



Factsheet 1: HIV Epidemic Update of Nepal

Facts about HIV Epidemic in Nepal

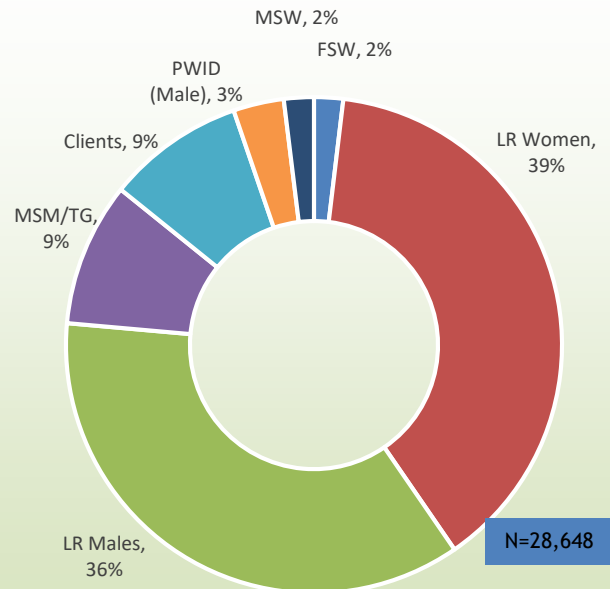
- ☒ The first HIV case was detected in 1988.
- ☒ The key populations are as follows:
 - 🚫 People who inject drugs (PWID)
 - 🚫 Sex workers and their clients (Male and Female)
 - 🚫 Men who have sex with men (MSM) and transgender people
 - 🚫 Male labor migrants and their wives
 - 🚫 Prison Inmates
- ☒ Heterosexual transmission is dominant
- ☒ HIV prevalence among adult population in the country is below 1%

HIV Estimates in Nepal

- ☒ **Estimated number of people living with HIV: 29,944**
 - 🚫 Male 17,732
 - 🚫 Female 12,212
 - 🚫 Children (0-14 years): 1,296
 - 🚫 Adults (15-49 years): 21,408
 - 🚫 Adults (50+ years): 7,240
- ☒ **Adult HIV prevalence (15-49 years): 0.14%**
- ☒ **Estimated new infection in 2018: 873**

Source: National HIV Estimates, NCASC, 2018

Figure 1: Distribution of People Living with HIV (15 years and above), 2018



PWID: People who Inject Drugs; MSW: Male Sex Workers; MSM: Men who have Sex with Men; TG: Transgender People, LR: Low Risk; FSW: Female Sex Workers

Source: National HIV Estimates, NCASC, 2018

Table 1: Key Indicators of HIV Estimates in Nepal

Indicators	Value (2018)
🚫 HIV Incidence per 1000	0.03%
🚫 Percentage of women 15-49 years living with HIV (of estimated adult PLHIV)	32.4%
🚫 Annual number of new infection (Male to Female ratio)	873 (2:1)
Annual number of new HIV infections - Male	561
Annual number of new HIV infections - Female	312
🚫 Annual number of new HIV positive pregnant women	220
🚫 Average number of new infections per day	2
🚫 Annual number of new infections among children (0-14 years)	63
🚫 Annual number of AIDS-related deaths	895
🚫 Annual number of AIDS-related death among children (0-14 years)	32

Source: National HIV Estimates, NCASC, 2018

For Further Information Please Contact:

National Centre for AIDS and STD Control, Teku, Kathmandu

Phone: +977 - 1 - 4258 219, 4261 653, 4262 753

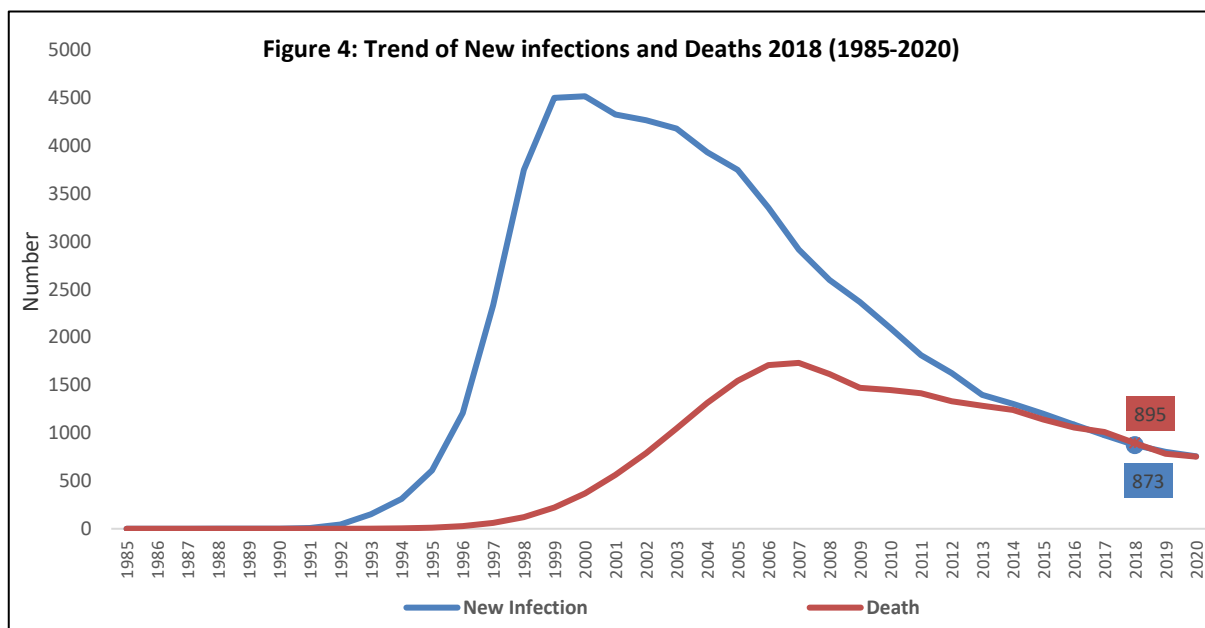
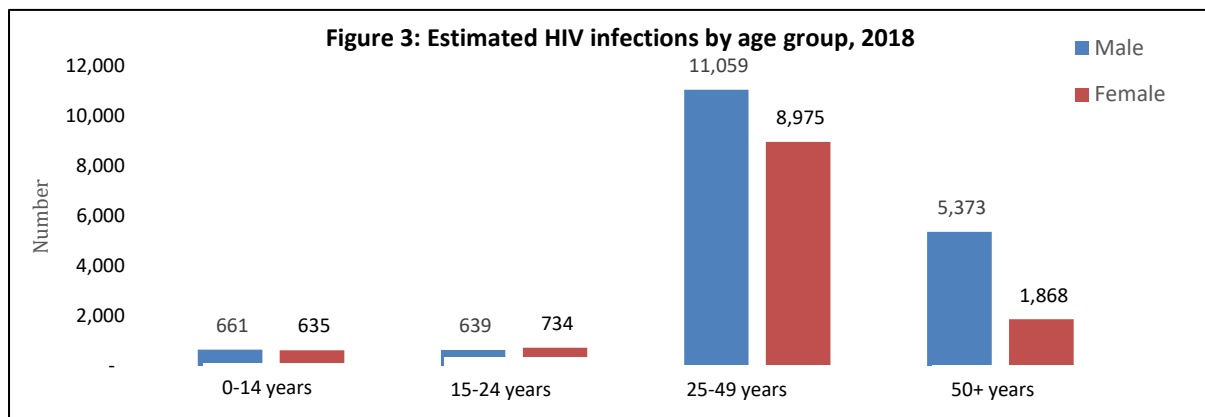
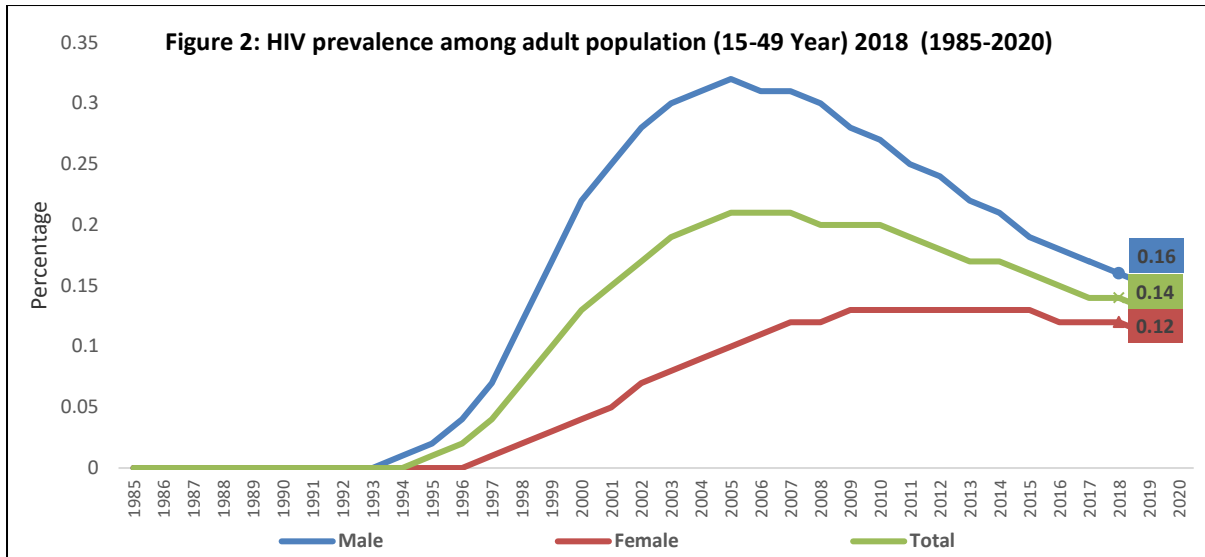
Fax: +977 - 1 - 4215149

Email: data@ncasc.gov.np

Website: www.ncasc.gov.np



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



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 National Centre for AIDS and STD Control, Teku, Kathmandu
Phone: +977 - 1 - 4258 219, 4261 653, 4262 753
Fax: +977 - 1 - 4215149
Email: data@ncasc.gov.np
Website: www.ncasc.gov.np



Factsheet 2: People Diagnosed with HIV since Start of the Epidemic in Nepal

Table 1: Reported HIV cases, as of 15 July 2019

	Male	Female	Transgender (TG)	Total
Ever Reported Cases	21,469	13,343	250	35,062
Alive PLHIV	10,966	10,290	132	21,388

Table 2: Ever Reported HIV Infections by Sub-Group and Gender as of 15 July 2019

Risk Groups	Male	Female	TG	Total	%
Sex Workers (SW)	154	1,713	54	1,921	5.5%
People who inject drugs (PWID)*	3,180	106	9	3,295	9.4%
Men who have sex with Men (MSM)**	692	1	167	860	2.5%
Blood and blood products	90	42	3	135	0.4%
Clients of SWs	11,033	200	7	11,240	32.1%
Migrant Workers***	3,471	295	2	3,768	10.7%
Spouse/Partner of Migrants	213	2,601	2	2,816	8.0%
Others****	2,636	8,385	6	11,027	31.5%
Total	21,469	13,343	250	35,062	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"

