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COUNTRY SNAPSHOTS:

# NEPAL

## BACKGROUND

In Nepal, the first HIV case was detected in 1988 and the prevalence of HIV in adults was 0.17 percent in 2016. The National Centre for AIDS and STD Control (NCASC) has taken the lead role in lowering the rate of HIV infections throughout Nepal. HIV prevalence has reduced significantly during the last decade due to effective targeted interventions among key populations and greater enrolment in treatment. The NCASC, with technical assistance of key stakeholders, has been able to follow the "test and treat approach" so far to reach the global target (90-90-90). Five rounds of IBBS[1] have been conducted in Nepal to detect the prevalence and trends of HIV and behavioural patterns amongst MSM/TG.

## COUNTRY PRIORITIES

Nepal has been conducting HIV and STI surveillance particularly among key populations, namely: PWID, FSW and their clients, MSM/TG, and male labour migrants for more than a decade mainly to track changes in HIV and STI prevalence along with behavioural components such as condom use. In 2016, baseline IBBS surveys were conducted in Street Involved Children and Youths in Kathmandu Valley, Female injecting drug users in Kathmandu Valley and MSM and TG in Terai districts.[2] HIV prevalence amongst MSM/TG in Nepal is 1.5%. The highest prevalence is among the age group of 30-39, followed by 25-29 and 20 to 24 years respectively.[3]

# COUNTRY PRIORITIES

The Nepal HIV Investment Plan 2014 - 2016, shows that the country has disaggregated the MSM population by sub categories in order to better plan and strategise the HIV response among the sub groups. Therefore, the categories of men who have sex with men in Nepal are comprised of several sub-populations: male sex workers (MSW), transgender people (TG) and transgender sex workers (TG SW), and gay men and other men who have sex with men (MSM). Priority to create an enabling legal environment for this population has been highlighted through reviews (such as the Legal and Policy Environment in Response to HIV in Nepal). Data shows that the HIV and STI prevention and services, except for numbers of condoms distributed, among MSM and TG increased from 2011/ 2012 to 2012/ 2013 but has decreased from 2012/ 2013 to 2013/ 2014. For the year 2014 alone, a total of 31 districts were covered by the targeted interventions.[4]

# DATA SUMMARY

| Epidemiology | Estimate | Year |
|---|---|---|
| Estimated No. Of MSM[5] | 60333 | 2016 |
| HIV prevalence per national estimates [6] | 8.2% (MSM/TG) | 2016 |
| No. of times higher than among general[7] | 0.20% (GP) and 5.6% (MSM) | 2016 |
| HIV prevalence among youth MSM[8] | 3.6% | 2016 |
| No. of MSM/TG on ART | NA | ---- |
| STI prevalence among MSM/TG[9] | 6.9% (incl. TG) | 2016 |
| Syphilis prevalence among MSM/TG[10] | 9.4% | 2016 |
| Estimated No. of TG/Hijra[11] | 21460 | 2016 |
| HIV Prevalence as per national estimates[12] | 6% | 2016 |
| **Behavioural (MSM)** | **Estimate** | **Year** |
| Average number of partners [13] | 10 and above in last six months | 2011 |
| Condom use during last encounter (anal sex) [14] | 60.9% | 2016 |
| HIV test in last six months [15] | 44% | 2016 |
| Prevention knowledge [16] | 37.5% | 2016 |
| Reported vaginal sex in last one month [17] | 43% | 2017 |
| Substance use [18] | 63.5% (MSM/TG) | 2017 |
| IDUse [19] | 2.2% | 2016 |
| **Behavioural (TG)** | **Estimate** | **Year** |
| Average number of partners [20] | 10 and above in last six months | 2011 |
| Condom use during last encounter (anal sex) [21] | 61.3% | 2016 |
| HIV test in last six months [22] | 44.8% | 2016 |
| Prevention knowledge [23] | 41.1% | 2016 |
| Reported vaginal sex in last one month | NA | ------ |
| Substance use [24] | 63.5% | 2017 |
| IDUse [25] | 2.2% | 2016 |

