

३८औं

विश्व एड्स दिवस

34th

World AIDS Day 2021



“असमानता हटाऔ, एड्स अन्त्य गरौ”

“End Inequalities, End AIDS”



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

Contents

HIV Epidemic Update of Nepal	3
Diagnosed HIV Cases in Nepal	5
HIV Testing and Counselling (HTC)	7
HIV Care and Antiretroviral Therapy (ART) Services in Nepal	9
Prevention of Mother to Child Transmission (PMTCT) in Nepal	17
HIV and STI Surveillance	19
Targeted Interventions among Key Populations in Nepal	21
Routine HIV program status during COVID-19 pandemic in Nepal	25

HIV Epidemic Update of Nepal



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%.

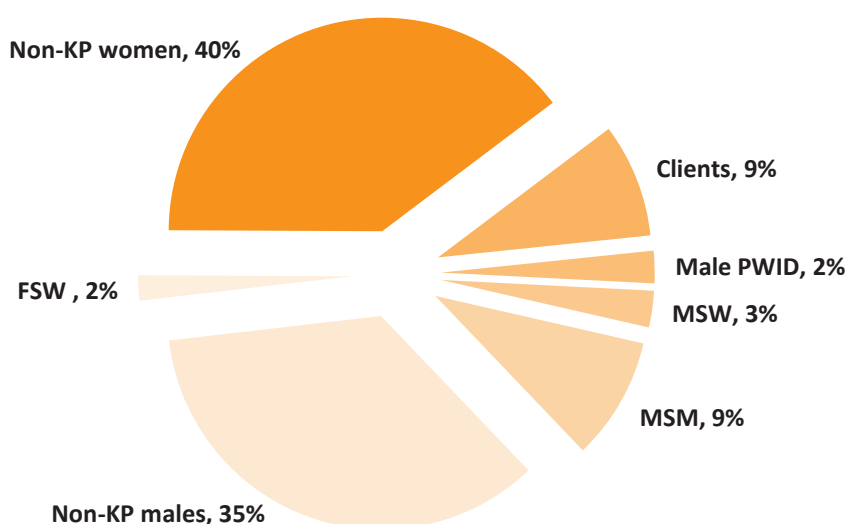
Key Population in Nepal

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	30,300
Total Male	16,314
Total Female	13,986
Children (0-14 years)	1,268
Adult (15-49 years)	20,137
Adults (50+ years)	8,895
Adult HIV prevalence (15-49 years)	0.13%
Estimated new HIV infection in 2020	754

Source: National HIV Estimates, 2020

Figure 1. Distribution of People Living with HIV (15 years and above), 2020



FSW: Female Sex Workers; PWID: People who Inject Drugs; MSW: Male Sex Workers; MSM: Men who have Sex with Men; KP: Key Population.

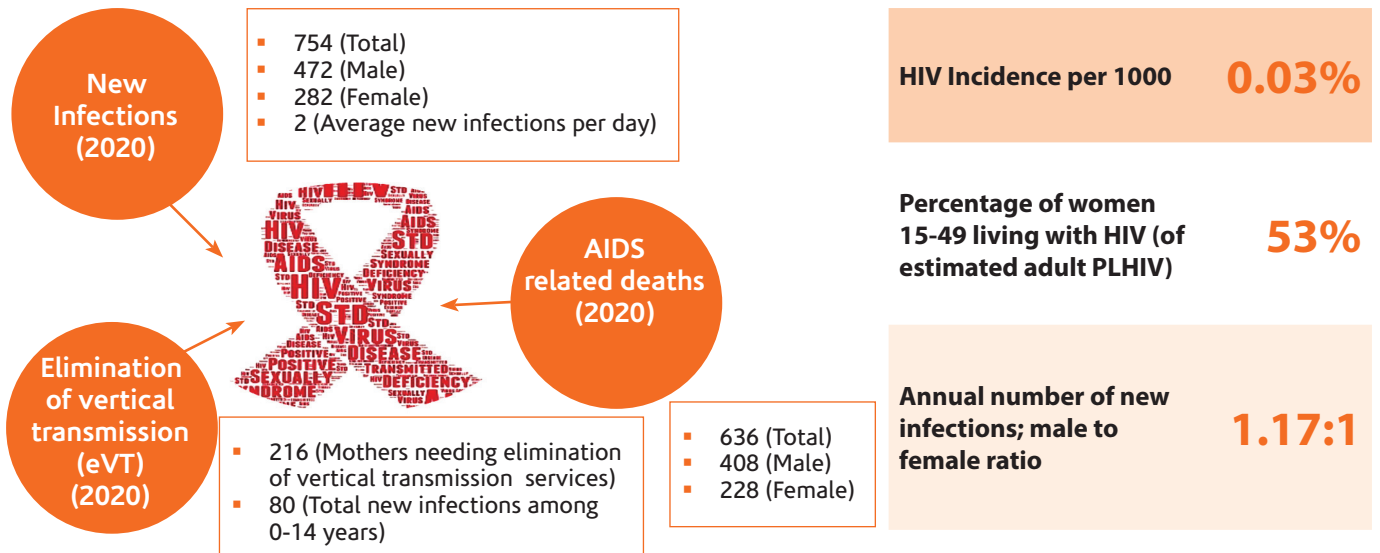


Figure 2. Trend of HIV prevalence among adult population (15-49 Year) 1985-2020

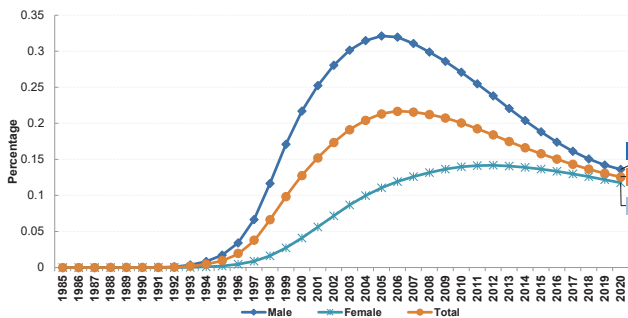


Figure 3. Estimated number of HIV infections by age group, 2020

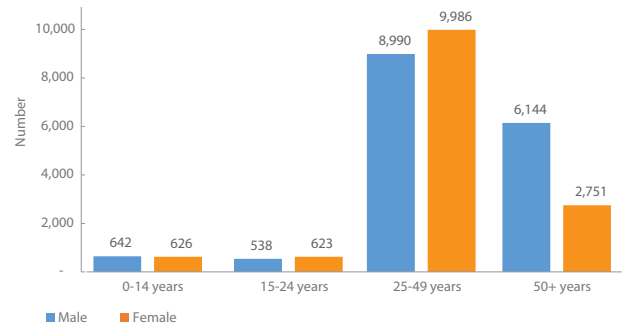


Figure 4. Trend of new HIV infections and deaths 2019 (1985-2020)

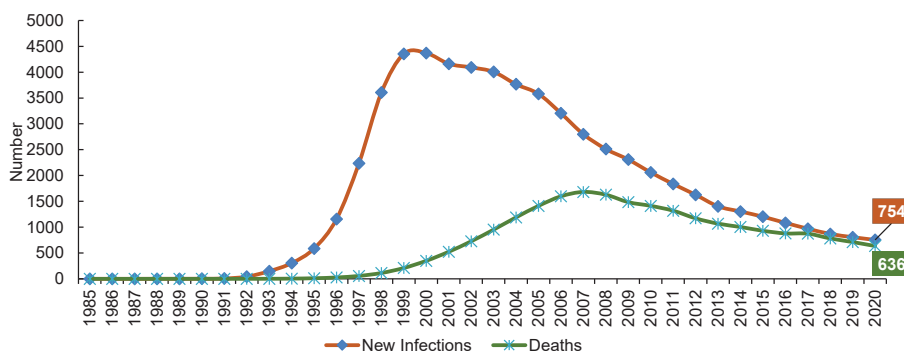
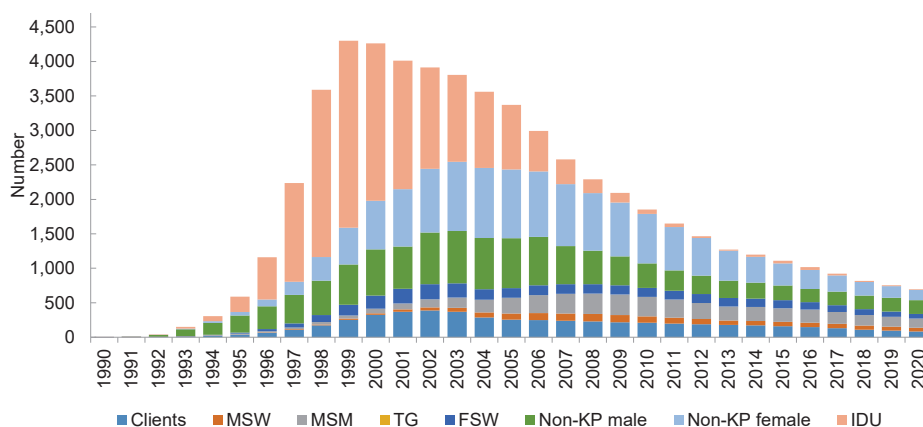


Figure 5. Trend of mode of transmission of HIV infections (1990-2020)



Diagnosed HIV Cases in Nepal



Table 1: Reported HIV cases, as of 15 July 2021

	Male	Female	Transgender (TG)	Total
Ever Reported Cases	24487	15269	585	40,341
Alive PLHIV	12825	12013	376	25,214

Source: Routine program data (IHMIS/DHIS2 and Partner organizations reporting system), 2021

Table 2: Ever Reported HIV Infections by Sub-Group and Gender as of 15 July 2021

Risk Groups	Male	Female	TG	Total	%
Sex Workers (SW)	350	2136	184	2670	6.6%
People who inject drugs (PWID)*	3242	113	9	3364	8.3%
Men who have sex with Men (MSM)**	1158	6	367	1531	3.8%
Blood and blood products	97	43	4	144	0.4%
Clients of SWs	12093	219	7	12319	30.5%
Migrant Workers***	4199	374	3	4576	11.3%
Spouse/Partner of Migrants	274	3177	4	3455	8.6%
Others****	3074	9201	7	12282	30.5%
Total	24487	15269	585	40341	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"

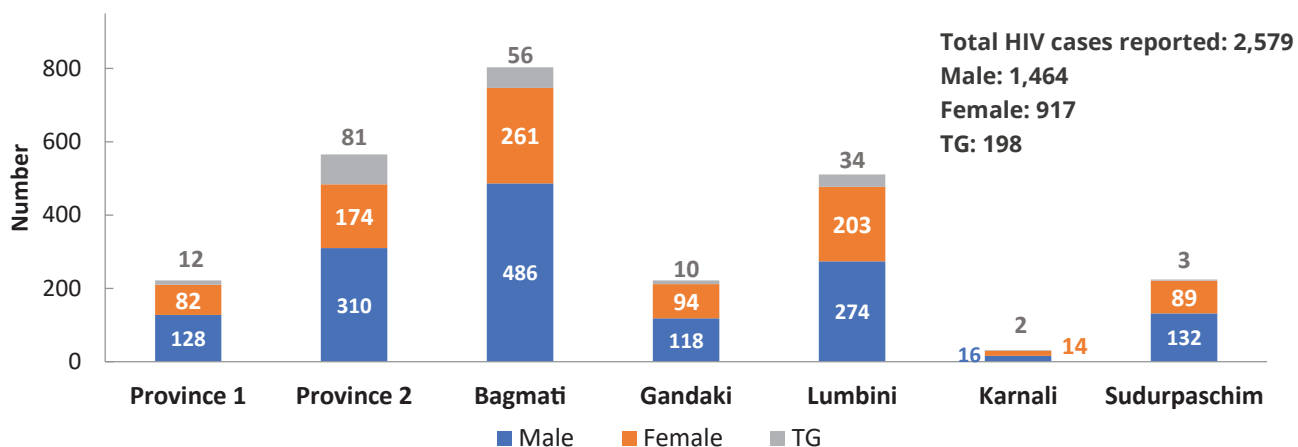
Source: Routine program data (IHMIS/DHIS2 and Partner organizations reporting system), 2021

Table 3: Ever Reported HIV Infections by Age Group and Gender as of 15 July 2021

Age Group (Years)	Male	Female	TG	Total	%
0 - 4	564	369	0	933	2.3%
5 - 9	657	451	0	1108	2.7%
10 - 14	358	267	0	625	1.5%
15 - 19	620	587	43	1250	3.1%
20 - 24	2550	1994	158	4702	11.7%
25 - 49	17807	10629	362	28798	71.4%
50 - above	1931	972	22	2925	7.3%
Total	24487	15269	585	40341	100.0%