Table 3: Ever Reported HIV Infections by Age Group and Gender as of 15 July 2019

Age Group (Years)	Male	Female	TG	Total	%
0 - 4	527	338	0	865	2.5%
5 - 9	610	432	0	1,042	3.0%
10 - 14	325	251	0	576	1.6%
15 - 19	533	521	16	1,070	3.1%
20 - 24	2,189	1,779	53	4,021	11.5%
25 - 49	15,801	9,288	169	25,258	72.0%
50 - above	1,484	734	12	2,230	6.4%
Total	21,469	13,343	250	35,062	100.0%

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Phone: +977 - 1 - 4258 219, 4261 653, 4262 753

Fax: +977 - 1 - 4215149

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 Teku, Kathmandu



Figure 1 : Distribution of Reported HIV Cases by Province and Gender (FY 75/76)

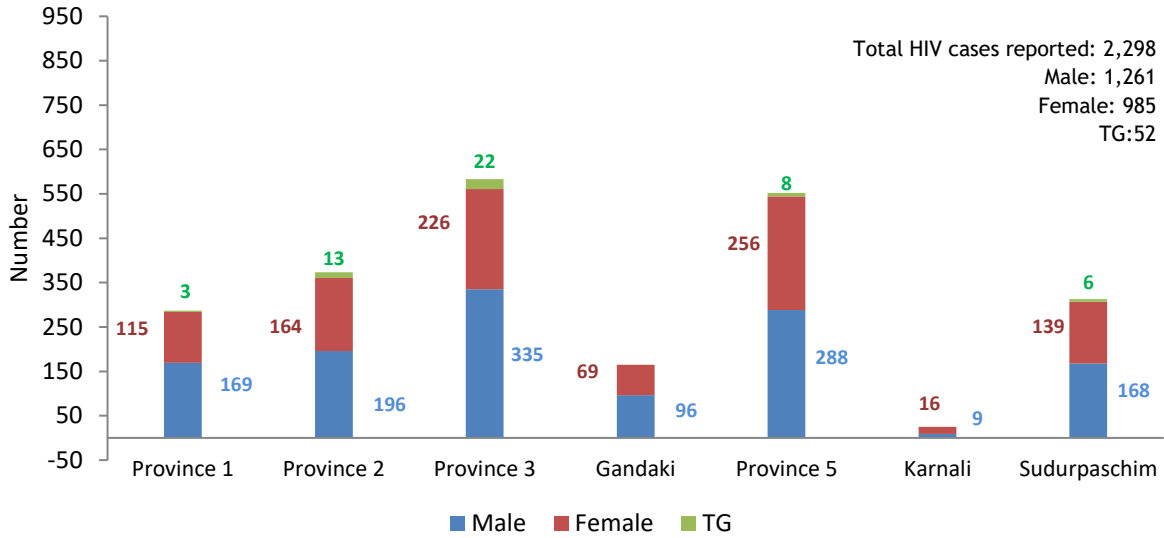
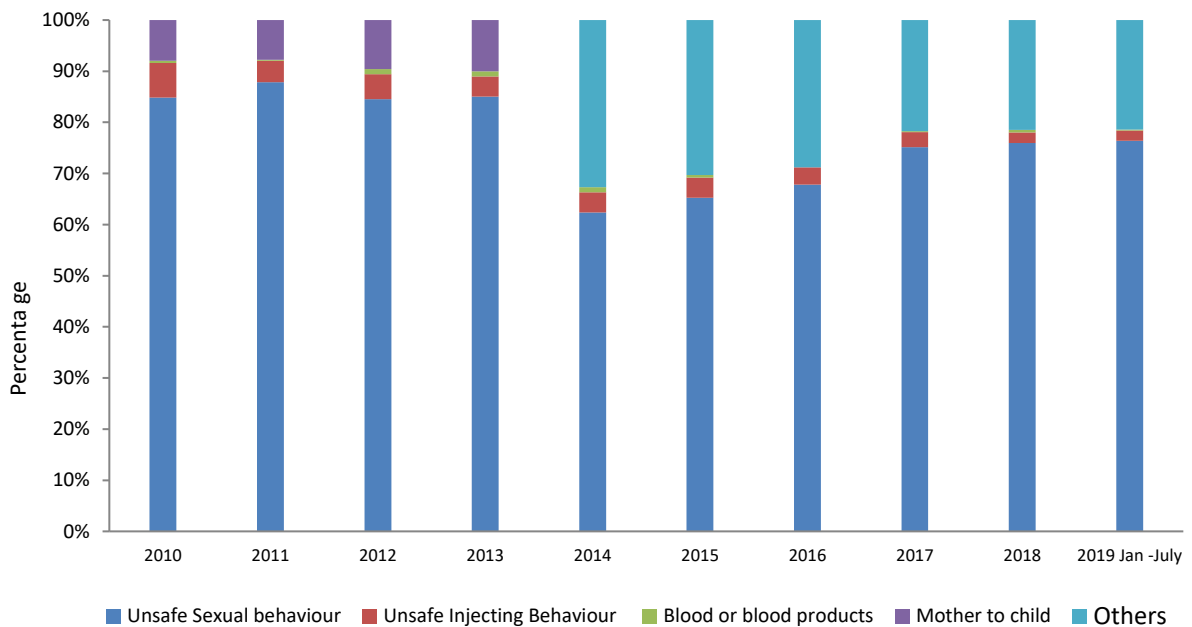


Figure 2: Reported HIV Cases by Mode of Transmission in Nepal, 2010-2019 July



Note: The unidentified mode of transmission is categorized as risk group "Others" from 2013/2014.

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Factsheet 3: HIV Testing and Counseling (HTC) Services

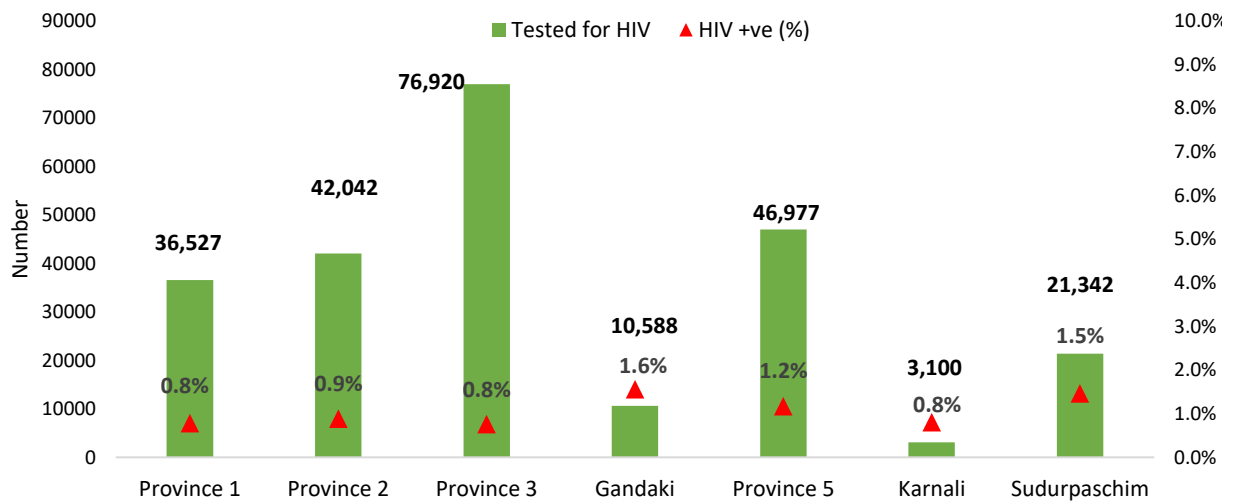
Background about HTC in Nepal

- ✘ 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 2017 National HIV Testing and Treatment Guidelines.
- ✘ Community based testing approach has also been initiated in key populations as suggested by 2017 National HIV Testing and Treatment Guidelines. Nepal has also implemented community led testing approach to maximize HIV testing among key populations in selected districts (MSM and TG: 25, PWID: 27 and FSW:17).
- ✘ There are 175 service sites providing HIV testing and counseling, including 137 government sites as of July 2019.

Table 1: HIV Testing and Counseling 2010 - 2019 (Jan-July)

Indicators	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 (Jan-July)
Tested for HIV	106,325	95,501	120,450	139,566	116,439	164,051	173,195	294,324	265,055	134,399
HIV positive	2,015	2,060	2,433	2,426	1,907	1,610	2,144	1,842	2,226	1,417

Figure 1: HIV Testing and Yield Proportion by Province in Nepal (FY 075/76)



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Phone: +977 - 1 - 4258 219, 4261 653, 4262 753

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 Teku, Kathmandu



Figure 2: Reported HIV Infections by Age Group: 2004 -2019 (Jan-July)

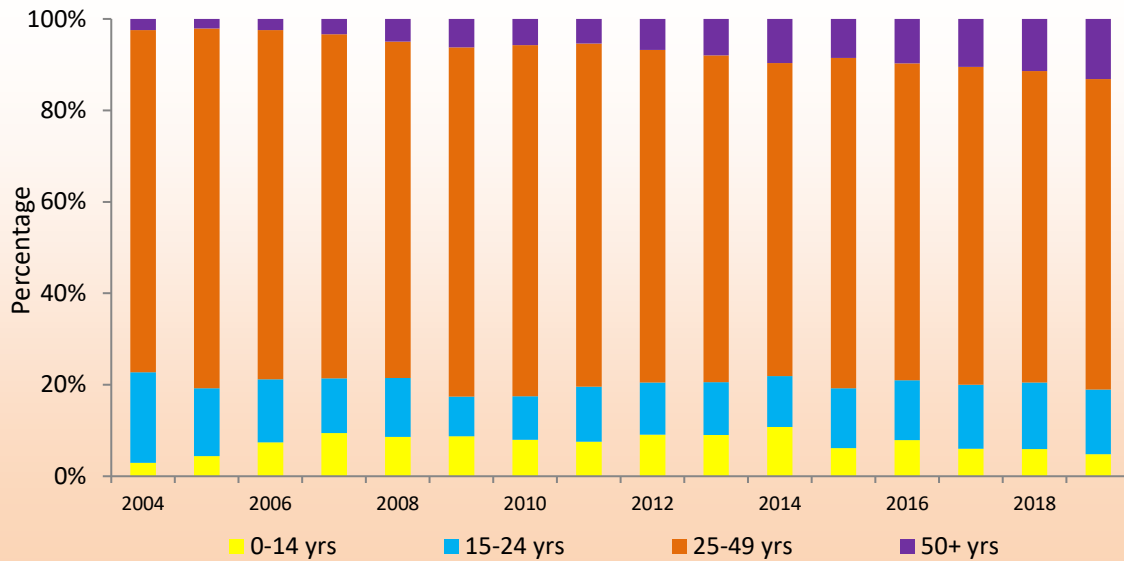
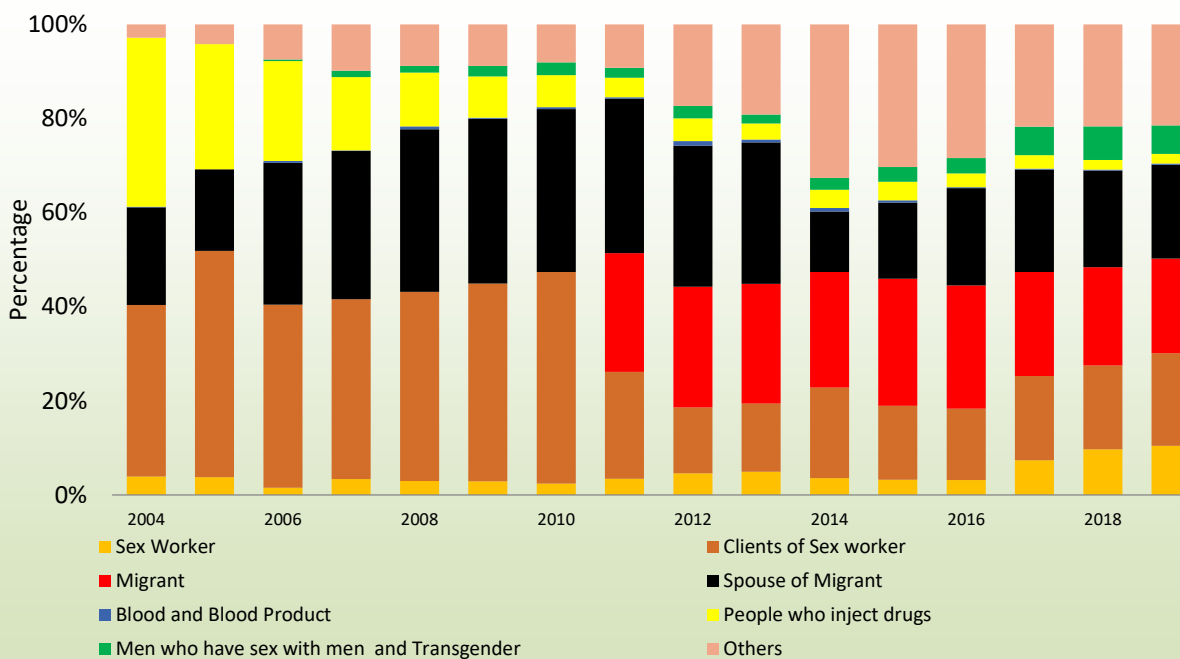


