



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	28.9 million (mid-2007)
Estimated Population Living with HIV/AIDS**	70,000 [41,000-180,000] (end 2007)
Adult HIV Prevalence**	<0.5% [0.3-1.3%] (end 2007)
HIV Prevalence in Most-At-Risk Populations***	IDUs: 34.7% (Kathmandu) (2007) Sex Workers: 1.4% (2006) MSM: 3.3% (2007) (Urban based)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy**	13% (end 2007)

*US Census Bureau **NCASC 2007 ***IBBS 2006, 2007

Although less than 1 percent of Nepal's adult population is estimated to be HIV-positive, according to UNAIDS, the prevalence rate masks a concentrated epidemic among at-risk populations such as female sex workers (FSWs), injecting drug users (IDUs), men who have sex with men (MSM), and migrants. Since Nepal's first cases of HIV/AIDS were reported in 1988, the disease has primarily been transmitted by injecting drug use and unprotected sex. Available data indicate that there was a sharp increase in the number of new infections starting in 1996, coinciding with the outbreak of civil unrest. However, the incidence appears to be leveling off with recent evidence of reduced prevalence and lower overall numbers. As of December 2007, the Government of Nepal reported 1,610 cases of AIDS and 10,546 HIV infections. UNAIDS estimates from 2007 indicate that approximately 75,000 people in Nepal are HIV-

positive, including all age groups. The Government of Nepal's National Center for AIDS & STD Control (NCASC) estimated that number to be closer to 70,000 in December 2007.

The epidemic in Nepal is driven by IDUs, migrants, sex workers and their clients, and MSM. Results from the 2007 Integrated Bio-Behavioral Surveillance Study (IBBS) among IDUs in Kathmandu, Pokhara, and East and West Terai indicate that the highest prevalence rates have been found among urban IDUs, 6.8 percent to 34.7 percent of whom are HIV-positive, depending on location. However, in terms of absolute numbers, Nepal's 1.5 million to 2 million labor migrants account for the majority of Nepal's HIV-positive population. In one subgroup, 2.8 percent of migrants returning from Mumbai, India, were infected with HIV, according to the 2006 IBBS among migrants. As of 2007, HIV prevalence among FSWs and their clients was less than 2 percent and 1 percent, respectively, and 3.3 percent among urban-based MSM. HIV and AIDS case reporting by the NCASC reports HIV infections to be more common among men than women, as well as in urban areas and the far western region of the country, where migrant labor is more common. According to Nepal's 2007 United Nations General Assembly Special Session (UNGASS) report, labor migrants make up 41 percent of the total known HIV infections in the country, followed by clients of sex workers (15.5 percent) and IDUs (10.2 percent).

While the most recent data demonstrate a stabilizing of the epidemic and a downward trend in seroprevalence among several of the key high-risk groups, a number of issues pose continued challenges for Nepal. Many sex workers are also IDUs, migrants, or both, increasing the spread of HIV among at-risk groups. A large portion of men who purchase sex are also married, making them potential conduits for HIV to bridge to the general population. Poverty, low levels of education, illiteracy, gender inequalities, marginalization of at-risk groups, and stigma and discrimination compound the epidemic's effects. Unsafe sex and drug injection practices, civil conflict, internal and external mobility, and limited adequate health care delivery multiply the difficulties of addressing HIV/AIDS. Moreover, existing care and support services are already overwhelmed as increasing numbers of HIV-infected individuals become sick with AIDS.

Street children are also one of the most vulnerable groups. The UNICEF report *Increasing Vulnerability of Children in Nepal* estimates the number of children orphaned by HIV/AIDS to be more than 13,000. The national estimate of children 0 to 14 years of age infected by HIV is 2,500 (2007).



Nepal has a high tuberculosis (TB) burden, with 81 new cases per 100,000 people in 2005, according to the World Health Organization. HIV infects 3.1 percent of adult TB patients, and HIV-TB co-infections complicate treatment and care for both diseases.

National Response

The NCASC coordinates Nepal's response to the HIV/AIDS epidemic. In 1992, the Government of Nepal founded the National AIDS Coordination Committee to lead the multi-sectoral response to HIV/AIDS and followed with the establishment of the National AIDS Council to oversee the Committee's efforts. However, both the Council and the Committee have been ineffective, in part because of civil strife.

