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

Factsheet 6: HIV Care and Antiretroviral Therapy (ART) Services in Nepal, as of July 2017

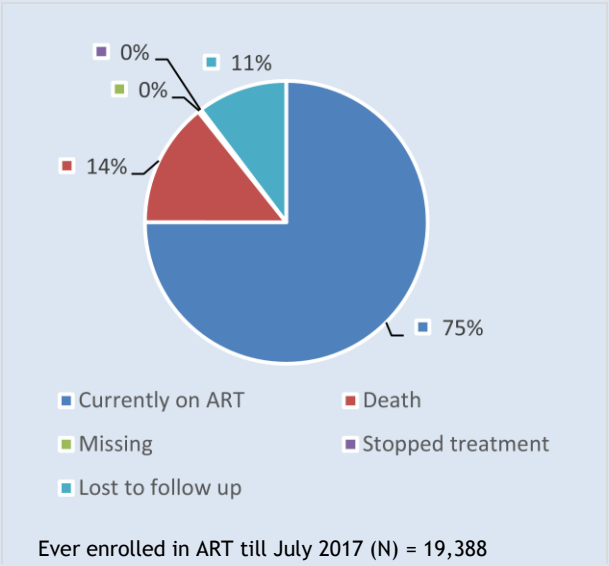
Background about ART program in Nepal

- ART service is started from February 2004 from Sukraraj Tropical and Infectious Disease Hospital Kathmandu in Nepal.
- ART is available for free of cost for all People Living with HIV (PLHIV).
- As of July 2017, there are 68 ART sites and 25 ART Dispensing Centers (ADCs) throughout the country.
- ADCs are established to increase accessibility to the treatment.
- Nepal has also adopted Test and Treat approach since Feb 2017.
- National Consolidated Guideline for Treating and Preventing HIV in Nepal 2014 and revised in 2017 is the guiding document for providing HIV treatment and care in Nepal.
- CD4 count service is available from 30 sites across the country.
- Viral load testing service is available from National Public Health Laboratory and is expanded to Seti Zonal Hospital in Kailali and Bir Hospital in Kathmandu.

Table 1: Facts on ART, as of July 2017

Indicators	Value
Total PLHIV currently on ART (as of July 2017):	14,544
Patients on the 1st line regimen:	11,279
Patients substituted on the 1st line	2,944
Patients switched on the 2nd line	321

Figure 1: Outcomes of ART Program in Nepal, as of July 2017



Ever enrolled in ART till July 2017 (N) = 19,388

Facts about ART Coverage

- **Among total People Living with HIV infection who are currently on ART, of which,**

Proportion of Adults (15+ years):	91.7%	Proportion of Male:	7,419 (51.0%)
Proportion of Children (Under 14 years) :	8.3%	Proportion of Female:	7,073 (48.6%)
		Proportion of TG:	52 (0.4%)

- **Percentage of people Living with HIV infection who are alive and currently on ART after**

12 months of treatment:	88%	24 months of treatment:	83%
(<15 yrs: 93%, 15+ yrs: 87%) (F=90%, M=78%, TG=78%)		36 months of treatment:	76%

- Percentage of adults and children receiving antiretroviral therapy among all estimated adults and children living with HIV (2016): 44.4%

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Table 2: ART Profile of Nepal, as of July 2017

Indicators	2008 July	2009 July	2010 July	2011 July	2012 July	2013 July	2014 July	2015 July	2016 July	2017 July
PLHIV ever enrolled on ART (cumulative)	2,452	3,968	5,539	7,437	9,246	11,091	12,899	14,745	16,449	19,388
PLHIV with receiving ARVs (cumulative)	1,997	3,226	4,509	5,876	7,142	8,546	9,818	11,089	12,446	14,544
Lost to follow up (cumulative)	182	293	426	647	908	1,055	1,216	1,530	1,612	2,049
Stopped Treatment	5	18	11	12	11	27	30	31	31	25
Death (cumulative)	276	447	653	872	1,185	1,463	1,834	2,095	2,410	2,770