Figure 3: Reported HIV Infections by Risk Groups: 2004 - 2019 (Jan-July)



Note: "Others" category includes "Children", "Male Partner", "Prison Inmates" and "unidentified risk group".

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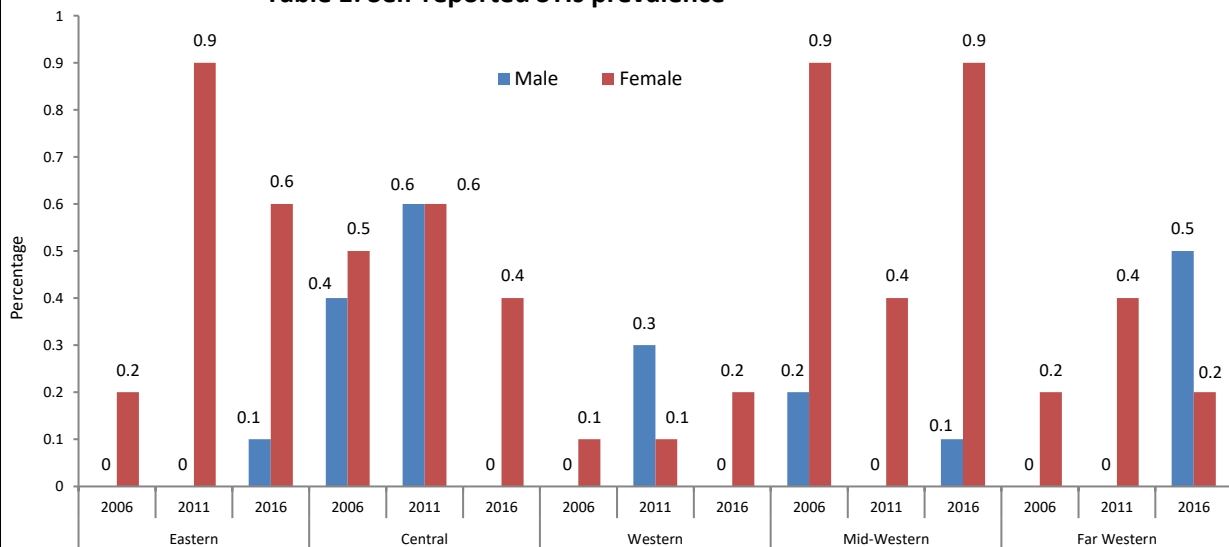


Factsheet 4: Management of Sexually Transmitted Infections (STIs)

Background about STIs in Nepal

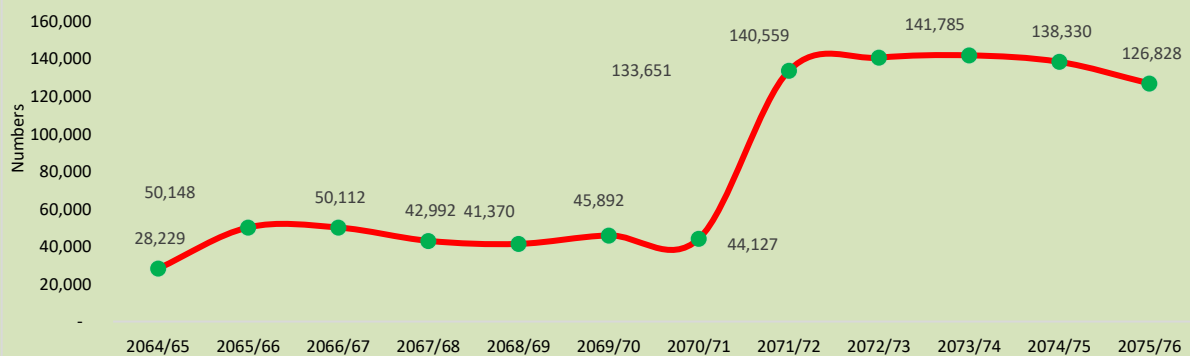
- ✘ Key interventions for management of STIs in Nepal are targeted Behavior Change Communication (BCC), condom promotion and distribution, diagnosis and treatment of STIs (both syndromic and etiological management) and referral services.
- ✘ STIs management services are available from Government Health Facilities and NGOs for key population.
- ✘ 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 are the main source of information for STIs prevalence among key population in Nepal.

Table 1: Self-reported STIs prevalence



Source: Nepal Demographic Health Survey (NDHS) 2006, 2011 and 2016

Figure 1: Annual Reported Cases of STIs



Source: Annual Report, Department of Health Services (DoHS) FY 073/74/
iHMIS Routine Program Data FY 2074/75 & FY 2075/76

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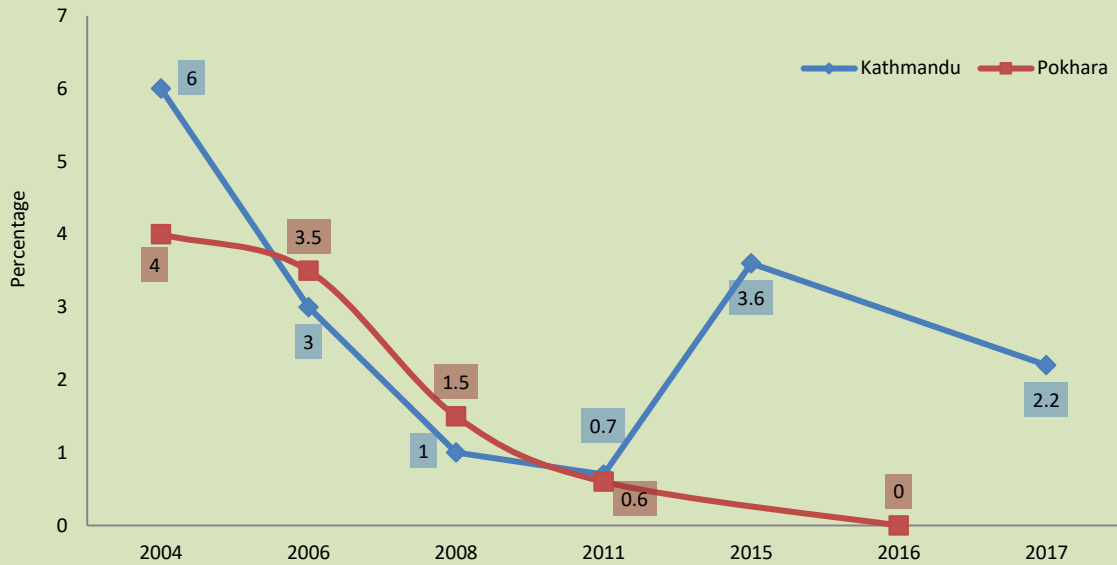
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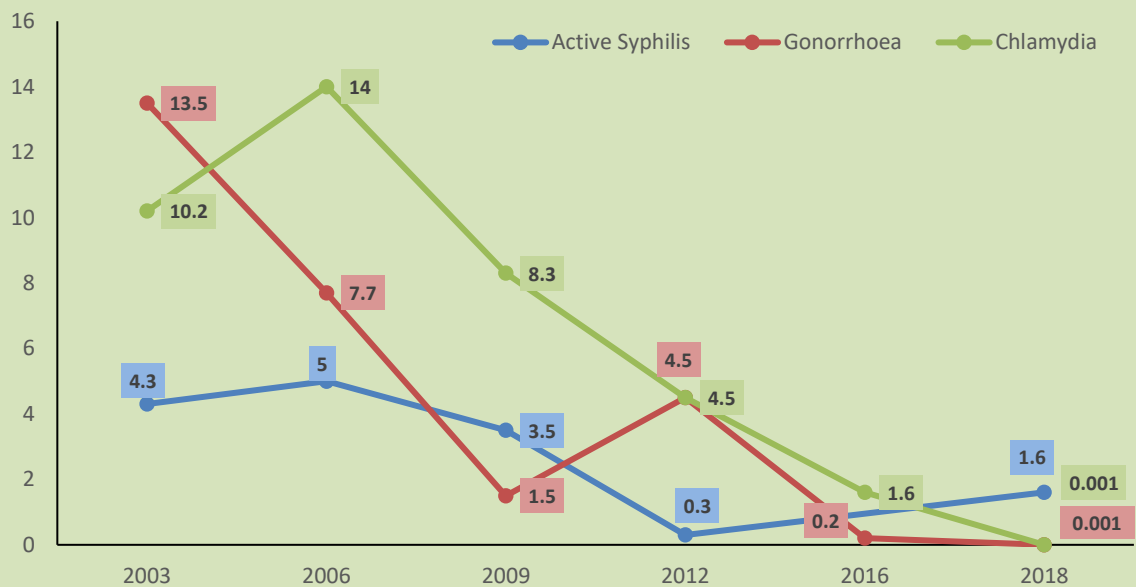


Figure 2: Prevalence of Active Syphilis among Female Sex Workers



Source: Integrated Biological and Behavioural Surveillance (IBBS) Survey

Figure 3: Prevalence of STI among Female Sex Workers in 22 Terai Highway Districts