# DATA SUMMARY

| Programmatic | Estimate | Year |
|---|---|---|
| HIV Prevention Coverage MSM/TG[26] | 46.2% (MSM)<br>7.5 (TG) | 2016 |
| National level strategy for MSM/TG[27] | Yes | 2017 |
| **Legal** | **Status** | **Year** |
| Male to male sex [28] | "Constitution of Nepal, 2015"<br>has granted constitutional rights to sexual and gender minority community (lesbian, gay, bisexual, transgender and intersex/ LGBTI).<br>Under the principle of "Inclusion", the new Constitution of Nepal has acknowledged "gender and sexual minorities" communities in Article 18 (Right to Equality) & Article 42 (Right to Social Justice) | 2015 |
| Sex work in private [29] | Legal | 2011 |
| Soliciting for sex [30] | Legal | 2011 |
| Sections criminalising same sex activities | Does not exist | ---- |
| Third gender recognised [31] | Yes, recognised by Nepal Supreme Court,<br>(Constitutional prohibition of discrimination based on sexual orientation) | 2007 |
| HIV Policy [32] | Yes | 2011 |
| TG/H Policy or bill [33] | Criminalisation and prosecution is illegal | 2015 |

# FAST TRACK RESPONSE

## HIV TESTING STATUS

The Nepal Health Sector Programme 2016–2021 has endorsed, community-led HIV testing (CL-HTS) as part of the CBT following the 'test for triage' strategy for screening and referral approach. The national programme has guidelines and also in the process to get regulatory approvals at the earliest for Self-testing. The country will also test other innovative approaches to increase HIV testing, which includes the use of mobile technologies, using standard computer applications, etc. Another key investment will be in Community Test and Treat Competence (CTTC), as an innovative way of working in and with communities, to identify community strengths and stimulate positive attitudes and actions to increase HIV testing of their own community members. Developing the Nepal Community Test and Treat Competence (CTTC) approach for community-led HIV testing is on its way and will be achieved through public-private partnerships.[34]

## HIV TREATMENT DELIVERY

The national guideline on HIV/AIDS in Nepal recommends available of oral PrEP to the affected key populations with substantial risk of HIV. The PrEP, in combination with other HIV prevention approaches, are implemented in phased manner and are supported by adherence counselling and repeat HIV testing and are guided by specific standard operating guidelines. Detailed operational guidelines were also developed in 2017.[35] Fast tracking treatment at the community level that protect Rights of key population and prompt linking people living with the virus to treatment is the priority of NCASC. Therefore, Nepal has adopted a two-pronged approach of treatment- Clinic and community based.

## INTENSIFIED COMBINATION PREVENTION

Availability of condoms to all at risk population is the first and foremost target of NCASC. Gradual introduction of Pre-Exposure Prophylaxis for Specific Populations in settings with good quality clinical, laboratory and retention monitoring and counseling support is the priority of National AIDS and STD Control Programme. On the issues of cash transfer, voluntary medical male circumcision the national strategic document is silent. [36]

### Significant communication initiatives to intensify prevention approach

- Collaboration with national programme (NCASC, HSCB)
- Capacity building of media – it must be continuing process
- Encourage journalist to identify issue in HIV
- Supporting CSR of media corporate houses
- Media monitoring
- HIV communication strategy (what are the communication issues, what are the role of media, how they can participate in such process, how to set up regular discussion and dissemination process)

However, they are criticised for not reporting on the live experiences of the wide diversity of LGBT people, or reporting on them in an inaccurate and sensational manner. There is a regular LGBT radio programme that communicates information and advice about sexual and gender minorities' health and rights issues throughout Nepal. Film Industry produced films like "Soongava" and "Love you Man" that depict same-sex relationships.[37]

# FAST TRACK RESPONSE

## OWNERSHIP

The HIV/AIDS response in the country is completely government ownership programme. Private sectors are engaged as social partners in HIV response through their umbrella associations (i.e. FNCCI, Bankers Associations, hotel association etc.) and through other appropriate arrangements. Private sector will also be partner in accessing global resource and generating national resources for HIV response in the country.

