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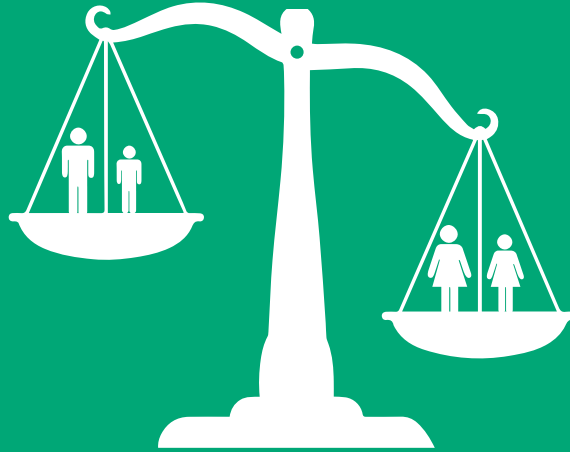
35<sup>th</sup>

World AIDS Day 2022



“एड्स अन्त्यका लागि समानताको सुनिश्चितता”

EQUALIZE



NATIONAL HIV FACT SHEET 2022



Government of Nepal  
Ministry of Health and Population  
**National Centre for AIDS and STD Control**  
Teku, Kathmandu

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# HIV Epidemic Update of Nepal

FACT SHEET 1

2022



## Overview

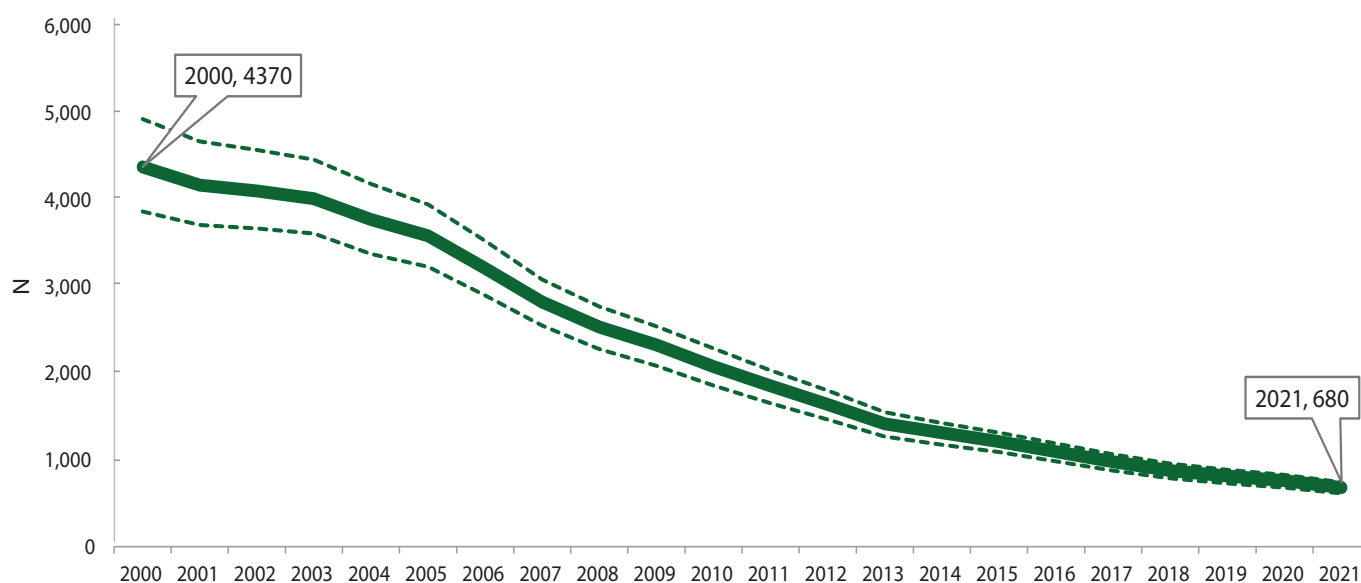
Each year the annual estimates of key indicators among people living with HIV in Nepal are finalized by using AIDS Epidemic Model and Spectrum/AIM. Various survey and research data (key population size, Nepal Demographic Health Survey, trends of prevalence and behavioral data from integrated biological and behavioral surveillance surveys, behavioral information on condom use, sexual behavior, injecting practice, number of clients etc.) and program data like people on ART and PMTCT data are used as input in the analytical tools to prepare annual estimates of the status of the HIV epidemic in Nepal. The HIV epidemic in Nepal remains largely concentrated among key populations (people who inject drugs, sex workers and their clients, men who have sex with men and transgender people, male labour migrants and their wives and prison inmates).

First HIV case was detected in 1988 in Nepal.

Heterosexual transmission is dominant (72%).

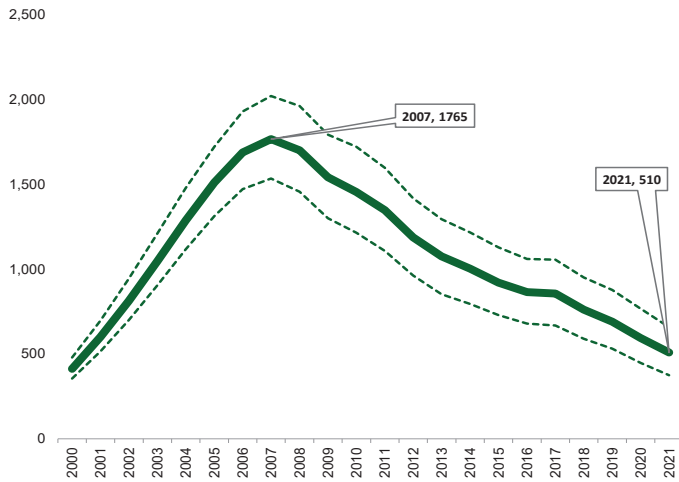
Table 1. HIV and AIDS Estimates in Nepal	Number (min-max)
Adults and children living with HIV	30,000 (26000-32000)
Adults aged 15 and over living with HIV	29000 (26000-32000)
Women aged 15 and over living with HIV	13000 (12000-14000)
Men aged 15 and over living with HIV	16000 (14000-17000)
Children aged 0 to 14 living with HIV	1200 (1100-1400)
Mothers needing elimination of vertical transmission services	200 (160-240)

Figure 1. Number of new HIV infections in Nepal, 2000-2021.



Source: Global AIDS Monitoring (GAM) Reporting, 2022.

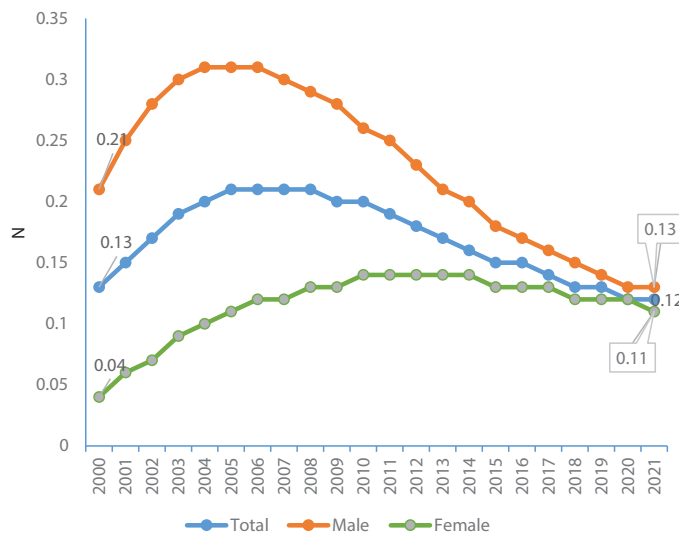
**Figure 2. Number of AIDS Deaths in Nepal, 2000-2021**



Key indicators	Achievement 2021
HIV Incidence per 1000	0.02%
Percentage of women 15-49 living with HIV (of estimated adult PLHIV)	53%
New infant HIV infections	33
Total new infections among 0-14 years	45
AIDS mortality per 100 thousand	2.13
People have become infected with HIV since the start of the epidemic in 1988	61800
People have died from AIDS-related illnesses since the start of the epidemic in 1988	26970

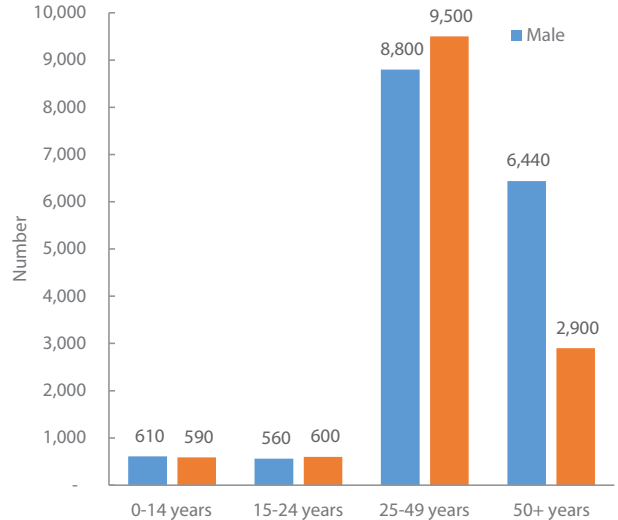
Source: GAM, 2022.

**Figure 3. Trend of HIV prevalence among adult population (15-49 Year) 2005-2021.**



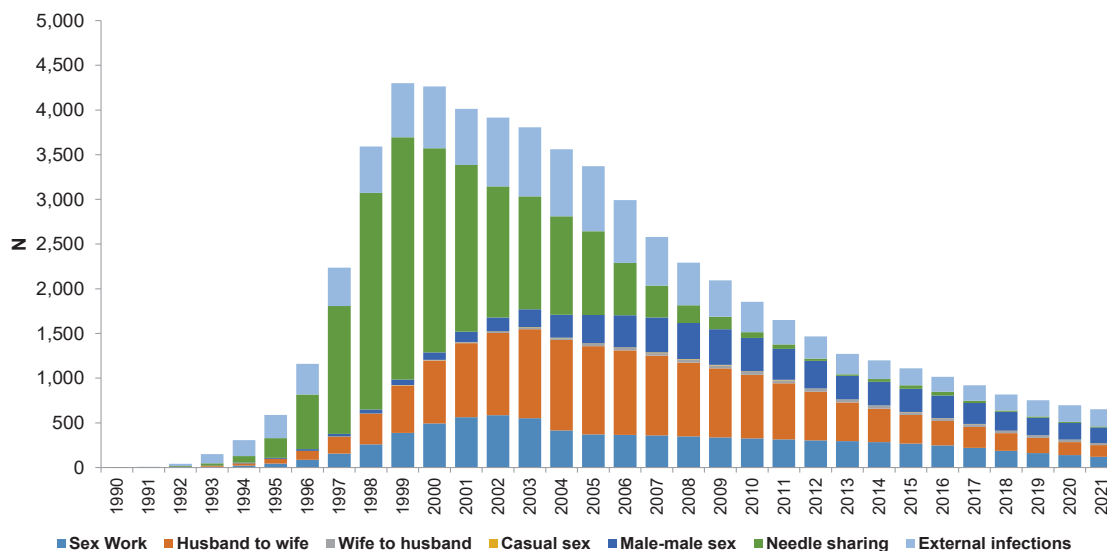
Source: GAM, 2022.

**Figure 4. Estimated number of HIV infections by age group, 2021.**



Source: GAM, 2022.

**Figure 5. Trend of number of annual new HIV by route of transmission (1990-2021).**



Source: GAM, 2022.

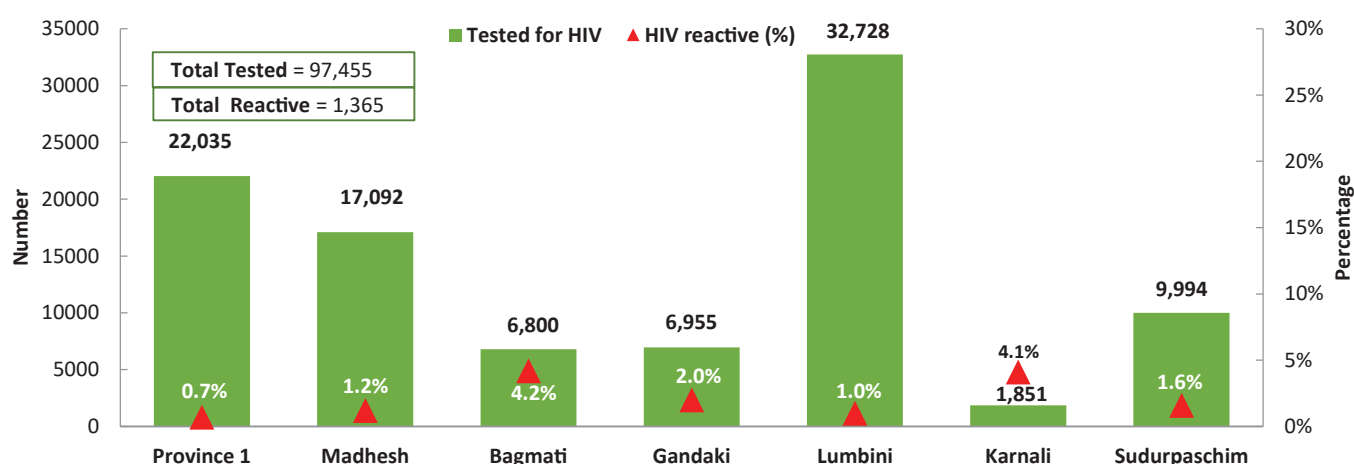
# HIV Testing and Counselling (HTC)



## Overview

HIV Testing and Counseling services 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 2022 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 implemented community led testing approach to maximize HIV testing among key populations in selected districts (FY 078/79 - MSM and TG: 26, PWID: 28, FSW:26, Prison Inmates: 12 and Migrant: 20). HIV testing and counselling services provided by both government and non-governmental organizations in all 77 districts of Nepal.