Source: Integrated Biological and Behavioural Surveillance (IBBS) Survey

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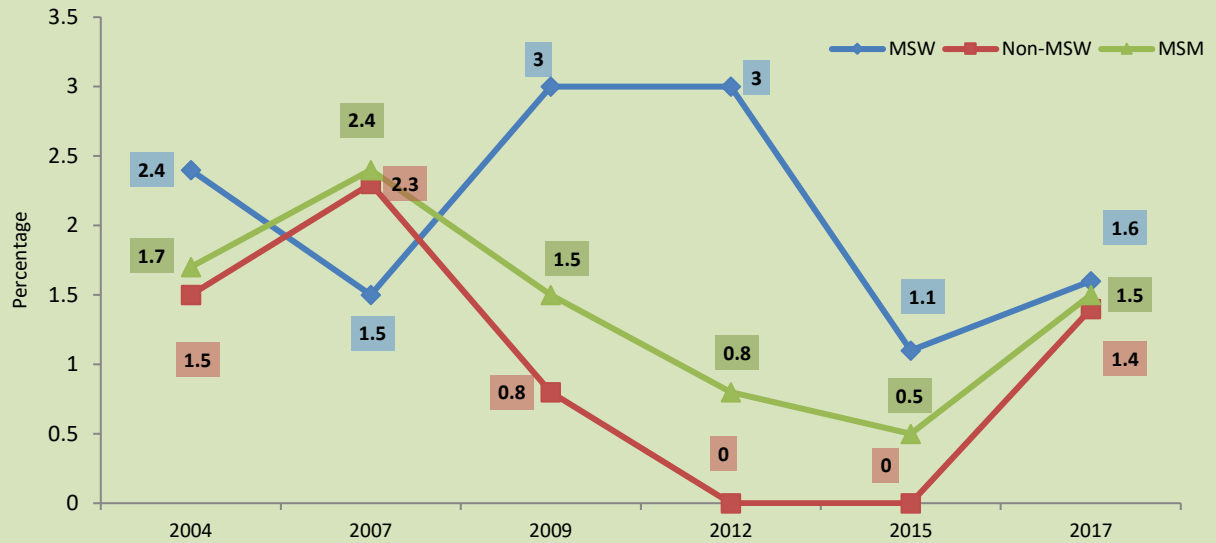
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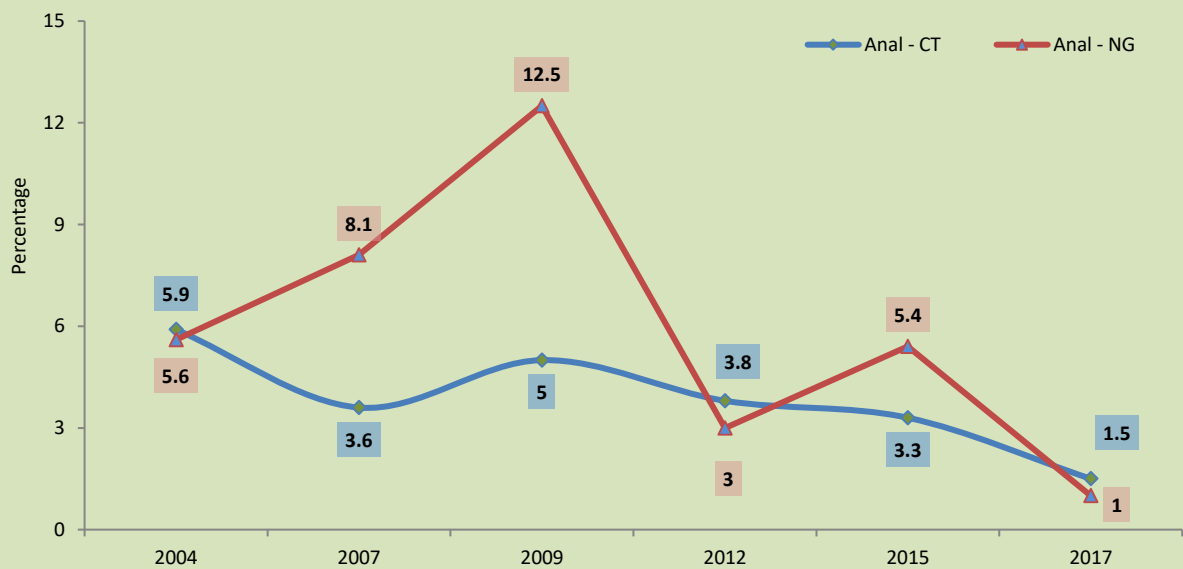


Figure 4: Prevalence of Active Syphilis among Men who have Sex with Men / Transgender in Kathmandu Valley



Source: Integrated Biological and Behavioural Surveillance (IBBS) Survey
 MSW: Male Sex Workers, Non- MSW: Non-Male Sex Workers, MSM: Men who have sex with Men

Figure 5: Prevalence of STI among Men who have Sex with Men / Transgender in Kathmandu Valley



Source: Integrated Biological and Behavioural Surveillance (IBBS) Survey
 CT: Chlamydia Trachomatis ; NG: Neisseria Gonorrhoea

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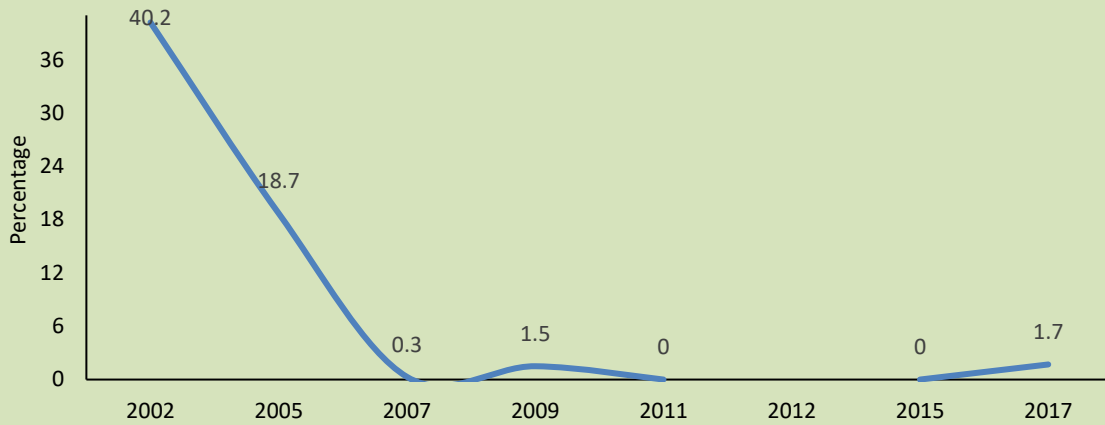
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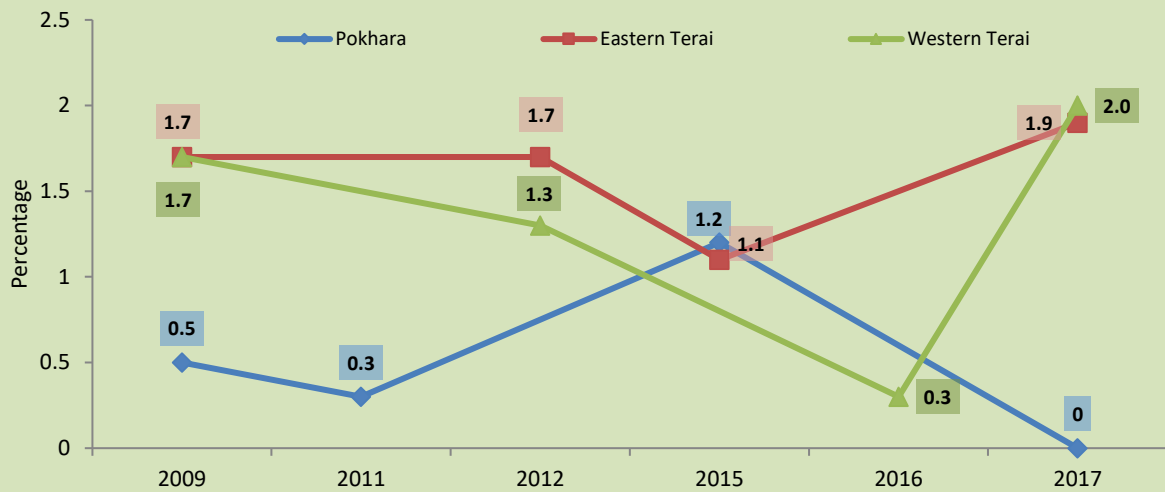


Figure 6: Prevalence of Active Syphilis among People who Inject Drugs (Male) in Kathmandu Valley



Source: Integrated Biological and Behavioural Surveillance (IBBS) Survey

Figure 7: Prevalence of Active Syphilis among People who Inject Drugs (Male)



Source: Integrated Biological and Behavioural Surveillance (IBBS) Survey

SN	Survey Populations	Study Area in 2018	Prevalence of Active Syphilis
1	Men who have Sex with Men and Transgender	Tarai Highway Districts	2.4
2	Female Sex Workers	22 Highway Districts	1.1
3	Male Labor Migrants	Eastern Districts	-
4	Wife of Migrants	Far Western Nepal	-

Source: Integrated Biological and Behavioural Surveillance (IBBS) Survey

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Factsheet 5: Prevention of Mother to Child Transmission (PMTCT) in Nepal

Table 1: Facts on PMTCT

Indicators	Value
Annual estimated pregnancies in 2017/2018*	755,647
Mothers requiring PMTCT in 2018	220
Total HIV positive pregnant women who received antiretroviral to reduce the risk of MTCT in 2018	146
Percentage of HIV positive pregnant women who receive antiretroviral to reduce the risk of MTCT in 2018	66%

Source: National HIV Estimates 2018
iHMIS Routine Program Data FY 2075/076

Background

- Comprehensive PMTCT service 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 counseling is done among every ANC visit or at the health facilities.
- ARV medicines are made available in all districts of Nepal. However, life-long ART service is only provided through 78 ART sites and 22ART Dispensing Centers (ADC) throughout the country.