Source: NCASC, 2017

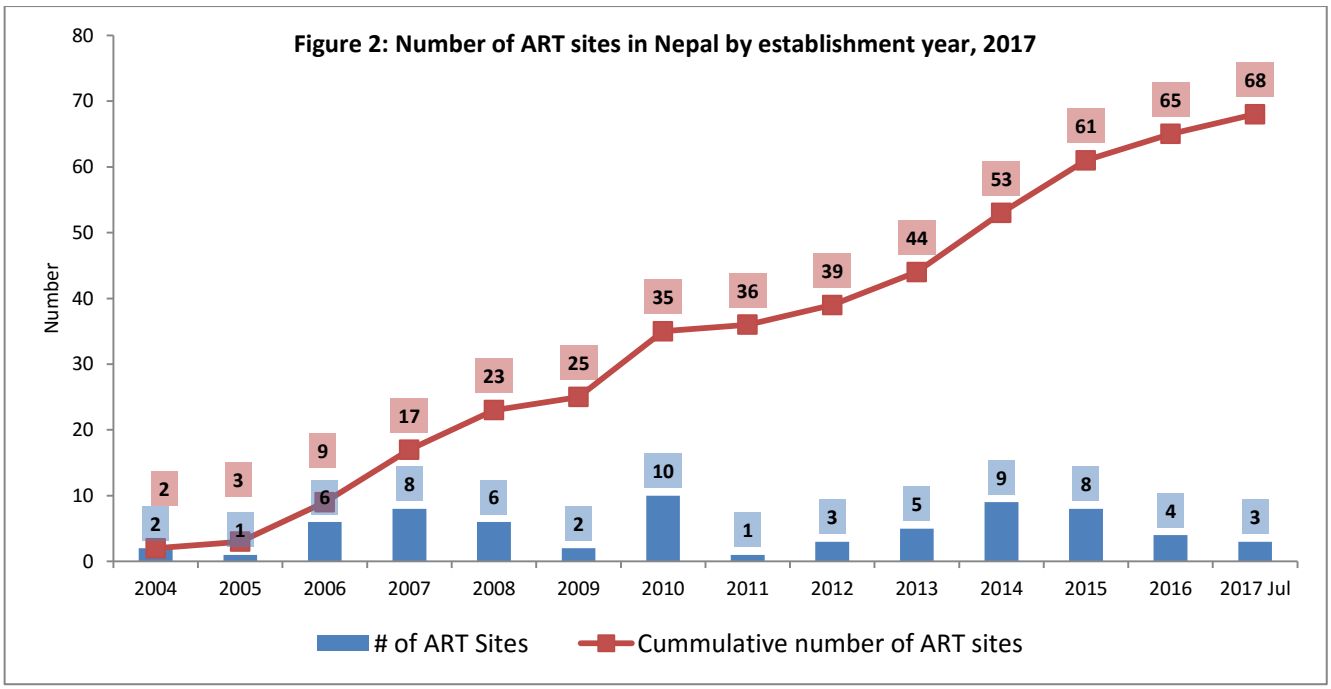

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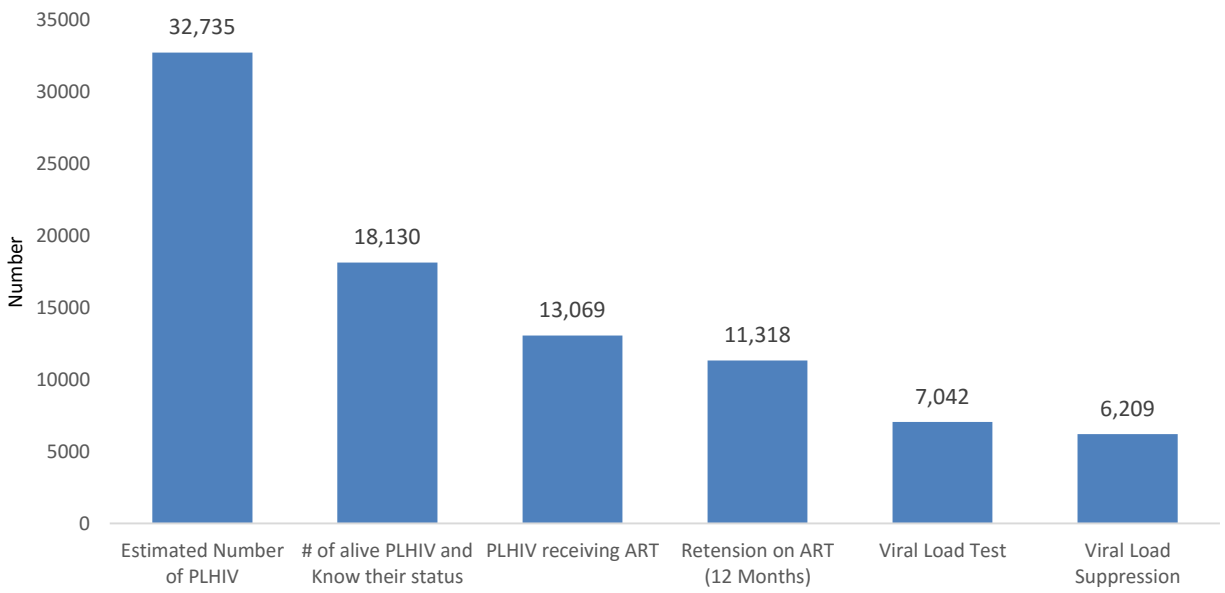
Figure 3: Treatment Cascade as of December 2016



Viral Load:

- Viral load testing is recommended as the preferred approach to monitor ART response and diagnosing treatment failure.
- It compliments clinical and immunological monitoring of people receiving ART.
- The Viral load testing service is available at National Public Health Laboratory (NPHL), Seti Zonal Hospital and Bir Hospital.