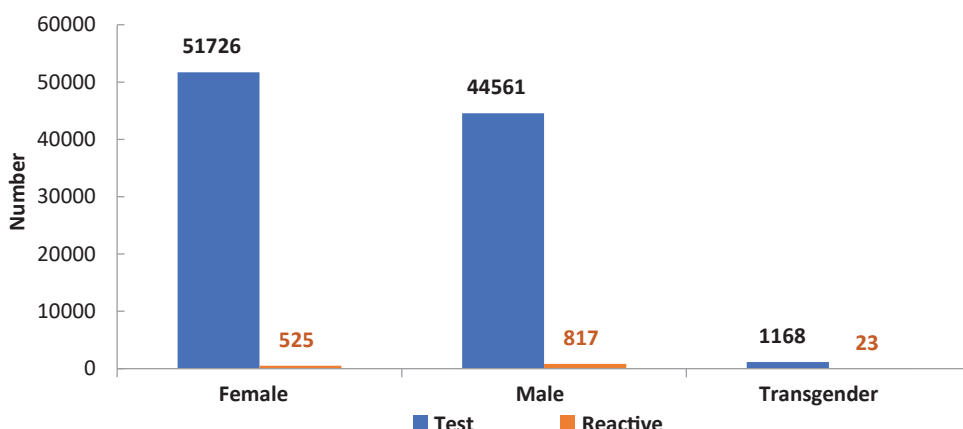
**Figure 1. HIV Testing and Yield Proportion by Province in Nepal, FY 2078/79**



Source: Routine Program Data of Public Health Facilities, FY 2078/079.

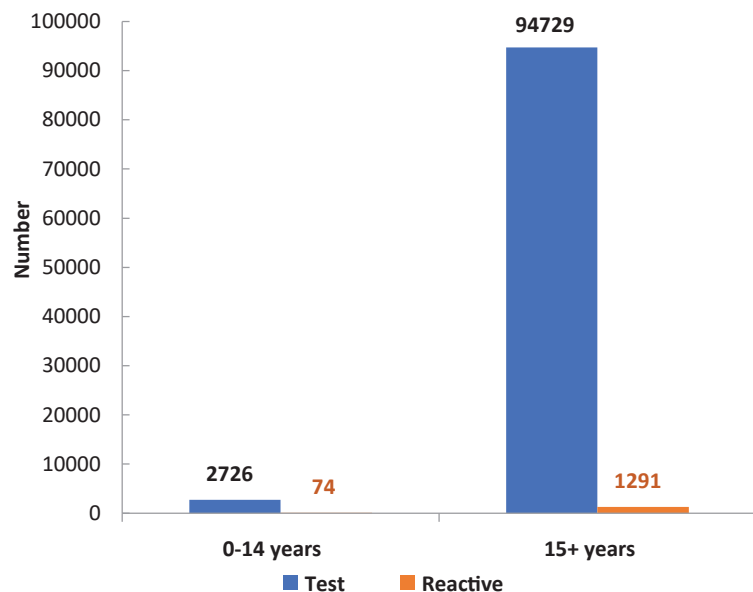
Note: Data were extracted from IHIMS/DHIS2 HTC list. Testing and positive numbers reported by partners provided in T1 fact sheet.

**Figure 2. Total HIV Tested and Reactive by Gender, FY 2078/79**



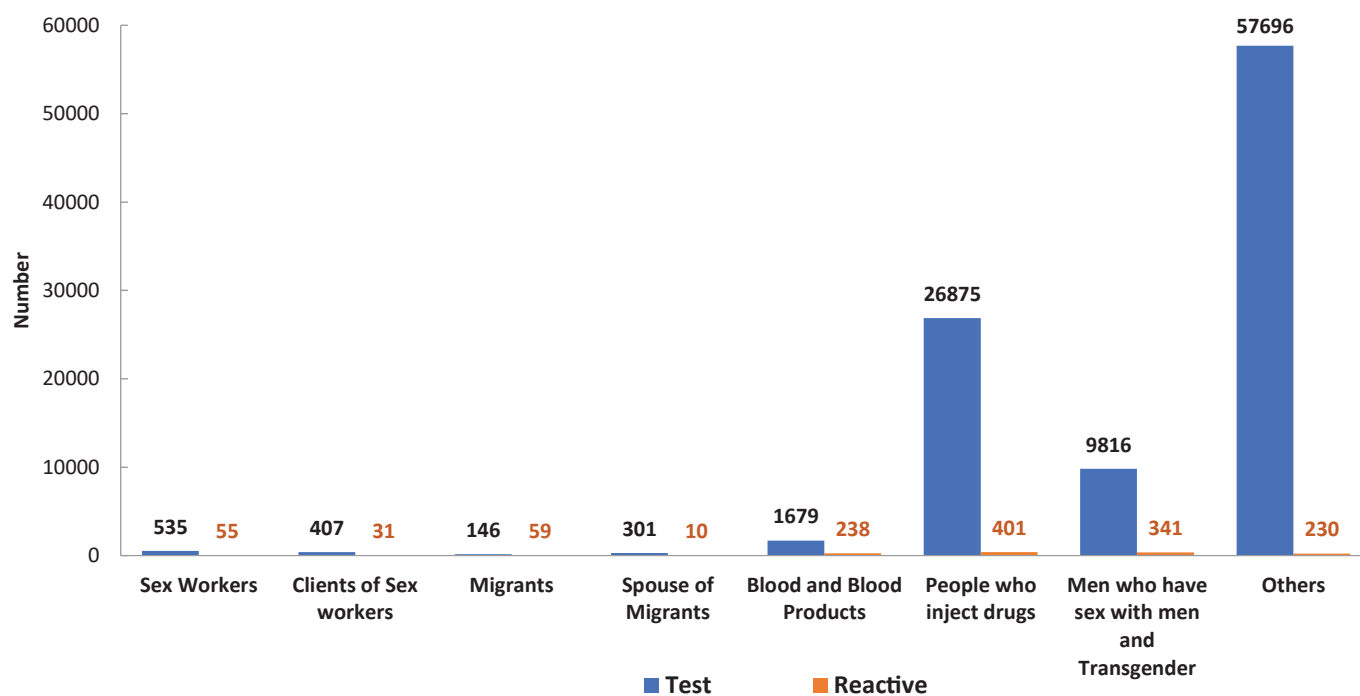
Source: Routine Program Data of Public Health Facilities, FY 2078/079.

**Figure 3. Total HIV Tested and Reactive by Age Group, FY 2078/79**



Source: Routine Program Data of Public Health Facilities, FY 2078/079.

**Figure 4. Total HIV Tested and Reactive by Risk Groups, FY 2078/79.**



Source: Routine Program Data of Public Health Facilities, FY 2078/079.

Note: Data were extracted from IHIMS/DHIS2 HTC list. Testing and positive numbers reported by partners provided in TI factsheet.

# HIV Care and Antiretroviral Therapy (ART) Services in Nepal



## Overview

Antiretroviral therapy (ART) services 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 2022, there are 84 ART sites and 45 ART Dispensing Centers operational in 76 districts of Nepal. Nepal has adopted Test and Treat approach since Feb 2017. National HIV Testing and Treatment Guidelines 2022 is the guiding document for providing HIV treatment and care services in Nepal. CD4 count services is available from 33 sites in 27 districts.

## Viral Load Testing Services

Viral load testing services is available from 9 sites in the country. Viral load testing sites are established in six 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, Provincial Public Health Laboratory Madhesh Province and two sites; Karnali Provincial Hospital Surkhet and Bayalpata Hospital Achham are using GeneXpert Machine for testing viral load.

## 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. NCASC has also developed videos of HIV Care and ART Tracking System and disseminate through YouTube channel: 'HIV Care and ART Tracking System Nepal' to support the users.

### 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.

### Biometric system

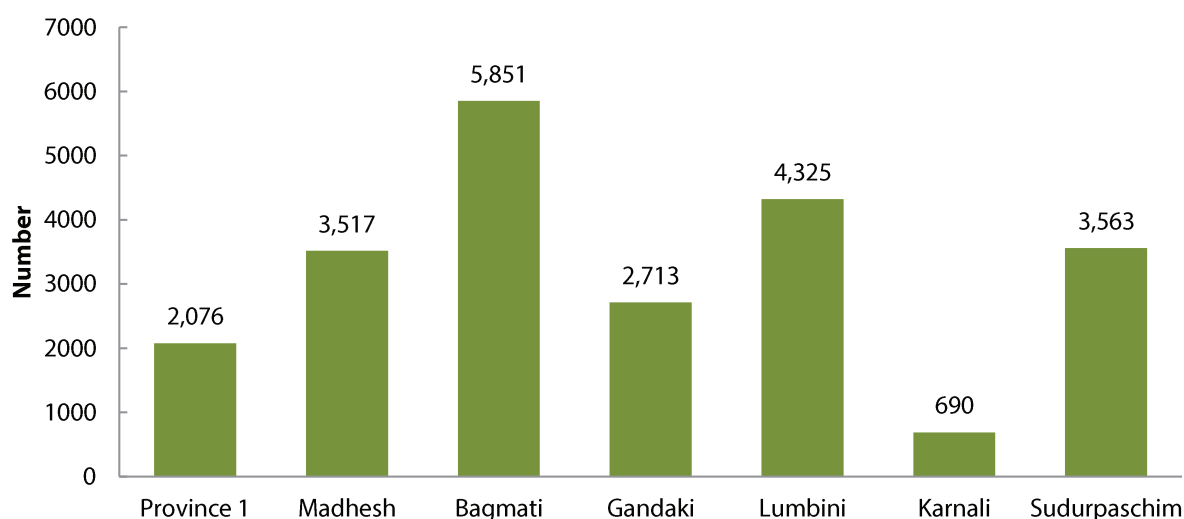
Biometric system interlinked with the DHIS2 Tracker system scan the fingerprint of clients, which makes it easier to determine whether the client is new or already registered in the system, and thereby retrieve and add information instantly. The Biometric System also helps avoid the issue of double counting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

On 9 June 2022, NCASC with support from FHI 360/EpiC, Save The Children and AHF Nepal has integrated the HIV prevention, care and support components managed by the partners within HIV Care and ART Tracking System to ensure recording and reporting of HIV-related data to national HMIS by ensuring one national HIV information system. Currently efforts are ongoing to develop HMIS recording registers and monthly reporting forms of HIV prevention, care and support services and its integration within national HMIS/DHIS2 to report and monitor indicators of whole HIV care continuum.

**Table 1. Facts on ART, FY 2078/79**

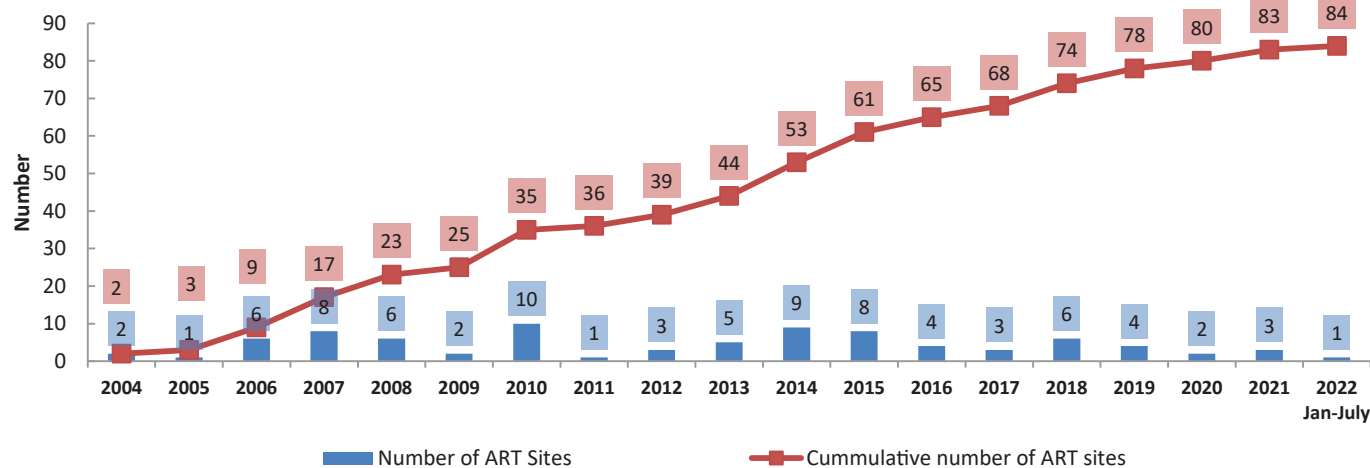
Indicators	Value
<b>Total PLHIV currently on ART</b>	<b>22,735</b>
Adult Male (15+ years) currently on ART	11,135
Adult Female (15+ years) currently on ART	10,025
Transgender (15+ years) currently on ART	392
Child (0-14 years) currently on ART	1,183

**Figure 1. People on ART by Province as of FY 078/79**



Source: IHMIS/DHIS2 Routine program data, FY 2078/79

**Figure 2. Number of ART sites in Nepal by establishment year**

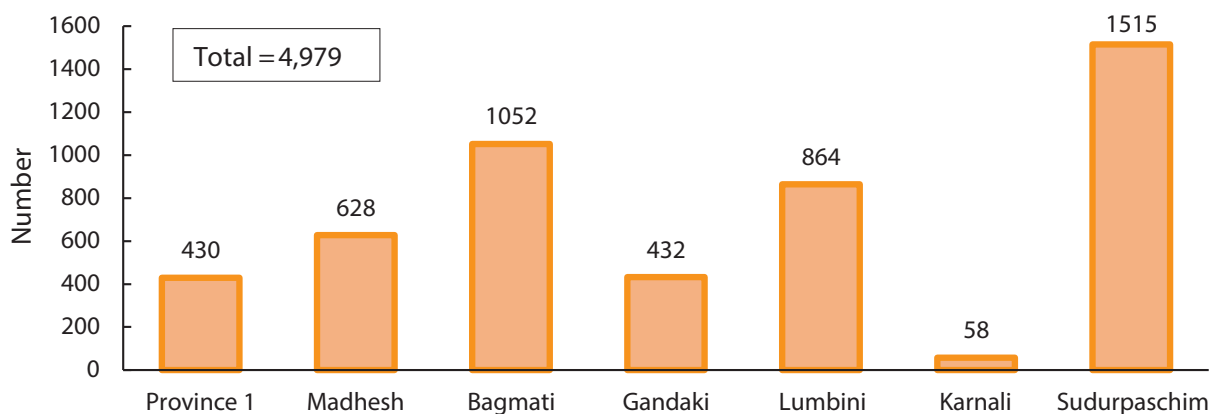


## Multimonth Dispensing of ARV Drugs

Multimonth dispensing (MMD) of antiretroviral therapy is recommended for clinically well clients. Evidence suggests that increased number of clinical visits by stable clients fuel the burden in health institutions including direct and indirect costs associated not only to the clients but also to service providers. MMD of antiretroviral drugs reduces such hassles, costs and barriers of both clients and service providers, thus, improving care and retention in treatment. NCASC has systematically monitored and analysed the status of MMD among PLHIV using data recorded in HIV Care and ART Tracking (DHIS2 Tracker, mHealth and Biometric) System.

