COUNTRY PROFILE

The HIV/AIDS/STD Situation and The National Response In Nepal

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Joint United Nations Programme on HIV/AIDS
UNAIDS
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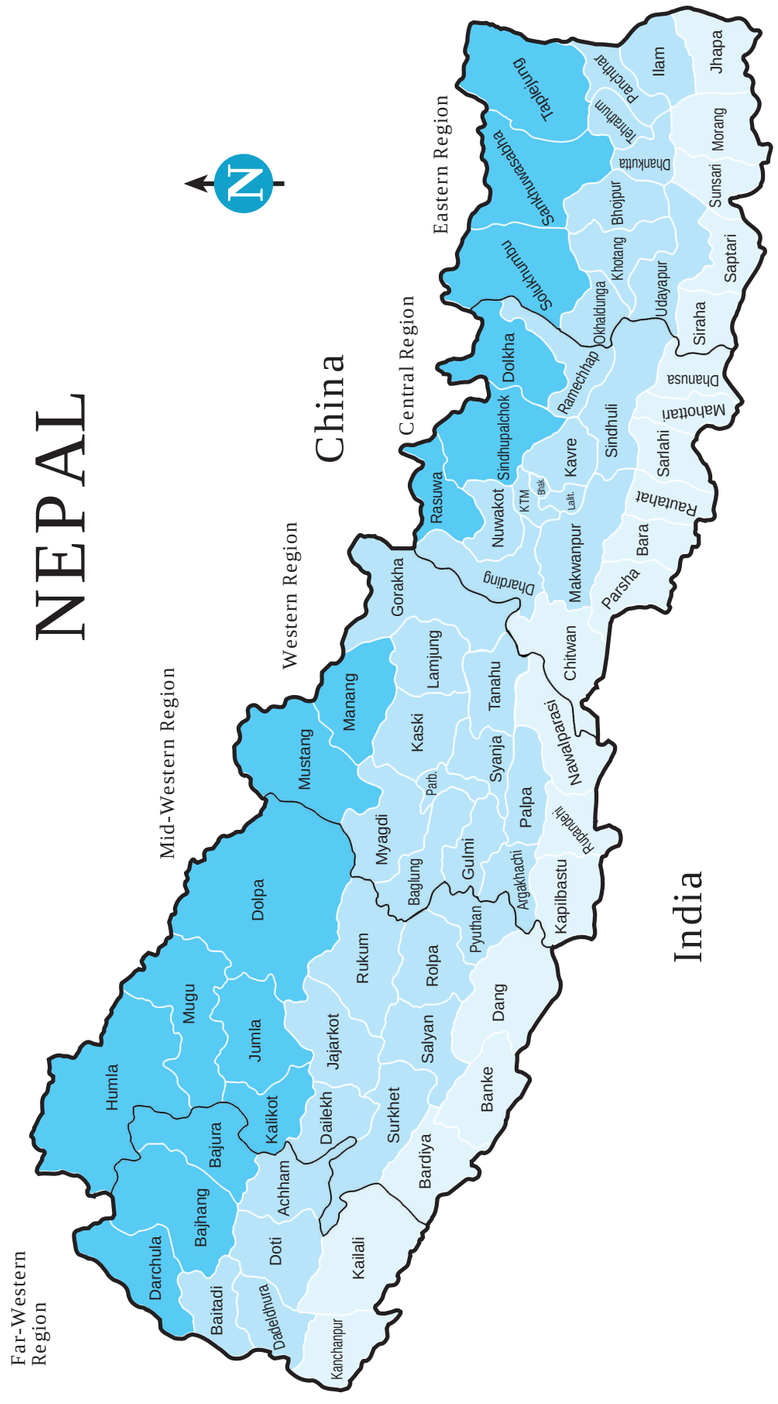
NCASC
NATIONAL CENTRE FOR AIDS & STD CONTROL

This document was developed by UNAIDS Nepal and members of the UN Theme Group on HIV/AIDS, in collaboration with the National Center for AIDS and STD Control (NCASC).

Attempts have been made to validate all entries in the document; apologies are extended if information is incorrect. Please forward revisions and suggestions to UNAIDS Nepal.

Inclusion in the Country Profile does not indicate endorsement by UNAIDS, MoH/NCASC.



LIST OF ACRONYMS

ABC Nepal	Agro-forestry, Basic Health, and Cooperative-Nepal
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
AusAid	Australian Agency for International Development
DDC	District Development Committee
DFID	Department for International Development
FAO	Food and Agriculture Organisation
FHI	Family Health International
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
HMG	His Majesty's Government
IDU	Injecting Drug User
IEC	Information Education Communication
ILO	International Labour Organisation
KABP	Knowledge, Attitude, Behavior and Practice
MoH	Ministry of Health
MSM	Men Who Have Sex with Men
NCASC	National Centre for AIDS and STD Control
NGO	Non-Governmental Organization
NRCS	Nepal Red Cross Society
PLWHA	People Living With HIV/AIDS
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDCP	United Nations Drug Control Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Populations Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UoH	University of Heidelberg
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization
WOREC	Women's Rehabilitation Centre

CONTENTS

HIV/AIDS/STD

FOREWORD

Over the last years the HIV/AIDS epidemic in Nepal has gained ground, and Nepal has progressed from a "low prevalence" country to one with a so-called "concentrated" epidemic in certain sub-groups of the population. For Nepal the window of opportunity is closing fast to effectively address the epidemic. Without mounting a vigorous, broad-based response now, AIDS may become the leading cause of death in the age group 15-49 years over the next ten years.