Table 3: Facts on Viral load

	2014	2015	2016	2017 (Jan-July)
Total Sample tested for viral load	1,198	5860	7,042	6216
Number of PLHIV with viral load suppression (<1, 000 copies/ml)	1,004	5249	6,209	5578

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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: Facts on CCC (FY 2073/74)	N
District Covered	42
Number of new PLHIV receiving services from CCC	4133
Number of Follow-up PLHIV receiving services from CCC	4660
Number of PLHIV received psycho-social counseling support	6500
Number of PLHIV received nutritional support	6410
Number of PLHIV referred for management of opportunistic infections	1932

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 5: Facts on CHBC (FY 2072/73)	N
District Covered	43
Number of PLHIV who received CHBC services	8669
Number of PLHIV referred for ART management	4210
Number of PLHIV referred for management of opportunistic infections	730

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Figure 4: Coverage of ART service, July 2017

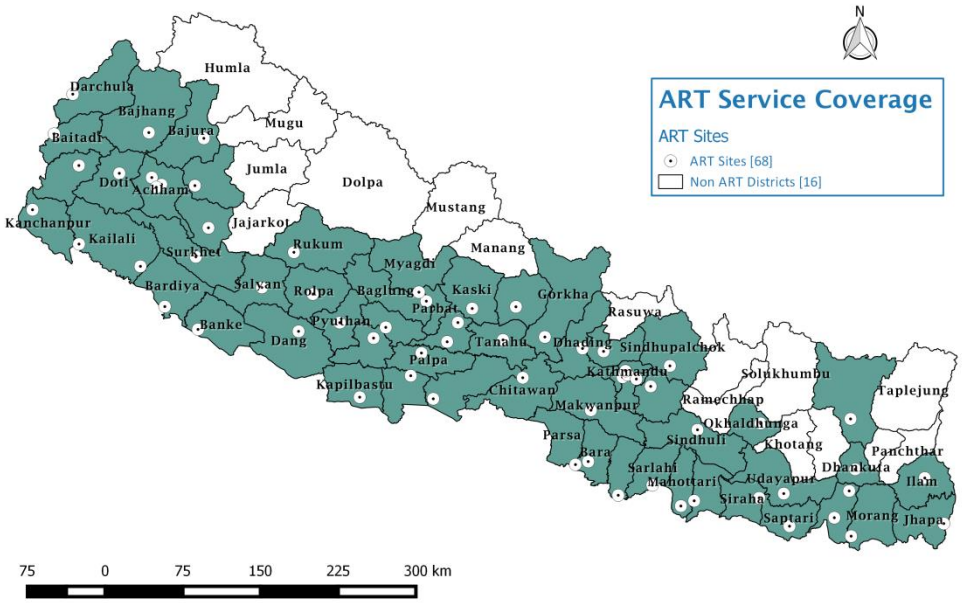
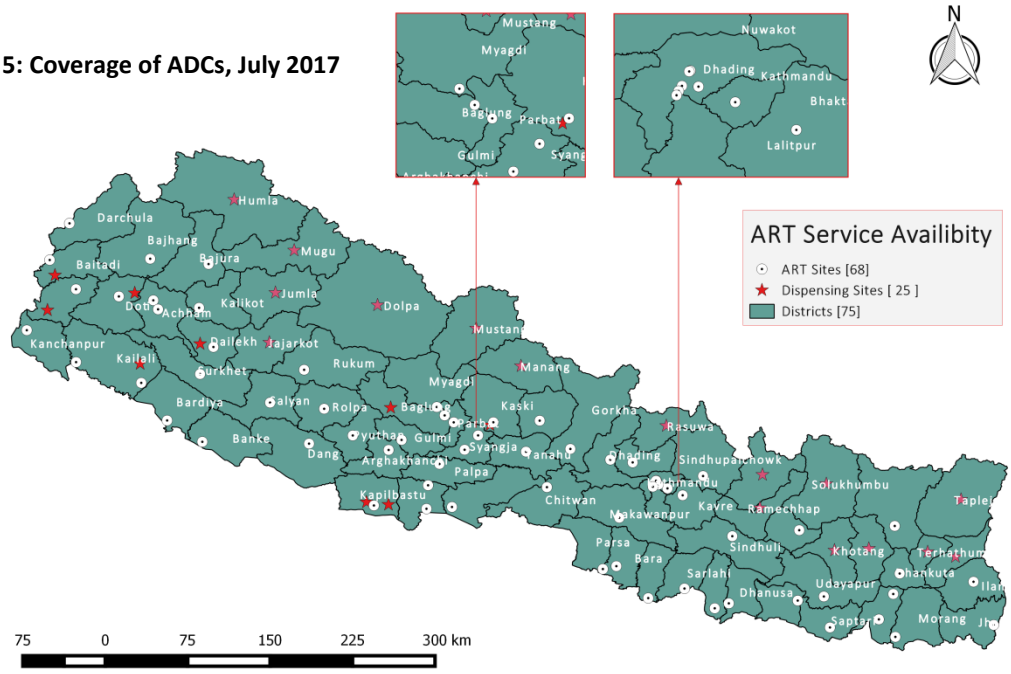


Figure 5: Coverage of ADCs, July 2017



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