Following are some of the crucial role that was envisaged for the private sector:

- Implementation of National workplace policy (2007) in respective workplaces
- Private sectors have crucial role in national and international advocacy both for resource mobilisation and for effective implementation of national policy and programmes. As such Business Coalition against AIDS in Nepal (B CAAN) will be promoted and engaged in national response
- PPP will be promoted. The approaches relevant to national response like cost sharing, matching fund, and role sharing to HIV will be jointly explored and implemented. After assessing the strength and weakness of each partner, mutually benefiting approach will be followed
- Government will provide options and opportunity through research, advocacy, and by engaging in capacity building activities for private sectors.
- Government will ensure that procuring goods (drugs, chemicals and reagents, needle and syringes, and other) and services from national producers receive high priority.
- Continue dialogue with private sector to expand their role and engagement in HIV prevention, treatment care and impact mitigation.[38]

## INNOVATION

Innovation is essential and one strategy that will be implemented in Nepal as part of innovation is eHealth and mHealth network throughout Nepal. This will revolutionise the health care system in Nepal and how health care is delivered. eHealth and m Health recognise the transformative potential that information communication technologies(ICT) hold for the health care system in Nepal.[39]

## BEST PRACTICE

Between 2012-2016[40], following best practices were observed in Nepal:

1. Scaling up Monitoring of HIV DR related Early Warning Indicators.
2. Saath-Saath Project Festival Campaign 2014 - Urging the Migrant Workers and their spouses to get tested for HIV and STI.
3. Geographical Information System (GIS) in HIV Programme in Nepal: Learning from Saath-Saath Project.
4. Clinical Placement for Mid-level Healthcare staff of Antiretroviral Therapy (ART) centers for better clinical management of HIV.

# FAST TRACK RESPONSE

## ZERO DISCRIMINATION

More than one - third of the total MSW (38.3%) and MSM/TG (34.3%) reported that they were treated unfairly because of their sexual orientation and reaction while a little more than one - fourth (29.6%) Non - MSW reported such treatment by others. Against such unfair treatment, less than one third of the MSW, non - MSW and MSM/TG (29.2 - 29.6%) kept it within self while 4 0.7% TG, 36.2% non - TG and 32% MSW reported this to others. A quarter of MSW (24.7%), one-fifth (20.3%) of the MSM/TG and less than one fifth (15.4%) of Non - MSW had ever thought about suicide. The data indicate that suicidal ideation was highest among MSW and least among Non - MSW. In the past 12 months, 36% MSW, 29.6% MSM/TG and 26.1% MSW thought of ending own life many times while such a feeling was produced one or two times in 45.7% MSW, 38% MSM/TG and 24% Non - MSW. It was notable that 76.9% MSW Non - TG, 63.6% Non - MSW TG and 63% MSM/TG Non - TG planned to commit a suicide. Of those who planned to commit suicide, six out of ten Non - MSW (60%), half of the MSM/TG (50.7%) and 45.7% MSW had ever attempted suicide.[41]

The Integrated Biological and Behavioural Surveillance (IBBS) surveys among FSWs and Male Sex Workers (MSWs)/Transgender Sex Workers (TGSWs) in Nepal show various forms of violence faced by these communities. IBBS survey among MSM and TG people in Kathmandu valley reported 27% of TGSWs being ever beaten because of sexual behavior, while 22.3% were forced to have sex in the past 12 months.[42]

The Ministry of home affairs was roped in along with community based NGOs to have more concretise intervention towards achieving the goal of zero discrimination and stop violence.

## MONITORING AND EVALUATION

Strategic information including monitoring and reporting and research is built on the regular epidemiological data including sentinel surveillance, surveys, special studied including IBBS. Reporting also includes Annual Global AIDS Response reporting at the international level. All data collection starting from field and every other setting is based on transparency and public accountability.[43]

## PROGRAMMATIC ALLOCATIONS

The required total investment for 2016-17 was USD 30,126,304 and increase every year to reach USD 39,532,029 till 2021. Testing key populations investment is 3% of the total investments.[44] The majority of the funding 82% of total fund requirement comes from international source and rest 18% from domestic source. The allocation of fund is designated according to themes and not according to key populations.

## TREATMENT CASCADE

In Nepal, and around the world, there is a need to identify HIV cases early, enrol people in treatment without delay, and ensure close follow-up so that clients remain on treatment. LINKAGES Nepal is using the LINKAGES HIV CoPCT cascade as a way to monitor and show, in visual form, the numbers of individuals who are accessing CoPCT services at each step of the continuum. The CoPCT cascade powerfully identifies “leaks” in the system and allows us to assess their magnitude, which in turn helps identify the factors causing them. With this information, implementers at site, district, and national levels target limited resources toward effective interventions that improve the health of HIV-positive individuals, lower the amount of virus in their bodies, and prevent new infections in the long term. Knowing where the drop-offs are most pronounced is vital for knowing where, when, and how to intervene to break the cycle of HIV transmission and achieve the 90-90-90 goals. LINKAGES Nepal is prioritising the reach-test-treat-retain approach, whereby the project identifies and reaches KPs at highest risk of acquiring HIV, provides testing, ensures links to treatment, and supports the retention of individuals who are on treatment.[45]