Table 2: Services Statistics on PMTCT in Nepal: 2008 – July 2019

Indicators	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019 Jan -July
Tested for HIV (ANC & Labour)	42,733	65,791	94,511	124,025	129,131	142,043	158,146	187,552	306,872	394,867	467,930	267,321
HIV Positive pregnant women	84	133	138	169	175	125	162	88	154	106	81	45
HIV+ve mother Delivered	61	96	120	134	110	139	131	115	121	145	123	67
Mothers received ART	47	77	96	117	126	142	162	145	181	192	146	72
Babies received Prophylaxis	57	89	112	129	108	136	127	114	118	137	122	69

Source: NCASC Routine Program Data, 2019

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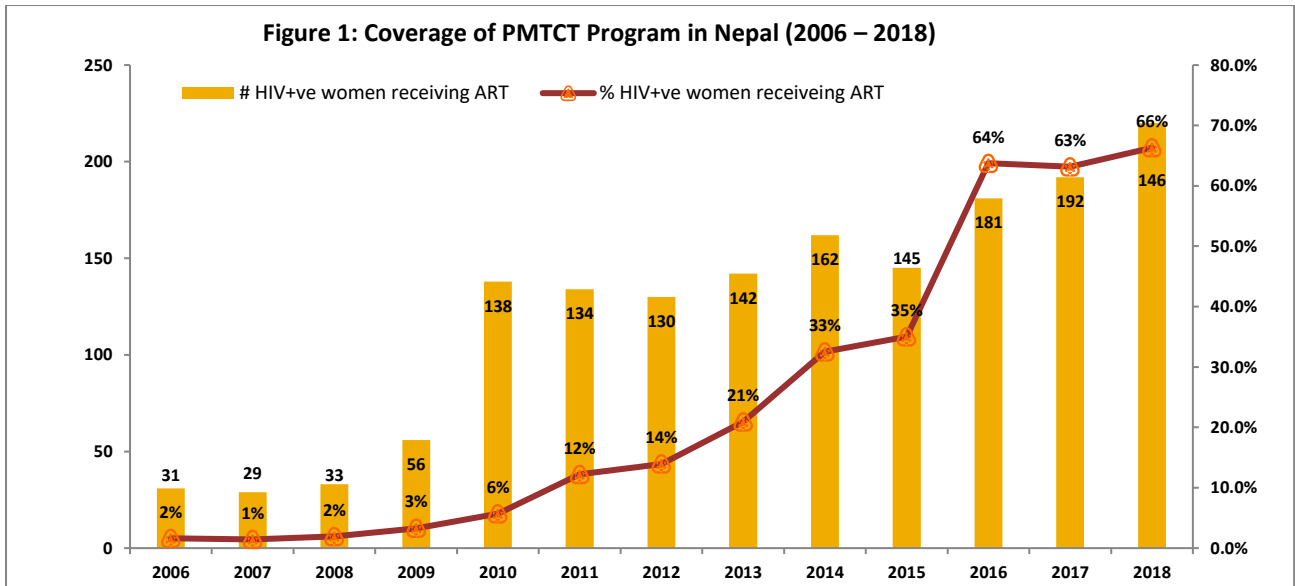
Fax: +977 - 1 - 4215149

Email: data@ncasc.gov.np

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Note: Option B+ was started from 2015 in Nepal

Early Infant Diagnosis (EID):

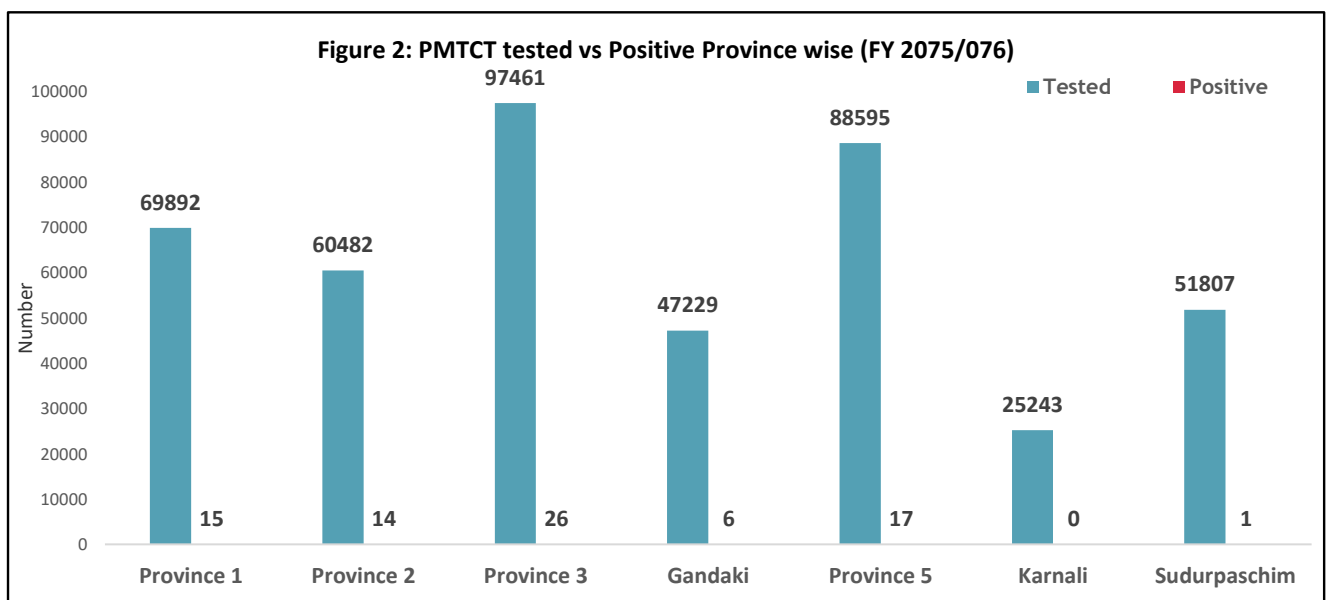
Early Infant Diagnosis (EID) service is available for babies born to the HIV-positive mothers to detect HIV status among exposed baby at the earliest.

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 3: Early Infant Diagnosis Program

SN	Indicator	2014	2015	2016	2017	2018	2019 (Jan-July)
1	Total number of children up to 18 months tested (PCR)	74	191	143	208	285	157
2	Total number of children up to 18 months diagnosed HIV positive through PCR test	4	15	10	16	25	12



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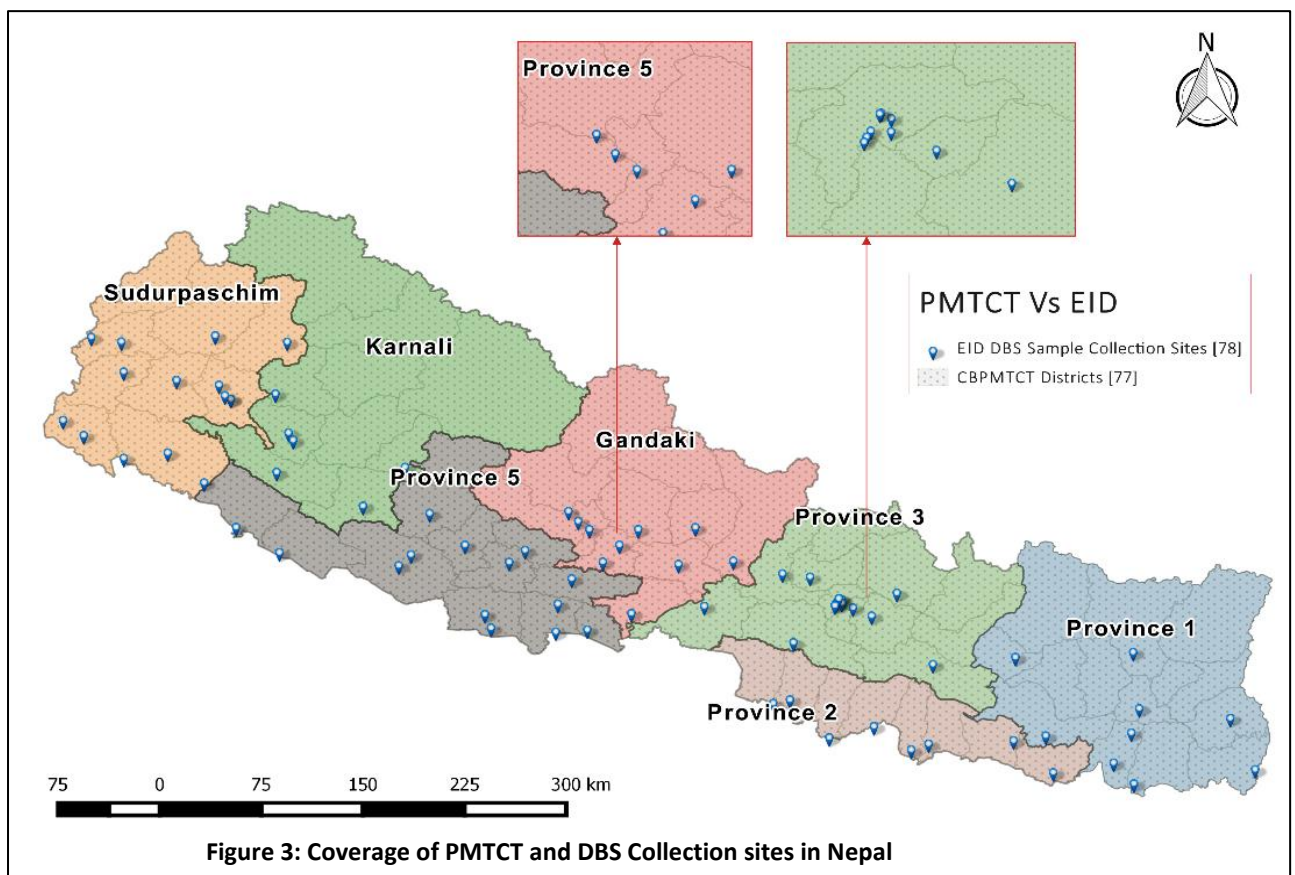
Fax: +977 - 1 - 4215149

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Government of Nepal
Ministry of Health and Population
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Teku, Kathmandu



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Phone: +977 - 1 - 4258 219, 4261 653, 4262 753

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Email: data@ncasc.gov.np

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Factsheet 6: HIV Care and Antiretroviral Therapy (ART) Services in Nepal

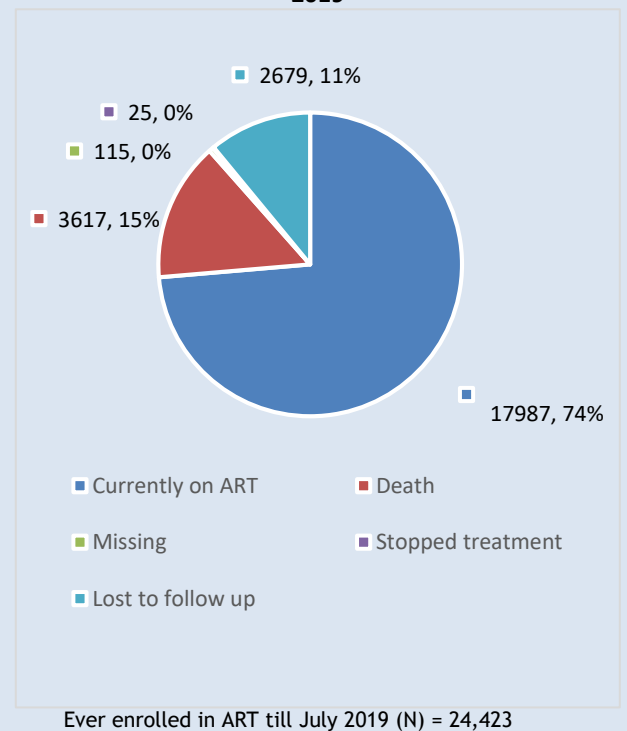
Background about ART program in Nepal

- ✂ 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 2019, there are 78 ART sites and 22 ART Dispensing Centers (ADCs) in 60 districts. ART Best Practice and Dispensing Guidelines for ART clinics in Nepal 2018 is developed. 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 32 sites in 30 districts.
- ✂ Viral load testing service is available at National Public Health Laboratory Kathmandu, Seti Zonal Hospital Kailali, Sukraraj Tropical and Infectious Disease Hospital Kathmandu and Bir Hospital Kathmandu. The service has also been expanded at Pokhara Academy of Health Sciences Pokhara and Koshi Zonal Hospital Biratnagar and two sites; Karnali Provincial Hospital and Bayalpata Hospital are using GeneXpert Machine.