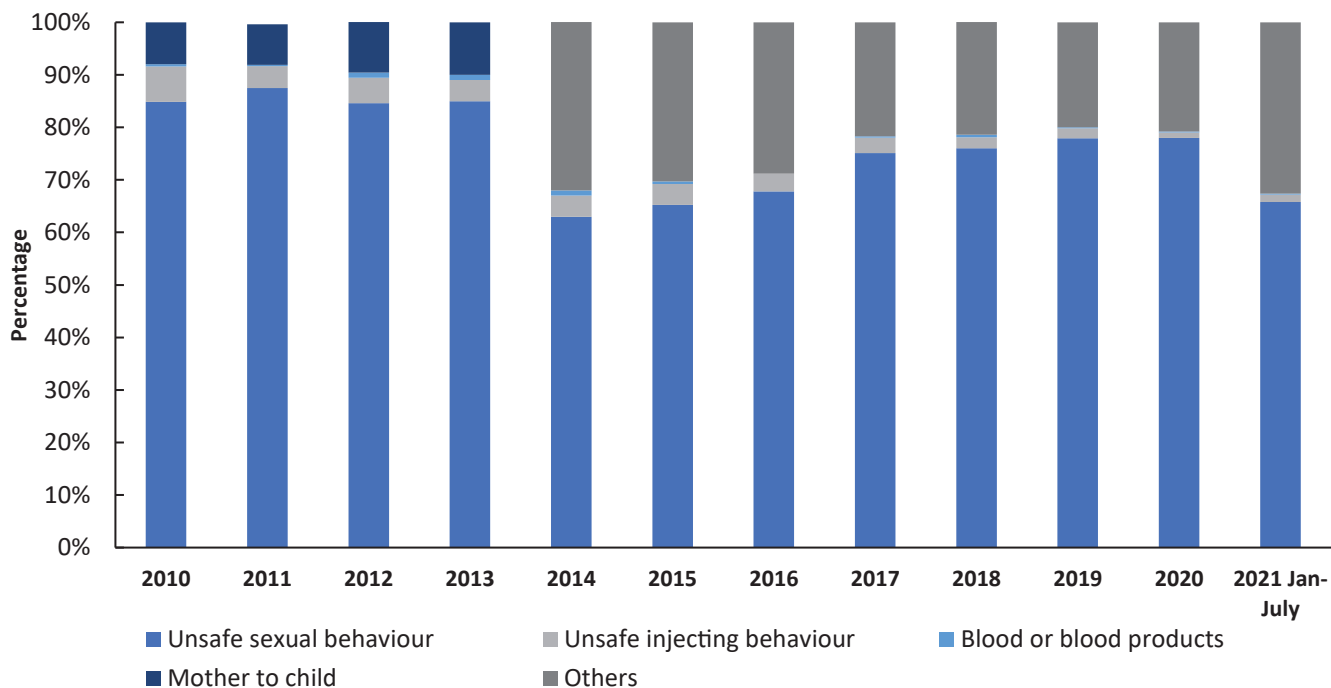
Source: Routine program data (IHMIS/DHIS2 and Partner organizations reporting system), 2021

Figure 1. Distribution of Reported HIV Cases by Province and Gender (FY 077/78)



Source: Routine program data (IHMIS/DHIS2 and Partner organizations reporting system), 2021

Figure 2. Reported HIV Cases by Mode of Transmission in Nepal, 2010-2021 July



Source: Routine program data (IHMIS/DHIS2 and Partner organizations reporting system), 2021

HIV Testing and Counselling (HTC)



Overview

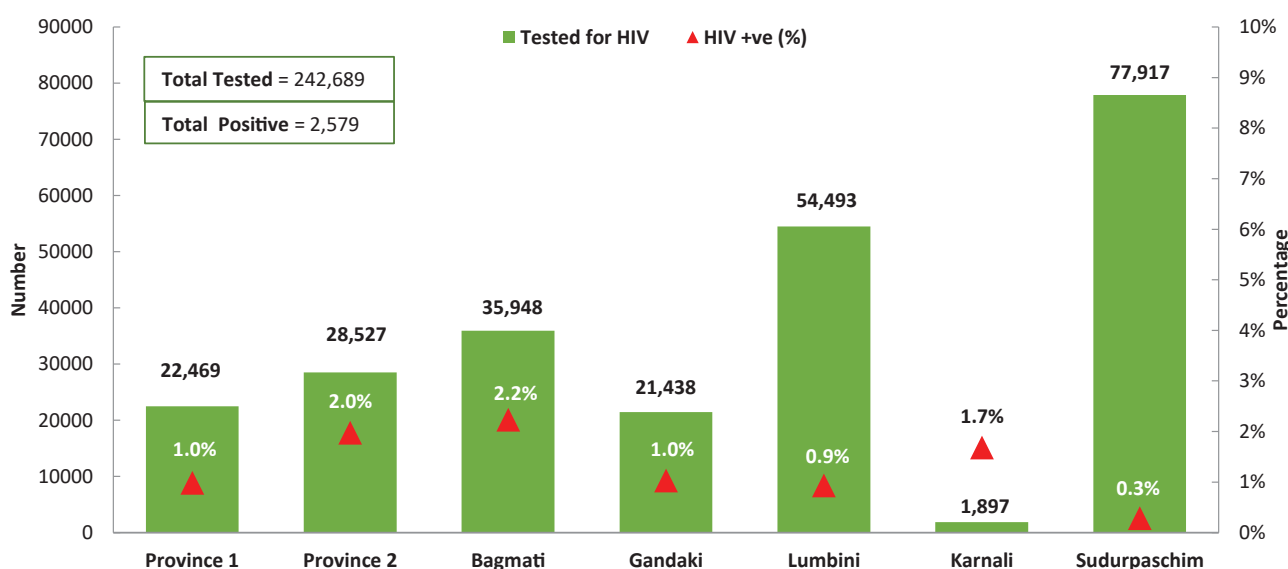
HIV Testing and Counseling service was first started in Nepal in 1995. HIV Testing and Counseling is the entry point for overall HIV care services. It is provided free of cost to the key populations at higher risk and general population all over the country. Nepal's HIV testing and counseling services 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 077/78 - MSM and TG: 26, PWID: 28, FSW:19 and Prison Inmates: 12). There are 189 service sites providing HIV testing and counseling, including 147 government sites as of July 2021.

Table 1: HIV Testing and Counselling 2011 - 2021 (Jan-July)

Indicators	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021 (Jan-July)
Tested for HIV	95,501	120,450	139,566	116,439	164,051	173,195	294,324	265,055	204,834	103,742	109,986
HIV positive	2,060	2,433	2,426	1,907	1,610	2,144	1,842	2,226	2,796	2,313	1,587

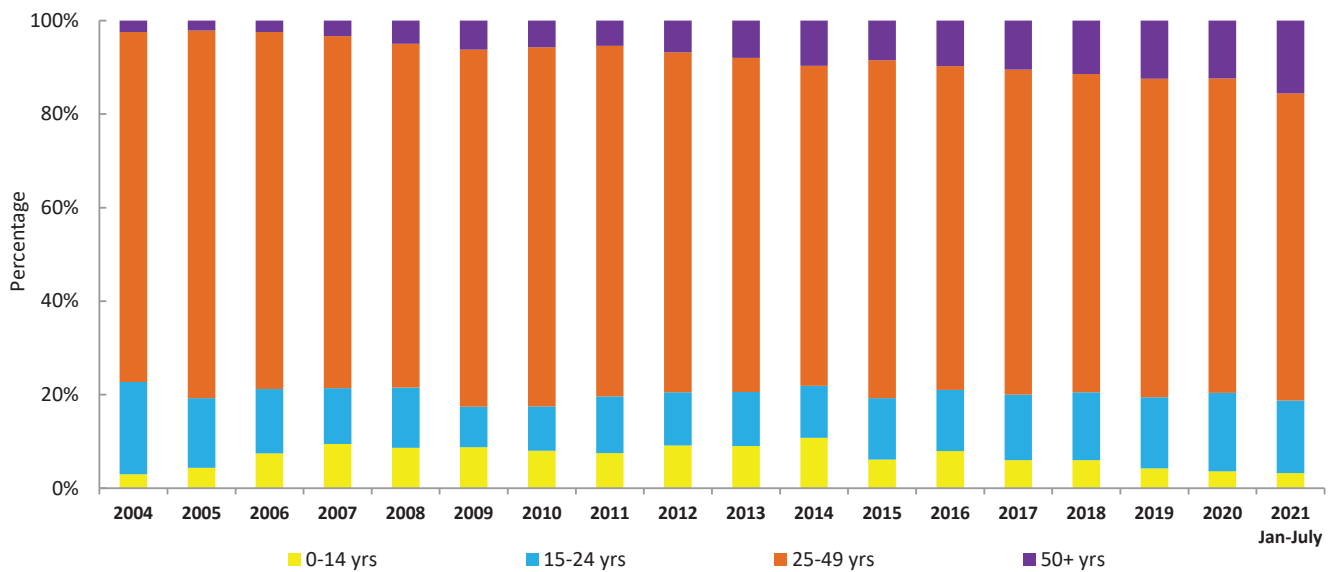
Source: Routine program data (IHMS/DHIS2 and Partner organizations reporting system), 2021

Figure 1. HIV Testing and Yield Proportion by Province in Nepal (FY 077/78)



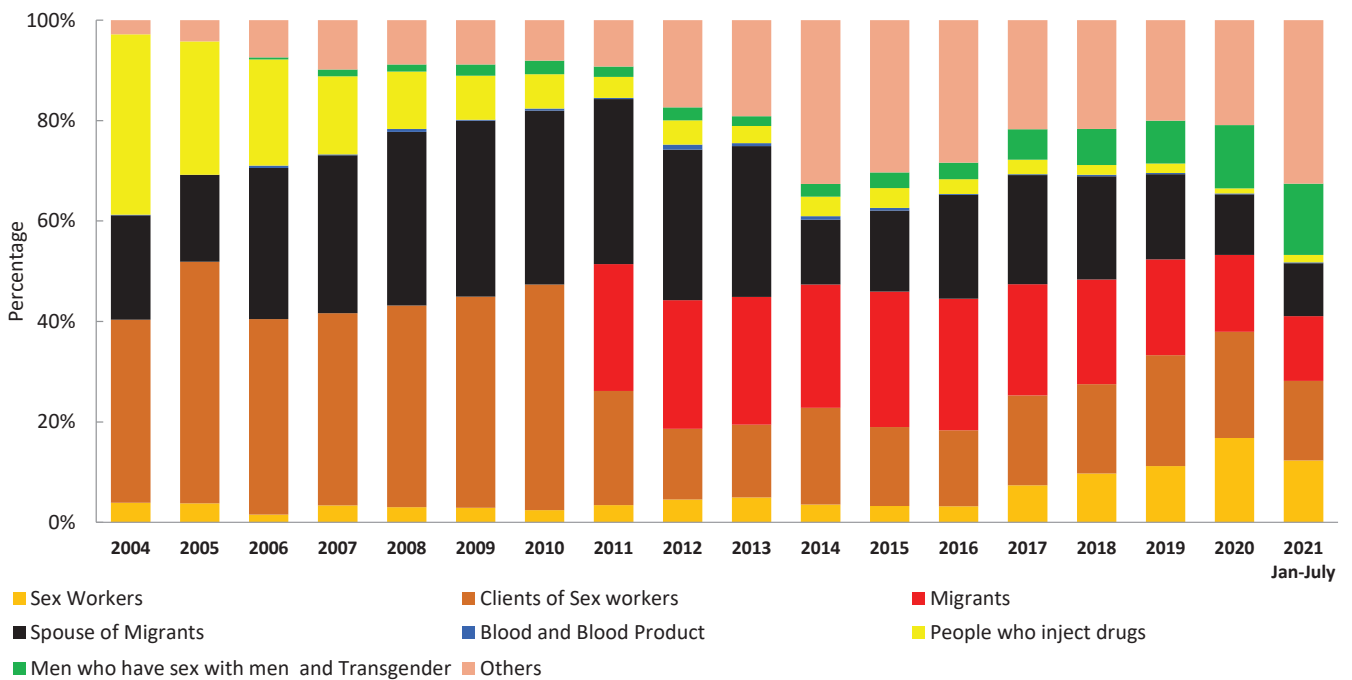
Source: Routine program data (IHMS/DHIS2 and Partner organizations reporting system)

Figure 2. Reported HIV Infections by Age Group: 2004 -2021 (Jan-July)



Source: Routine program data (IHMIS/DHIS2 and Partner organizations reporting system), 2021

Figure 3. Reported HIV Infections by Risk Groups, 2004 - 2021 (Jan-July)



Source: Routine program data (IHMIS/DHIS2 and Partner organizations reporting system), 2021

HIV Care and Antiretroviral Therapy (ART) Services in Nepal



Overview

ART services 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 2021, there are 83 ART (inclusive of 2 newly established ART sites – Damak Hospital, Jhapa and Rampur Hospital, Palpa) sites and 45 ART Dispensing Centers (ADC) in 76 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 testing and treatment services 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 services available from 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 main objective of system is to record individual level data of HIV testing and treatment services and use of biometric system also helps in eliminating duplication of client throughout the system. NCASC has also developed YouTube videos of HIV Care and ART Tracking System and disseminated through YouTube channel: 'HIV Care and ART Tracking System Nepal: <https://www.youtube.com/channel/UCO3Dq5vnPPSYxGb9qEhq2hA>' to support the users about using the information system.

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 HIV treatment services. mHealth aims to support HIV treatment and improve retention in treatment.