His Majesty's Government has recognized HIV/AIDS as a priority issue and has recently established a National AIDS Council chaired by the Rt. Honorable Prime Minister. The Council met for the first time on 3 October, 2002 and endorsed Nepal's National HIV/AIDS Strategy 2002-2006, which will guide the future multisectoral response in Nepal.

The aim of the "The HIV/AIDS/STD Situation and the National Response in Nepal" booklet is to give an overview of the situation and the response to HIV/AIDS in Nepal, and to touch on priorities and challenges. This publication is jointly published by the National Centre for AIDS and STD Control (NCASC), and the United Nations Theme Group on HIV/AIDS in Nepal. It is not meant to be all-inclusive and to provide a complete listing of all programmes and projects, which are currently implemented in Nepal to address HIV/AIDS (this will be the task of a future response data-base). This document will be updated regularly, and used for planning purposes and therefore any suggestions for improvements, be it corrections, changes or updated information will be valued by the NCASC and UNAIDS Nepal.

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SITUATION ANALYSIS

Geopolitical and Socio-economic Context

The Kingdom of Nepal is a highly heterogeneous country in terms of geography, ethnicity, language and culture. Nepal is landlocked, shares borders with India and China and is made up of 75 districts in five different development regions (Far-Western, Mid-Western, Western, Central and Eastern). The Himalayas cover the northern third of the country from east to west, bordering China. To their south lies a long east-west stretch of lower mountains (the hilly region) whose southern flanks flatten into the Terai, a fertile, sub-tropical plain spanning the border with India. These contours have played a major role in helping to determine the geographical and social diversity that characterizes Nepal.

In the Human Development Report 2002, Nepal features among the poorest countries in the world both in economic terms as well as socio-cultural parameters. Nepal's social indicators remain well below the average for the South Asia region: more than 40% of the Nepali population live below the national poverty line, nearly half of all children below 5 years are underweight and nearly 60% of all adults are illiterate. Additionally, women have traditionally a lower status than men and gender inequality is deeply rooted. Nepal is one of the few countries worldwide in which men live longer than women. More boys than girls receive any form of education, women generally work longer hours than men, and men have better access to services, including health.

The pressure of population growth on scarce and fragile land means that the benefits of better education or irrigation are often outweighed by more fragmented land and reduced availability of forest products upon which most of the rural population depends for all or part of its livelihood. In Nepal, the topography, environmental degradation, poverty and economic migration are all linked, and they combine with other factors to increase vulnerability to HIV.

Socio-Economic Features

Indicator	Value	Year
Population size (Mill.)	23.15	2001
Population growth (%)	2.24	2001
Total fertility rate (per woman)	4.1	2001
Rural Population (%)	85.80	2001
Urban Population (%)	14.20	2001
Female life expectancy at birth (years)	58.3	2001
Male life expectancy at birth (years)	58.8	2001
GNP per capita (USD)	220	2001
Population below national poverty line (%)	38	2000
Underweight under five children (%)	47	2000
Adult illiteracy rate (%)	50.7	2001
Net enrolment rate in primary education (%)	80.4	2002
Ratio of girls to boys in primary education (%)	78	2000
Under five mortality rate (per 1000 live births)	91	2001
Maternal mortality rate (per 100.000 live births)	415	2001

Source: Millennium Development Goals-Nepal Progress Report 2002
Human Development Report 2002
National Population Census 2001

HIV/AIDS EPIDEMIOLOGICAL SITUATION

	Data	Date
Reported HIV cases	2,598	December 2002
Reported AIDS cases	624	December 2002
Estimated number of adults & children living with HIV/AIDS	60,018	End 2002[1]
Estimated adult and child mortality due to HIV/AIDS	2,958	2002
HIV prevalence		
IDUs (Kathmandu)	68%	2002
FSWs (Kathmandu)	15.61%	2002
STI patients	0.7-6.6	2002
Blood donors	0.28-0.48	2002
ANC	0.2%	2000

Sources: reported cases: MoH data; Estimates: UNAIDS/WHO working group on global HIV/AIDS and STI Surveillance; Estimated HIV prevalence IDU: New Era Study 2002, MoH 1999; Estimated HIV prevalence SW: SACTS/FHI study, 2001; STI patients: MoH/University of Heidelberg 2000; Blood donors: Red Cross Nepal; ANC: MoH/University of Heidelberg.

Epidemiological Factors

Major Routes of Transmission

- Predominant mode of transmission is sexual contact, presumably mainly heterosexual.
- Limited information available about homosexual/bisexual transmission.
- Highest rates of HIV have been identified among injecting drug users(IDUs).
- Data indicates that risk behaviors are widespread among female sex workers(FSWs), their clients, IDUs, labour migrants and youth/young people.
- Current estimated HIV infection rate – 0.3 % of the adult population between the ages of 15 - 49.
- There is evidence of an explosive increase of infections since 1996
- Increasing levels of STD reported.