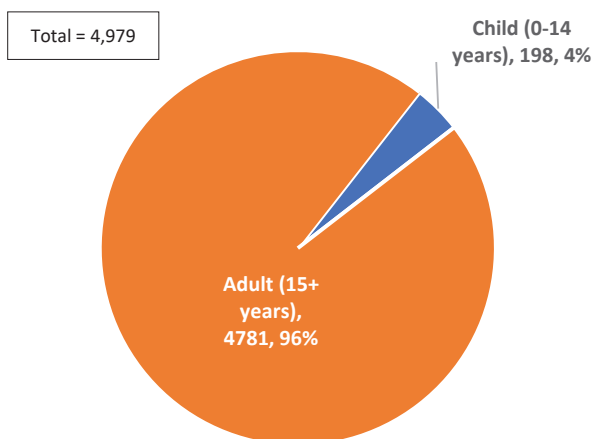


**Figure 3. Province wise distribution clients receiving MMD of ARV drugs as of FY 2078/79**



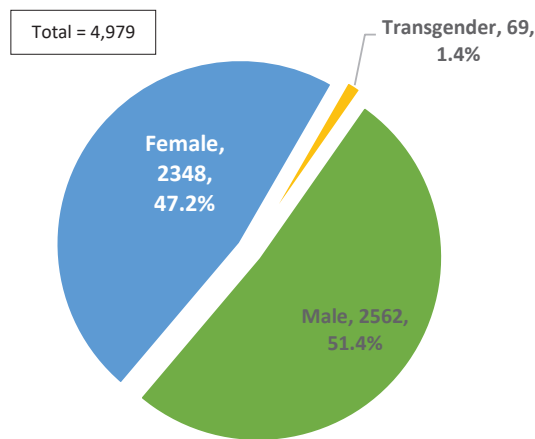
Source: NCASCHIV Care and ART Tracking System, 2022

**Figure 4. Age wise distribution clients receiving MMD of ARV drugs as of FY 2078/79**



Source: NCASC HIV Care and ART Tracking System, 2022

**Figure 5. Gender wise distribution clients receiving MMD of ARV drugs as of FY 2078/79**

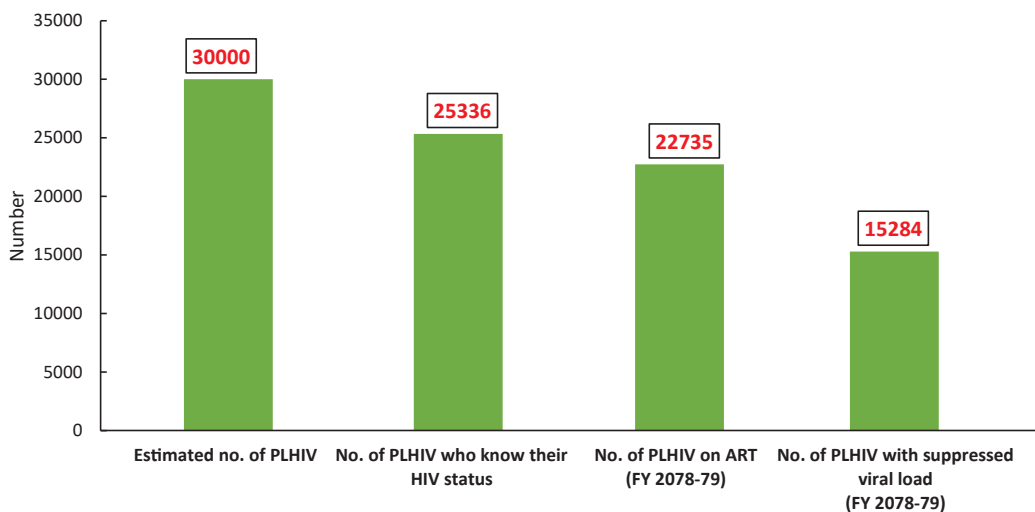


Source: NCASC HIV Care and ART Tracking System, 2022

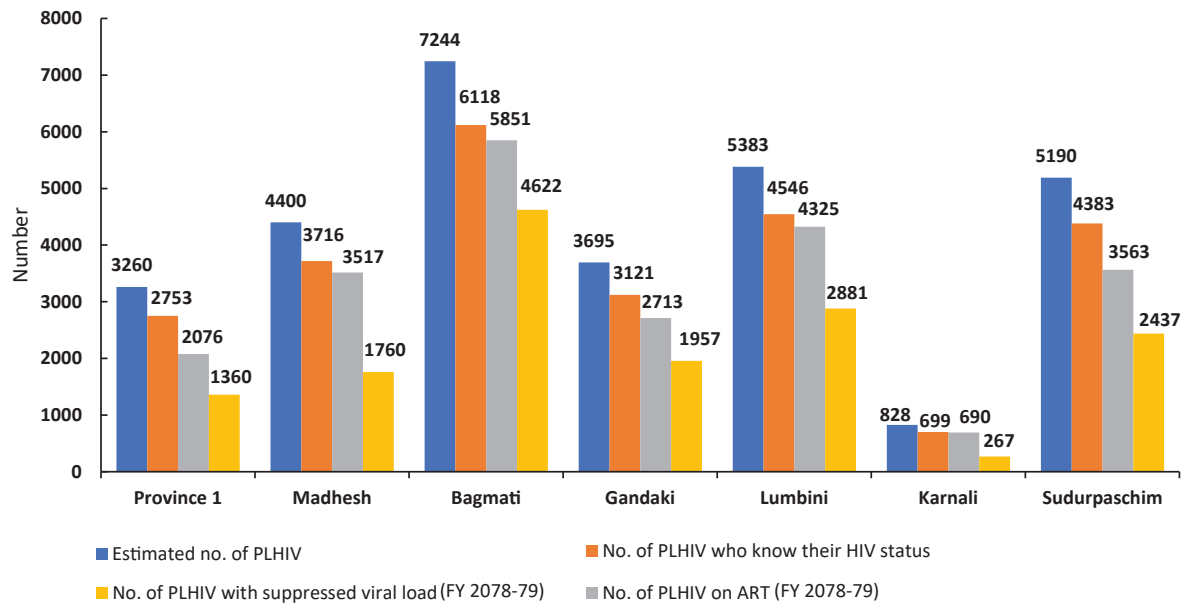
**Table 2. Number of months clients receiving MMD of ARV drugs as of FY 2078/79**

Total	Up to 2 months	More than 2 months
4979	4398 (88.3%)	581 (11.7%)

**Figure 6. HIV Testing and Treatment Cascade as of FY 2078/79**



**Figure 7. Province wise HIV Testing and Treatment Cascade as of FY 2078/79**



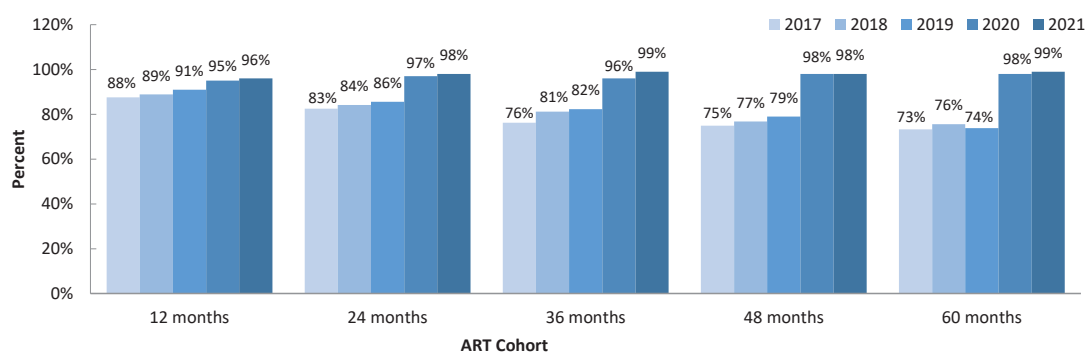
## Retention on ART

Retention on ART is essential to increase survival and well-being of people living with HIV. Retention, as a marker of quality of care, plays a pivotal role for people living with HIV to achieve viral load suppression. It also provides information and response evidence to address missing and loss to follow up issues among people living with HIV.

NCASC has systematically monitored and analysed retention on ART treatment among PLHIV using data recorded in HIV Care and ART Tracking (DHIS2 Tracker, mHealth and Biometric) system. The cohort period for retrospective analysis was from January 2016 to December 2021. Methodologically, five cohort groups (12 months, 24 months, 36 months, 48 months, and 60 months) based on date of ART initiation among PLHIV were analysed. The eligible number of clients analysed were 1132, 1463, 1420, 1600, and 1163 for respective cohort groups.

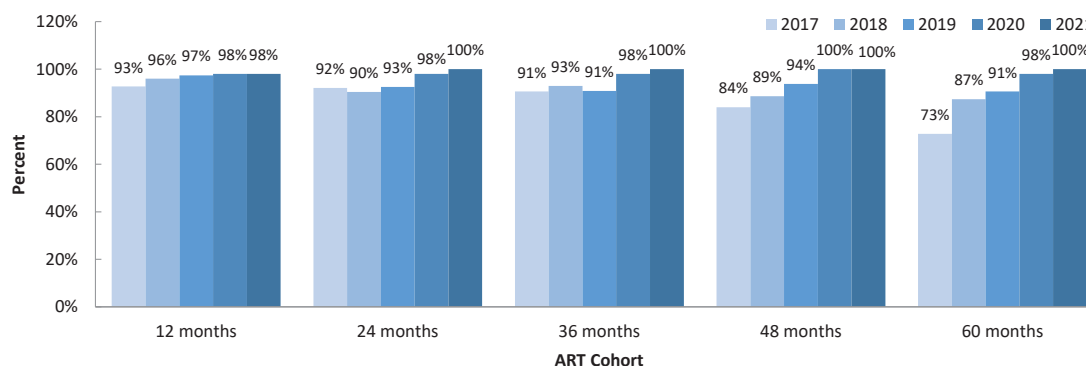
## Trend of PLHIV retention on ART (2017-2021)

**Figure 8. Cohort wise trend of PLHIV retention on ART in all age group (2017-2021)**



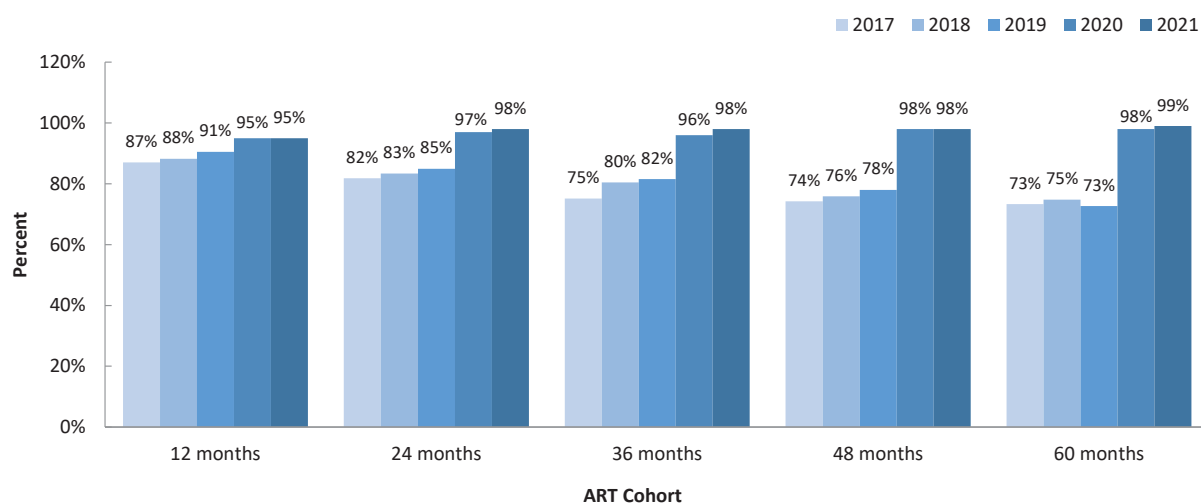
Source: NCASC HIV Care and ART Tracking System 2021

**Figure 9. Trend of retention on ART among children (0-14 Years) (2017-2021)**



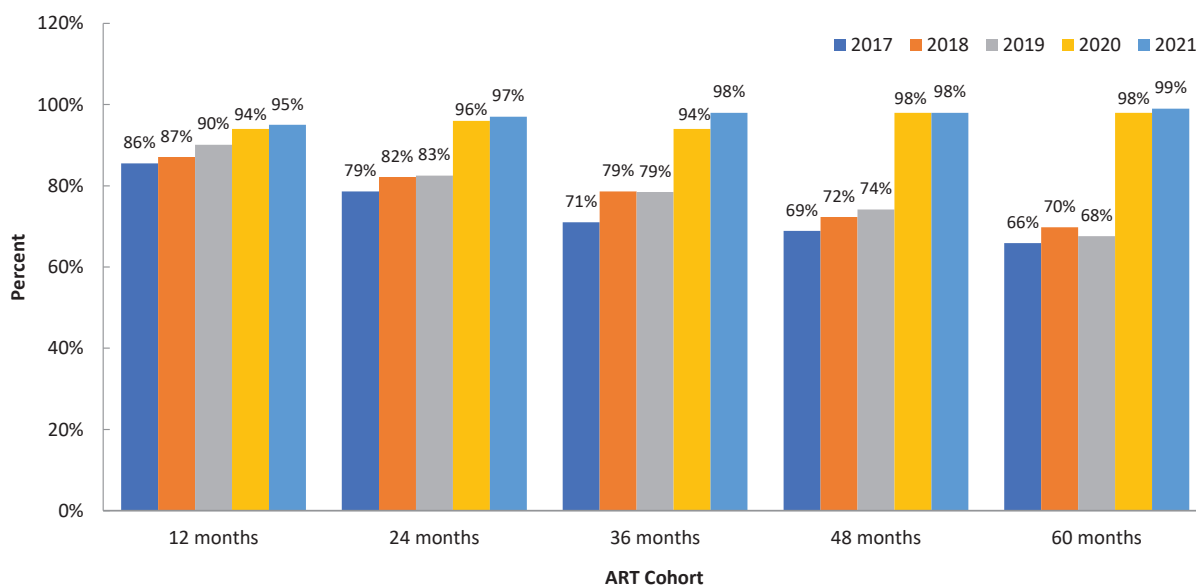
Source: NCASC HIV Care and ART Tracking System 2021