Biometrics

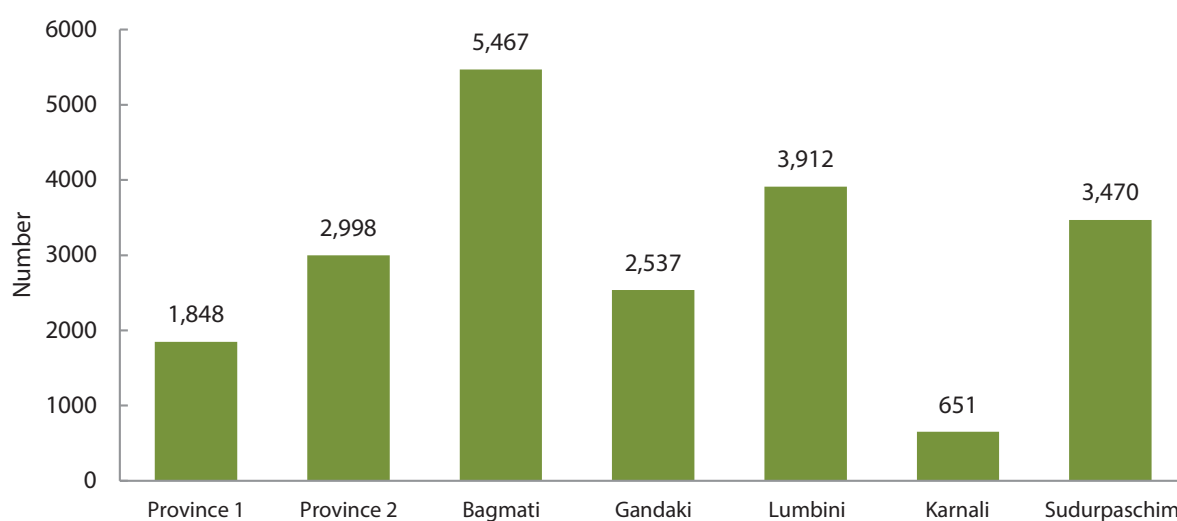
Biometric system interlinked with the DHIS2 Tracker system, which makes it easier to determine whether the client is new or already registered in the system, and thereby retrieve and add information instantly. The Biometric System also helps avoid the issue of double counting of clients and link medical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

To integrate data of HIV prevention, testing, care and support services into existing information system, NCASC with support from FHI 360/EpiC and Save The Children has developed information system for remaining components and piloted in Bhaktapur district. This system has been developed with an aim to ensure recording and reporting of disaggregated HIV-related data by ensuring one national HIV Information system. The developed system is rolled out in six provinces of Nepal. Currently efforts are ongoing to integrate reporting of monthly data of prevention, testing, care and support services managed by different partners into national IHMIS/DHIS2.

Table 1. Facts on ART, as of FY 2077/78

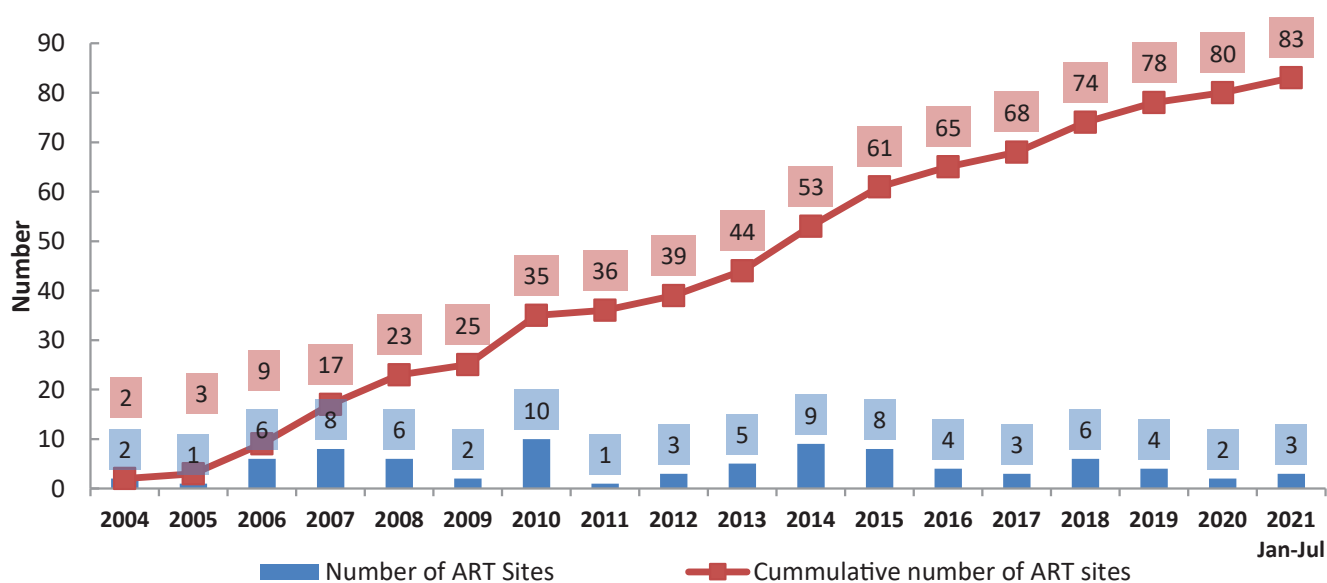
Indicators	Value
Total PLHIV currently on ART	20,883
Adult Male (15+ years) currently on ART	10,144
Adult Female (15+ years) currently on ART	9,292
Transgender (15+ years) currently on ART	277
Child (0-14 years) currently on ART	1,170

Figure 1. People on ART by Province as of FY 2077/78



Source: IHMIS/DHIS2 Routine program data, FY 077/78

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



Multi-month Dispensing of ARV Drugs

Multi-month dispensing (MMD) 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 ARV 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 multi-month dispensing of ARV drugs during the reporting period (Jan-Nov 2021)

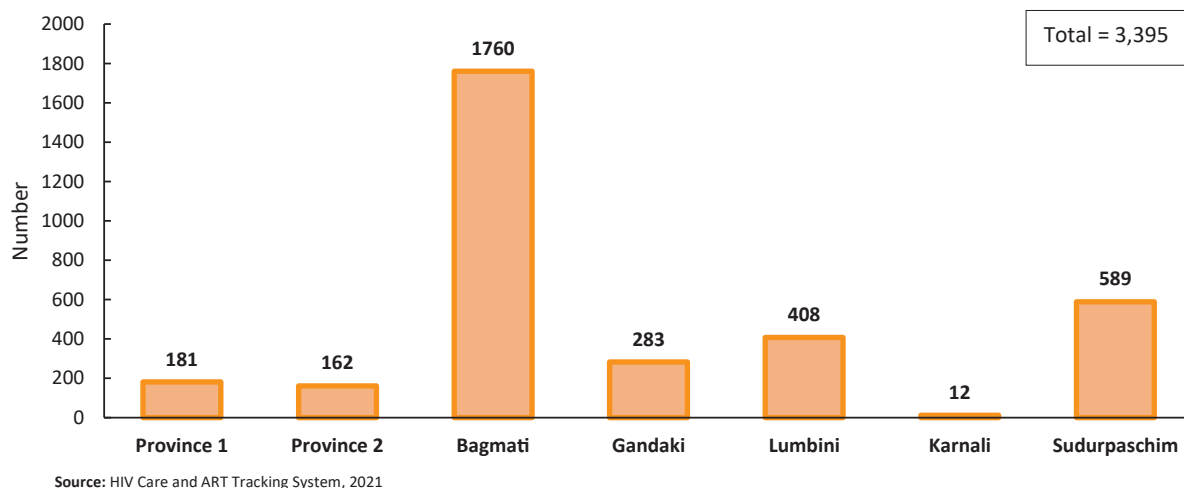


Figure 4. Age wise distribution of clients receiving MMD of ARV drugs during the reporting period (Jan-Nov 2021)

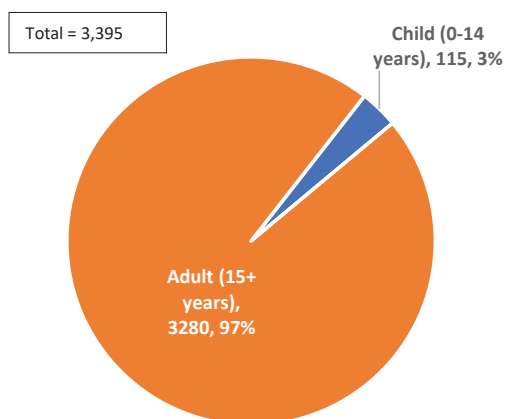


Figure 5. Gender wise distribution of clients receiving MMD of ARV drugs during the reporting period (Jan-Nov 2021)

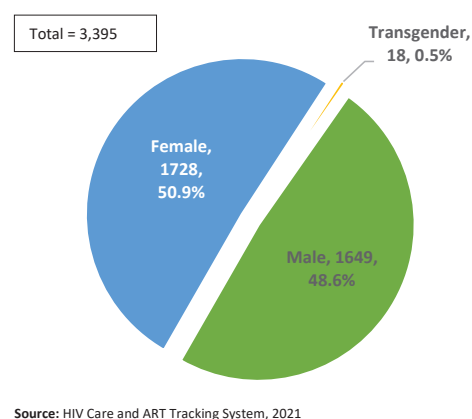


Figure 6. HIV Testing and Treatment Cascade (FY 2077/78)

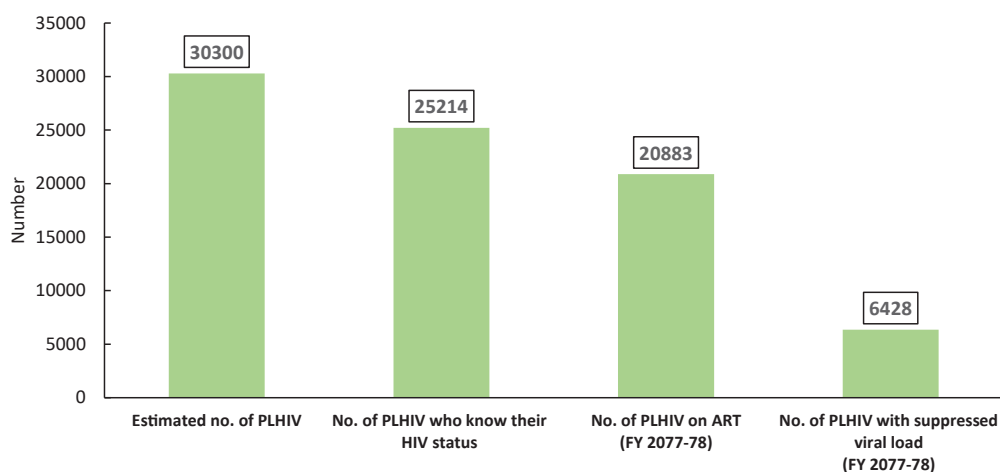
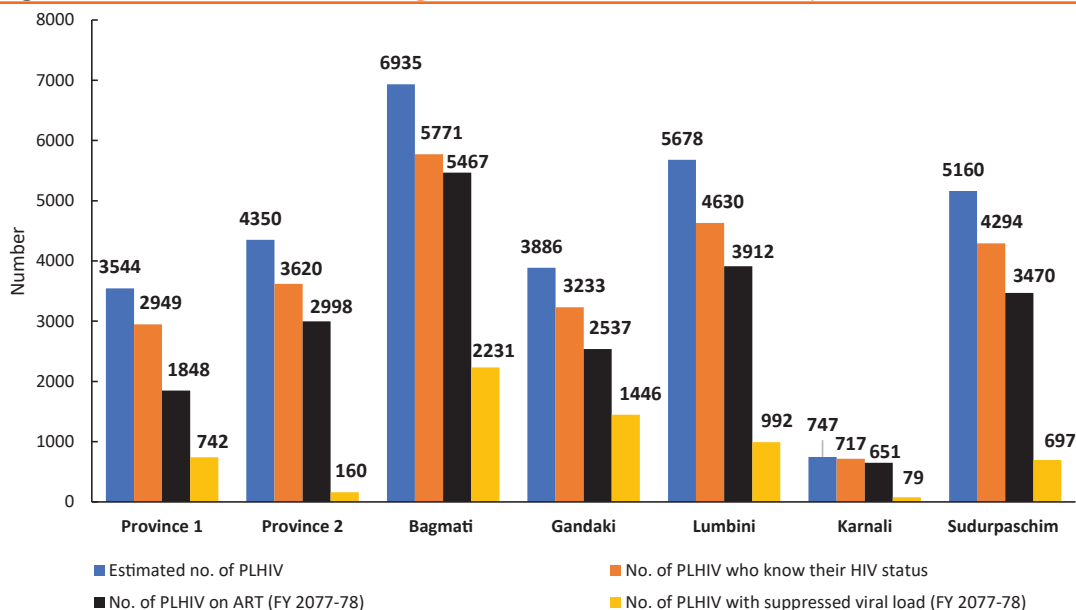


Figure 7. Province wise HIV Testing and Treatment Cascade, fiscal year FY 2077/78