Male/Female Ratio

- Approximately 3:1 (Source: NCASC, 2001)

Geographic distribution

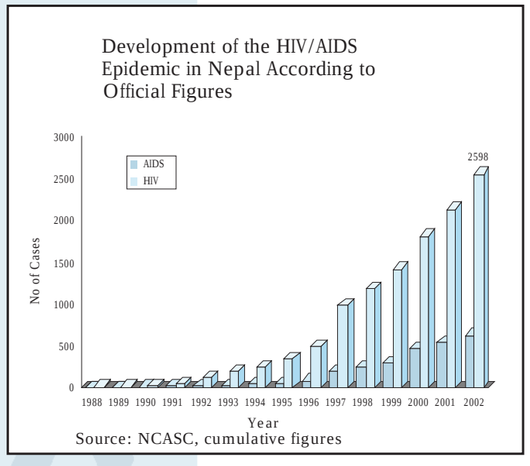
- Highest prevalence rates found in the Central Region.
- Rural/urban ratio – to be determined.
- HIV infection has been noted in all regions of the country, although HIV infection appears to be concentrated in urban areas and districts with high labour migration.

1 WHO/UNAIDS estimate

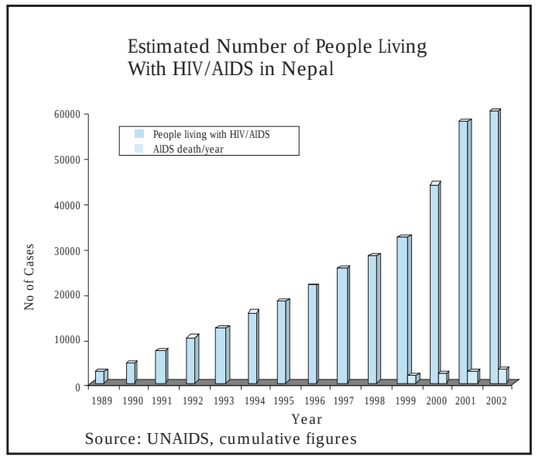
HIV/STD Prevalence Studies Conducted in Nepal

Population Groups	Study Places	Year	Sample Size	Studies done by	Type of Studies	Syphilis	HIV+
ANC Clients	Mahendranagar, Nepalgunj, Pokhara, Birgunj, AMDA, KTM Thapathali, Military Hospital	1999	[n =2030]	UoH/NCASC	STD / HIV	1.80%	0.20%
Injecting Drug Users (IDUs)	Jhapa, Morang, Sunsari, Birgunj, Bhaktapur, Kathmandu, Lalitpur, Rupandehi, Pokhara, Nepalgunj, Kanchanpur	1999	Male [n=560] Kathmandu Valley with Size	NCASC	STD / HIV	10.70%	40.40%
	Estimation	2001	Male [n=303]	FHI, NewERA	HIV	NA	68%
	Kathmandu Valley with Size Estimation		Female [n=57]			NA	15%
FSWs and Truckers in Terai	Nepal Terai [Itahari, Lahan, Hetauda, Narayanghat, Butwal]	1999	Truckers [n=400] FSWs [n=410	FHI,New ERA, SACTS	STD/ HIV	5.30% 18.80%	1.50% 3.90%
FSWs in Kathmandu							
FSWs	Kathmandu Valley	2000	[n=300]	FHI, SACTS	HIV/STI	19.00%	17.30%
FSWs: Street Based	Kathmandu Valley		(n=300)	FHI, SACTS	HIV/STI	NA	15.60%
FSWs: Non Street Based	Kathmandu Valley	2001	(n=200)	FHI, SACTS	HIV/STI	NA	2.50%
Migrants and Migrant Communities							
Migrants in Achham going to Mumbai only	4VDCS.	2001	611	FHI, NewERA	HIV/STI	0.5	7.7%
Migrants in Doti	5 Selected VDCs in Doti	2001	99	JICA	HIV/STI	NA	10.10%
Non Migrants in Doti			50	JICA	HIV/STI	NA	2%
Women in Migrant Communities	Kailali district	2001	890	SAVE/US	HIV/STI	4.27%	0.34%
Migrants in Kailali	VDCs: Sandepani, Darakh	2001	610	FHI, NewERA		1.00%	0.60%
Migrants	Dadeldhura District	2001	141	Dr. Pkhakadze	HIV/STI	NA	0.70%
Non Migrants	Dadeldhura District	2001	162	Dr. Pkhakadze	HIV/STI	NA	0

In Nepal the first cases of AIDS were reported in 1988. Surveillance data is scarce in Nepal; however, limited data indicate that HIV prevalence is currently around 0.3 percent in the general population. As of December 2002, the Ministry of Health (MoH) has reported 624 cases of AIDS and 2,598 HIV infections. Given the existing medical and public health infrastructure in Nepal and the limitations of the national HIV/AIDS surveillance system, it is very likely that the actual number of cases is many times higher.