**Figure 10. Trend of retention on ART among adult (15+ Years) (2017-2021)**



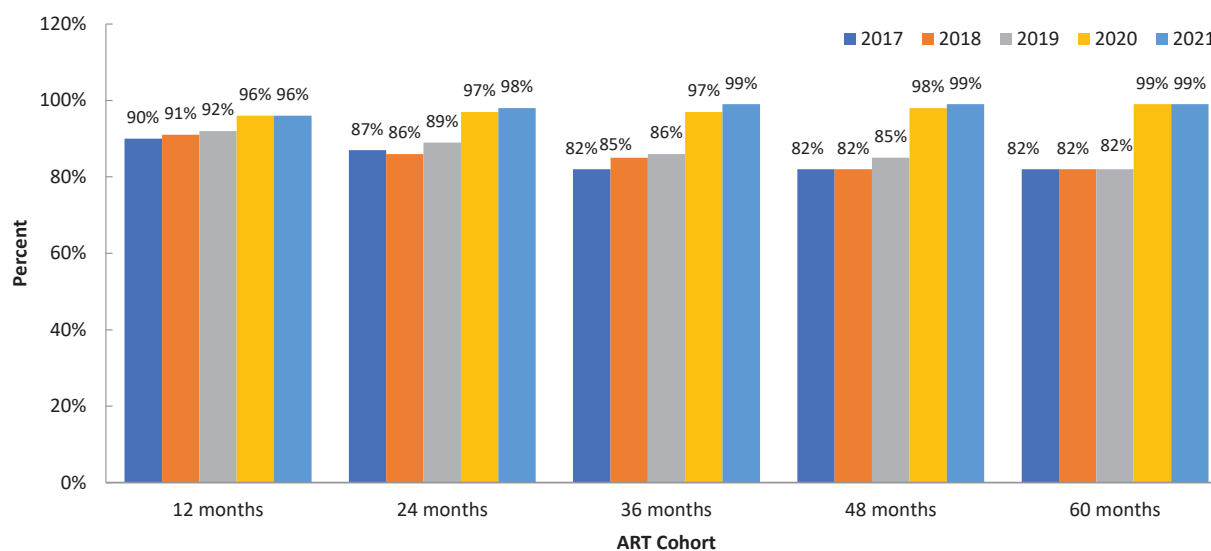
Source: NCASC HIV Care and ART Tracking System 2021

**Figure 11. Trend of retention on ART among male PLHIV (2017-2021)**

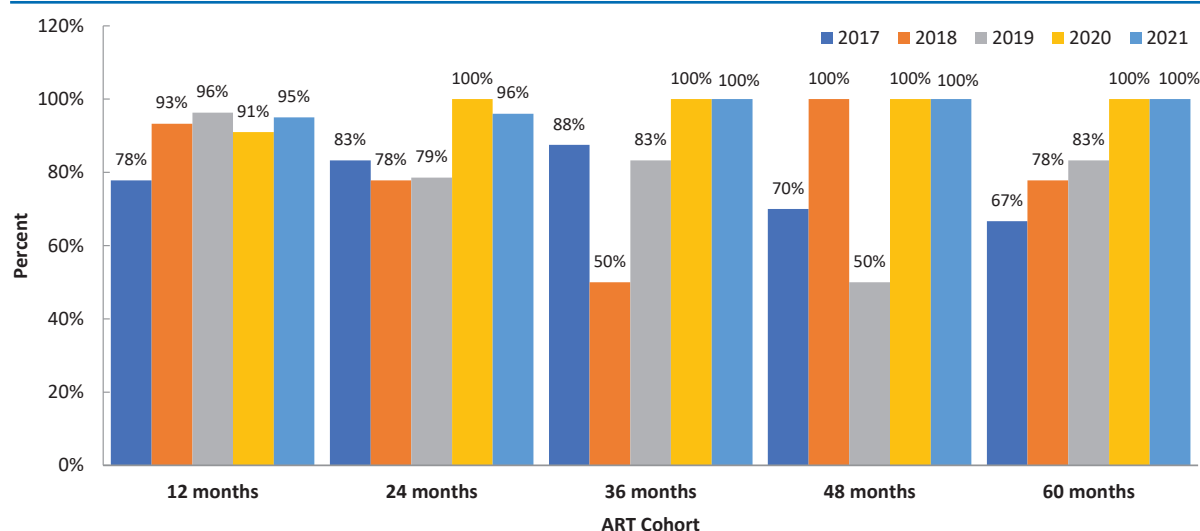


Source: Routine program data 2017-2019, and HIV Care and ART Tracking System 2021

**Figure 12. Trend of retention on ART among female PLHIV (2017-2021)**



Source: Routine program data 2017-2019, and HIV Care and ART Tracking System 2021

**Figure 13. Trend of retention on ART among Transgender people living with HIV (2017-2021)**

Source: Routine program data 2017-2019, and HIV Care and ART Tracking System 2021

## 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 3. Achievements on CHBC program, FY 078/79**

Facts on CHBC (FY 2078/79)	N	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
District Covered	57	6	8	10	8	12	4	9
Number of new PLHIV who received CHBC services	6050	473	1021	731	854	1326	239	1406
Number of PLHIV (new and old) who received CHBC services	11731	951	1766	1557	1542	2729	622	2564

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 4: Achievements on CCC program, FY 077/78**

Facts on CCC (FY 2078/79)	N	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
District Covered	46	4	7	7	8	10	2	8
Number of new PLHIV receiving services from CCC	6278	504	1176	613	806	1927	271	981
Number of PLHIV receiving Follow-up services from CCC	9049	563	1344	1002	1099	2277	440	2324
Number of PLHIV admitted to CCC to start ART	2577	260	1136	78	213	164	0	726
Number of PLHIV received counselling service	10666	641	1343	1051	1615	3851	162	2003

Source: Save the Children routine program data.

## Community led testing (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 key populations (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 5. Achievements on CLT and Index testing program, FY 078/79**

Achievements of FY 2078/79	N	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Screened for HIV	48,976	5,231	12,199	9,957	6,033	10,117	1,364	4,075
Reactive for HIV	1,006	130	319	227	78	162	11	79
Confirmed HIV diagnosis	1,359	138	393	255	93	271	34	175
Linked to ART	1,302	129	388	242	89	259	34	161

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

Note: FHI360/EpiC Nepal-no program in Karnali province.

**Table 6: Achievement in Community Care Services (CCS) of FY 078/79**

Indicators	N	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Districts covered	37	4	8	7	5	8	NA	5
Number of new PLHIV received services	6,363	625	1,297	2,519	419	983	NA	520
Number of new and old PLHIV received services	16,761	1,518	3,017	5,696	1,191	3,108	NA	2,231

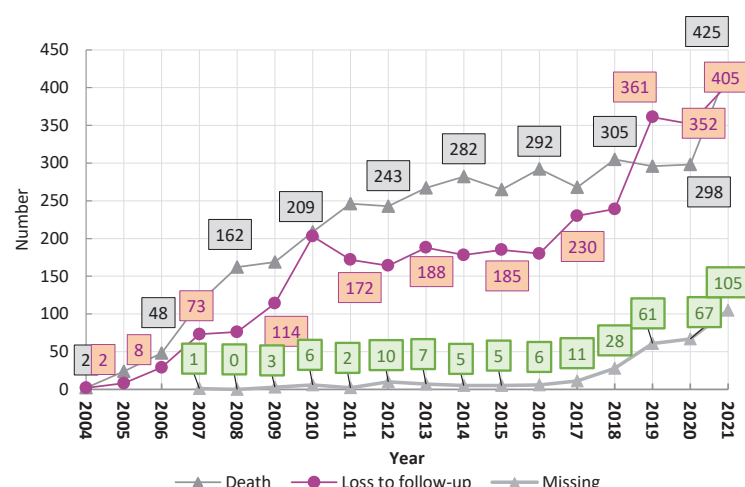
Source: FHI360/ EpiC Nepal routine program data

Note: FHI360/EC Nepal-no program in Karnali province.

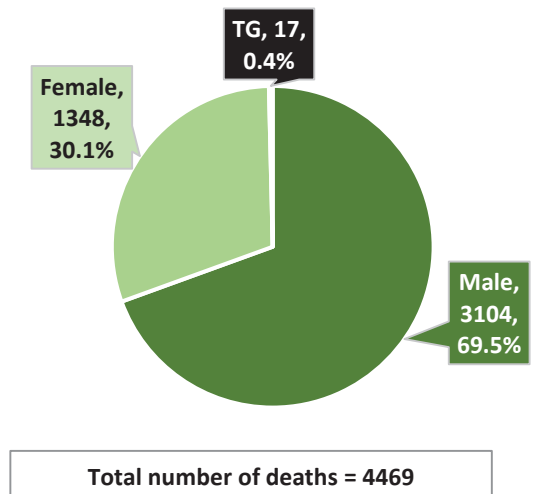
## Missing, Loss to Follow Up and Death in PLHIV

NCASC has systematically monitored and analysed missing, loss to follow up and death cases in PLHIV using data recorded in 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 reduce deaths, losses to follow, and missing cases, hence, improve retention on antiretroviral therapy and quality of life among PLHIV.

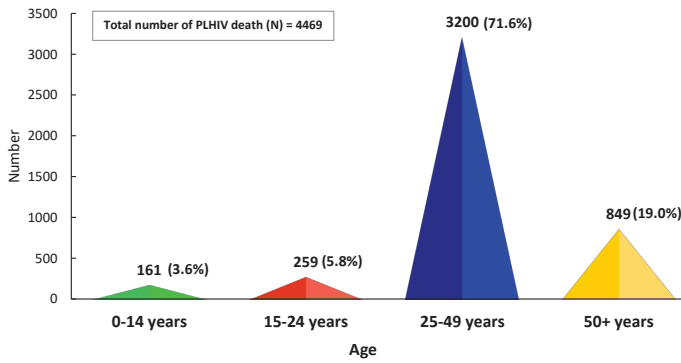
**Figure 14. Annual trend of death, loss to follow-up and missing of ART clients, 2004-2021**



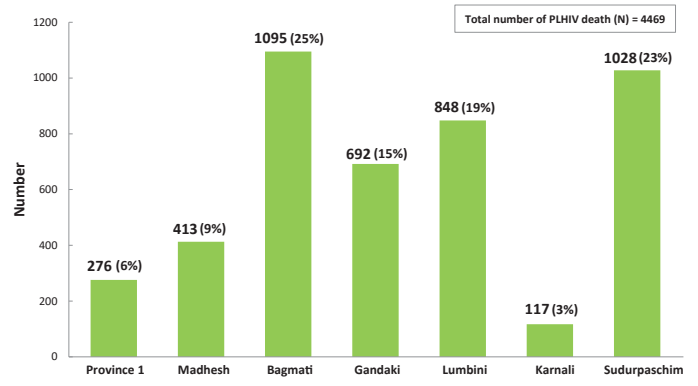
**Figure 15. Gender wise distribution of total cumulative deceased PLHIV, as of Dec 2021**



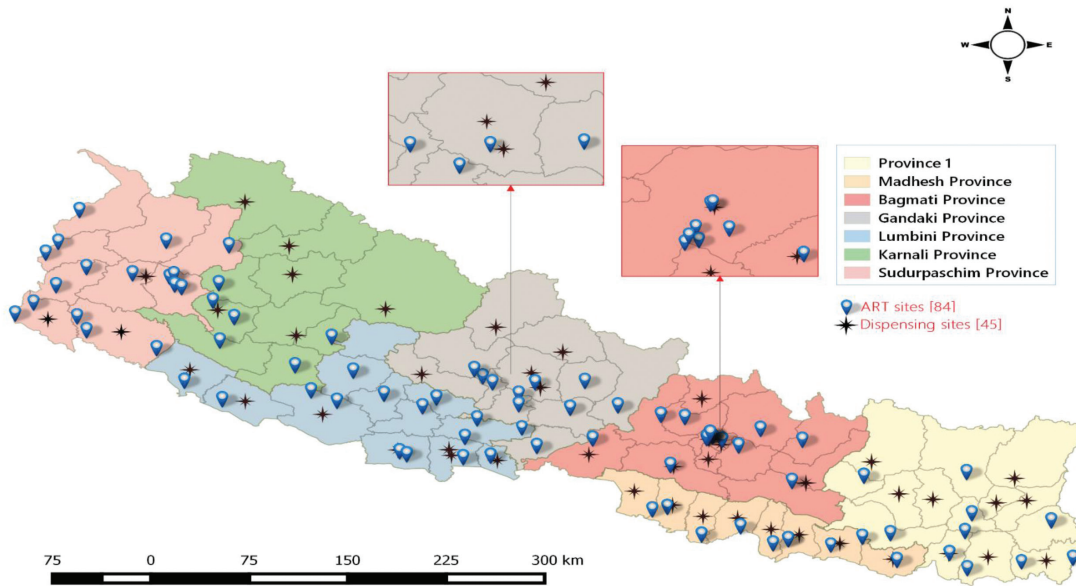
**Figure 16.** Age wise distribution of total cumulative deaths among PLHIV, as of Dec 2021