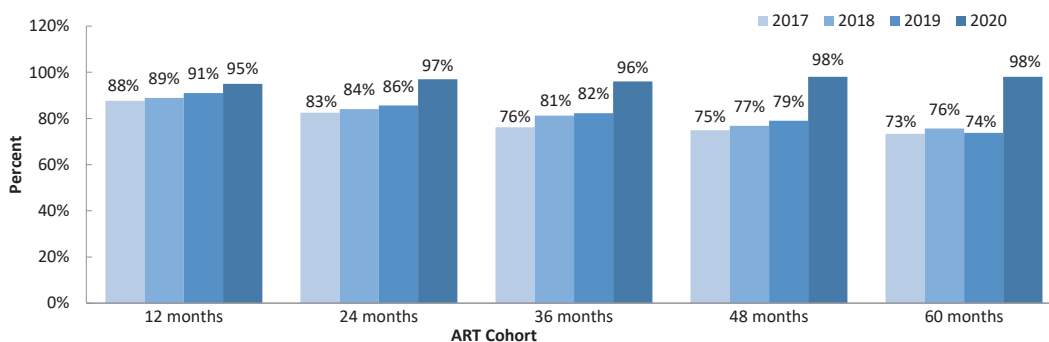


Retention on ART Treatment

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

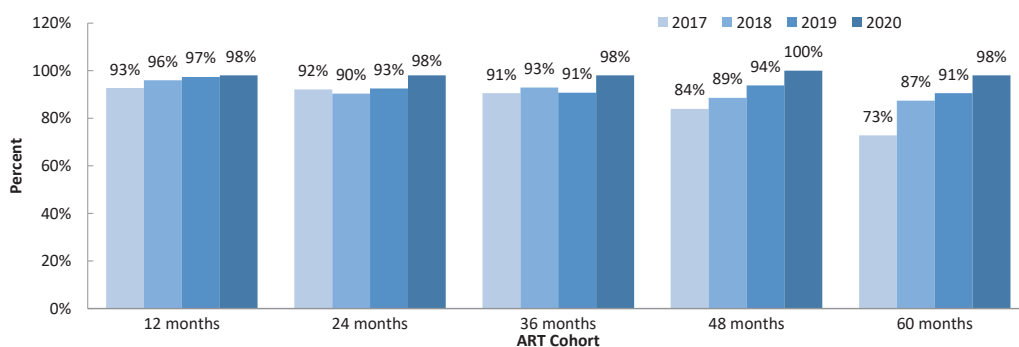
NCASC has systematically monitored and analysed retention on ART among PLHIV using data recorded in HIV Care and ART Tracking (DHIS2 Tracker, mHealth and Biometric) system. The cohort period for retrospective analysis was from January 2015 to December 2020. Methodologically, five cohort groups (12 months, 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 1568, 1404, 1602, 1179, and 955 for respective cohort groups.

Figure 8. Cohort wise trend of PLHIV retention on ART (2017-2020)



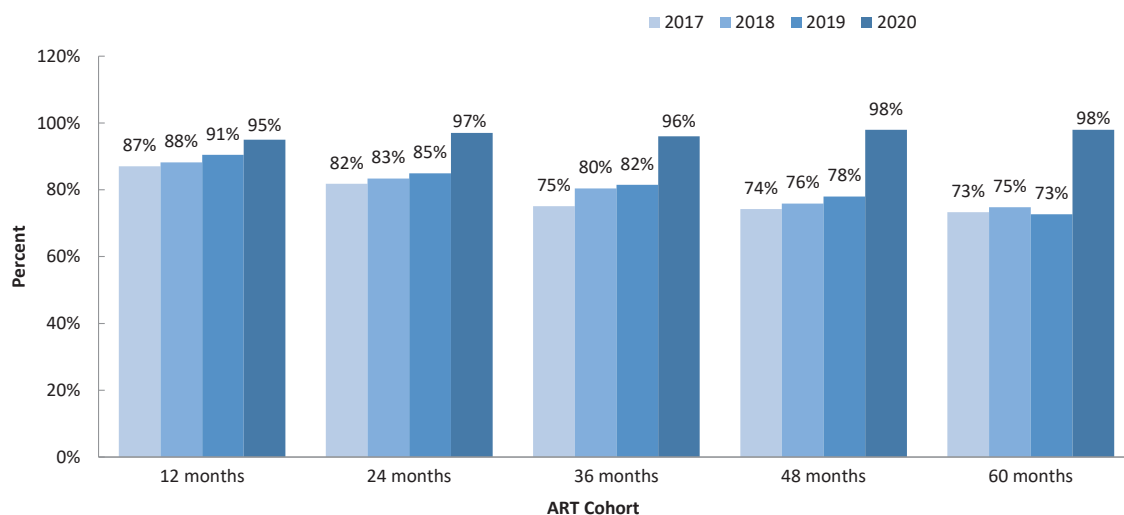
Source: Routine program data 2017-2019, and HIV Care and ART Tracking System 2020

Figure 9. Trend of retention on ART among children (0-14 Years) (2017-2020)



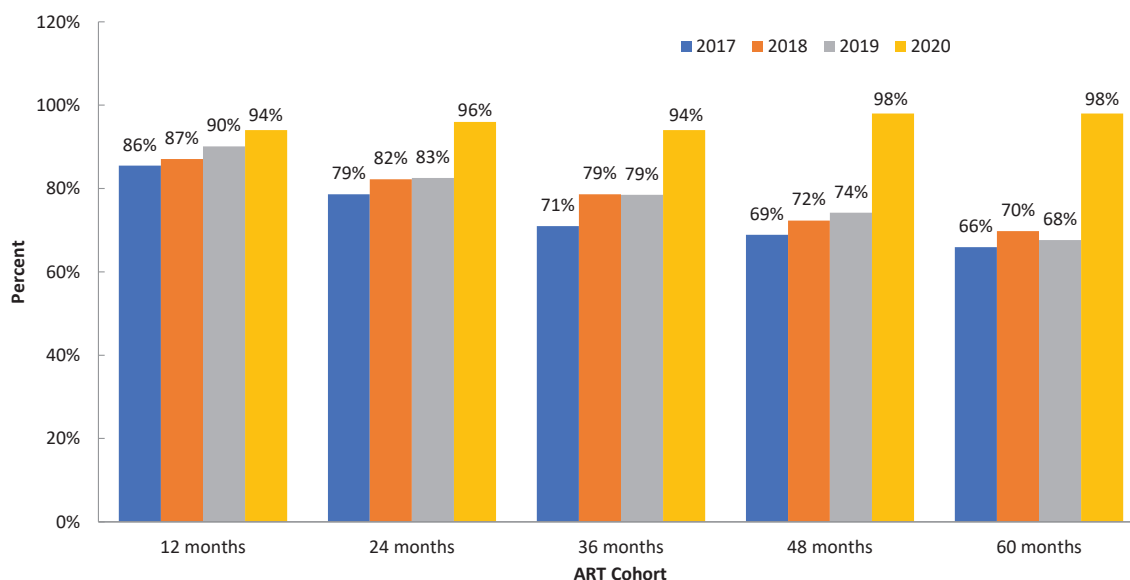
Source: Routine program data 2017-2019, and HIV Care and ART Tracking System 2020

Figure 10. Trend of retention on ART among adults (15+ Years) (2017-2020)



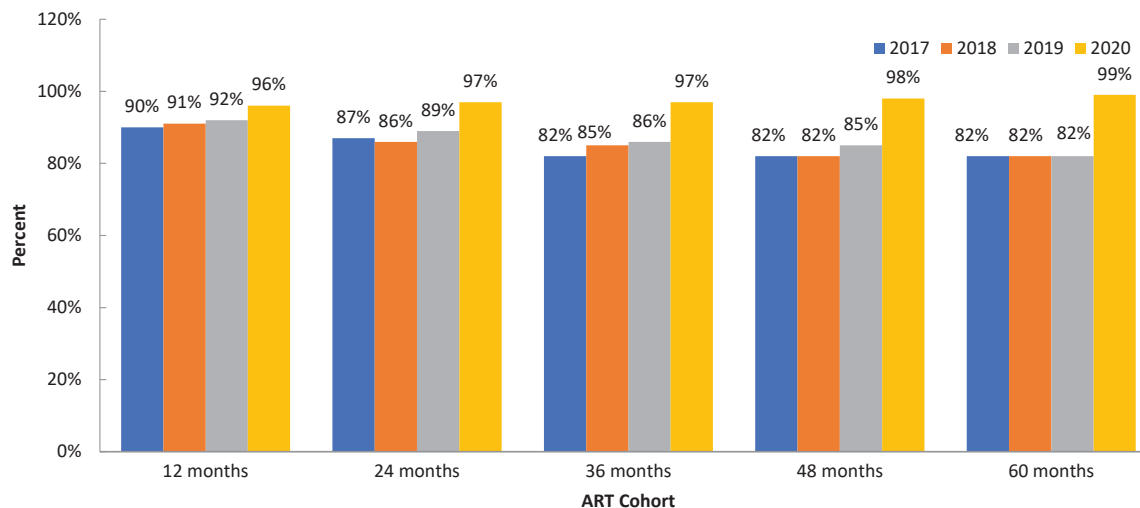
Source: Routine program data 2017-2019, and HIV Care and ART Tracking System 2020

Figure 11. Trend of retention on ART among male PLHIV (2017-2020)



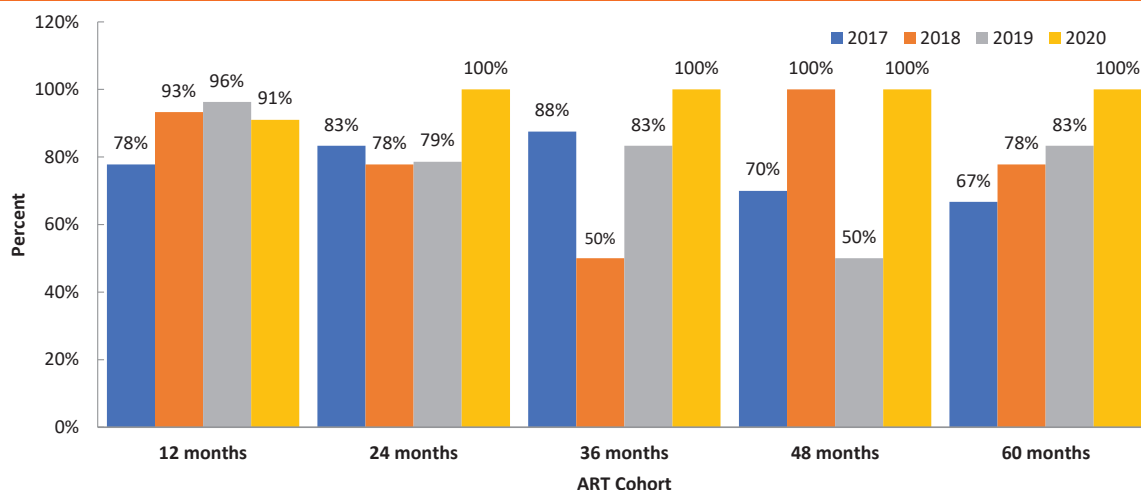
Source: Routine program data 2017-2019, and HIV Care and ART Tracking System 2020

Figure 12. Trend of retention on ART among female PLHIV (2017-2020)



Source: Routine program data 2017-2019, and HIV Care and ART Tracking System 2020

Figure 13. Trend of retention on ART among transgender PLHIV (2017-2020)



Source: Routine program data 2017-2019, and HIV Care and ART Tracking System 2020

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 services implemented as per National Guidelines on CHBC and Standard Operating Procedures 2011 which 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 2. Achievements on CHBC program, FY 077/78

Facts on CHBC (FY 077/78)	N	Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
District Covered	57	6	8	10	8	12	4	9
Number of new PLHIV who received CHBC services	8564	736	1312	1147	1058	1970	499	1842
Number of PLHIV (new and old) who received CHBC services	9900	873	1392	1252	1451	2210	514	2208

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 3: Achievements on CCC program, FY 077/78

Facts on CCC (FY 2077/78)	N	Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
District Covered	46	4	7	7	8	10	2	8
Number of new PLHIV receiving services from CCC	3117	312	653	321	275	783	78	695
Number of PLHIV receiving Follow-up services from CCC	9185	807	1650	627	1120	2312	587	2082
Number of PLHIV admitted to CCC to start ART	2086	86	1130	88	61	120	0	601
Number of PLHIV received counselling service	8542	495	1617	675	983	2823	236	1713

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 4. Achievements on CLT and Index testing program, FY077/78

Achievements of FY 2077/78	N	Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Screened for HIV	180,061	6526	20629	25325	15088	41099	179	71215
Reactive for HIV	2,040	184	515	652	139	295	5	250
Confirmed HIV diagnosis	1,930	176	484	625	135	271	5	234
Linked to ART	2,503	232	576	827	208	359	4	297

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

Note: FHI360/EPIC Nepal reported figures include achievements of CLT as well as facility-based testing services.

Table 5: Achievement in Community Care Services (CCS) of FY 077/78

Indicators	N	Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Number of new PLHIV received services	10,322	769	2035	3266	900	1612	NA	1740
Number of new and old PLHIV received services	13,442	1,133	2,311	4,421	959	2,445	NA	2,173

Source: FHI360/ EpiC Nepal routine program data

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 prevent avoidable mortality, losses to follow, and missing cases, hence, improve retention in ART treatment and quality of life among PLHIV.