Table 1: Facts on ART, as of July 2019

Indicators	Value
✂ Total PLHIV currently on ART (as of July 2018):	17,987
✂ Patients on the 1 st line regimen:	14,071
✂ Patients substituted on the 1 st line	3,291
✂ Patients switched on the 2 nd line	625

Figure 1: Outcomes of ART Program in Nepal, as of July 2019



Facts about ART Coverage

✂ **Among total People Living with HIV infection who are currently on ART**

Proportion of Adults (15+ years): 92.8%	Proportion of Male: 9,222 (51.3%)
Proportion of Children (Under 14 years): 7.2%	Proportion of Female: 8,654 (48.1%)
	Proportion of TG: 111 (0.6%)

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

12 months of treatment: 91%	24 months of treatment: 85%
(M:90.1%; F:92.4%; TG:96.3%)	36 months of treatment: 82%
(<15 yrs: 97.4%; ≥15 yrs.: 90.5%)	

- ✂ Percentage of adults and children receiving antiretroviral therapy among all estimated adults and children living with HIV: 60% (July 2019)

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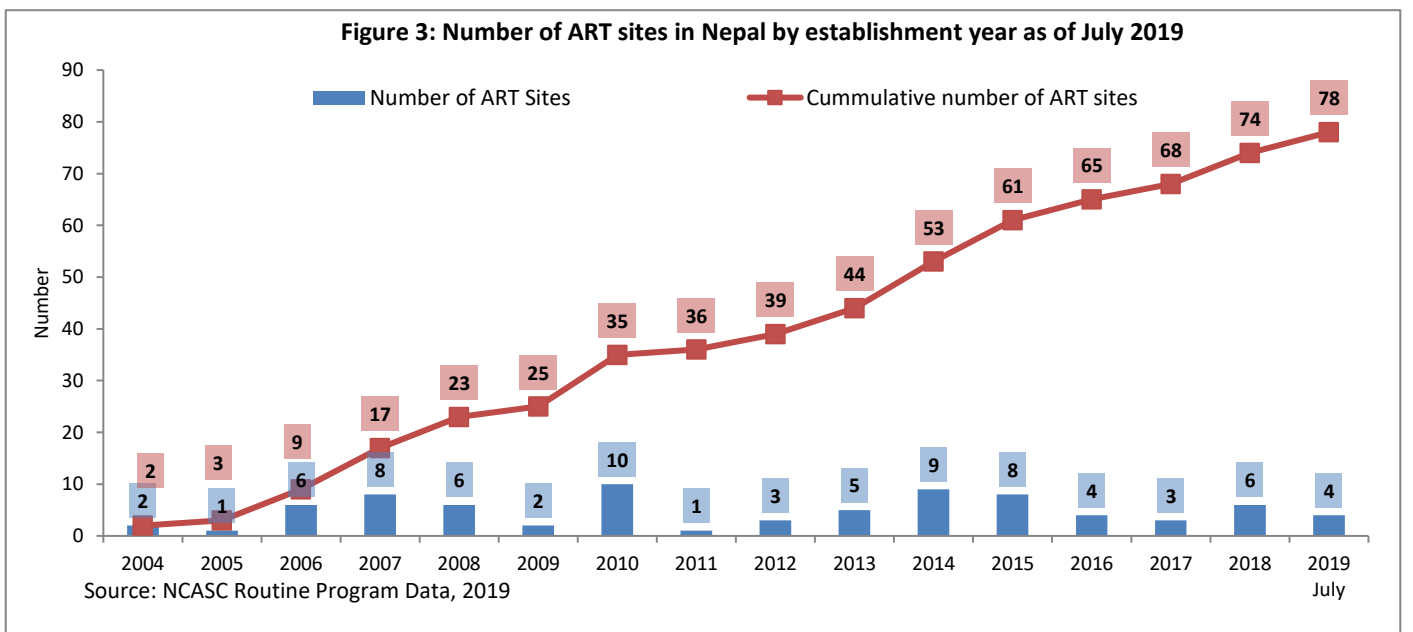
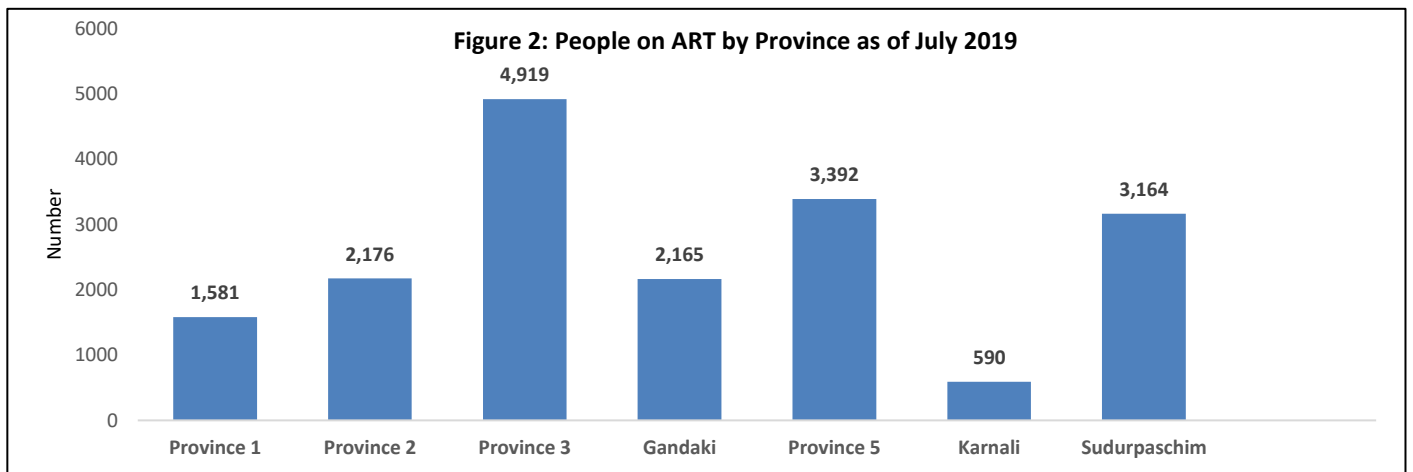
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Table 2: ART Profile of Nepal, as of July 2019

Indicators	2009 July	2010 July	2011 July	2012 July	2013 July	2014 July	2015 July	2016 July	2017 July	2018 July	2019 July
PLHIV ever enrolled on ART (cumulative)	3,968	5,539	7,437	9,246	11,091	12,899	14,745	16,449	19,388	22,048	24,423
PLHIV receiving ARVs (cumulative)	3,226	4,509	5,876	7,142	8,546	9,818	11,089	12,446	14,544	16,428	17,987
Lost to follow up (cumulative)	293	426	647	908	1,055	1,216	1,530	1,612	2,049	2,388	2,679
Stopped Treatment	18	11	12	11	27	30	31	31	25	22	25
Death (cumulative)	447	653	872	1,185	1,463	1,834	2,095	2,410	2,770	3,201	3,617

Source: NCASC Routine Program Data, 2019



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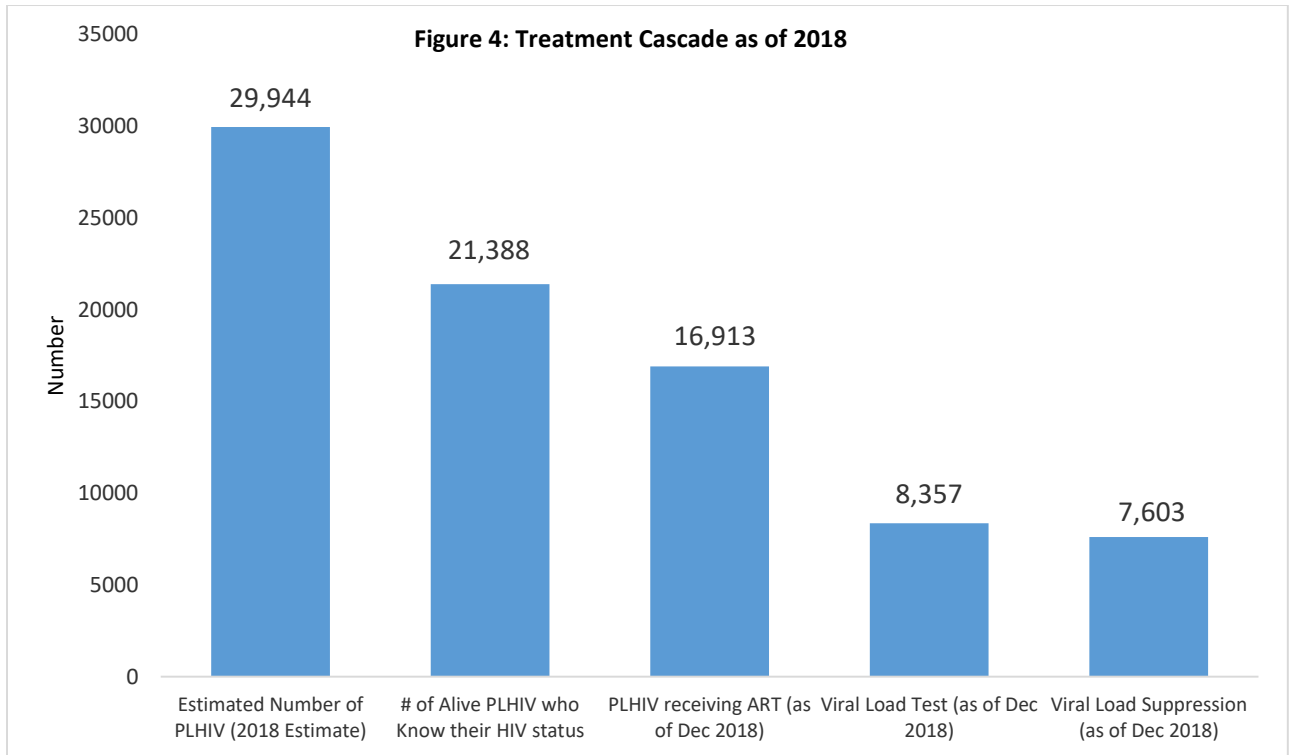
National Centre for AIDS and STD Control, Teku, Kathmandu

Phone: +977 - 1 - 4258 219, 4261 653, 4262 753

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Viral Load:

- ✘ Viral load testing is recommended as the preferred approach to monitor ART response and assessing 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), Kathmandu; Seti Zonal Hospital, Kailali; 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 for VL testing.