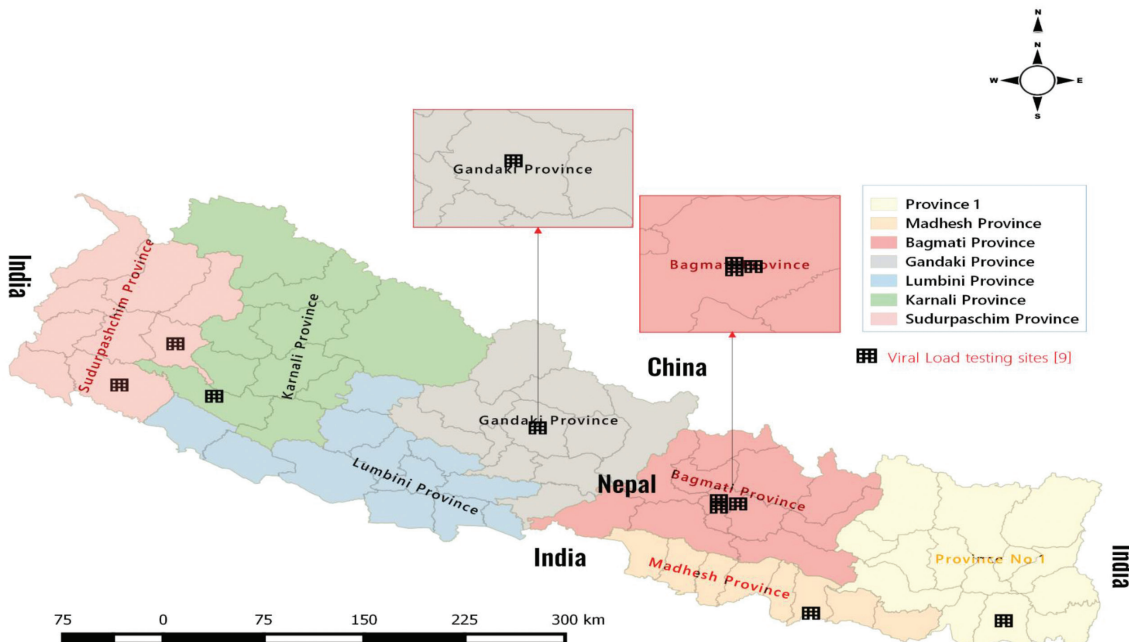
**Figure 17.** Province wise distribution of total cumulative deceased PLHIV as of Dec 2021



**Figure 18.** Map of Nepal showing antiretroviral centres and ARV dispensing sites



**Figure 19.** Map of Nepal showing viral load testing sites

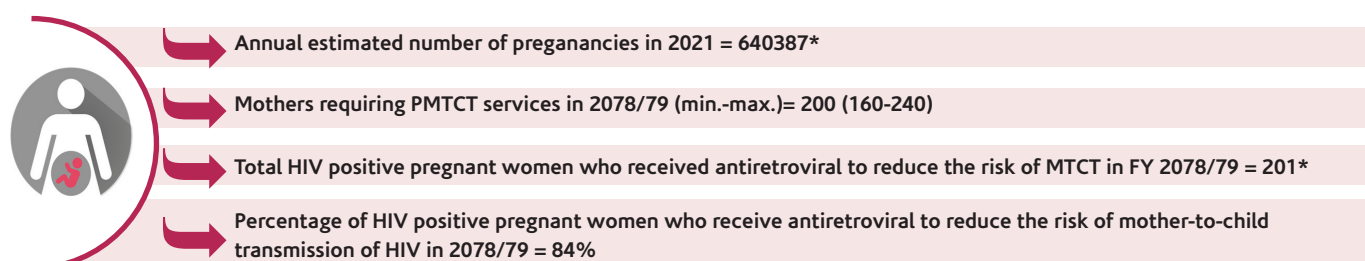


# Prevention of Mother to Child Transmission (PMTCT) in Nepal



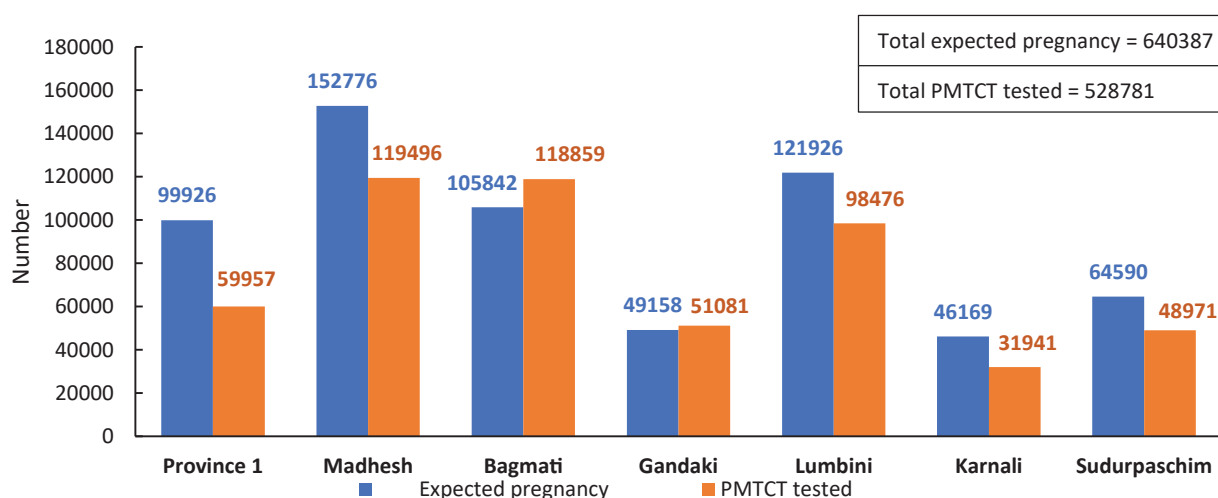
## Overview

Comprehensive Prevention of Mother to Child Transmission (PMTCT) service started in Nepal in February 2005. 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, initiation of ART is only provided through 84 ART sites and 45 ARV Dispensing Centers throughout the country.



Source: \*\*GAM 2022, \* IHMIS/DHIS2 Routine program data FY 078/079. \*HIV positive data reported by non-confirmatory sites were not included.

**Figure 1. Province wise expected pregnancy vs. PMTCT Testing**



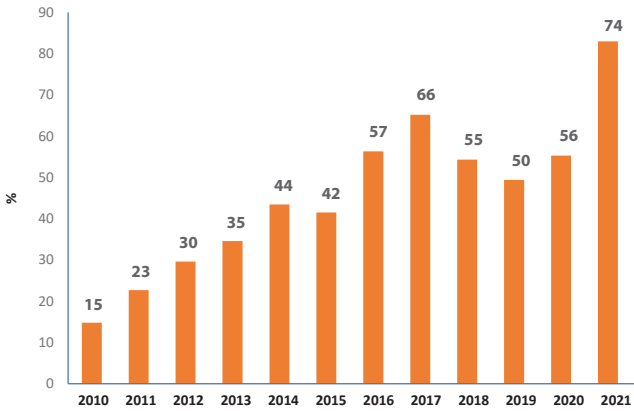
Source: National HIV Estimate 2021, and IHMIS/DHIS2 Routine Program Data, FY 2078/079

**Table 1. Services statistics on PMTCT in Nepal: 2010 – July 2022**

Indicators	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022 Jan-July
Tested for HIV (PMTCT)	94,511	124,025	129,131	142,043	158,146	187,552	306,872	394,867	467,930	431,912	411,074	453,993	320,768
HIV Positive pregnant women*	138	169	175	125	162	88	154	106	81	73	54	76	35
Mothers received ART (Already on ART became pregnant+ Newly diagnosed and enrolled in treatment in reporting period)	96	117	126	142	162	145	181	192	146	123	121	178	114
Babies received Prophylaxis	112	129	108	136	127	114	118	137	122	135	108	154	80

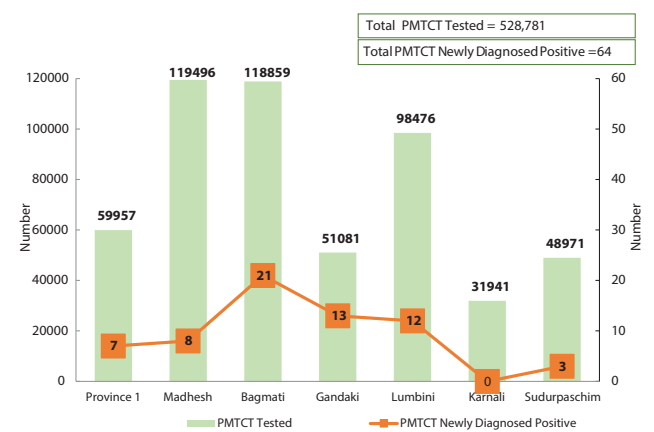
Source: IHMIS/DHIS2 Routine Program Data, 2022, \*HIV positive data reported by HIV screening sites were not included.

**Figure 2. Coverage of PMTCT Program in Nepal (2010 – 2021)**



Source: GAM, 2022, Note: Option B+ was started from 2015 in Nepal.

**Figure 3. PMTCT tested vs positive-Province wise (FY 078/79)**



Source: IHMIS/DHIS2 Routine program data, FY 2078/079

## Early Infant Diagnosis (EID)

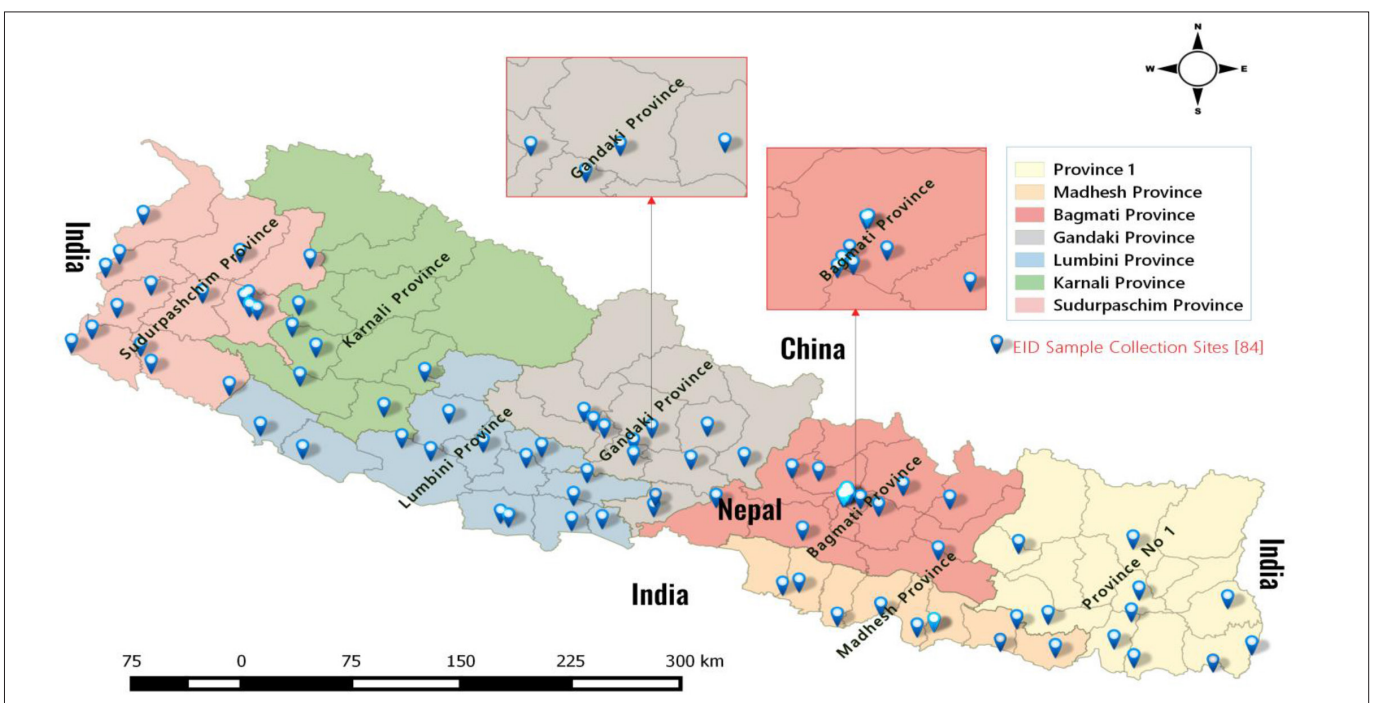
Early Infant Diagnosis (EID) service is available for babies born to the HIV-positive mothers to detect HIV status among exposed baby at the earliest. DNA PCR test is done for EID and conducted among the children below 18 months. EID through DNA PCR technology is available at National Public Health Laboratory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

**Table 2: Early Infant Diagnosis: 2014 – July 2021**

SN	Indicator	2014	2015	2016	2017	2018	2019	2020	2021	2022 Jan-July
1	Total number of children up to 18 months tested (PCR)	74	191	143	208	285	294	261	130	119
2	Total number of children up to 18 months diagnosed HIV positive through PCR test	4	15	10	16	25	21	23	1	4

Source: NPHL tested number and NCASC HIV Care and ART Tracking System.

**Figure 4. Map of Nepal showing EID sample collection sites.**







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 public sites as well as sites managed by NGOs also report HIV and STI cases in Nepal. The routine reporting of HIV and STI from these sites is integrated in IHMIS/DHIS2 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 2020, national level surveillance survey is conducted among people who inject drugs whereas surveillance among MSM/TG and migrants planned in in 2022/2023.

### Monitoring of HIV Drug Resistance

Country is monitoring drug resistance of HIV on an ad hoc basis as recommended by the National Consolidated Guidelines on Strategic Information of HIV Response in Nepal 2022-2026. Pre-treatment drug resistance and acquired HIV drug resistance surveys were 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. In 2005, 2007 and 2009, national level size estimates were derived by updating the 2003 estimate based on population growth. In 2010 for the first time, a national level mapping exercise which used a combination of direct and extrapolated district level estimates was conducted in Nepal. The latest mapping and size estimation of key populations was conducted in 2016. In the year 2022/2023, country has planned to conduct mapping and size estimation among key populations (PWID, FSW, MSM/TG).