Figure 14. Annual trend of death, loss to follow-up and missing of ART clients, 2004-2020

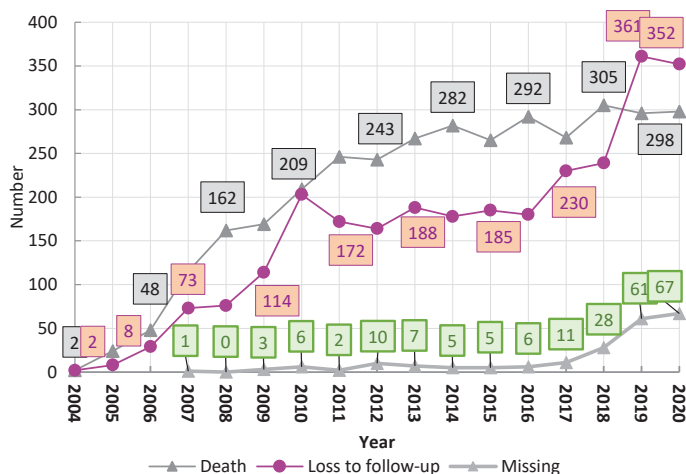


Figure 15. Gender wise distribution of total cumulative deceased PLHIV, as of Dec 2020

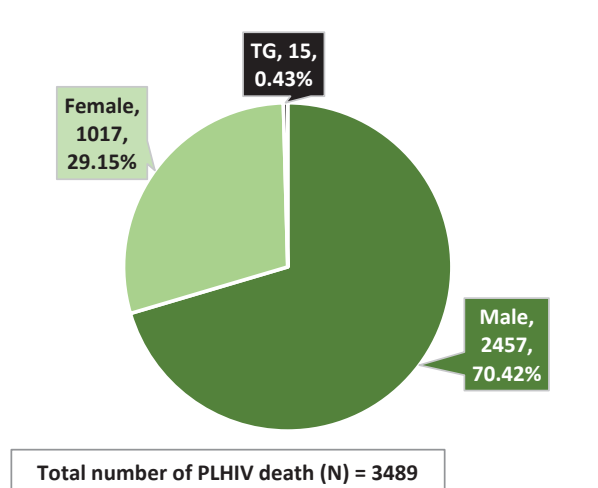


Figure 16. Age wise distribution of total cumulative deaths among PLHIV, as of Dec 2020

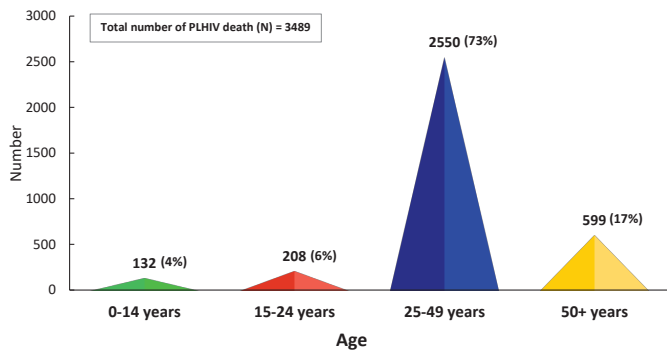
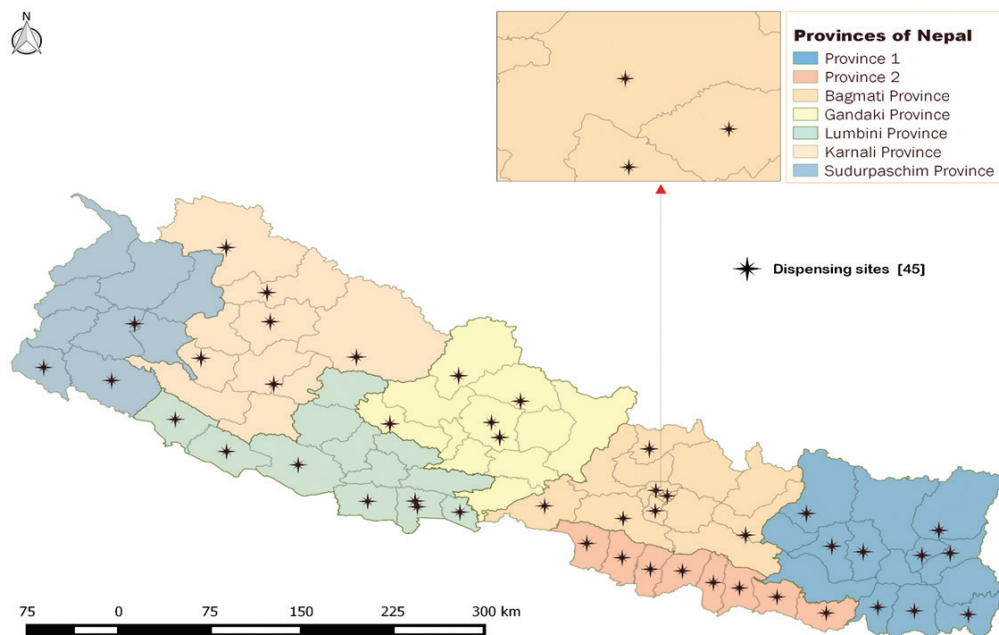
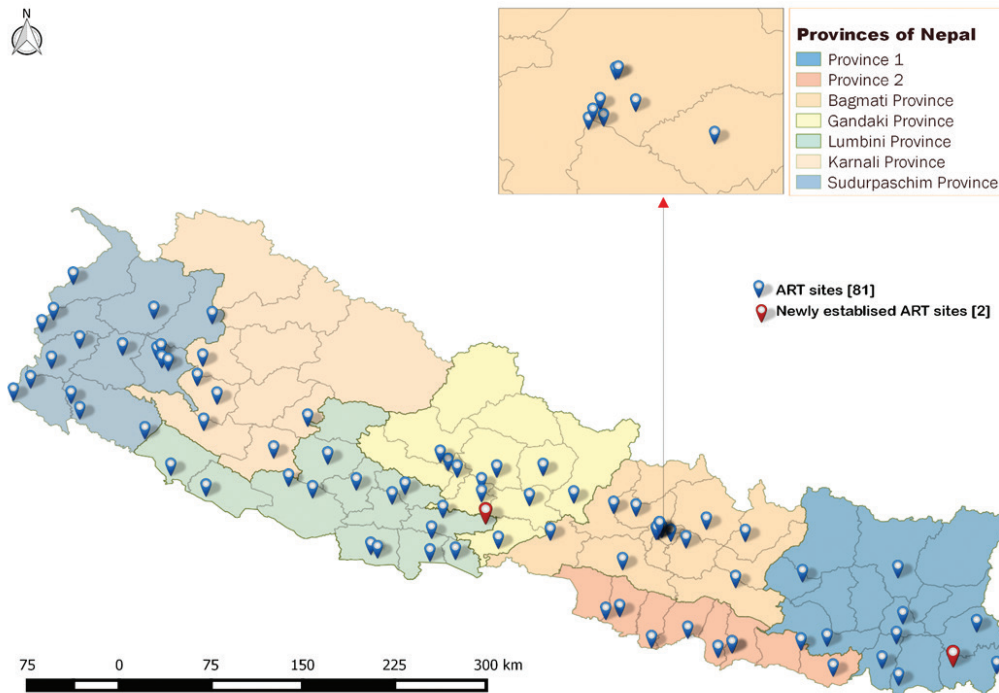
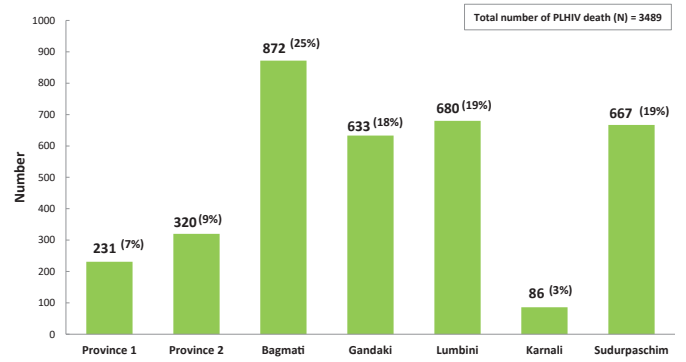


Figure 17. Province wise distribution of total cumulative deceased PLHIV as of Dec 2020



Prevention of Mother to Child Transmission (PMTCT) in Nepal



Overview

Comprehensive Prevention of Mother to Child Transmission (PMTCT) services 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 in 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 83 ART (inclusive of 2 newly established ART sites – Damak Hospital, Jhapa and Rampur Hospital, Palpa) sites and 45 ART Dispensing Centers (ADC) throughout the country.

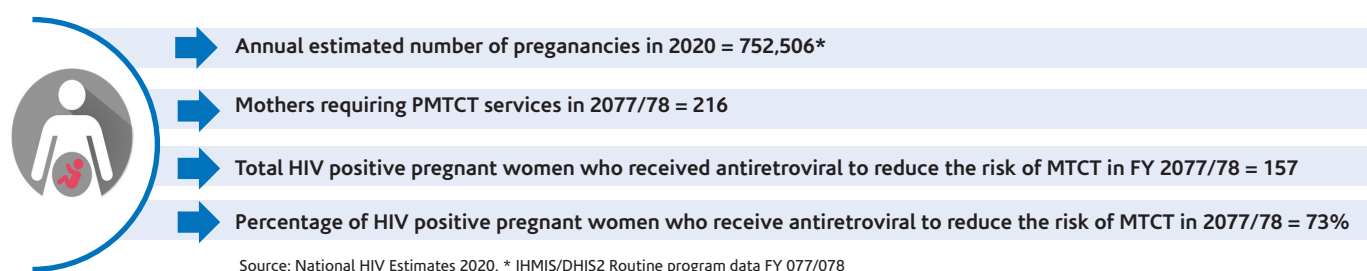
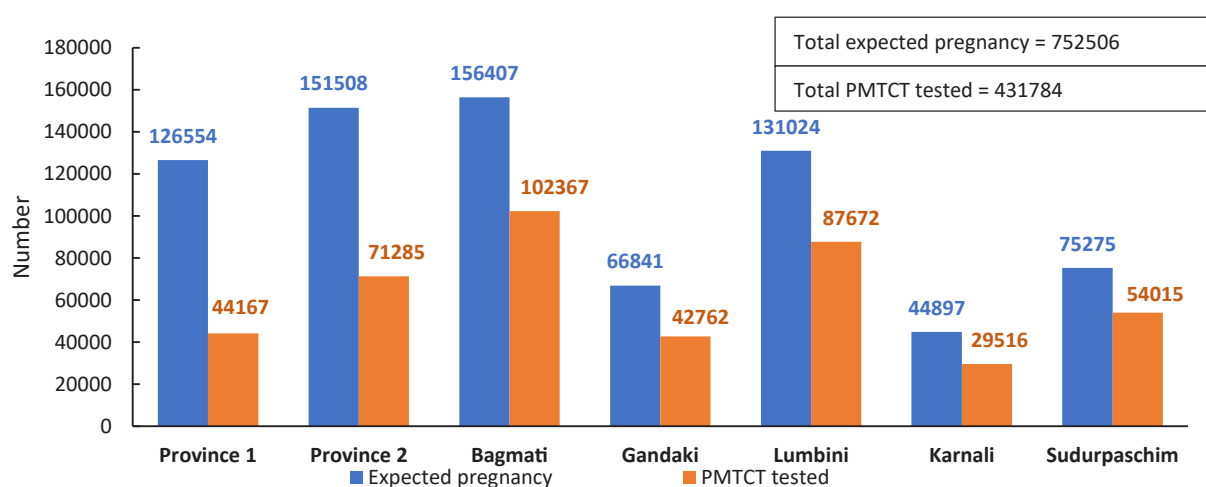


Figure 1. Province wise expected pregnancy vs. PMTCT Testing



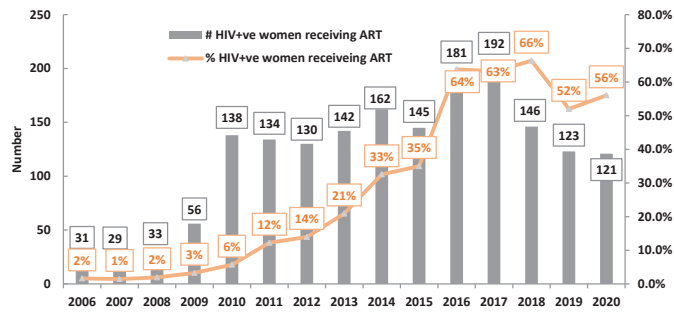
Source: National HIV Estimate 2020, and IHMIS/DHIS2 Routine Program Data, 2021

Table 1: Services statistics on PMTCT in Nepal: 2010 – July 2021

Indicators	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021 (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	245,980
HIV Positive pregnant women*	138	169	175	125	162	88	154	106	81	73	54	47
Mothers received ART (Old: Already on ART became pregnant+New: Newly diagnosed and enrolled in treatment in reporting period)	96	117	126	142	162	145	181	192	146	123	121	91
Babies received Prophylaxis	112	129	108	136	127	114	118	137	122	135	108	79

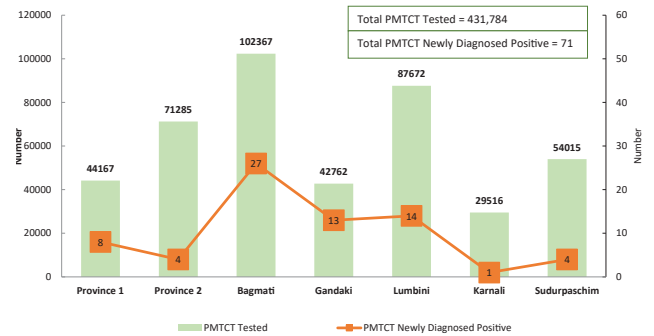
Source: IHMIS/DHIS2 Routine Program Data, 2021; *HIV positive data reported by HIV screening sites were not included.

