

# NEPAL

*Report prepared by the Joint UN Team on AIDS*

## JOINT TEAM

UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN WOMEN, ILO, UNESCO, WHO, UNAIDS SECRETARIAT, IOM

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

*Despite the COVID-19 pandemic, the Joint Team supported the Government to implement improved antiretroviral treatment regimens, same-day treatment initiation, and multimonth dispensing of antiretroviral treatment ensuring the continuity of services among people living with HIV. The Joint Team also successfully advocated for rollout of a take-home doses of methadone for people who use drugs during the pandemic. Health care providers were trained and Dolutegravir-based antiretroviral medicines were donated to all treatment sites across the country to support transition of eligible people living with HIV to the new regimen. Viral load testing was scaled up reaching thousands of people living with HIV and laboratory technicians were capacitated on management of dried blood spots to improve early infant diagnosis. Psychosocial support was provided for children, adolescent, and adults living with or affected by HIV while people from key populations, including female sex workers received economic and food support to help them overcome some of the impacts of the COVID-19 pandemic. Training and on-site mentoring was provided for teachers and innovative platforms were developed to strengthen the quality of comprehensive sexuality education. In collaboration with development partners the Joint Team supported the rollout of a pilot pre-exposure prophylaxis programme in 2019 and development of standard operating procedures in 2021/22. Hundreds of young people from key populations groups, including sex workers, men who have sex with men, and transgender person were mobilized to share their experiences and share their knowledge around mental health, psychological and legal support. Substantial technical assistance by the Joint Team enabled Nepal to mobilize close to US\$ 67 million for the national HIV response and the allocation of an additional Global Fund US\$ 12 million under the Prioritized Above Allocation Request for the implementation of HIV programmes targeting transgender people, female sex workers, and men who have sex with men.*

## HIV TESTING AND TREATMENT

The Joint Team played a pivotal role in steering the refinement and rollout of the 2020 national HIV testing and treatment guidelines. The new guidelines include testing strategies for HIV-exposed infants and pregnant women, the introduction of Dolutegravir-based treatment as the first-line regimen for all people living with HIV and multimonth dispensing (MMD) of antiretroviral treatment.

With the support of the Joint Team, Nepal launched the national same-day initiation of antiretroviral treatment initiative, significantly increasing enrolment in treatment, despite the COVID-19 pandemic. By December 2021, the enrolment of people living with HIV on treatment had risen to 21 723 from 18 628 in 2019.

In 2020, the Joint Team supported the Government to conduct a virtual orientation on Dolutegravir-based treatment for more than 100 healthcare providers working in treatment sites in all seven provinces to ensure effective implementation of the new regimen in Nepal. By the end of 2021, more than 90% of the people living with HIV in Nepal were transitioned to Dolutegravir-based treatment.

To ensure the continuity of treatment services, the Joint Team also continued to support the Ministry of Health and Population with timely procurement and delivery of antiretroviral treatment during the pandemic. Antiretroviral medicines worth US\$ 50 000 were donated to the Ministry as emergency support to prevent potential stockouts of second-line treatment regimens.

In partnership with the National Association of People Living with HIV/AIDS in Nepal (NAP+N) and the National Federation of Women Living with HIV/AIDS in Nepal (NFWLHA), the Joint Team expanded community-led antiretroviral treatment and follow-up services among people living with HIV during the COVID-19 pandemic. Additionally, the Joint Team successfully advocated for wider involvement of community home-based care workers (CHBC) in the home delivery of antiretrovirals to people living with HIV who were not able to visit health centres during the lockdown period.

Technical assistance was afforded to scale up viral load testing services, which are now provided at eight testing sites in five provinces. In 2020-2021, an estimated 20 295 people living with HIV received viral load testing with a suppression rate of over 90%. Additionally, the Joint Team supported the training of 66 laboratory technicians and healthcare workers in the collection and management of dried blood spots to strengthen early infant diagnosis (EID) in Nepal.

The Joint Team made significant contributions to ensure the official designation of the National Centre for AIDS and STD Control (NCASC) to lead the viral hepatitis control programme in Nepal. Direct-acting antiviral (DAA) treatment for Hepatitis C worth US\$ 30 000 was also donated to the Government to support treatment services among people with HIV and hepatitis C co-infection in three major health facilities in the capital Kathmandu.

Intense advocacy by the National AIDS Programme and the Joint Team resulted in the rollout of a take-home doses of methadone maintenance treatment benefiting many people who use drugs during the COVID-19 lockdown period.

The Joint Team provided mental health support to more than 50 000 children and adolescents and over 30 000 parents and teachers across the country—these figures include more than 100 children, adolescents, and adults living with or affected by HIV during the COVID-19 pandemic. Meanwhile, through a partnership with NFWLHA, food baskets and hygiene kits were distributed to 200 women and families impacted by the pandemic in 2020. Comprehensive relief packages, which includes monetary support was provided to 45 women living with HIV in 21 municipalities in four provinces.

## HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

Technical and financial assistance was provided to train 661 teachers from 12 schools in 10 districts, and carryout onsite mentoring and coaching for 14 teachers improving their skills on the delivery of comprehensive sexuality education. The Joint Team further assisted the adoption of innovative digital platforms and community outreach approaches to improve access to comprehensive sexuality education among adolescents and young people during pandemic-related school closures. Additionally, peer educators were mobilized to increase the understanding of their peers about comprehensive sexuality education, including gender and social norms, sexual and reproductive health and rights, and menstrual health and hygiene.

The Ministry of Health and Populations received substantial technical assistance from the Joint Team together with Family Health International 360 (FHI360) for the development of the standard operating procedures for the administration of pre-exposure prophylaxis (PrEP). The United States President's Emergency Plan for AIDS relief (PEPFAR) and the Joint Team supported the roll out of the pilot PrEP programme in 2019, and since then 4071 people in Nepal have accessed PrEP services.

In 2020-2021, the Joint Team procured and donated 17 143 668 male condoms for redistribution by the Ministry of Health and Population and non-governmental organizations throughout the country.

More than 500 young people from key populations groups, including sex workers, men who have sex with men, and transgender person were mobilized to discuss their concerns around mental health, psychological support, and legal issues through 17 virtual sessions supported by the Joint Team during the COVID-19 pandemic lockdown period.

In 2020, the Joint Team, in collaboration with seven local civil society organizations distributed essential food and hygiene kits to 610 female sex workers to meet basic needs and curtail their risks of HIV and other sexually transmitted infections during the COVID-19 pandemic. Additionally, 500 female sex workers in Bhaktapur, Kathmandu, and Lalitpur cities received comprehensive relief packages, comprising food and non-food items. Under the comprehensive relief support package project, cash transfers, food packages, and non-food items were also delivered to 237 people from the lesbian, gay, bisexual, transgender, and intersex (LGBTI) community in Bagmati, Lumbini, Madhesh, and Sudurpaschim provinces to enhance their livelihood and resilience during the COVID-19 pandemic.

## INVESTMENT AND EFFICIENCY

The Joint Team worked with national partners and stakeholders on the review of the National HIV Strategic Plan 2016-2021 and the development of a forward-looking National HIV Strategic Plan 2021-2026 based on the findings of the review process.

The Joint Team provided technical and financial support for the first national Integrated Biological and Behavioural Surveillance (IBBS) survey with a particular focus on people who use drugs in Nepal. The survey revealed a 2.8% HIV prevalence among this group. It also highlighted more than 13% hepatitis C infection.

Technical assistance supported an in-depth analysis of most current set of data and information (including IBBS data) on the HIV epidemic in Nepal and the impact of the response. While providing key proposals to improve the overall quality of HIV data, the study also analysed HIV data at provincial level. This evidence informed the review of the current and development of the new National HIV Strategic Plan. The findings and recommendations were also used to inform Global Fund and PEPFAR funding proposals.

Substantial technical support was provided for the preparation of the Global Fund concept note mobilizing US\$ 48 582 702 to support the national HIV, tuberculosis, and malaria responses during the 2021-2024 grant period. A total of US\$ 18.4 million was also secured from PEPFAR for the 2019/20 and 2020/21 programme implementation periods. The Joint Team also facilitated active and meaningful participation of people living with HIV and representatives of key populations in these preparations to ensure the needs and priorities of these groups were included adequately. For instance, concerted advocacy by the Joint Team and technical support to the network of transgender people led to the Government's approval to incorporate HIV programmes targeting transgender people, female sex workers, and men who have sex with men in the Global Fund proposal and subsequent allocation of US\$ 12 million under the Prioritized Above Allocation Request (PAAR).

### CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team in Nepal continued its contribution towards the Sustainable Development Goal (SDG) 3 through advocacy, guidance and technical support to the Government and partners to ensure health and wellbeing of all people by 2030.

Under the United Nations Global Programme to End Child Marriage, the Joint Team continued the implementation of the Rupantaran Social and Financial Skills Package in five districts of three provinces—a direct contribution towards the Sustainable Development Goal (SDG) 5.

### CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic and reforms in the health system (federalization) diverted the attention of government officials and partners away from the issue of HIV. A high turnover and limited capacity of healthcare providers at the federal, provincial, and local levels remained a concern. Lessons learned showed the need to accelerate capacity building and investment to ensure adequate human resources for the HIV response.

Uncertainties in domestic and external financing of the national HIV response posed a challenge in securing full funding for National HIV Strategic Plan. Nepal's domestic investment in the HIV response remained at less than 30%.

While the number of people living with HIV enrolled on antiretroviral treatment and the number of sites providing viral load testing increased, viral load testing was low in 2021 due to challenges in sample transportation to the testing sites, and shortage of testing reagents.

Current national procurement policies and practices are not adequately suited to the needs of the HIV and tuberculosis programmes. Lessons learned underscored the need for the Joint Team to intensify its efforts to prevent nationwide stockout of vital medicines and commodities. There is also a need for the Government to strengthen procurement policies and logistics to ensure a more efficient delivery of HIV and related services.

Although Nepal has made great strides towards its target of eliminating mother-to-child transmission of HIV and syphilis by 2026, achieving this goal will be a challenge unless proper prioritisation, coordination with resources (staffing, capacity building and logistics) are ensured at the federal, provincial and local levels.

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