### HIV Infection Estimations and Projections

Nepal updates HIV infection estimates annually using available biological and behavioural data, routine program data, key population size estimates and other relevant key information from different studies using AIDS Epidemic Modelling (AEM) and Spectrum. Please refer to the following UNAIDS link for the latest national HIV estimates finalized by the country: <https://aidsinfo.unaids.org/>

### HIV Surveillance

NCASC is taking the lead in HIV surveillance activities in Nepal, in technical collaboration with WHO, UNAIDS, Save the Children/Global Fund, USAID, FHI/EpiC and AHF Nepal including the engagement of communities and people living with HIV. NCASC has recently developed National Consolidated Guidelines on Strategic Information of HIV Response in Nepal 2022-2026. The national consolidate SI guidelines aims to design an appropriate framework for measuring progress of National HIV Strategic Plan (2021-2026) 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.

## Sexually Transmitted Infections (STIs)

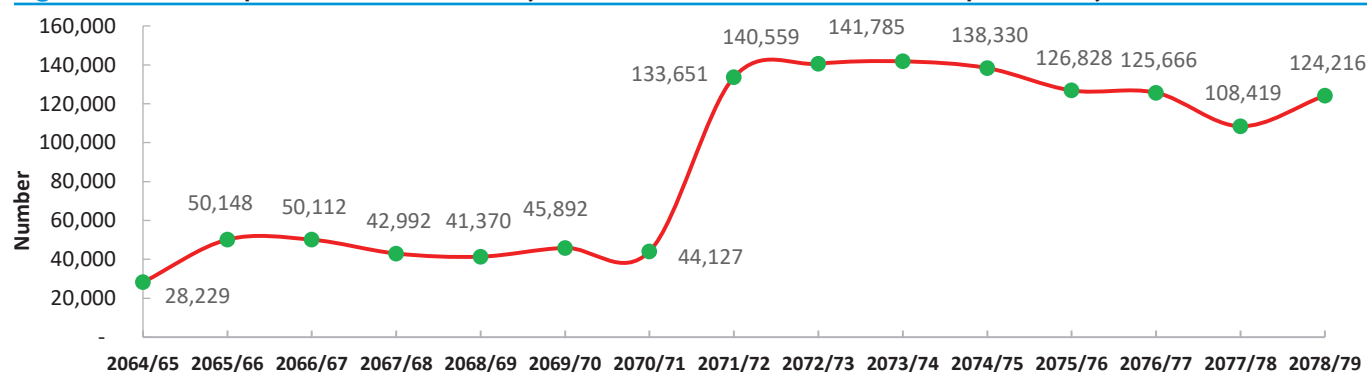
Key interventions for management of STIs in Nepal are targeted behavior change communication (BCC), condom promotion and distribution, diagnosis, and treatment of STIs (both syndromic and etiological management) and referral services. STIs management services are available from government health facilities and NGOs for both key and general 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 and 2022. In 2022, the NCASC updated the National STI guidelines based on new global and local evidence. Integrated Biological and Behavioural Surveillance (IBBS) Surveys and Integrated Health Management Information System (IHMIS/DHIS2) of Management Division are the main sources of information to monitor STIs prevalence and burden among general and key population in Nepal.

**Table 1: Prevalence of HIV, HBV, HCV, and Syphilis among People Who Inject Drugs and Prison Inmates**

Cases	Male										Female		
	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim	<25 years	≥25 years	National	<25 years	≥25 years	National
<b>People Who Inject Drugs (PWID)</b>													
HIV Positive	1.5	-	4.6	1.2	0.7	-	1.5	1.0	4.3	2.8	-	-	2.0
Syphilis	-	-	1.7	2.2	0.4	-	0.2	1.8	0.8	1.2	-	-	10.0
HBV Positive	-	0.3	1.0	0.8	-	1.3	2.7	0.9	0.7	0.8	-	-	0.0
HCV Positive	17.7	1.8	16.7	10.7	2.9	-	26.8	10.6	15.3	13.3	-	-	8.0
HIV and HCV co-infection	100.0	-	74.6	74.1	-	-	-	81.1	70.3	71.9	-	-	0.0
HIV and HBV co-infection	-	-	2.5	25.9	-	-	-	-	4.3	3.6	-	-	0.0
<b>Prison Inmates¥</b>													
HIV Positive	-	-	1.8	-	-	-	-	1.5*	1.9*	-	5.9*	0.0*	2.0*
Syphilis	-	-	0.3	-	-	-	-	0.0*	0.4*	-	5.9*	0.0*	2.0*

Source: Integrated Biological and Behavioral Surveillance Survey Reports, 2020; ¥Assessment of HIV Prevalence among Prison Population in Nepal, 2021  
\*For Bagmati province only.

**Figure 1. Annual reported cases of sexually transmitted infections (STIs) in Nepal, Fiscal year 2064/65-2078/79**



Source: Annual Report, Department of Health Services (DoHS); and IHMIS/DHIS2 Routine Program Data, FY 078/79

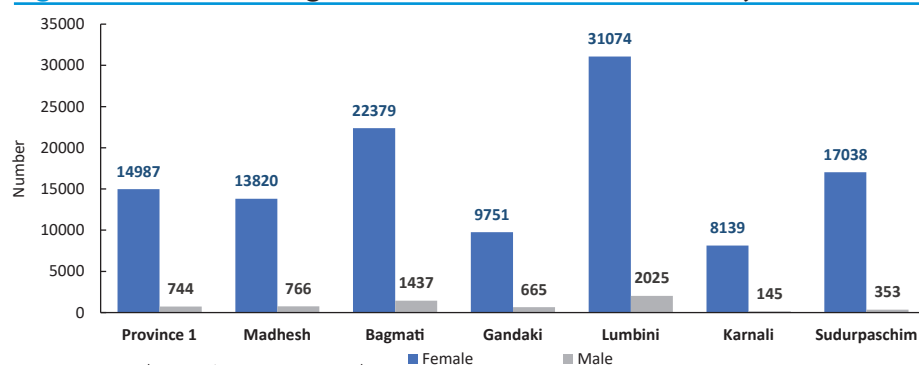
**Table 2. Distribution of sexually transmitted infections (STIs) in Nepal\***

Name of STI Cases	Total	Female	Male
Urethral Discharge Syndrome (UDS) Gonococcal	5640	3906	1734
Scrotal Swelling Syndrome (SSS)	2101	-	2101
Vaginal Discharge Syndrome (VDS)	55508	55508	-
Lower Abdominal Pain Syndrome (LAPS)	53544	53544	-
Neonatal Conjunctivitis Syndrome (NCS)	500	361	139
Genital User Disease Syndrome (GUDS)	3045	2252	793
Inguinal Bubo Syndrome (IBS)	1274	694	580
Syphilis	1711	923	788

Source: IHMIS/DHIS2 Routine Program Data, FY 078/79

\*Excluding HIV infections

**Figure 2. Province and gender wise distribution of sexually transmitted infections (STIs) in Nepal**



Source: IHMIS/DHIS2 Routine Program Data, FY 078/79

Note: Excluding HIV infections

# Targeted Interventions among Key Populations in Nepal



## 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 (AHF FHI/EpiC and Save the Children).

## People Who Inject Drugs (PWID)

Harm reduction program [Needle Syringe Exchange and Opioid Substitution Therapy (OST) Program] are key interventions implemented to minimise the negative health, social and legal impacts associated with drug use 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	FY 077/78	FY 078/79
Districts covered	23	23	28	13	27	27	27	28	28
Reached through BCC	6,570	13,478	31,144	15,249	22,201	27,080	27,067	27,741	29,135
Condom distributed	610,557	606,171	786,504	12,237	671,631	1,118,664	987,567	1,558,549	1,420,554
HIV tested and counselled	5,332	9,777	15,897	11,478	19,992	25,832	17,613	29,905	27,117
Needle/Syringe distributed	1,731,095	1,663,213	1,521,054	1,661,546	1,459,464	2,674,136	2,589,409	2,702,947	3,310,781
Client on Methadone	-	-	819	909	740	906	672	328	339
Client on Buprenorphine	-	-	528	145	176	292	216	92	204

Source: Save the Children routine program data, FY 2078/79. BCC: Behavior Change Communication.

**Table 2. Province wise reach of targeted interventions-People Who Inject Drugs**

Indicator	Achievement	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Districts covered	<b>28</b>	3	7	5	4	6	1	2
Reached through BCC	<b>29,135</b>	3401	7438	6394	4455	6034	441	972
Condom distributed	<b>1,420,554</b>	180,695	391,317	239,312	165,122	342,711	29,409	71,988
HIV tested and counselled	<b>27,117</b>	3,116	7,188	5,546	4,304	5,585	437	941
Needle/Syringe distributed	<b>3,310,781</b>	377,645	856,446	820,760	365,554	747,185	37,855	105,336
On Methadone*	<b>339</b>	N/A	N/A	339	N/A	N/A	N/A	N/A
On Buprenorphine*	<b>204</b>	N/A	N/A	204	N/A	N/A	N/A	N/A

Source: Save the Children routine program data, FY 2078/79 \*Data only includes 4 NGO run OST sites. BCC: Behavior Change Communication.

## Female Sex Workers (FSW) and their clients

FSW are at high 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.

**Table 3. Targeted Interventions-Female Sex Workers**

Indicator	Achievement-FSW							
	FY 071/72	FY 072/73	FY 073/74	FY 074/75	FY 075/76	FY 076/77	FY 077/78	FY 078/79
Districts covered	29	25	16	17	17	19	19	26
Reached through BCC	33,138	32,599	41,134	44,284	33,012	16,668	7,325	7,271
Condom distributed	4,712,296	4,204,696	3,352,293	2,697,692	1,520,951	957,298	941,992	988,906
HIV tested and counselled	10,006	9,765	28,715	30,743	23,684	11,228	3,138	4,918
STI diagnosed and treated	10,104	9,847	10,761	10,074	5,311	1,555	926	1,021

Source: FHI360/EpiC routine program data, FY 2078/79

**Table 4. Province wise reach of Targeted Interventions-Female Sex Workers**

Indicator	Achievement	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Districts covered	26	3	8	5	2	6	NA	2
Reached through BCC	7,271	911	1,381	2,722	438	1,334	NA	485
Condom distributed	988,906	119,991	160,010	370,793	75,872	206,268	NA	55,972
HIV tested and counselled	4,918	758	850	1,751	289	940	NA	330
STI diagnosed and treated	1,021	189	109	306	28	242	NA	147

Source: FHI360/EpiC routine program data, FY 2078/79

**Table 5. Targeted Interventions-Clients of Female Sex Workers**

Indicator	Achievement-Clients of FSW							
	FY 071/72	FY 072/73	FY 073/74	FY 074/75	FY 075/76	FY 076/77	FY 077/78	FY 078/79
Districts covered	25	25	16	17	17	19	19	26
Reached through BCC	88,706	88,706	90,717	81,500	47,633	23,053	5,066	4,587
Condom distributed	2,805,769	2,713,038	2,199,082	1,847,855	1,151,476	7,14,538	351,761	230,705
HIV tested and counselled	12,957	12,621	27,316	31,393	26,639	10,632	1,843	2,669
STI diagnosed and treated	627	626	793	776	629	487	332	473

Source: FHI360/EpiC routine program data, FY 2078/79.

**Table 6. Province wise reach of Targeted Interventions-Clients of Female Sex Workers**

Indicator	Achievement	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Districts covered	26	3	8	5	2	6	NA	2
Reached through BCC	4,587	902	488	1,785	460	703	NA	249
Condom distributed	230,705	34,503	16,324	96,526	33,353	28,900	NA	21,099
HIV tested and counselled	2,669	619	311	1,022	259	383	NA	75
STI diagnosed and treated	473	166	29	173	19	71	NA	15

Source: FHI360/EpiC routine program data, FY 2078/79

**Table 7. Province wise reach of targeted interventions-Male Sex Workers**

Indicator	Achievement	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Districts covered	26	3	8	5	2	6	NA	2
Reached through BCC	2,698	263	885	867	175	407	NA	101
Condom distributed	202,148	22,349	55,422	76,996	15,258	24,015	NA	8,108
HIV tested and counselled	1,359	139	429	395	127	226	NA	43
STI diagnosed and treated	84	11	11	31	6	20	NA	5

Source: FHI360/EpiC routine program data, FY 2078/79

## 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 8. Targeted Interventions-MSM and TG**

Indicator	Achievement								
	FY 070/71	FY 071/72	FY 072/73	FY 073/74	FY 074/75	FY 075/76	FY 076/77	FY 077/78	FY 078/79
Districts covered	31	31	22	21	29	25	26	26	26
Reached through BCC	34,427	40,230	50,584	73,138	82,559	109,603	89,963	24,149	12,850
Condom distributed	2,046,540	2,385,565	2,110,799	3,323,791	3,592,262	4,483,048	3,437,351	1,533,118	1,456,590
HIV tested and counselled	7,574	6,674	21,474	37,250	59,672	73,494	35,407	7,724	6,114
STI diagnosed and treated	5,426	1,909	365	398	660	220	114	328	384

Source: FHI360/EpiC routine program data, FY 2078/79

**Table 9. Province wise reach of Targeted Interventions-MSM and TG**

Indicator	Achievement	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Districts covered	26	3	8	5	2	6	NA	2
Reached through BCC	12,850	1,601	4,356	3,967	517	1,745	NA	664
Condom distributed	1,456,590	142,532	468,465	478,556	48,464	248,601	NA	69,972
HIV tested and counselled	6,114	752	1,977	1,927	360	896	NA	202
STI diagnosed and treated	384	60	64	163	11	71	NA	15

Source: FHI360/EpiC routine program data, FY 2078/79

## 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 10. 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	FY 077/78	FY 078/79
District Covered	-	38	38	8	41	42	10	20	20
Reached through BCC	285,623	119,863	247,696	89,255	306,184	112,393	2,406	131,291	232,576
Condom distributed	2,991,704	1,340,286	1,578,039	418,077	1,068,456	387,351	2,017	411,852	1,015,452
HIV tested and counselled	42,679	40,623	103,667	17,238	101,202	6,572	797	115,358	192,793

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.

