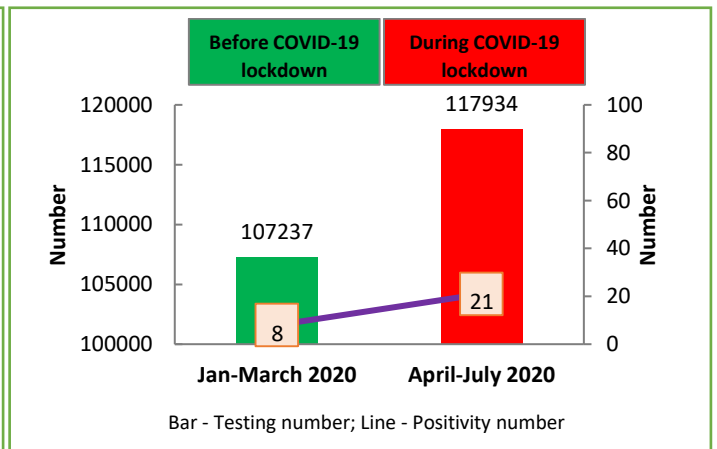


Figure 6. PMTCT testing vs. positivity before and after lockdown

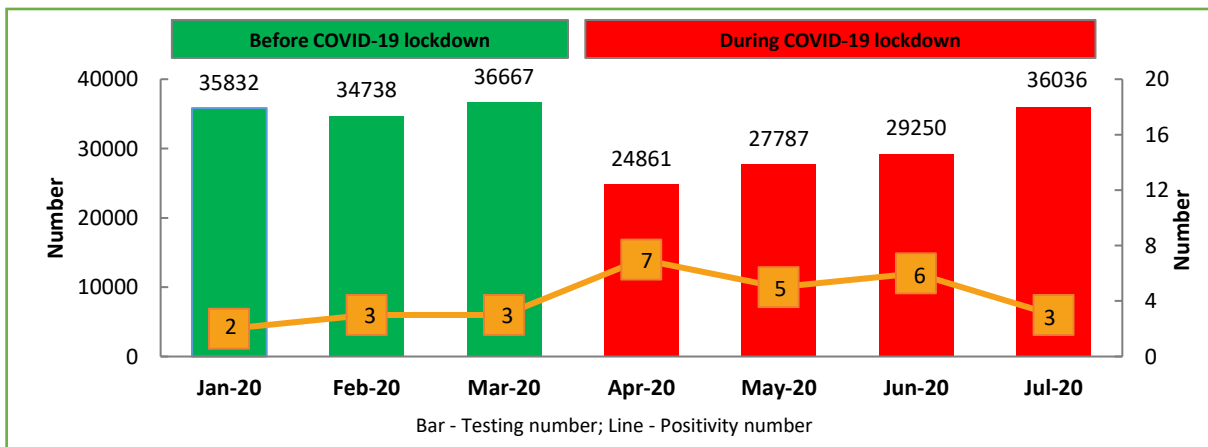


Figure 7. Month-wise trend of PMTCT testing vs. positivity

Early Infant Diagnosis (EID)