# ADDITIONAL RESPONSE

## UIC

The government of Nepal, Piloting of Unique Identification Code for tracking patients with technical supports from SSP, FHI 360; has implemented a pilot initiative to improve tracking of the patients enrolled in pre - ART and ART, and to retain them on treatment. This system assigns a unique identification code to each patient enrolled for HIV treatment, combined with relevant information about the patient. This initiative is being piloted in one ART site in Kathmandu, namely Maiti Nepal. Building on the success of this initiative, the government is planning to scale up the Unique Identification Code system for all patients enrolled in all ART sites nationwide.[46]

## ADVOCACY AND CAPACITY BUILDING

In Nepal the comparative advantage of CSO in advocacy, demand creation and community mobilisation for better policy development and service delivery will be fully capitalised by engaging the CSO leaders in all aspects of programme design and implementation. In the last two decades, there have been extraordinary political victories for LGBT advocacy, most prominently a Supreme Court ruling in December 2007 that promoted the human rights of LGBT people including anti-discrimination, same-sex marriage and the explicit recognition of transgender people. Political advances have not necessarily translated into the daily lives of LGBT individuals who may experience discrimination and violence in all aspects of their lives – in employment, family, health care and education. In a country blighted by extreme poverty, the human rights of LGBT individuals may take less priority than issues perceived to be more urgent such as fulfilling basic needs including having enough food and adequate shelter. In fact, human rights for any Nepali may be difficult to prioritise in the face of widespread and crushing poverty.[47]

## NETWORKS[48]

Blue Diamond Society the lead LGBT organisation has established networks with MSM and TGs in more than 30 municipalities/districts in Nepal and also formed the Federation of Sexual and Gender Minorities, Nepal with 9 founding member organisations.

# ADDITIONAL RESPONSE

## SOCIAL ENTITLEMENT SCHEMES[49]

Social protection envisions the financial protection, access to affordable quality care, and law policy regulation in the context of HIV prevention, Treatment, Care and support for people living with and affected by HIV. Nepal government realised that social protection for PLHIV, Single women, and Children Affected by AIDS is very essential. This will be ensured in collaboration and linkages with the programmes and activities of other line ministries like education ministries, Women and Social Welfare, food programmes, business communities and poverty reduction programme.

## KEY ACTIONS:

- Financial support, income generation or micro credit to reduce risk of exposure to HIV for poor key population groups specially targeting to single women and CABA.
- Empowering PLHIV to prolong and improve life, protection of rights to health, treatment and work to improve life for people living with HIV through income-generating activities, livelihood strengthening, and microfinance.
- Providing accesses to ART service through financial support and friendly services.
- Involving district and community for developing social support needs including legal.
- Protection for affected (property rights of widows and orphans, birth registration, etc.).
- Establishing formal linkages between MOHP and other line ministries for social protection activities and legal reform, policy process and protection regulation to reduce risk of exposure to HIV.

## CHALLENGES

- Prevention coverage in Nepal is increasing, the utilisation of HIV testing and STI services, however, is reportedly low.
- ART coverage is only meeting a fraction of the estimated MSM/TG who need it due to prejudice and discriminatory attitudes.
- Significant gaps in estimated and available budget for the implementation of fast track programme.
- Timely disbursement of funds will stop frequent interruptions of payments and delayed payments further disrupted HIV prevention services.
- Research is needed into the health needs of the broader LGBT community including mental health issues, reproductive health issues among lesbians, and the usage of hormones by transgender people.

## RECOMMENDA-TIONS

- Continuous capacity-building process needs to be institutionalised for making monitoring and evaluation a success at all levels.
- Ensure fund availability for meeting the expected out-come of fast track programme.
- Scale up case-detection capacity through various strategies with the help of needs assessment and geographical MARP mapping data.
- Introduce innovative strategies to plug the leakage point in the treatment cascade.
- Comprehensive programmes for MARPs should be expanded to increase geographical coverage. Greater focus on condom promotion, STI management and partner treatment should be promoted.

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Equity. Dignity. Social Justice.

*We are united in advocating for issues around HIV and those that advance the rights, health and well being of people of diverse sexual orientation, gender identity, gender expression and sex characteristics.*

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