Source: Save the Children routine program data, FY 2078/79

**Table 11. Province wise reach of targeted interventions- MLM and their Spouses**

Indicator	Achievement	Province 1*	Madhesh*	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
District Covered	20	-	-	2	2	9	1	6
Reached through BCC	232,576	-	-	9,176	25,026	98,334	9,524	90,516
Condom distributed	1,015,452	-	-	50,747	77,512	418,774	10,393	458,026
HIV tested and counselled	192,793	-	-	8,250	20,494	77,422	8,121	78,506

Source: Save the Children routine program data, FY 2078/79. \*No migrant program in Province 1 and Madhesh province.

## 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, HIV testing and counselling, diagnosis and treatment of HIV. The intervention program is implemented with the support from federal and provincial government of Nepal and Save the Children.

**Table 12. Targeted Interventions reach among Prison Inmates**

Indicator	Achievement				
	FY 074/75	FY 075/76	FY 076/77	FY 077/78	FY 078/79
Districts covered	10	44	13*	14	12
Reached through BCC	6,493	17,611	1,290*	16,759	8,568
HIV tested and counselled	2,318	6,923	1,223*	12097	8,215

\*Report received from Lumbini Province only.

Source: Data provided by provincial government, and Save the Children routine program data

**Table 13. Province wise reach of targeted interventions-Prison Inmates**

Indicator	Achievement	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Districts covered	12	3	4	3	1	1	-	-
Reached through BCC	8,568	2188	1402	3807	423	748	-	-
HIV tested and counselled	8,215	2,709	1,479	2,822	360	845	-	-

Source: Save the Children routine program data, FY 2078/79

## 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 45 districts. Under CABA Support, every HIV infected Child is provided with NPR 1000 per month (deposited in their bank account) for their education, health, nutrition and livelihood support. As of July 2022, 1205 (656 Male & 549 Female) HIV infected children have been supported with essential packages.

**Table 14. Province wise reach of CABA program**

Indicator	Achievement	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
CABA Program implemented districts	46	3	7	8	7	2	11	8
HIV infected children supported with essential packages	1,205	87	180	229	123	276	52	258
Child (Male)	656	52	107	116	59	157	31	134
Child (Female)	549	35	73	113	64	119	21	124

Source: Save the Children routine program data, FY 2078/79

**Table 15. HIV prevention, diagnosis and treatment services implemented by AIDS Healthcare Foundation (AHF) Nepal**

Indicator	Achievement	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Individuals screened for HIV	13,908	0	1831	4411	130	3198	282	4056
Individuals tested and coun-selled for HIV	13,908	0	1831	4411	130	3198	282	4056
HIV positive cases	155	0	51	46	6	32	7	13
Linked to ART	148	0	51	44	6	29	5	13
Number of condoms distributed	345,529	0	34,600	138,689	22,032	67,384	26,208	56,616

Source: AIDS Healthcare Foundation (AHF) Nepal routine program data, FY 078/79

**Table 16. Care and support services implemented by AIDS Healthcare Foundation (AHF) Nepal**

Indicator	Achievement	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Number of PLHIV supported with transportation costs	5,866	0	818	1028	736	980	437	1867
Number of PLHIV supported with lab-investigation (USG, CT Scan, X-Ray etc) costs	739	0	14	446	62	14	19	184
Number of viral load sam-ples transported to labs	7,243	0	508	2863	773	1387	92	1620
Number of PLHIV received nutritional support	1,764	0	172	366	136	211	30	849

Source: AIDS Healthcare Foundation (AHF) Nepal routine program data, FY 078/79

**Table 17. Treatment and gender wise total clients on opioid substitution therapy (OST)**

Gender	Treatment		Total
	Methadone	Buprenorphine	
Male	790	303	1093
Female	33	10	43
TG	0	0	0
Total	823	313	1136

Source: IHMIS/DHIS2 and Save the Children routine program data, FY 078/79

**Table 18. Retention on opioid substitution therapy (OST)**

OST Cohort	Total	Methadone	Buprenorphine
Total enrollment	1056	875	181
Six-month retention on OST	367	320	47
<b>Retention %</b>	<b>35%</b>	<b>37%</b>	<b>26%</b>

Source: IHMIS/DHIS2 and Save the Children routine program data, FY 078/79

**Table 19. Other activities conducted by partner organizations under targeted intervention among key populations in Nepal**

Indicator	National	Province 1	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim	Source
Number of HIV self-test kits distributed	11,596	830	2,239	4,570	652	2,139	NA	1,166	
Newly initiated PrEP services	4,064	450	922	1,582	232	668	NA	210	
Total number of people tested for HIV (in City clinic and CLT)	19,721	2,864	4,812	6,327	1,282	3,470	NA	966	FHI360/EpiC, FY 2078/79
Total number of people diagnosed with HIV positive (via City clinic and CLT)	1,660	214	460	459	121	312	NA	94	
Number of rency test carried out	1,262	124	236	445	95	288	NA	74	
Medicine support to PLHIV	2,519	0	175	1462	199	253	79	351	AIDS Healthcare Foundation (AHF) Nepal routine program data, FY 2078/79
Support in complicated case management	88	0	12	23	7	7	0	39	

# Routine HIV program status before and during COVID-19 pandemic in Nepal

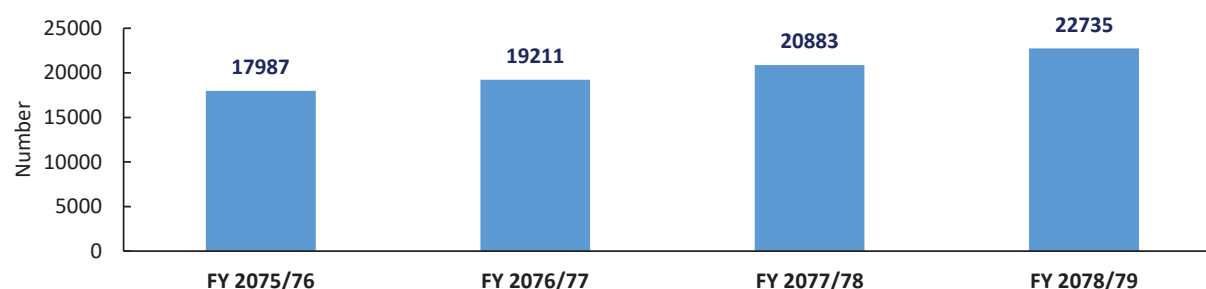


## Overview

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 before and during COVID-19 situation using routine program data.

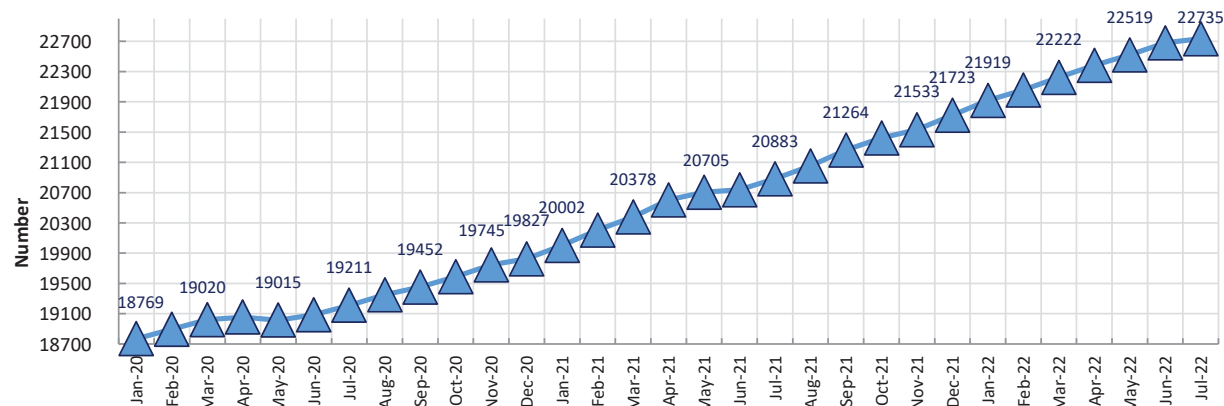
## Anti-Retroviral Therapy (ART)

**Figure 1.** Trend of people living with HIV (PLHIV) currently on ART, FY 075/76-078/79



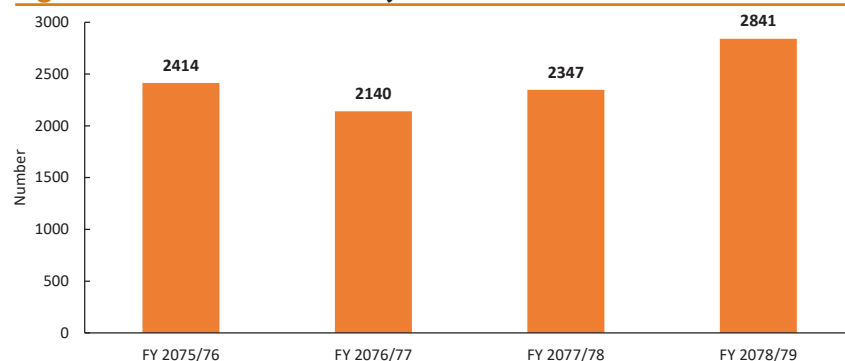
Source: IHMIS/DHIS2 Routine program data

**Figure 2.** Month wise trend of people living with HIV (PLHIV) currently on ART, Jan 2020 - July 2022



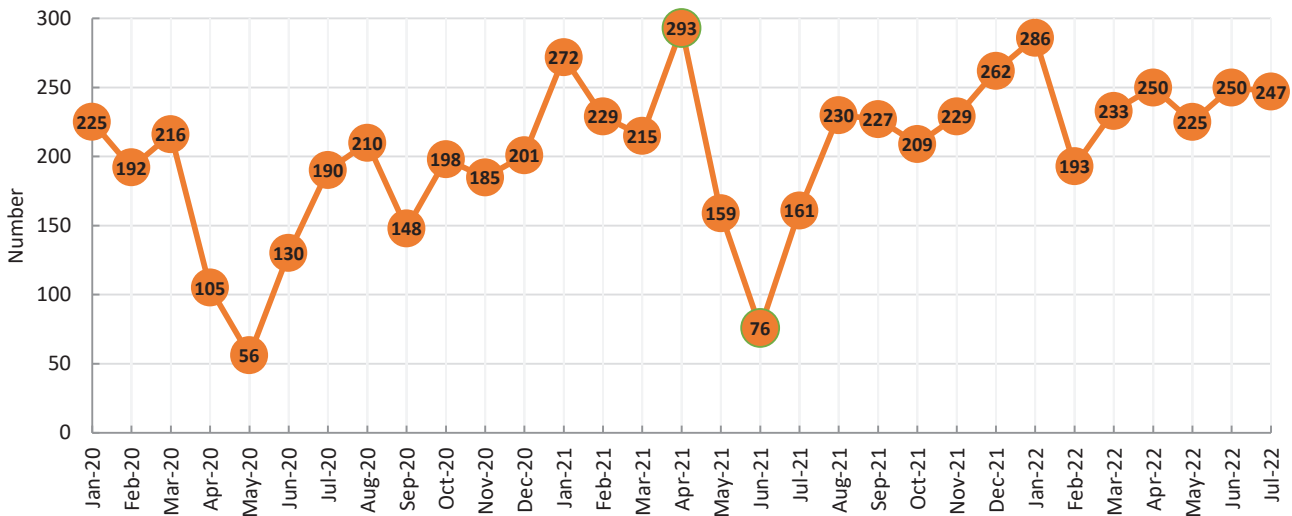
Source: IHMIS/DHIS2 Routine program data

**Figure 3.** Trend of PLHIV newly enrolled on ART, FY 075/76-078/79



Source: IHMIS/DHIS2 Routine program data

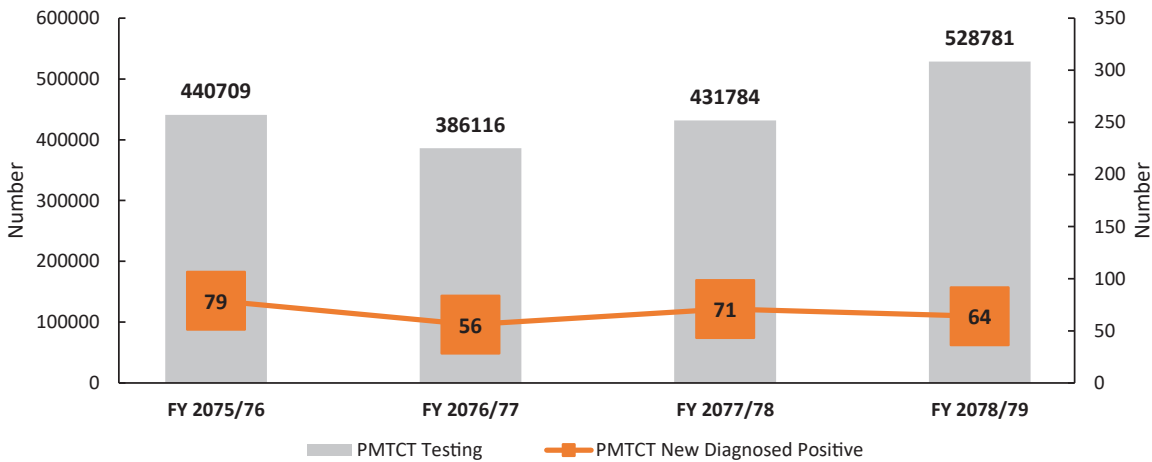
**Figure 4. Month-wise trend of PLHIV newly enrolled on ART, Jan 2020 - July 2022**