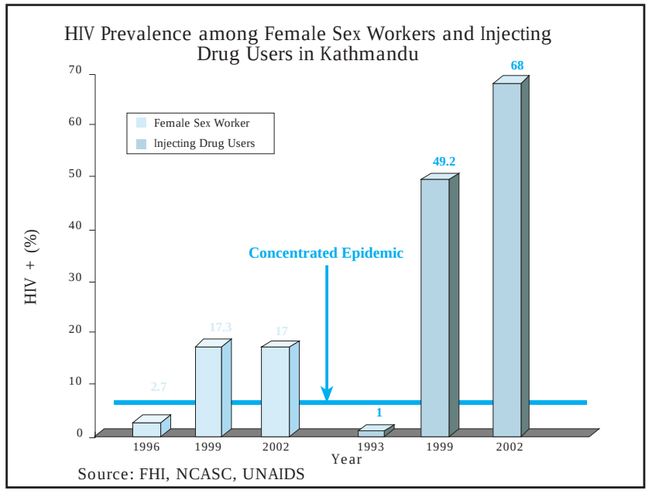


Source: NCASC, cumulative figures



Source: UNAIDS, cumulative figures

Compared with other countries in Asia and the world, available epidemiological data suggests that Nepal has a low prevalence of HIV in the general population. However, the currently seen low prevalence in the general population masks an increasing prevalence in several groups, and new epidemiological data suggest that HIV may be increasing more rapidly than expected in certain sub-groups. In fact it is now apparent that Nepal has entered the stage of a “concentrated epidemic”, i.e. the HIV/AIDS prevalence consistently exceeds 5% in one or more sub-groups. These include IDUs nationwide, FSWs in urban areas, and returning FSWs from India.



Source: FHI, NCASC, UNAIDS

The dynamics of the epidemic are especially dramatic in the Kathmandu Valley where HIV/AIDS prevalence was 2% or below among FSWs and IDUs in the mid-1990s. It has now reached 68% among IDUs in the Kathmandu Valley[2] and is approaching 20% among FSWs, and is over 70% among FSWs who also report being IDUs[3]. Without effective interventions in Nepal, it is predicted that there may well be a generalized epidemic by the end of the decade with an estimated sero-prevalence of 1-2% in the age group 15-49 years. This would make AIDS the leading cause of death in this age group.

The dynamics of the epidemic follow a predictable pattern of a rapid increase in the most vulnerable groups (e.g. FSWs and IDUs), then a spread via “bridge populations” (e.g. clients of FSW, partners of IDUs) into the general population (e.g. partner/wives of clients). The window of opportunity to contain the epidemic in the most vulnerable groups, in which it is currently concentrated, and to prevent a generalization of the epidemic is closing very quickly in Nepal.

2 New Era and FHI, 2002
3 SACTS and FHI, 2002

Sexually Transmitted Diseases

STDs also form a significant part of the epidemic. The STD prevalence rate in women is about 4.7% ranging from 2.7% - 5.4%. Access to STD services is still very poor, especially for women. In addition, the use of condoms for effective infection prevention is not yet commonly known or accepted. Similarly, condoms contributed to only 1.1% of the total contraceptive prevalence rate. More permanent methods of contraception are emphasized, which, places women at a disadvantage while negotiating condom use for infection prevention.

Sentinel surveillance data among STI patients

SN	Sentinel Surveillance 1998					Sentinel Surveillance 1999					Sentinel Surveillance 2000					Sentinel Surveillance 2001				
	Total Sample	HIV + ve (No.)	HIV + ve (%)	Syphilis (No.)	Syp-hilis	Total Sample	HIV + ve (No.)	HIV + ve (%)	Syphilis (No.)	Syp-hilis	Total Sample	HIV + ve (No.)	HIV + ve (%)	Syphilis (No.)	Syp-hilis	Total Sample	HIV + ve (No.)	HIV + ve (%)	Syphilis (No.)	Syp-hilis
1	296	3	1%	7	2%	300	1	0.3%	9	3%	300	1	0.3%	10	3.3%	300	1	0.3	20	6.7%
2	146	0	0%	0	0%	319	1	0.3%	2	0.6%	301	4	1.3%	6	2.0%	301	1	0.3	15	5.0%
3	262	2	0.8%	6	2.3%	302	0	0%	3	1%	304	0	0.0%	3	1.0%	300	0	0.0	3	1.0%
4	296	3	1%	4	1.3%	300	3	1%	4	1.3%	161	4	2.5%	4	2.5%	223	7	3.1	6	2.7%
5	167	3	1.8%	1	0.6%															
6	300	2	0.7%	11	3.6%	300	7	2.3%	7	2.3%	301	20	6.6%	6	2.0%	300	16	5.3	7	2.3%
7	300	13	4.3%	8	2.6%	300	7	2.3%	11	3.7%	299	11	3.7%	4	1.3%	300	25	8.3	5	1.7%
8																48	0	0.0	7	14.6%
9																52	0	0.0	0	0.0%
	1767	26	1.3%	37	2%	1821	19	1%	36	2%	1666	40	2.4%	33	2.0%	1824	50	2.7	63	3.5%

Sentinel sites: 1. AMDA Hospital, 2. Narayani Sub - regional Hospital, Birgunj, 3. Maternity Hospital, Thapathali, 4. Western Regional Hospital, Pokhara I (Private Clinic), 5. Pokhara II (Regional Laboratory), 6. Bheri Zonal Hospital, Nepalgunj, 7. Mahakali Zonal Hospital Mahendranagar, 8. Bir Hospital, Kathmandu, 9. Kathmandu Hospital, Kathmandu

BLOOD SAFETY

Annual collection of blood (1999)	59,843 units
Blood donors	100% non-remunerated volunteers
HIV+ (2001)	Nationwide 0.187% Kathmandu 0.35%

Screening of all blood donations for HIV was initiated in 1992 and according to the National Policy on AIDS control (1995), all donated blood must be screened before transfusion. However, several issues have to be addressed in future to secure a safe supply of blood and blood products in Nepal: a) there is no legislation on blood and blood products, b) there is no quality control/quality assurance system exists as regards blood testing, and c) to increase the cooperation and coordination between the Red Cross Society (which is mandated by the MoH for blood transfusion services) and the MoH (NCASC).