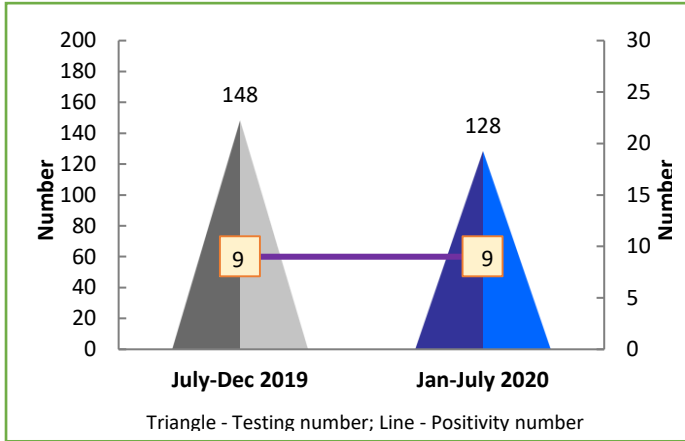


Figure 8. Semi-annual comparison of EID testing vs. positivity

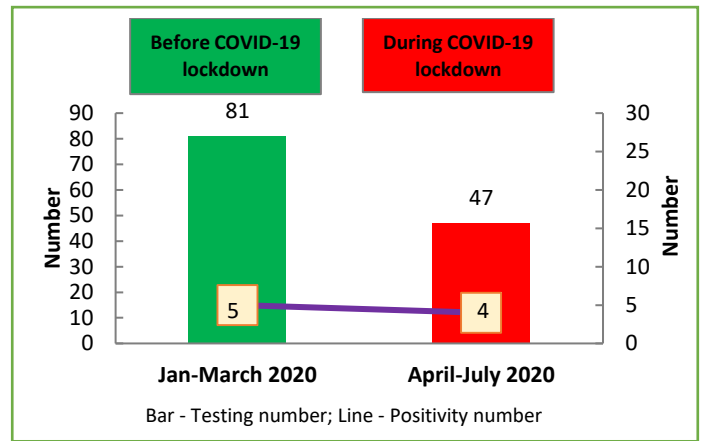


Figure 9. EID testing vs. positivity before and after lockdown

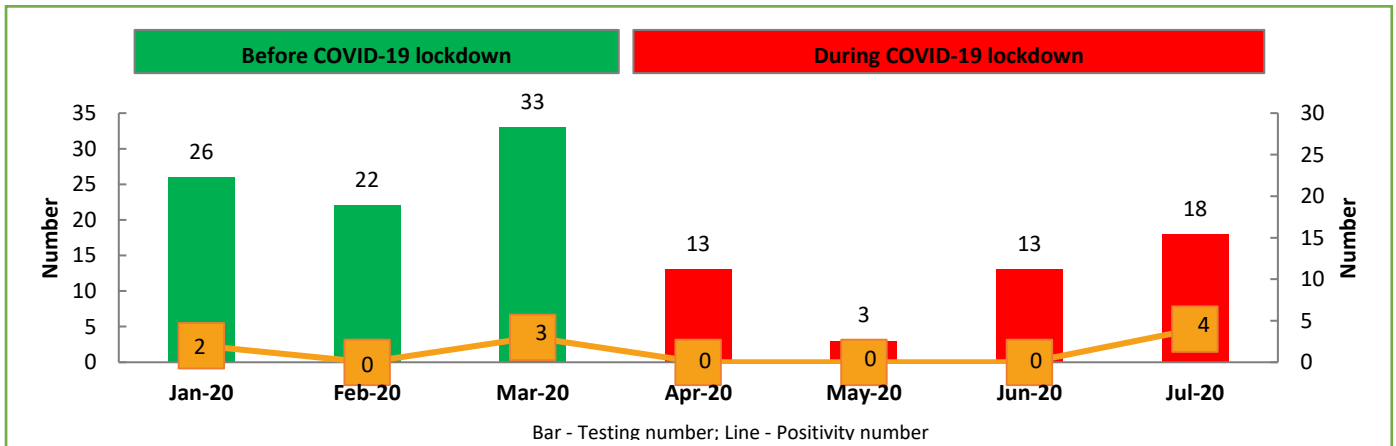


Figure 10. Month-wise trend of EID testing vs. positivity

HIV Testing and Counseling (HTC)

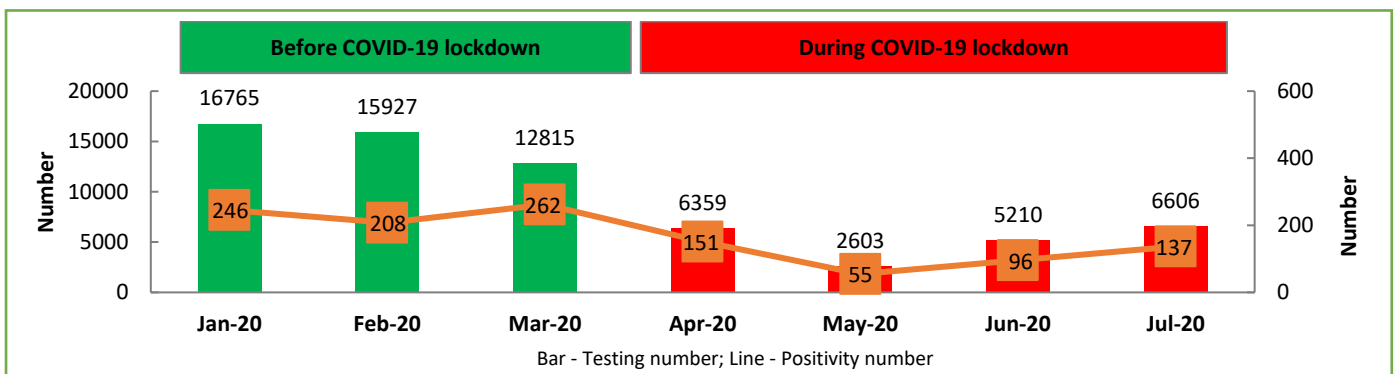


Figure 11. Month-wise trend of HIV testing and positivity