Source: IHMIS/DHIS2 Routine program data

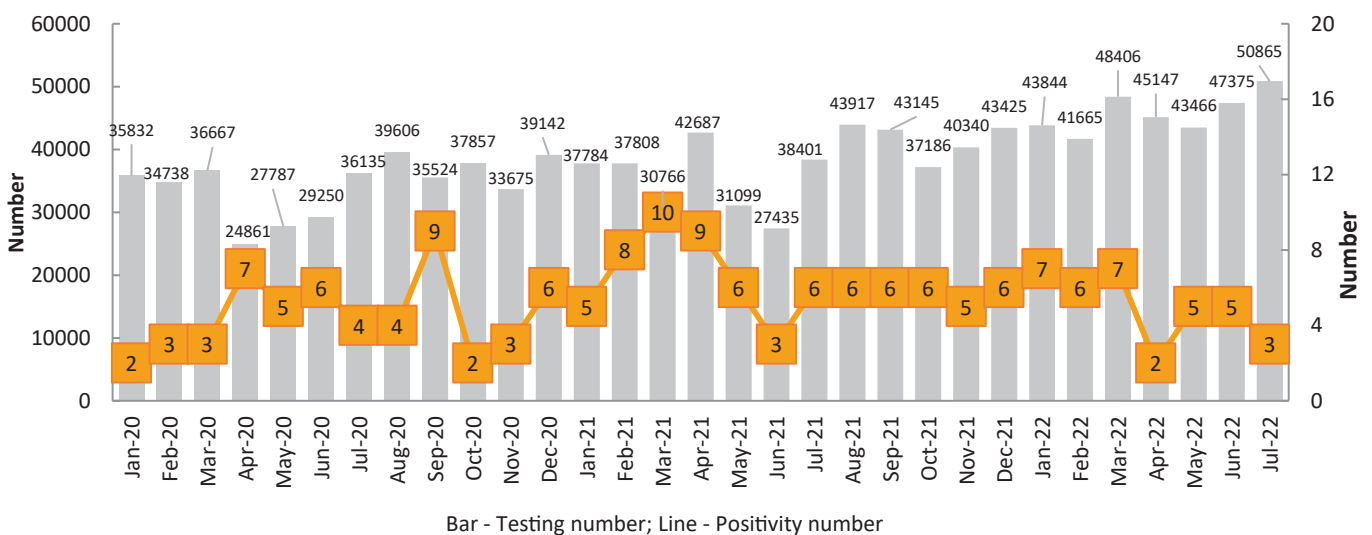
## Prevention of Mother-To-Child Transmission (PMTCT)

**Figure 5. Trend of PMTCT testing vs. positivity, FY 075/76-078/79**



Source: IHMIS/DHIS2 Routine program data

**Figure 6. Month-wise trend of PMTCT testing vs. positivity, Jan 2020 - July 2022**

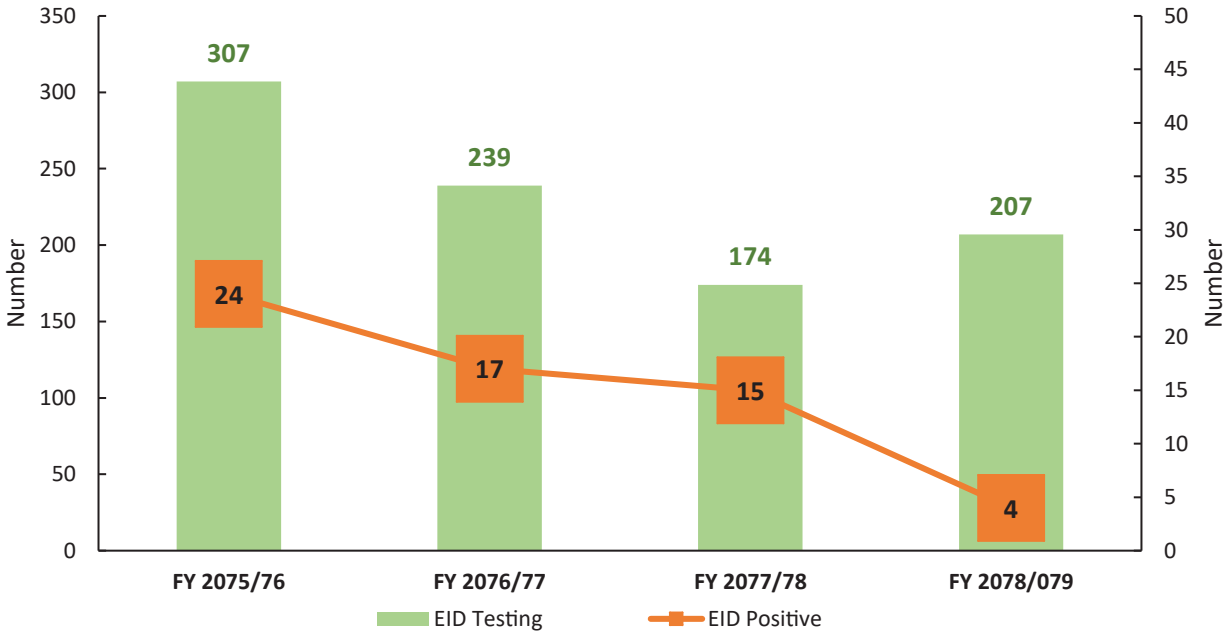


Source: IHMIS/DHIS2 Routine program data



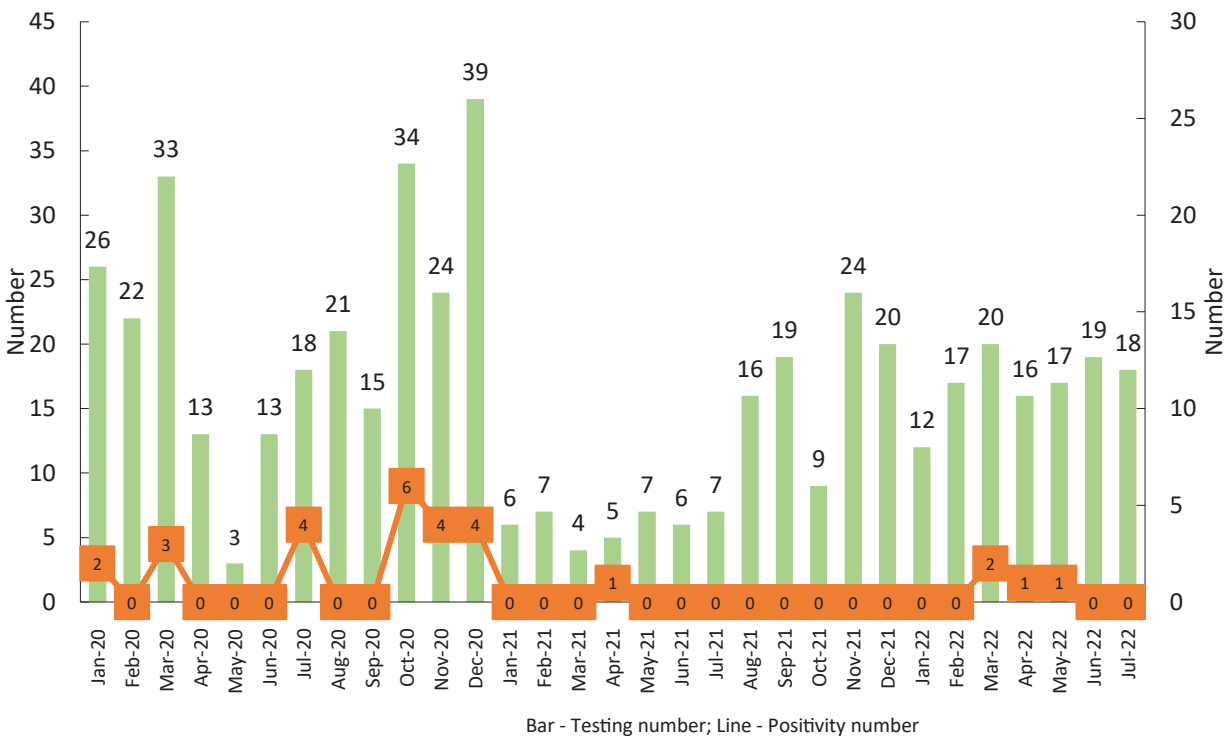
## Early Infant Diagnosis (EID)

Figure 7. Trend of EID testing vs. positivity, FY 075/76-078/79



Source: NPHL tested data and HIV Care and ART Tracking System.

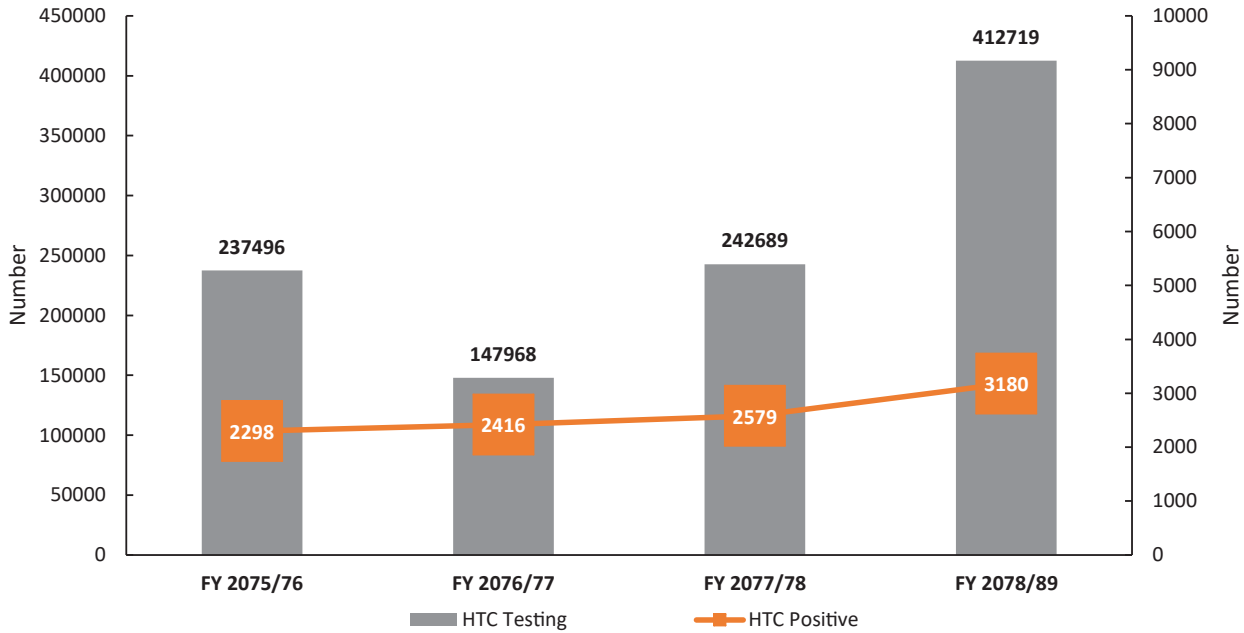
Figure 8. Month-wise trend of EID testing vs. positivity, Jan 2020 - July 2021



Source: NPHL tested data and HIV Care and ART Tracking System.

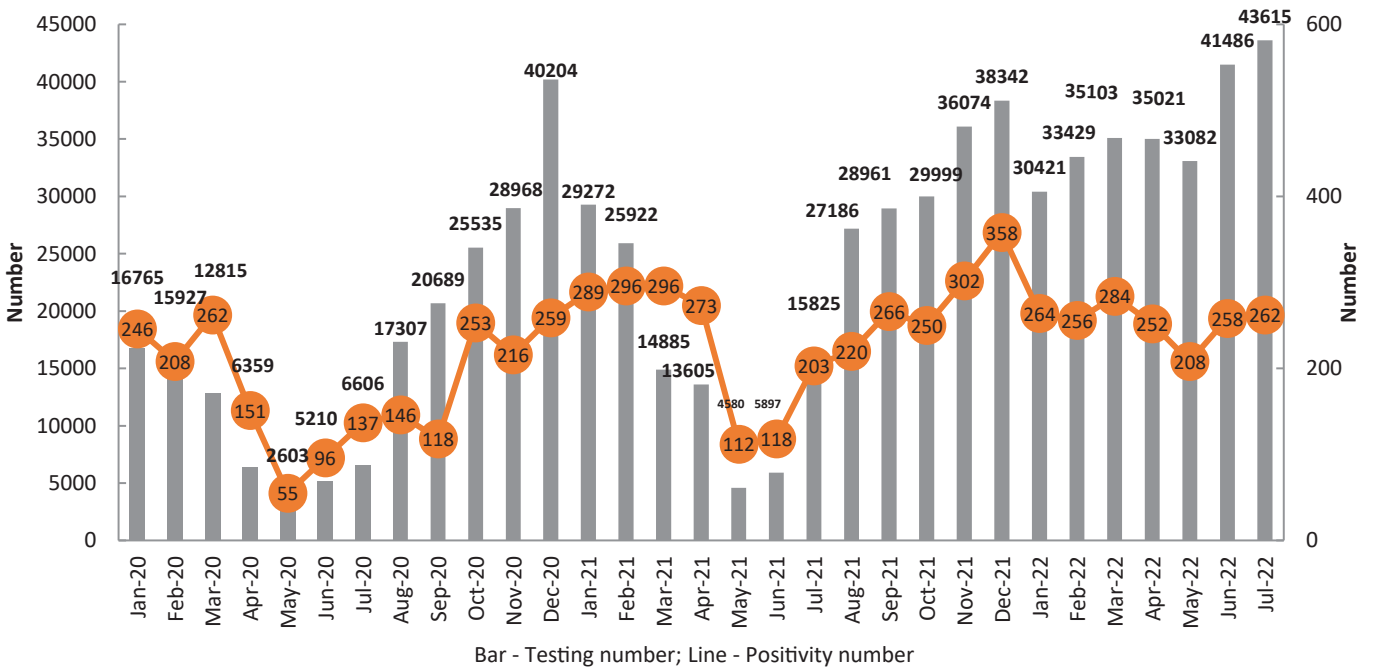
## HIV Testing and Counseling (HTC)

Figure 9. Trend of HIV testing and positivity, FY 075/76-078/79



Source: Routine program data (IHMS/DHIS2 and Partner organizations reporting system), 2022

Figure 10. Month-wise trend of HIV testing and positivity, Jan 2020 – July 2022



Source: Routine program data (IHMS/DHIS2 and Partner organizations reporting system), 2022





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