Table 3: Facts on Viral load

	2014	2015	2016	2017	2018	2019 (Jan-July)
Total Sample tested for viral load	1,198	5860	7,042	7998	8357	2583
Number of PLHIV with viral load suppression (<1, 000 copies/ml)	1,004	5249	6,209	7184	7603	2353

Source: NCASC Routine Program Data, 2019

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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 4: Facts on CHBC (FY 2075/76)

	N
District Covered	52
Number of new PLHIV who received CHBC services	4747
Number of PLHIV (new and old) who received CHBC services	9787

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 5: Facts on CCC (FY 2075/76)

	N
District Covered	52
Number of new PLHIV receiving services from CCC	5350
Number of PLHIV receiving Follow-up services from CCC	3280
Number of PLHIV admitted to CCC to start ART	997
Number of PLHIV received counselling service	5350

Table 6: Community System Strengthening (CSS)

	N
District Covered	4
Number of PLHIV received treatment support for ultra-poor	172
Number of other PLHIV received treatment support	369
Number of PLHIV received nutrition support	472
Number of PLHIV received hygiene support	470

For Further Information Please Contact:

National Centre for AIDS and STD Control, Teku, Kathmandu

Phone: +977 - 1 - 4258 219, 4261 653, 4262 753

Fax: +977 - 1 - 4215149

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Table 7: HIV Testing through Community Led Testing (CLT) FY 2075/76		N
Screened for HIV		1569
Reactive for HIV		75
Confirmed HIV diagnosis		72
Linked to ART		71

Source: National Association of People Living with HIV/AIDS Nepal

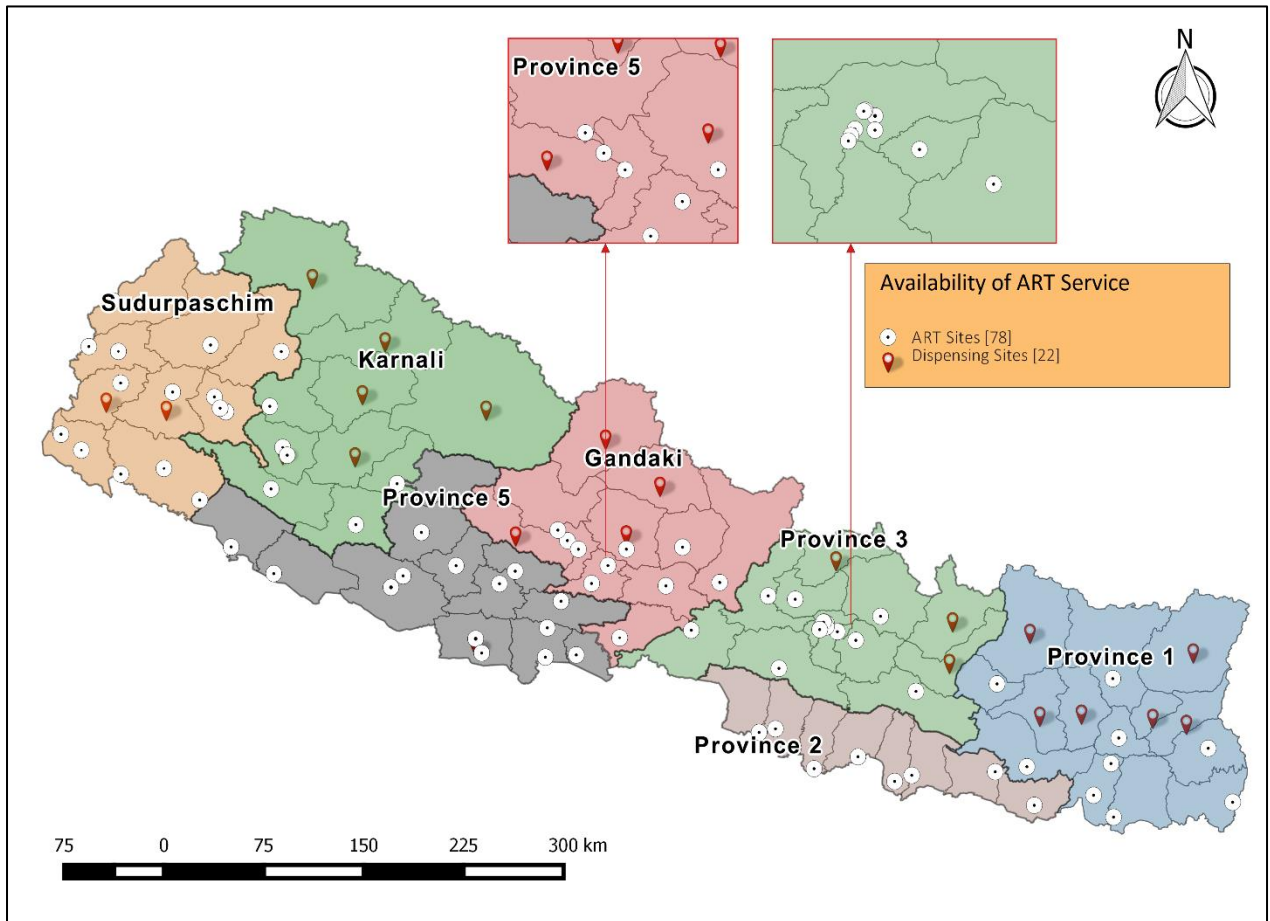


Figure 5: Coverage of ART Sites and ARV Dispensing Sites as of July 2019

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Factsheet 7: HIV Surveillance in Nepal

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 counseling 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. From this year, national level surveillance survey is planned among people who inject drugs and male labour migrants.

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.

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 Asian Epidemic Model (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.

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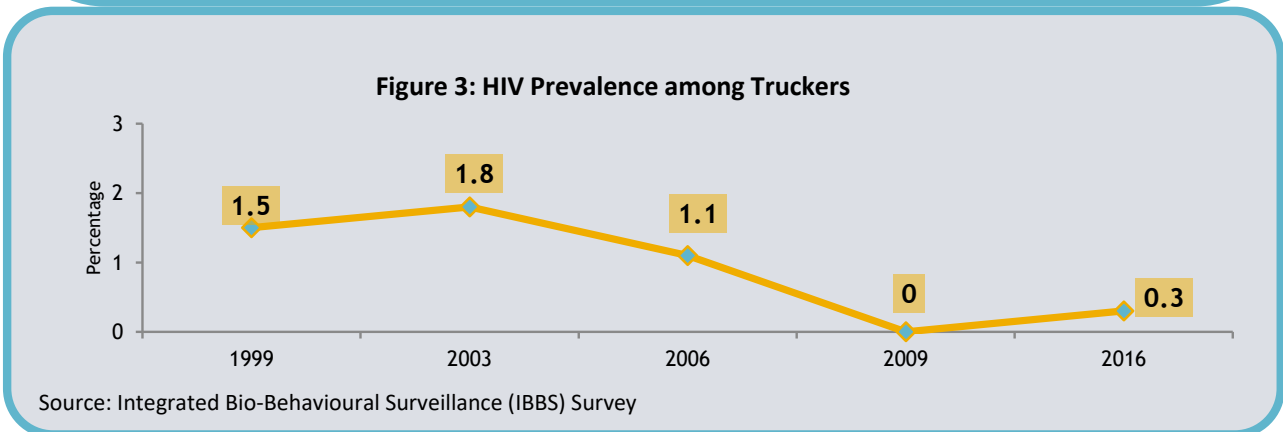
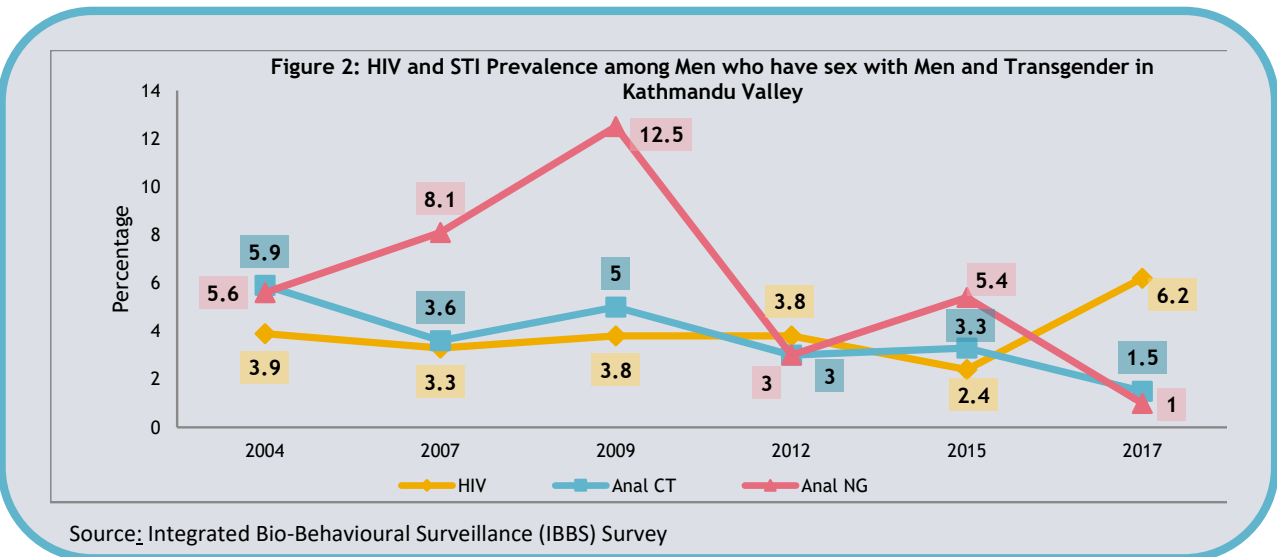
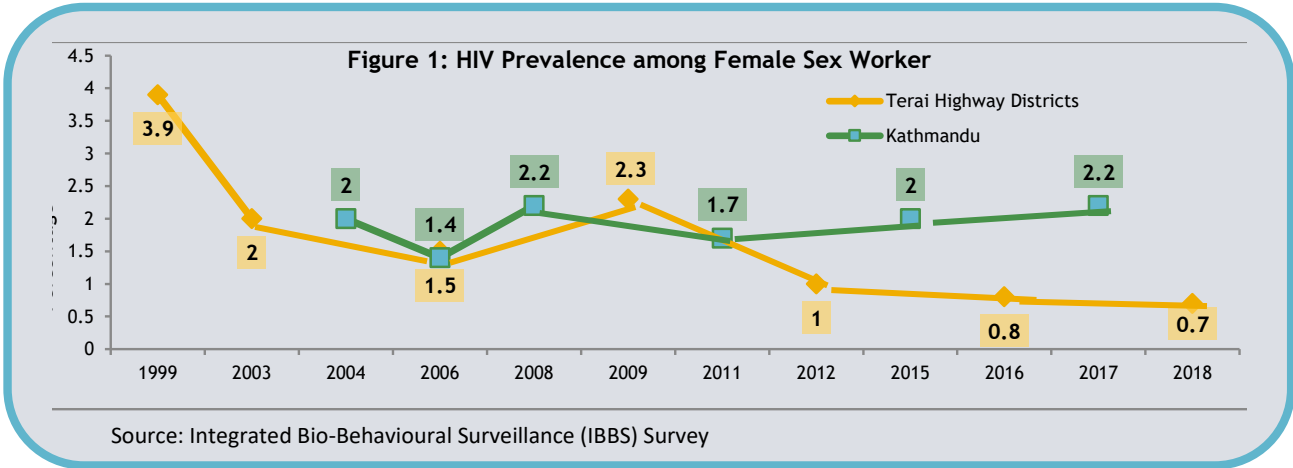
Fax: +977 - 1 - 4215149