Figure 2. Coverage of PMTCT Program in Nepal (2006 – 2020)



Source: IHMIS/DHIS2 Routine program Data, 2021
 Note: Option B+ was started from 2015 in Nepal.

Figure 3. PMTCT tested vs positive-Province wise (FY 077/78)



Source: IHMIS/DHIS2 Routine program data, 2021

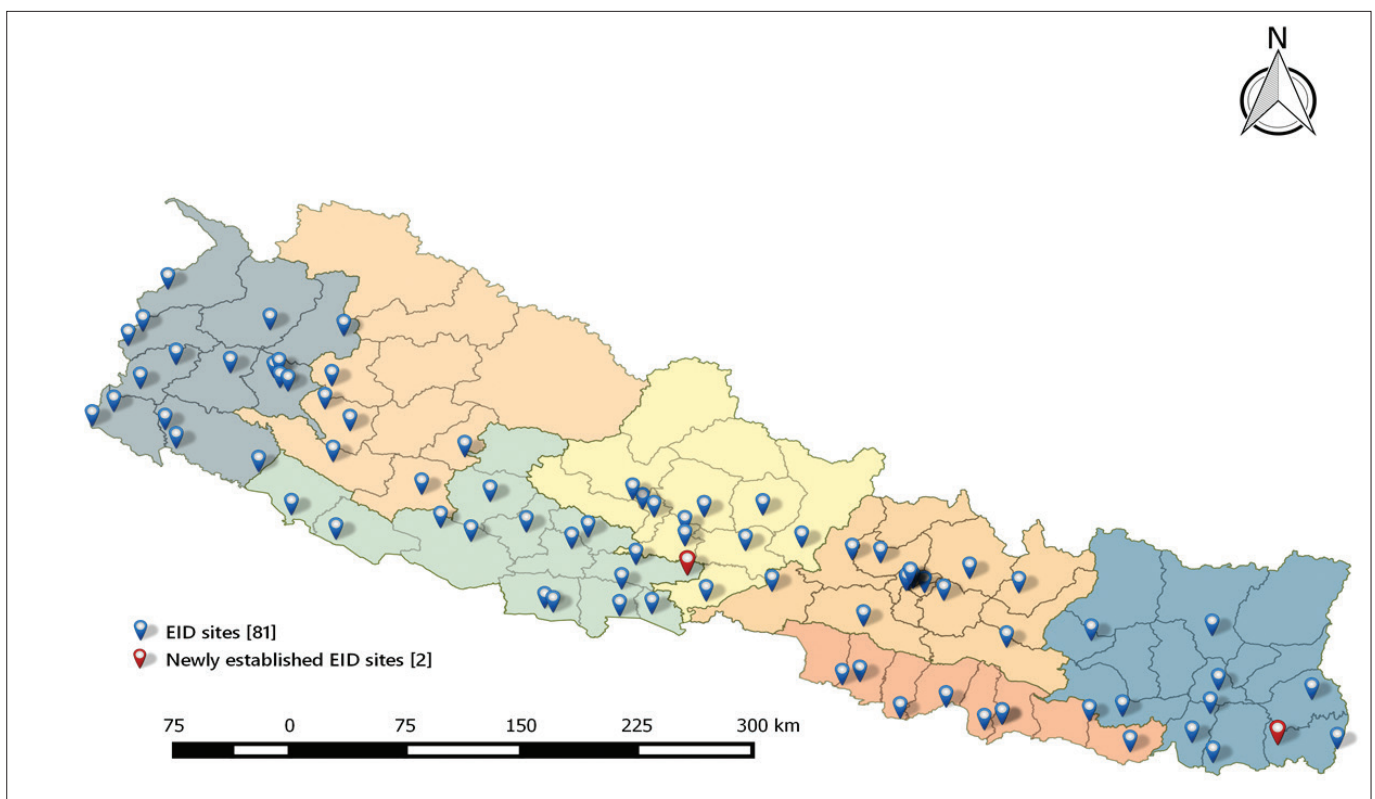
Early Infant Diagnosis (EID)

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 2021

SN	Indicator	2014	2015	2016	2017	2018	2019	2020	2021 (Jan-July)
1	Total number of children up to 18 months tested (PCR)	74	191	143	208	285	294	261	41
2	Total number of children up to 18 months diagnosed HIV positive through PCR test	4	15	10	16	25	21	23	1

Source: IHMIS/DHIS2 Routine program data, and HIV Care and ART Tracking System





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. In 2020, national level surveillance survey was conducted among people who inject drugs.

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.

Sexually Transmitted Infections (STIs)

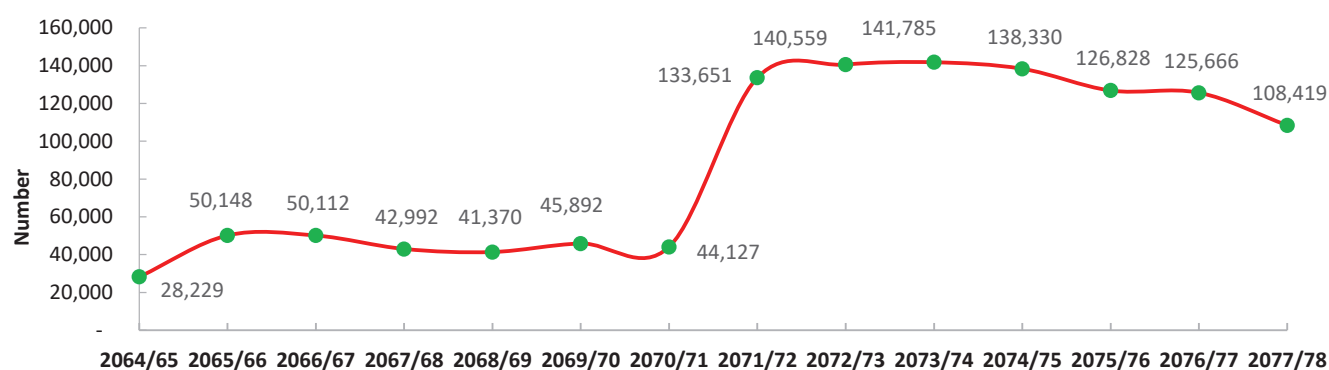
Key interventions for management of STIs in Nepal are targeted behavior change communication (BCC), condom promotion and distribution, diagnosis and treatment of STIs (both syndromic and etiological management) and referral services. STIs management services are available from government health facilities and NGOs for 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 (IHMIS) are the main source of information for STIs prevalence among key population in Nepal.

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

Cases	Male								Female				
	Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim	<25 years	≥25 years	National	<25 years	≥25 years	National
People Who Inject Drugs (PWID)													
HIV Positive	1.5	-	4.6	1.2	0.7	-	1.5	1.0	4.3	2.8	-	4.2	2.0
Syphilis	-	-	1.7	2.2	0.4	-	0.2	1.8	0.8	1.2	6.3	8.4	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	7.6	8.5	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
Prison Inmates**													
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 (Kathmandu) only.

Figure 1. Annual reported cases of sexually transmitted infections (STIs) in Nepal



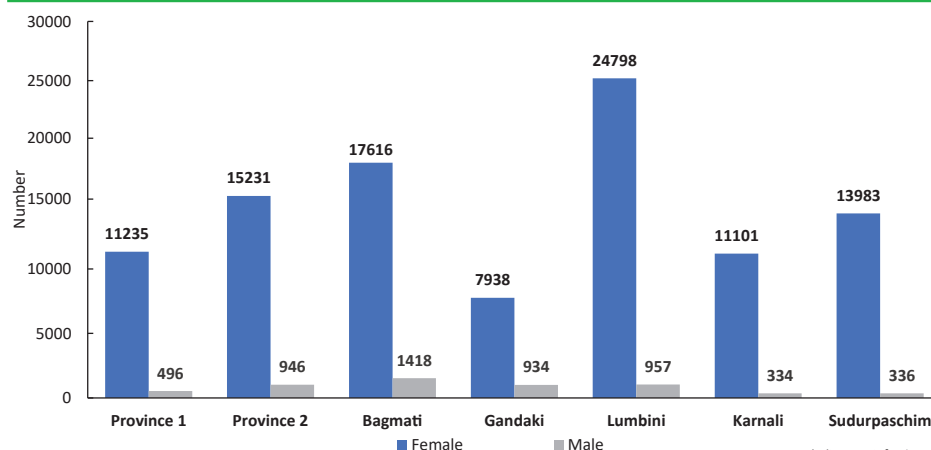
Source: Annual Report, Department of Health Services (DoHS); and IHMIS/DHIS2 Routine Program Data, FY 077/78

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

Type of STI	Total	Female	Male
Urethral Discharge Syndrome (UDS) Gonococcal	4131	3003	1128
Scrotal Swelling Syndrome (SSS)	2447	-	2447
Vaginal Discharge Syndrome (VDS)	51561	51561	-
Lower Abdominal Pain Syndrome (LAPS)	44490	44490	-
Neonatal Conjunctive Syndrome (NCS)	680	475	205
Genital User Disease Syndrome (GUDS)	1842	1226	616
Inguinal Bubo Syndrome (IBS)	711	355	356
Syphilis	1461	792	669

Source: IHMIS/DHIS2 Routine Program Data, FY 077/78,*Excluding HIV infections

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



Source: IHMIS/DHIS2 Routine Program Data, FY 077/78

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.

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 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
Districts covered	23	23	28	13	27	27	27	28
Reached through BCC	6,570	13,478	31,144	15,249	22,201	27,080	27,067	27,741
Condom distributed	610,557	606,171	786,504	12,237	671,631	1,118,664	987,567	1,558,549
HIV tested and counselled	5,332	9,777	15,897	11,478	19,992	25,832	17,613	29,905
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
On Methadone	-	-	819	909	740	906	672	328
On Buprenorphine	-	-	528	145	176	292	216	92

Source: Save the Children routine program data, FY 2077/78

Table 2: Province wise distribution of targeted interventions-People Who Inject Drugs

Indicator	Achievement	Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Districts covered	28	3	7	5	4	6	1	2
Reached through BCC	27,741	3217	6657	7216	3440	5633	474	1104
Condom distributed	1,558,549	506,253	332,007	209,367	115,145	303,914	23,729	68,134
HIV tested and counselled	29,905	3,567	8,918	5,644	3,155	6,771	381	1,469
Needle/Syringe distributed	2,702,947	1,137,372	256,498	744,153	233,290	189,652	29,792	112,190
On Methadone	328	NA	NA	328	NA	NA	NA	NA
On Buprenorphine	92	NA	NA	92	NA	NA	NA	NA

Source: Save the Children routine program data, FY 2077/78

Female Sex Workers (FSW) and their Clients

FSW are 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.