CARE AND SUPPORT, VOLUNTARY COUNSELING AND TESTING

Care and support for HIV/AIDS in Nepal has been an issue of debate since the very beginning of the pandemic reported in Nepal. Although there are policy guidelines, services are virtually non-existent. In reality, People Living With HIV/AIDS (PLWHA) are facing tremendous stigmatization, isolation and neglect from various health institutions and communities.

A few hospitals in Kathmandu (namely Teku Hospital, Bir Hospital, Patan Hospital and Teaching Hospital) have started care and treatment of symptomatic HIV positive people and NGOs like ABC Nepal, WOREC and Maiti Nepal are providing some degree of care and support to PLWHA.

Since health care issues related to PLWHA in the context of Nepal's health system is a new dimension in itself, health workers in this area are not prepared. Future challenges include the development of standard treatment protocols, capacity building among health care providers and the establishment of adequate community based care and support services.

Voluntary Counseling and Testing

The large gap between reported and estimated HIV and AIDS cases indicates that more than 90% of PLWHA in Nepal do not know their sero-status. In Nepal, Voluntary Counseling and Testing (VCT) is provided on an extremely limited scale, and if, only in urban centers. Weak pre-and post-test counseling, difficulties to confirm results, and issues related to confidentiality are common.

NEPAL'S VULNERABILITY TO HIV/AIDS

Poverty, gender inequality, low levels of education and literacy, denial, stigma and discrimination are major contributing factors to HIV vulnerability in Nepal. A national situation analysis[4] identified the following groups as the most vulnerable to HIV/AIDS in Nepal:

Young People

Recent behavioural data indicate the increasing vulnerability of young people to HIV/AIDS as the generational and cultural gap between emerging new values, (group) norms, knowledge and independence on the side of adolescents, and the values, reference points and norms on the side of the older generation is widening. Girls, with their traditionally lower social status sometimes have knowledge about STDs and HIV/AIDS, but no access to means of protection.

A KAPS survey among 1400 young people in seven different districts in Nepal[5] shows that Nepalese teenagers are highly aware of the HIV risk, but that this awareness does not necessarily translate into safe sexual behaviour. Although an overwhelming majority (92%) of teenagers had heard of HIV/AIDS, only 74% of teenagers knew that they should use condoms when having sex, and only two-

4 Pokharel, B. et al (2000): "Situation Analysis of HIV/AIDS in Nepal", Kathmandu
5 UNICEF (2001): "A survey of teenagers in Nepal - for life skills devlopment & HIV/AIDS prevention", UNICEF, Kathmandu

thirds (69%) could say that they should not have sex with commercial sex workers. The study also shows that almost 20% of teenagers considered premarital sex as proper. One in five boys and nearly one in 10 girls interviewed had had a sexual experience. 65% of boys said that they had used condoms; while 74% of girls said that their partners used a condom during sexual intercourse. Unprotected sex led to a 14% pregnancy rate and a 22% STD infection rate in boys and 13% rate in girls. Pregnancy rates were high in districts where girls were pressured into having sex. The number of boys who had had sex was far higher than the number of girls. Furthermore, the survey showed that 13% had taken drugs, however only 5.4% injected drugs.

A survey among young factory workers[6] revealed that awareness about family planning methods is high but correct knowledge is low; that the vast majority of young factory workers do not perceive themselves at the risk of getting HIV/AIDS; and that sexual activity among unmarried girls and boys and sex with a non-regular partners is common.

Mobile Populations

Economic migration, both internal and external is not a new phenomenon in Nepal. Estimates range from 1.5 to 2 million Nepali who work outside the country, 1 million alone in different parts of India. Although information is limited about behaviour of labour migrants in their respective host countries, the assumption is that a considerable number of them are clients of sex workers during their long absence from their families.

In the beginning of 2001 a study was conducted in Doti district[7] in the far-western region, which found that 10% of male migrants returning from Mumbai (India) were HIV positive. Since then results from three other studies from the same region have been published. As the sample size of the studies done in Achham and Kailali is approximately six times larger than the Doti study, they are statistically more representative. These two studies clearly indicate the important relation between the migration destination and HIV status of returning labour migrants.

40% of the respondents in the Achham study migrated internationally and of these 38% migrated to Mumbai only, the rest migrated to other states in India. Among the international migrants from Achham going to Mumbai 7.7% were found HIV+. This is due to the fact that the HIV prevalence in particular among the FSWs in Mumbai is very high. Although returning migrants from other destinations show a relatively low HIV seroprevalence (e.g. migrants from Kailali to Uttar Pradesh 0.6%). This situation may change rapidly as the epidemic is spreading fast in many Indian States.

Female Sex Workers

Due to their highly marginalized status in society, FSWs have little access to accurate information about reproductive health and STIs. Cultural, economic and social constraints limit their access to legal protection and to medical services.

6. Puri, M. (2001): "Sexual risk behaviour and risk perception of unwanted pregnancies and sexually transmitted diseases among young factory workers in Nepal", CREHPA, Kathmandu
7. Poudel, K.C. et al. (2001): "HIV/STIs risk behaviours among migrants and non-migrants in Doti district", JICA, Kathmandu

A survey by Family Health International in 1999 among FSWs[8] and truckers along the highway routes in the Terai of Nepal showed that 75% of the truckers had had sex with a sex worker and that only 70% of the truckers had used a condom at the last sexual encounter. The survey showed that the STD prevalence among the truckers was 10.2% whereas the HIV prevalence was 1.5%.