Despite this fact, substantial progress has been made with respect to national commitment and a strengthened response to address the HIV/AIDS epidemic in the country. HIV and AIDS have been recognized as a priority in the new interim three-year development plan. The national program is implemented under one national HIV/AIDS action plan framework. A national monitoring and evaluation system has been developed, and the Government of Nepal has taken initial steps toward establishing a semi-autonomous coordination body for HIV and AIDS. There is strong civil society engagement in the response.

Given the nature of the epidemic in Nepal, most of the national initiatives have focused on leadership, partnerships and the involvement of civil society for prevention, care, and support for its most-at-risk populations. From 2003, the NCASC implemented the HIV/AIDS Operational Plan based on the National Strategy 2002–2006. Currently, the HIV/AIDS activities are shaped by the second National HIV/AIDS Strategy 2007–2011, and implementation is coordinated under the 2006–2008 National Action Plan, which has the following priorities:

- Preventing the spread of sexually transmitted infections (STIs) and HIV infection among at-risk groups;
- Ensuring universal access to quality treatment, diagnostics, care, and support services for infected, affected, and vulnerable groups;
- Ensuring a comprehensive and well-implemented legal framework on HIV/AIDS promoting human rights and establishing HIV/AIDS as a development agenda;
- Enhancing leadership and management at national and local levels for an effective response to HIV/AIDS;
- Using strategic information to guide planning and implementation for an improved effective response; and
- Achieving sustainable financing and effective utilization of funds.

The vision of the national strategy is to expand the number of partners involved in the national response and to increase the effectiveness of Nepal's response. It also emphasizes prevention as key for an effective response to the epidemic, particularly in areas with high levels of out-migration. The strategy includes care and support for people infected and affected by HIV/AIDS while recognizing the contribution of care and support to effective prevention. It also recognizes the importance of accurately tracking the epidemic to monitor the effectiveness of interventions.

Nepal's political instability has resulted in nominal government support for national HIV and AIDS programs. Therefore, most HIV/AIDS activities are funded by external development partners. Antiretroviral treatment (ART) coverage has increased from no free or publicly available treatment three years ago to 13 percent of those estimated to need ART accessing free treatment. ART drugs are provided through a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria. While there is a need to expand services further, several organizations provide community care and support services.

Nepal receives assistance from several international donor organizations, including the Global Fund and Great Britain's Department for International Development. The Global Fund approved a second-round grant in 2003 to support HIV/AIDS prevention among labor migrants and young people and to care for HIV-infected individuals. Nepal was also approved for a seventh-round grant in 2007 that will focus on labor migrants and target gaps in services for MSM and IDUs.

USAID Support

The United States Agency for International Development (USAID) programs in Nepal are implemented in partnership with the U.S. President's Emergency Plan for AIDS Relief. The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease – a five-year, \$15 billion, multifaceted approach to combating the

disease in more than 114 countries around the world. To date, the U.S. has committed \$18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of \$15 billion over five years.

USAID has historically been the largest single funding organization for HIV/AIDS activities in Nepal. USAID works to expand and strengthen behavior change interventions; expand voluntary counseling and testing (VCT) linking it to prevention, STI treatment, and care and support in target areas; provide community-based care for people living with HIV/AIDS; deliver technical assistance and policy support to strengthen the Government of Nepal's capacity to implement and manage the HIV/AIDS operational plan; improve surveillance, strategic information, and logistic systems; address policy reform; and conduct communications efforts to improve adolescents' knowledge of HIV.

In 2006, USAID launched two new projects: the Advancing Surveillance, Policies, Prevention, Care and Support to Fight HIV/AIDS Project, and a social marketing project called the Nepal Social Marketing and Franchise Project. USAID-supported successes in 2007 include:

- Providing technical assistance to the Government of Nepal and collaborating agencies for HIV commodity security, prevention of mother-to-child transmission, pediatric ART, monitoring and evaluation, and surveillance and strategic information;
- Reducing risk among vulnerable populations such as FSWs and their clients through prevention activities along main transport routes and in major cities;
- Scaling up project activities in 26 districts, reaching more than 179,000 people with community outreach programs;
- Establishing integrated health services in 30 sites, with more than 6,600 people receiving STI services and more than 12,000 people receiving HIV counseling, testing, and results; and
- Establishing VCT services for IDUs in three new sites and community- and home-based care in eight sites.

Important Links and Contacts

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USAID HIV/AIDS Web site for Nepal http://www.usaid.gov/our_work/global_health/aids/Countries/ane/nepal.html

For more information, see http://www.usaid.gov/our_work/global_health/aids

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