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
Districts covered	29	25	16	17	17	19	19
Reached through BCC	33,138	32,599	41,134	44,284	33,012	16,668	7,325
Condom distributed	4,712,296	4,204,696	3,352,293	2,697,692	1,520,951	957,298	941,992
HIV tested and counselled	10,006	9,765	28,715	30,743	23,684	11,228	3,138
STI diagnosed and treated	10,104	9,847	10,761	10,074	5,311	1,555	926

Source: FHI360/EpiC routine program data, FY 2077/78

Table 4: Province wise distribution of Targeted Interventions-Female Sex Workers

Indicator	Achievement	Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Districts covered	19	3	2	5	2	5	-	2
Reached through BCC	7,325	715	590	4,074	407	1,076	-	463
Condom distributed	941,992	105,782	80,008	512,061	73,622	133,215	-	37,304
HIV tested and counselled	3,138	433	374	1,304	220	505	-	302
STI diagnosed and treated	926	146	75	434	30	164	-	77

Source: FHI360/EpiC routine program data, FY 2077/78

Table 5: Targeted Interventions-Clients of Female Sex Workers

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

Source: FHI360/EpiC routine program data, FY 2077/78

Table 6: Province wise distribution of Targeted Interventions-Clients of Female Sex Workers

Indicator	Achievement	Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Districts covered	19	3	2	5	2	5	-	2
Reached through BCC	5,066	701	403	2,641	423	611	-	287
Condom distributed	351,761	43,560	16,842	210,706	29,963	28,030	-	22,660
HIV tested and counselled	1,843	358	220	693	219	193	-	160
STI diagnosed and treated	332	109	9	160	11	32	-	11

Source: Save the Children routine program data, FY 2077/78

Table 7: Province wise distribution of targeted interventions-Male Sex Workers

Indicator	Achievement	Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Districts covered	7	NA	6	NA	NA	1	NA	NA
Reached through BCC	1,445	NA	1122	NA	NA	323	NA	NA
Condom distributed	25,247	NA	22,241	NA	NA	3,006	NA	NA
HIV tested and counselled	317	NA	220	NA	NA	97	NA	NA
STI diagnosed and treated	0	NA	NA	NA	NA	NA	NA	NA

Source: Save the Children routine program data, FY 2077/78

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
Districts covered	31	31	22	21	29	25	26	26
Reached through BCC	34,427	40,230	50,584	73,138	82,559	109,603	89,963	24,149
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
HIV tested and counselled	7,574	6,674	21,474	37,250	59,672	73,494	35,407	7,724
STI diagnosed and treated	5,426	1,909	365	398	660	220	114	328

Source: FHI360/EpiC and Save the Children routine program data, FY 2077/78

Table 9: Province wise distribution of Targeted Interventions-MSM and TG

Indicator	Achievement	Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Districts covered	26	3	8	5	2	6	-	2
Reached through BCC	24,149	2,029	11,482	5,375	989	3,460	-	814
Condom distributed	1,533,118	149,776	456,256	516,669	101,315	222,107	-	86,995
HIV tested and counselled	7,724	605	3,349	1,589	450	1,419	-	312
STI diagnosed and treated	328	65	23	140	18	39	-	43

Source: FHI360/EpiC and Save the Children routine program data, FY 2077/78

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	FY 075/76	FY 076/77	FY 077/78
District Covered	-	38	38	8	41	42	10	20
Reached through BCC	285,623	119,863	247,696	89,255	306,184	112,393	2,406	131,291
Condom distributed	2,991,704	1,340,286	1,578,039	418,077	1,068,456	387,351	2,017	411,852
HIV tested and counselled	42,679	40,623	103,667	17,238	101,202	6,572	797	115,358

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 2077/78

Table 11: Province wise distribution of targeted interventions- MLM and their Spouses

Indicator	Achievement	Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
District Covered	20	NA	NA	2	2	9	1	6
Reached through BCC	131,291	NA	NA	5148	13594	37499	373	74677
Condom distributed	411,852	NA	NA	14,605	25,462	126,988	0	244,797
HIV tested and counselled	115,358	NA	NA	9,056	10,107	30,340	4	65,851

Source: Save the Children routine program data, FY 2077/78

Prison Inmates

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 of government of Nepal and Pooled fund through Provincial Ministry of Social Development or Ministry of Health.

Table 12: Targeted Interventions-Prison Inmates

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

*Detailed report received from Province Lumbini only.

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

Table 13: Province wise distribution of targeted interventions-Prison Inmates

Indicator	Achievement	Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Districts covered	14	3	4	3	1	2	NA	1
Reached through BCC	16,759	4238	1859	7642	1053	1495	NA	472
HIV tested and Counsellled	12,097	3,419	1,383	4,755	857	1,289	NA	394

Source: Save the Children routine program data, FY 2077/78

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 NPR 1000 per month for their education, health, nutrition and livelihood support. As of July 2021, 1248 (686 Male & 562 Female) HIV infected children have been supported with essential packages.

Table 14: Province wise distribution of CABA program achievement

Indicator	Achievement	Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
CABA Program implemented districts	46	3	7	8	7	11	2	8
HIV infected children supported with essential packages	1248	90	180	240	136	286	49	267
Child (Male)	686	54	106	120	65	175	29	137
Child (Female)	562	36	74	120	71	111	20	130

Source: Save the Children routine program data, FY 2077/78

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

Indicator	Achievement	Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Individuals screened for HIV	7,283	0	1290	3195	565	1528	168	537
Individuals tested and counselled for HIV	7,283	0	1290	3195	565	1528	168	537
HIV positive cases	33	0	8	18	1	4	0	2
Linked to ART	29	0	8	14	1	4	0	2
Number of condoms distributed	326,960	0	34,202	91,642	41,816	75,822	11,439	72,039

Source: AIDS Healthcare Foundation (AHF) Nepal routine program data, FY 077/78

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

Indicator	Achievement	Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Number of PLHIV supported with transportation costs	4,633	0	747	637	645	705	310	1589
Number of PLHIV supported with lab-investigation (USG, CT Scan, X-Ray etc) costs	898	0	90	349	18	40	0	401
Number of viral load samples transported to labs	7,263	0	781	4664	6	28	2	1782
Number of PLHIV received nutritional support	1,589	0	120	161	138	503	43	624

Source: AIDS Healthcare Foundation (AHF) Nepal routine program data, FY 077/78

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

Gender	Treatment		Total
	Methadone	Buprenorphine	
Male	838	145	983
Female	31	5	36
TG	0	0	0
Total	869	150	1019

Source: IHMIS/DHIS2 and Save the Children routine program data, FY 077/78

Table 18: Retention on opioid substitution therapy (OST)

OST Cohort	Total	Methadone	Buprenorphine
Total enrollment	702	476	226
Retention	221	141	80
Retention %	31%	30%	35%

Source: IHMIS/DHIS2 and Save the Children routine program data, FY 077/78

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

Indicator	Achievement	Province 1	Province 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim	Source
Number of PLHIV supported with medicine costs	1,547	0	234	467	137	250	52	407	AIDS Healthcare Foundation (AHF) Nepal routine program data, FY 077/78
Number of PLHIV with complicated case management costs	70	0	17	12	4	2	0	35	
Number of Children living with HIV with Educational supports	197	0	0	7	0	0	0	190	
Targeted Interventions – Others and Index Testing									Save the Children routine program data, FY 2077/78
Districts covered	57	6	8	10	8	12	4	9	
HIV tested and Counsellled	7,234	377	1,478	570	282	1,446	37	3,044	
Newly started PrEP Service	2,574	343	265	1,235	147	429	NA	155	FHI360/EpiC, FY 2077/78

Routine HIV program status during COVID-19 pandemic in Nepal

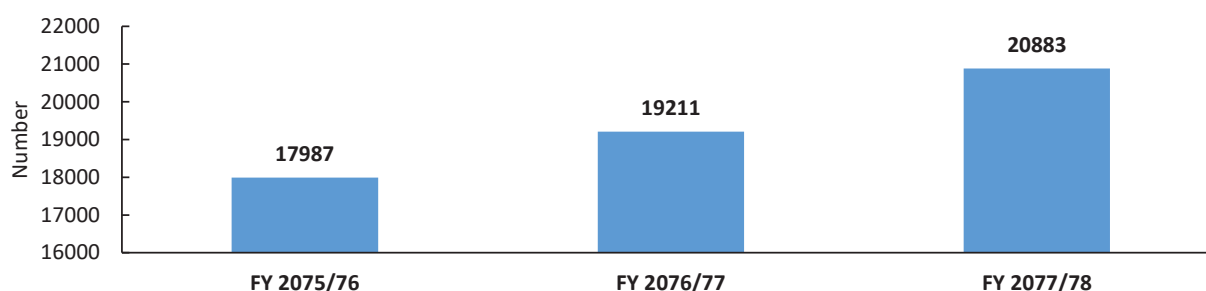


Overview

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 during COVID-19 situation using routine program data.

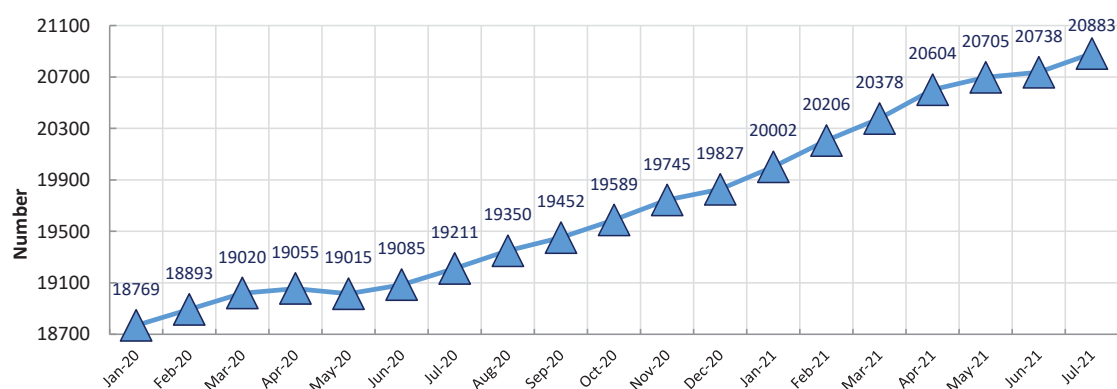
Anti-Retroviral Therapy (ART)

Figure 1. Trend of people living with HIV (PLHIV) currently on ART, FY 075/76-077/78



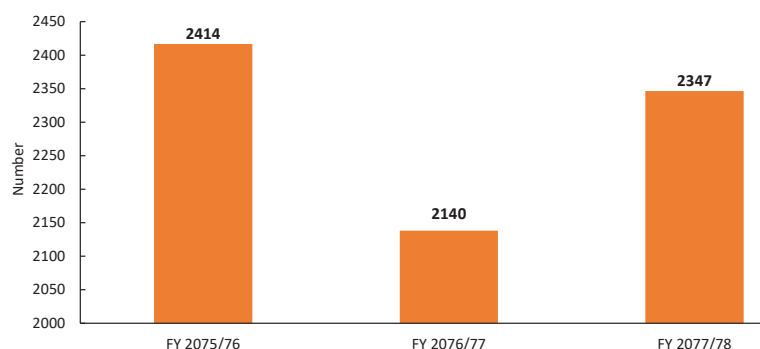
Source: IHMIS/DHIS2 Routine program data

Figure 2. Month wise trend of people living with HIV (PLHIV) currently on ART, Jan 2020 - July 2021



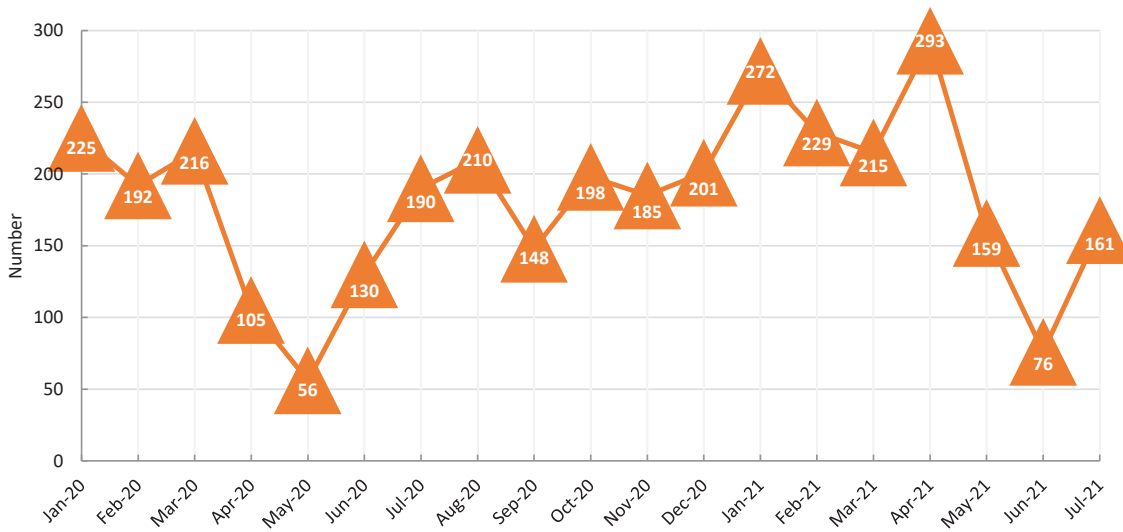
Source: IHMIS/DHIS2 Routine program data

Figure 3. Trend of PLHIV newly enrolled on ART, FY 075/76-077/78



Source: IHMIS/DHIS2 Routine program data

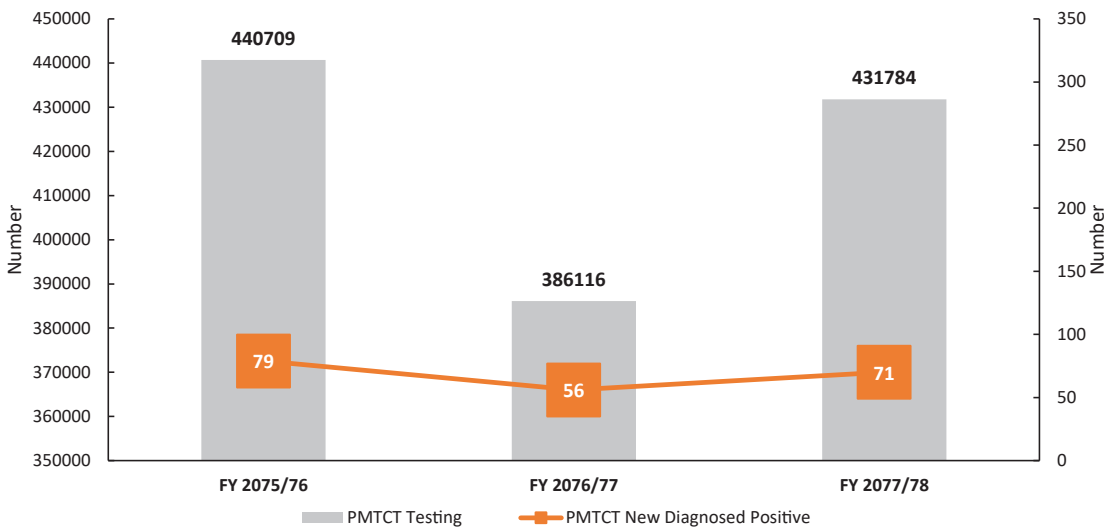
Figure 4. Month-wise trend of PLHIV newly enrolled on ART, Jan 2020 - July 2021