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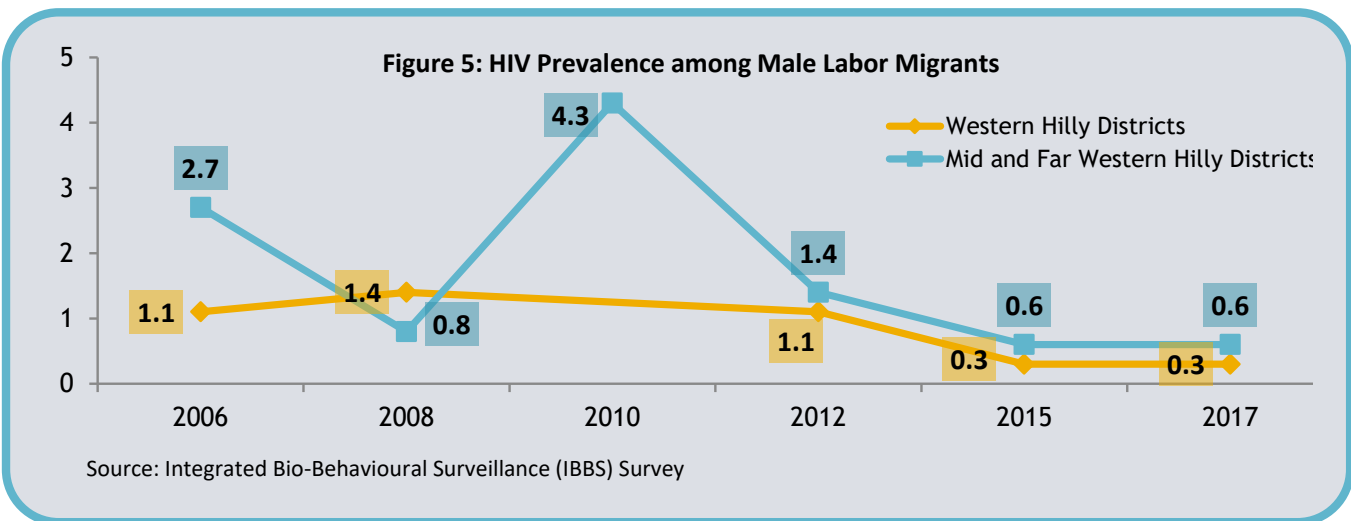
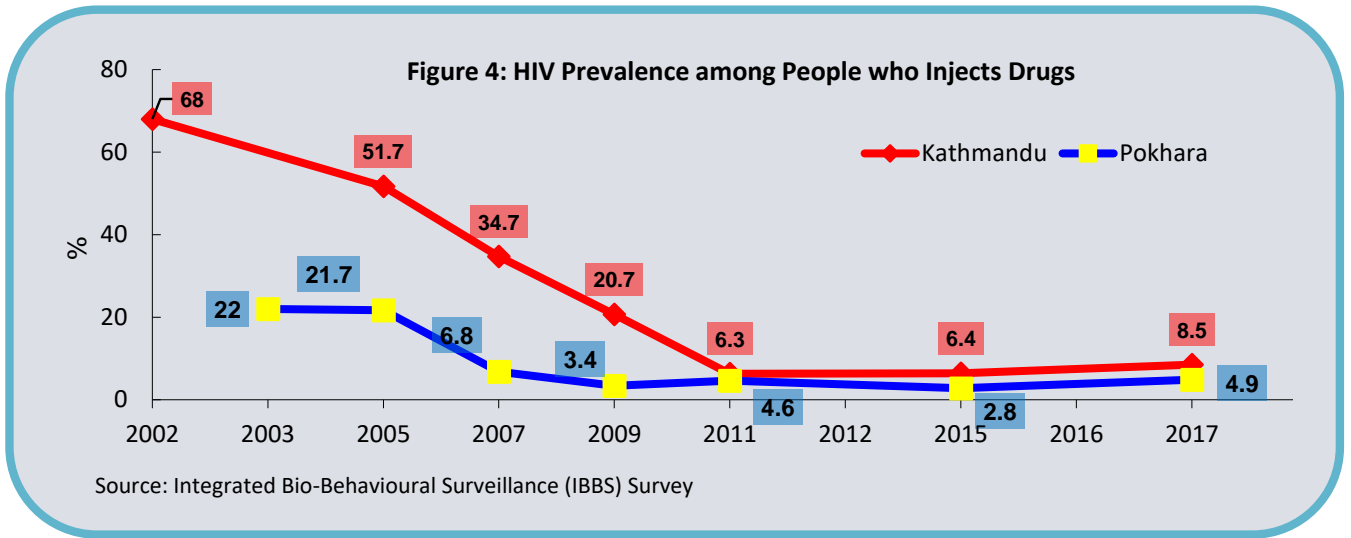


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Survey Population	HIV Prevalence	Survey Location
Male Labor Migrants	0.3	Eastern Districts 2018
MSM and TG	8.2	Terai Highway 2018
Wives of Migrants	0.5	Far-west Districts 2018

Source: Integrated Bio-Behavioural Surveillance (IBBS) Survey



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Table 1: Hepatitis Prevalence among People who Inject Drugs in 2017

Survey Location	Hep B	Hep C	Coinfection (Hep C & HIV)
PWID-Male			
Eastern Terai	0.8	38.0	2.5
Western to Far Western Terai	2.7	24.0	3.7
Pokhara	2.6	22.0	3.8
Kathmandu Valley	1.0	21.0	7.4
PWID-Female			
Pokhara	1.3	3.0	0.6

Table 2: Epidemic Zone Specific Integrated Biological and Behavioral Surveillance (IBBS) Survey (1999 – 2018)

Key populations at higher risk	Survey areas	Rounds	Survey years
Female Sex Workers (FSW)	Kathmandu Valley	6	2004, 2006, 2008, 2011, 2015, 2017
	Pokhara Valley	5	2004, 2006, 2008, 2011, 2016
	16 Terai Highway Districts	7	1999, 2003, 2006, 2009, 2012, 2016, 2018
	6 Terai Highway Districts	6	2004, 2006, 2009, 2012, 2016, 2018
Male People who Inject Drugs (PWID)	Kathmandu Valley	7	2002, 2005, 2007, 2009, 2011, 2015, 2017
	Pokhara Valley	7	2003, 2005, 2007, 2009, 2011, 2015, 2017
	Eastern Terai Districts	7	2003, 2005, 2007, 2009, 2012, 2015, 2017
	West to Far West Terai Districts	6	2005, 2007, 2009, 2012, 2016, 2017
People who Inject Drugs (Female)	Kathmandu Valley	1	2016
	Pokhara Valley	1	2017
Men who have Sex with Men (MSM) and Transgender (TG)	Kathmandu Valley	6	2004, 2007, 2009, 2012, 2015, 2017
	Terai Highway Districts	2	2016, 2018
	Pokhara Valley	1	2017
Male labor migrants	Western to Mid & Far Western Districts	6	2006, 2008, 2010 ^a , 2012, 2015, 2017
	Eastern Districts	1	2018
Wives of labor migrants	Far-Western region	3	2008, 2010, 2018

^aIn 2010, IBBS among MLM was conducted in Mid and Far Western Clusters only;

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Factsheet 8: Targeted Intervention among Key Populations in Nepal

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 program through 15 sites in 10 Districts.

Table1: Targeted Interventions-People Who Inject Drugs

Indicator	Achievement					
	FY 070/71	FY 071/72	FY 072/73	FY 073/74	FY074/75	FY075/76
Districts covered	23	23	28	13	27	27
Reached through BCC	6,570	13,478	31,144	15,249	22,201	27,080
Condom distributed	610,557	606,171	786,504	12,237	671,631	1,118,664
HIV tested and counseled	5,332	9,777	15,897	11,478	19,992	25,832
Needle/Syringe distributed	1,731,095	1,663,213	1,521,054	1,661,546	1,459,464	2,674,136
On Methadone	-	-	819	909	740	906
On Buprenorphine	-	-	528	145	176	292

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 counseling, diagnosis and treatment of STIs and referral services.
- ✚ The interventions program has implemented with the support from Government of Nepal and its pooled fund partners and the Global Fund.

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National Centre for AIDS and STD Control, Teku, Kathmandu

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Fax: +977 - 1 - 4215149

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Table 2: Targeted Intervention-Men who have Sex with Men and Transgender

Indicator	Achievement					
	FY 070/71	FY 071/72	FY 072/73	FY 073/74	FY074/75	FY075/076
Districts covered		31	22	21	29	25
Reached through BCC	34,427	40,230	50,584	73,138	82,559	109,603
Condom distributed	2,046,540	2,385,565	2,110,799	3,323,791	3,592,262	4,483,048
HIV tested and counseled	7,574	6,674	21,474	37,250	59,672	73,494
STI diagnosed and treated	5,426	1,909	365	398	660	220

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 Partner have implemented intervention through partner NGOs among migrants and their spouses.

Table 2: Targeted Intervention-Male Labor Migrants and their Spouse

Indicator	Achievement					
	FY 070/71	FY 071/72	FY 072/73	FY 073/74	FY 074/75	FY075/076
District Covered	-	38	38	8	41	42
Reached through BCC	285,623	119,863	247,696	89,255	306,184	112,393
Condom distributed	2,991,704	1,340,286	1,578,039	418,077	1,068,456	387,351
HIV tested and counseled	42,679	40,623	103,667	17,238	101,202	6,572

Note: In FY 2075/76; activities have not been implemented in Province 2.

Female Sex Workers (FSW) and their Clients

- 🚫 FSW are themselves 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 behavior change intervention, including provision of condoms, HIV testing and counseling, presumptive treatment of STI, diagnosis and treatment of STI and referral services.

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Phone: +977 - 1 - 4258 219, 4261 653, 4262 753

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Table3: Targeted Intervention-Female Sex Workers and their Clients

Indicator	Achievement									
	FY 071/72		FY 072/73		FY 073/74		FY 074/75		FY075/76	
	FSW	Clients of FSW	FSW	Clients of FSW	FSW	Clients of FSW	FSW	Clients of FSW	FSW	Clients of FSW
Districts covered	29	25	25	25	16	16	17	17	17	17
Reached through BCC	33,138	88,706	32,599	88,706	41,134	90,717	44,284	81,500	33,012	47,633
Condom distributed	4,712,296	2,805,769	4,204,696	2,713,038	3,352,293	2,199,082	2,697,692	1,847,855	1,520,951	1,151,476
HIV tested and counseled	10,006	12,957	9,765	12,621	28,715	27,316	30,743	31,393	23,684	26,639
STI diagnosed and treated	10,104	627	9,847	626	10,761	793	10,074	776	5,311	629

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 Nrs.1000 per month for their education, health, nutrition and livelihood support.
- ⚠ As of July 2019, 1360 (738 Male & 622 Female) HIV infected children have been supported with essential packages.

Table4: Targeted Intervention-Prison Inmates

Indicator	Achievement	
	FY 074/75	FY 075/76
Districts covered	10	44
Reached through BCC	6,493	17,611
HIV tested and Counseled	2,318	6,923

Note: Program conducted only in 2 districts out of 4 in Province 3. Partial program implementation in Province 2 due to insufficient budget release than required for full implementation.

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 intervention among prison inmates are behavior change intervention, including provision of condoms, HIV testing and counseling, diagnosis and treatment of STIs.
- ⚠ The intervention program is implemented with the support of government of Nepal and Pooled fund through Ministry of Social Development of all seven provinces.

For Further Information Please Contact:

National Centre for AIDS and STD Control, Teku, Kathmandu

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Fax: +977 - 1 - 4215149

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