As regards FSWs, 69% of clients were truckers and 51% migrant workers. Only 40% had used a condom at the last sexual encounter. Overall, HIV prevalence among sex workers was 4%, but 50% among sex workers who had previously worked in Mumbai (India).

A similar behavioral surveillance survey covering 16 districts was done in September/October 2001 by New Era and FHI with a total no of 1400 (400 FSWs, 400 Male transport workers and 600 industrial workers, police and rickshawaalas).

This survey confirms that condom use as reported by the FSWs and the male groups, has markedly increased both in terms of 'last time use' and 'consistent use'. 60% of transport workers report that they use condoms consistently with sex workers, while few labourers (45%) report the same. Furthermore, more men are reporting sex with sex workers. After years of decrease, the percentage of men in both sub-population groups who report having sex with sex workers in the past year has dramatically increased- from 42% of transport workers in 2000 to 61% in 2001 and 10% labourers in 200 to 30% in 2001.

Men Who Have Sex with Men (MSM)

Nepal's public self-image is that of a country where homosexuality does not exist. Only recently small surveys have reported that sex between men seems to be relatively common, particularly within Kathmandu[9] . In this marginalized community many of the men engaged in casual sex with other men neither have the knowledge, nor practice safe sexual behaviour when having sex with their MSM partners. Furthermore, it has been found that many men engaged in the MSM community are also married, putting their spouses at high risk of being infected with HIV.

Injecting Drug Users

Nepal was the first developing country to establish a "harm reduction" programme with needle exchange for IDUs and was until recently considered as an example of how early interventions could prevent the spread of HIV/AIDS in this community. Unfortunately, this perception proved to be misplaced. Due to the limited coverage of interventions, HIV spread undetected among IDUs and a rapid assessment in 1999[10] showed an HIV prevalence among IDUs nationwide of 40% and 50% in the Kathmandu Valley. Furthermore a recent survey has revealed that the prevalence rate has risen to 68% among IDUs in Kathmandu[11].

8. FHI (1999): "STD and HIV prevalence survey among female sex workers and truckers on highway routes in the Terai, Nepal, FHI, Kathmandu
9. Pant, S. (2001):"Report on the first outreach training workshop for men who have sex with men in Nepal", Blue Diamond Society, Kathmandu
10. NCASC
11. New Era and FHI, 2002

ISSUES FACING THE RESPONSE IN NEPAL

As the development of the epidemic has rapidly changed in the last three years, neither the public sector, nor communities were prepared to address the needs of marginalized and stigmatized groups, whose access to services and information was already restricted. Denial of the seriousness of the epidemic is still common, and recent data[12] show a very low level of HIV awareness and risk perception, especially among women. Moreover, the social environment needed for successful interventions is far from supportive. Common reactions include stigmatization and exclusion, which inhibit effective targeted risk and harm reduction interventions.

Main issues, which need to be addressed, are:

- Competing development priorities
- Weak multisectoral involvement
- Gender inequality and related vulnerability to HIV/AIDS
- Scattered interventions with low coverage
- Significant gaps in research particularly relating to the sexual behaviour/cultures of labour migrants and construction of gender roles among Nepalis.

For Nepal, a generalized epidemic with high mortality in the productive age group would start a “vicious circle”. The impact would increase poverty and vulnerability. This increased vulnerability would lead to more HIV infections and a higher impact. Besides the negative impact on socio-economic development and the loss of productive life, the burden of disease would change dramatically over the next 10 years and would further stress the health sector and local communities.

THE RESPONSE TO HIV/AIDS IN NEPAL

Policy

In 1988, HMG/Nepal launched the first National AIDS Prevention and Control Programme. This programme, known as the Short-Term Plan for AIDS Prevention and Control, formed the basis for the First Medium Term Plan 1990-92. This programme was externally reviewed in December 1992 and on the basis of the recommendations made during the review, the Second Medium Term Plan for AIDS Prevention and Control in Nepal was formulated covering the years 1993-97.

In 1993, HMG/Nepal accepted the need for multi-sectoral involvement for AIDS and STD control and different focal points were appointed in various sectoral ministries. HMG/Nepal adopted a national policy for AIDS prevention, with 12 key policy statements, in 1995. However, due to frequent political changes neither the National AIDS Coordination Committee, nor the multisectoral coordination and cooperation was fully functional.

12. UNICEF 1994-1999

The National Policy on AIDS and STD Control

1. HMG will give high priority to HIV/AIDS and STD prevention programmes.
2. HIV/AIDS and STD Prevention activities will be conducted as multisectoral programmes.
3. HIV/AIDS and STD prevention activities will be implemented on the basis of decentralization at village, district and regional level.
4. HIV/AIDS and STD prevention activities will be implemented through both governmental and non- governmental sectors.
5. HIV/AIDS and STD prevention activities will be integrated with other programs both in governmental and non-governmental sectors.
6. HIV/AIDS and STD prevention activities will be coordinated, followed up and evaluated incessantly in both governmental and non-governmental sectors.
7. Safer sexual behaviour will be promoted.
8. Counseling and other services will be provided to PLWHA.
9. Discrimination on the basis of HIV status will not be done to people with HIV/AIDS.
10. Results of the blood test carried out for AIDS and STD prevention programme will be kept confidential.
11. The reports of the blood tests will be made available to National Center for AIDS and STD control by fastest means.
12. All the donated blood will be screened before transfusion.