Source: IHMIS/DHIS2 Routine program data

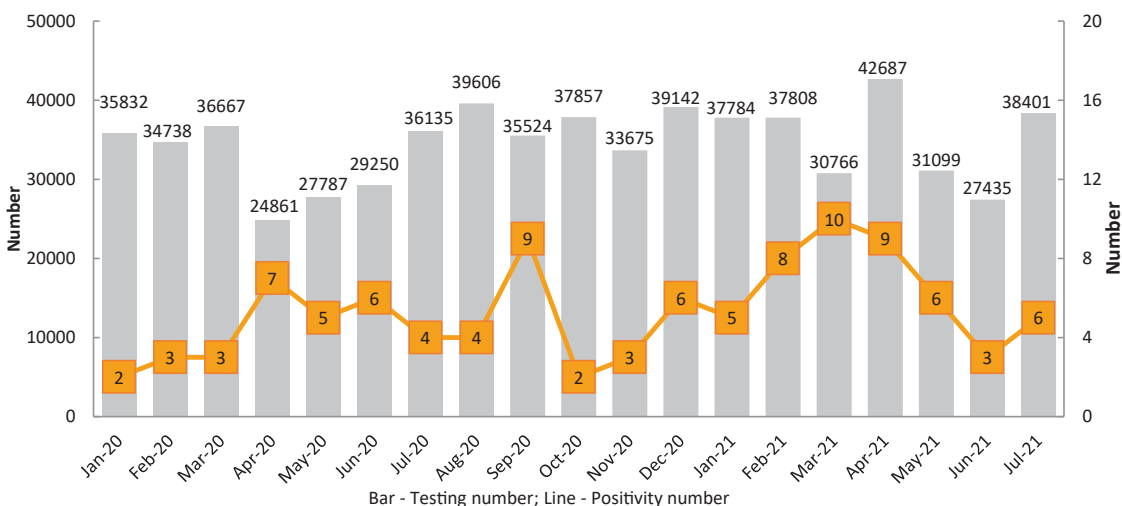
Prevention of Mother-To-Child Transmission (PMTCT)

Figure 5. Trend of PMTCT testing vs. positivity, FY 075/76-077/78



Source: IHMIS/DHIS2 Routine program data

Figure 6. Month-wise trend of PMTCT testing vs. positivity, Jan 2020 - July 2021

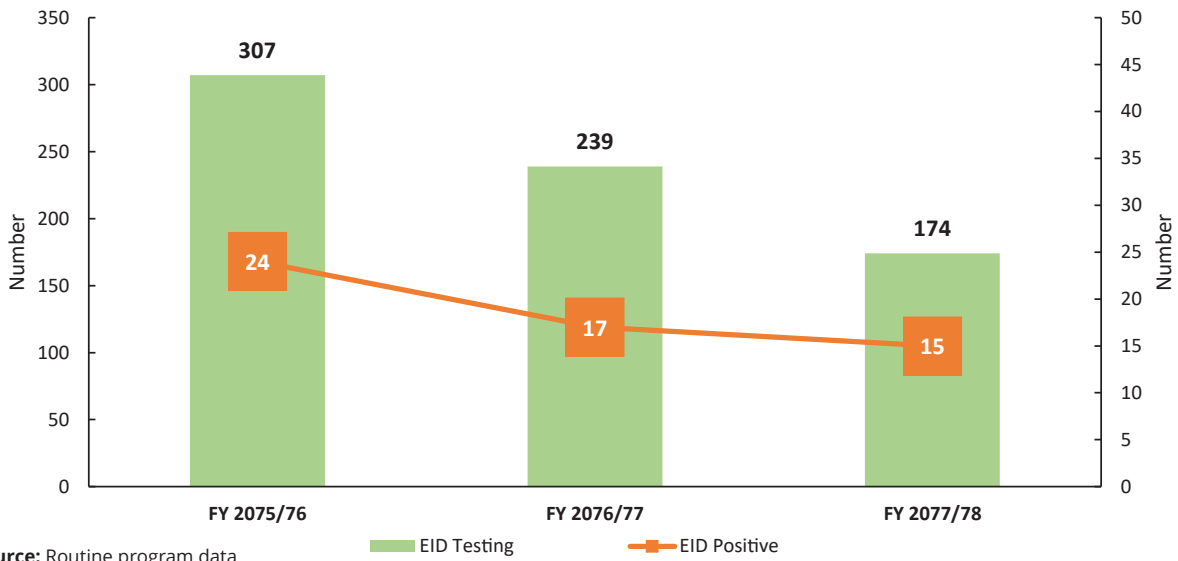


Bar - Testing number; Line - Positivity number

Source: IHMIS/DHIS2 Routine program data

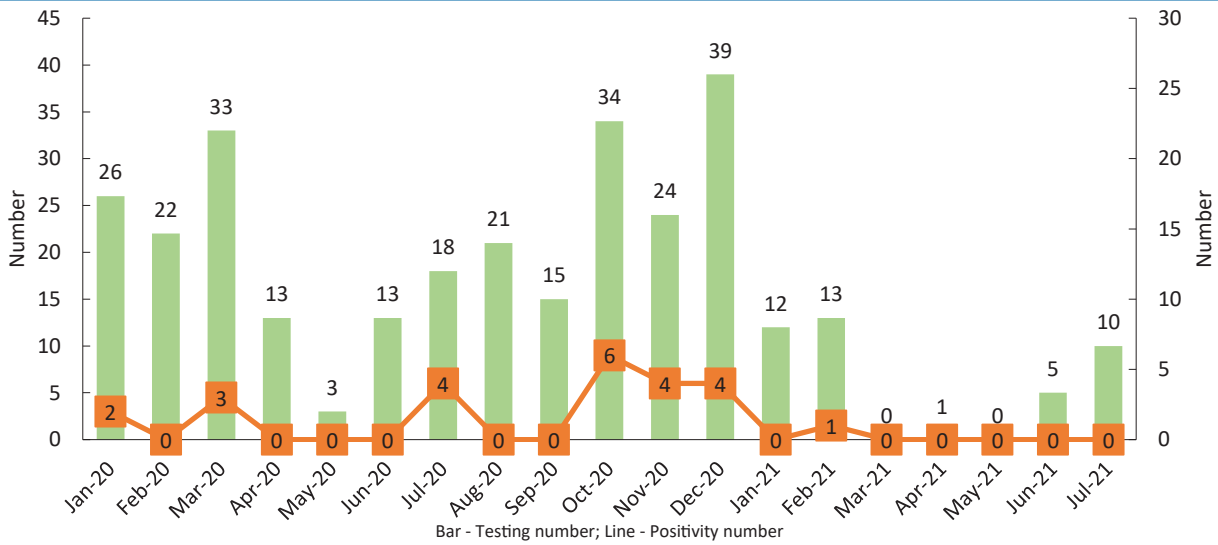
Early Infant Diagnosis (EID)

Figure 7. Trend of EID testing vs. positivity, FY 075/76-077/78



Source: Routine program data

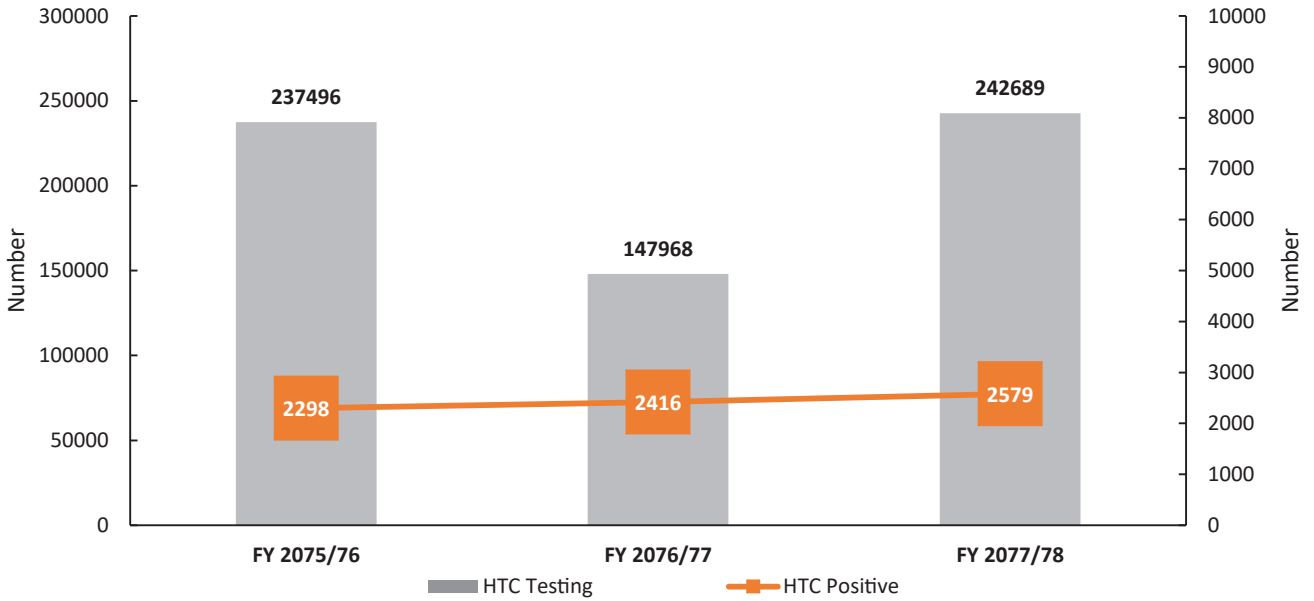
Figure 8. Month-wise trend of EID testing vs. positivity, Jan 2020 - July 2021



Source: Routine program data

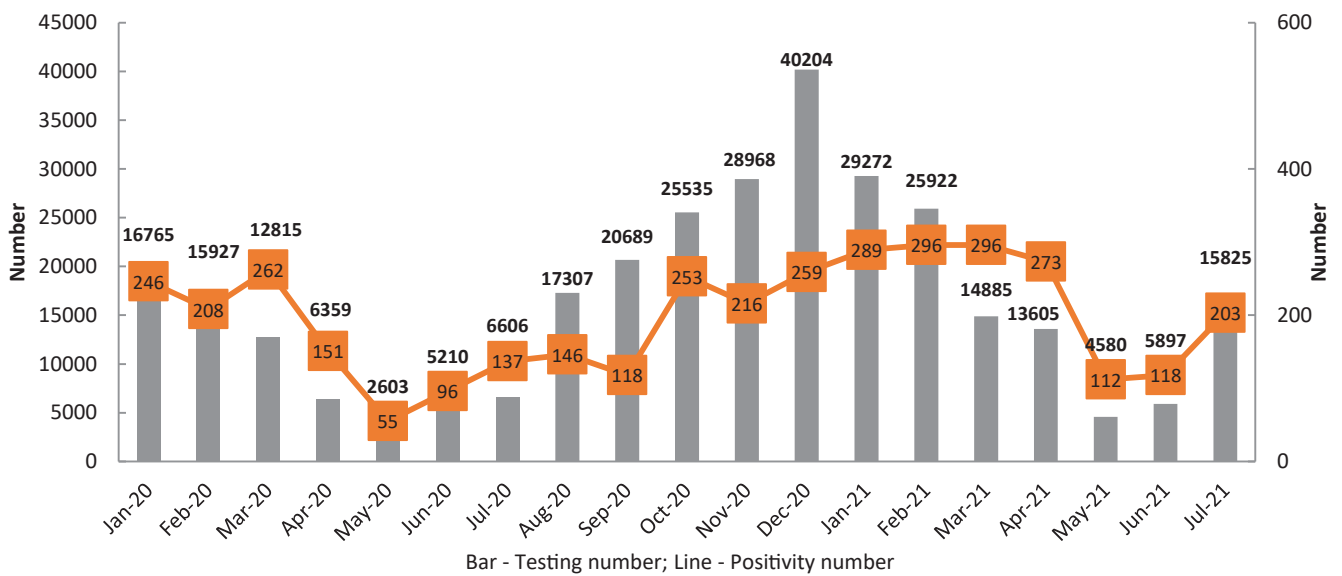
HIV Testing and Counseling (HTC)

Figure 9. Trend of HIV testing and positivity, FY 075/76-077/78



Source: Routine program data (IHMIS/DHIS2 and Partner organizations reporting system), 2021

Figure 10. Month-wise trend of HIV testing and positivity, Jan 2020 – July 2021



Source: Routine program data (IHMIS/DHIS2 and Partner organizations reporting system), 2021



National Center for AIDS & STD Control

Teku, Kathmandu

+977-1-5351653, 5358219, +977-1-5351406

data@ncasc.gov.np | www.ncasc.gov.np