Institutional Framework

In an effort to strengthen the implementation of the national HIV/AIDS prevention and control strategies, Nepal has established a National AIDS Council (NAC) under the chairmanship of the Rt. Honorable Prime Minister.

The structure of the NCASC divides responsibility for dealing with the disease into three main sections. The Technical Section is responsible for surveillance, technical assistance, research, planning supervision and evaluation of health workers. The STD Section concentrates on control of STDs including infection with HIV and has responsibility for condom promotion. The Preventive Section has subsections to address IEC, training, counseling and NGO coordination. However, this will change as the newly endorsed National HIV/AIDS strategic plan envisages a restructuring of the NCASC.

As the Ministry of Health is leading the response, HIV/AIDS is still perceived as a “medical” issue with limited involvement of other ministries. Moreover, the NCASC traditionally had more of an implementing role and its limited capacity is absorbed in various activities, leaving less time and energy for management (coordination) functions. The NCASC cooperates closely with a number of individual, externally funded projects and INGOs.

Strategic Framework

Based on the National Policy, a “Strategic Plan for HIV and AIDS in Nepal”, covering 1997 to 2001 was developed and adopted. It aimed at operationalizing the

national policy and to define key activities for each policy objective. Although the strategic plan contained a number of activities aimed at the prevention of a rapid spread of the epidemic, only a limited number of them were actually implemented. The strategic plan sought to broaden the response to other sectors beyond health and integrate HIV/AIDS concerns within them. Factors relating to mobility of populations, urbanization, heavy labour migration to areas where large infrastructure projects are being undertaken, the open border between Nepal and India and widespread poverty have been recognized as opportunities for the spread of the infection in the country.

On the 3 October 2002 the National HIV/AIDS Strategy 2002 – 2006 was endorsed by the National AIDS Council chaired by the Rt. Honorable Prime Minister. The overall objective of Nepal's strategy for HIV/AIDS is to contain the HIV/AIDS epidemic in Nepal. The vision of the National Strategy is to expand the number of partners involved in the national response and to increase the effectiveness of the response. It will do this by focusing on activities within priority areas thereby optimizing prevention and reducing the social impact of HIV/AIDS in the most cost-effective manner.

The strategy emphasises prevention as the mainstay for an effective response. It also highlights the need for care and support for people infected and affected by HIV/AIDS. This is not only important in it's own right, but it is also an important contribution to effective prevention. Considering the dynamic nature of the HIV/AIDS epidemic, the strategy acknowledges the importance of accurately tracking the epidemic and monitoring the effectiveness of interventions. In the strategy five priority areas are clearly identified:

1. Prevention of STIs and HIV infection among vulnerable groups.
2. Prevention of new infections among young people.
3. Ensuring care and support services are available and accessible for all people infected and affected by HIV/AIDS
4. Expansion of a monitoring and evaluation frame through evidence based effective surveillance and research.
5. Establishment of an effective and efficient management system for an expanded response

Recent developments:

- The National AIDS Council chaired by the Rt. Honorable Prime Minister met on the 3 October 2002 and endorsed the National HIV/AIDS Strategy 2002-2006.
- A costing exercise for the National HIV/AIDS strategy has been completed and the resource requirement for the National HIV/AIDS Strategy has been estimated to be approximately USD 50 Mill. for the period 2003-2006.
- In March 2002 the Federation of Nepalese Chambers of Commerce & Industry signed a declaration of commitment on HIV/AIDS as well as signed an MOU with the Asian Business Coalition on AIDS.
- Substitution guidelines were finalized.

EXTERNAL PARTNERS

A number of donors, multilateral, bilateral and international/national NGOs are supporting and promoting various initiatives aiming at preventing the spread of the epidemic in Nepal. The interventions are mainly in the area of targeted interventions for vulnerable groups, IEC, condom promotion, STD control, testing and counseling, surveillance, and operational research.

WHO

Prior to 1996, WHO was supporting the NCASC through the extra budgetary funds available through the Global Programme on AIDS (GPA) of WHO. Since then WHO has been providing support through country budgetary funds allocated for Nepal. In 2002/2003 the main areas of WHO support identified are: Essential prevention and care packages for control HIV/AIDS and STDs; second generation surveillance and intensified IEC and advocacy campaigns[13] .

UNICEF

HIV/AIDS is one of the five priorities of UNICEF's global Medium Term Strategic Plan. In Nepal, the aim of UNICEF assistance in the 2002-2006 Country Programme is to support the implementation of the national strategic plan, through strengthening the capacities of duty bearers to prevent HIV infection-particularly amongst young people and to care for children living in families affected by HIV/AIDS. The major support strategies include actions which, 1) prevent HIV infection amongst young people through expanding access to information, life-skills based education, and youth friendly health services 2) prevent HIV infection through mother-to-child transmission 3) ensure protection, care and support for orphans and children in families made vulnerable by HIV/AIDS 4) build an enabling environment to support an effective response to HIV/AIDS, particularly in the 15-25 focus programming Districts.[14].

UNFPA

Like previously, UNFPA has integrated HIV/AIDS/STD related issues in the various reproductive health programmes in its new country programme (2002-2006) and is planning to support the implementation of the National HIV/AIDS Strategy by developing networks for management of HIV and sexual health services, increasing the offer of testing for HIV thereby ensuring earlier access to counseling. Furthermore, UNFPA provides the bulk of the condom programming at all levels of the health delivery system. It also contributes to the essential STD drugs at the health centre level. HIV/AIDS/STD prevention messages have been included in the IEC materials produced for reproductive health and HIV/AIDS has also been incorporated in the population education programme both within the formal and non-formal sector.

UNDP

UNDP together with UNAIDS has recently started a pilot project with the title: 'Decentralized Transformative Approaches to HIV/AIDS'. The objective of the project is to provide value-added transformative approaches focused on leadership development, decentralized planning and implementation and a 'Leadership for

13. WHO (2001): HIV/AIDS Work Plan for 2002-2003 Nepal
14. UNICEF (2002): Master Plan of Operations 2002-2006.

Results' media campaign. The pilot project aims at creating an enabling environment and leadership base to achieve sustainable results in the reversal of the HIV/AIDS epidemic. Further to this UNDP has included HIV/AIDS as a new component in the Rural Urban Partnership Programme (RUPP) and has employed a full time staff to mainstream the issue into the programme. Additionally the UNDP regional office is also implementing a few HIV/AIDS related programmes in Nepal (The Digital Broadcast for Development).

ILO

ILO is the lead agency for the "private sector initiative", supported by the UN Theme Group in Nepal. An HIV/AIDS training tool kit is being developed and will be printed and distributed to the corporate sector and trade unions as well as other development partners. Additionally, the ILO/IPEC sub-regional programme to combat trafficking of children also includes HIV/AIDS related activities.[15]

AusAID

AusAid is one of the partners in the multi-donor programme, the Nepal Initiative, providing technical assistance. Additionally, AusAid is providing funding to several local NGOs for HIV/AIDS prevention activities.

USAID

Beginning in 1993, USAID has emerged as on of the strongest players supporting HIV/AIDS prevention in Nepal. The support is provided through NCASC and the NGO sector. The main focus has been work in sixteen Districts on the Birgunj-Katmandu highway and along the east- west highway. USAID also supports the national condom social marketing programme across the country.

DFID

DFID is the major contributor to the multi-donor programme, the Nepal Initiative. Furthermore DFID has pledged support for the implementation of the new national strategy.

National and International NGOs (INGOs)

Currently more than 50 NGOs/INGOs are working in the area of AIDS prevention in Nepal. Most of the INGOs implement their programmes with funds received from various donors. Prominent among them are: AIDSCAP/Family Health International (FHI) Nepal, Save the Children/US (SCF/US), Save the Children/United Kingdom (SCF/UK), CEDPA, UMN, Asia Foundation and Redd Barna. Many of them act as intermediary organizations and further subcontract the work to local and national NGOs. Although in terms of financial and human resources, the international assistance has contributed substantially to the national response, interventions have been spread all over the country, thus preventing an effective targeted response with high coverage.

The UN Theme Group on HIV/AIDS in Nepal

The UN agencies, which cosponsor UNAIDS and who are present in Nepal (UNDP, UNICEF, UNFPA, ILO, WHO, UNHCR, UNESCO and the World Bank) as well as other UN agencies represented in Nepal (FAO and WFP) meet regularly as the "United Nations Theme Group on HIV/AIDS". Members also include the government (NCASC and national Planning Commission), and on specific occasions external development partners.

Main objectives of the UN Theme Group on HIV/AIDS in Nepal are:

- To support an expanded national response
- To facilitate and support new partnerships
- To jointly advocate for a sustained broad response at all levels
- To jointly design and implement programmes in support of the national response.

Major achievements in the last years were:

- Continuous advocacy
- Corporate Sector Initiative operationalized
- FNCCI signed a Declaration of Commitment on HIV/AIDS with the support of the UN Theme Group on HIV/AIDS
- The National HIV/AIDS Strategy has been costed

The Nepal Initiative

A consortium of multi-and bilateral donors (UNAIDS, UNDP, USAID, DFID, AusAid), with FHI as the executing partner, joined forces in 2001 to collaborate with the NCASC to address the urgent risk and harm reduction needs of FSWs, their clients and IDUs in a phased approach. The Nepal Initiative has seeked to expand the HIV harm and risk reduction services for FSWs, their clients and IDUs. Components of the harm/risk reduction include behaviour change communication, social marketing of condoms, harm reduction equipment, STD treatment, access to clean needles and syringes, and substitution therapy. At the same time "support" services such as drug counseling, HIV care and support, voluntary HIV testing and counseling is being established. The Nepal Initiative in its current form came to an end on December 31, 2002.

THE WAY AHEAD

Nepal faces multiple challenges in effectively addressing the epidemic. These include the following:

- Continued high level leadership and multisectoral involvement
- Operationalization of the National HIV/AIDS Strategy 2002-2006
- Resource mobilization
- Strengthening of management and coordination mechanisms to ensure an expanded response
- Establishment of a bridging mechanism from the Nepal Initiative to the response envisaged in the National HIV/AIDS Strategy 2002-2006
- Institutionalisation of a nation wide 2nd generation surveillance system
- Scaling-up of interventions targeting on the most vulnerable groups
- Care and support for PLWHA including availability of VCT services
- General awareness and destigmatization

15. ILO (2002): Fact Sheet on HIV/AIDS in the world of Work in Nepal