Nepal is facing rapid increases in HIV/AIDS prevalence among high risk groups: sex workers and injecting drug users. A narrow window of opportunity exists to prevent a full-scale epidemic among the general population and immediate and vigorous action is needed. Nepal’s poverty and gender inequality, combined with low levels of education and literacy make the task all the more challenging, as will the denial, stigma, and discrimination that surround HIV/AIDS.

STATE OF THE EPIDEMIC

The first case of AIDS in Nepal was reported in 1988. Since then, the numbers have risen among the country’s 24.1 million people. By early 2005, more than 800 cases of full-blown AIDS and over 4,700 cases of HIV infection were reported officially. However, given the limitations of Nepal’s public health surveillance system, the actual number of infections is expected to be much higher. UNAIDS estimates that 62,000 people were living with HIV/AIDS at the end of 2003. Three times as many men are reported to be infected as women.

Nepal has entered the stage of a "concentrated epidemic" with HIV/AIDS prevalence consistently exceeding 5 percent in one or more high-risk groups, such as sex workers, their clients, and injecting drug users. The main mode of transmission continues to be through commercial sex and the fact that the sexually transmitted disease (STD) rates are rising is an ominous sign.

According to a WHO/UNAIDS estimate at the end of 2003, 940 children below the age of 15 in Nepal were living with HIV/AIDS. UNICEF estimates that AIDS has orphaned 13,000 children, and the numbers are expected to increase in the years to come.

RISK FACTORS

Nepal is in danger of a widespread epidemic if immediate and vigorous action is not taken. A recent study estimated that more than two-thirds of the population is at high risk of contracting the disease. Major risk factors are as follows:

Continued Spread among Injecting Drug Users: In most Asian countries, injecting drug users (IDUs) are the first community to be affected by HIV. Nepal was the first developing country to establish a Harm Reduction Program with needle exchange for IDUs. However, due to the program’s limited coverage, HIV continues to spread among...
this group. A March 2004 study finds that while the HIV prevalence rate among IDUs nationwide was 38.4 percent, Kathmandu reported a rate of 68 percent for this group.

Trafficking of Female Sex Workers: Due to their highly marginalized status in society, female sex workers (FSWs) in Nepal have limited access to proper information about reproductive health and safe sex practices. Cultural, social, and economic constraints bar them from negotiating condom use with their clients or obtaining legal protection and medical services. Almost 60 percent of their clients, who are mainly transport workers, members of the police or military, wage earners, and migrant workers, do not use condoms. While nationally, HIV prevalence among FSWs is some 4 percent, infection rates among street-based sex workers in the Kathmandu valley are between 15 and 17 percent. Nationally, clients of FSWs have an estimated HIV prevalence rate of 2 percent. A major challenge to HIV control in the country is the trafficking of Nepalese girls and women into commercial sex work in India, and their return to the practice in Nepal. About 50 percent of Nepal’s FSWs previously worked in Mumbai, India, and some 100,000 Nepalese women continue to engage in the practice there.

Changing Values among Young People: Young people are increasingly vulnerable to HIV/AIDS due to changing values, group norms, and independence. Girls who have knowledge about HIV/AIDS and STDs do not have the means of protecting themselves due to a traditionally lower social status. Teenagers, although seemingly highly aware of HIV risk, do not necessarily translate this awareness into safe sex practice. A high prevalence of premarital sex exists, with 20 percent of teenagers considering it proper among young people.

High Rates of Migration and Mobility: Estimates of internal and external migration for seasonal and long-term labor range from 1.5 to 2 million people. It is necessary for the economic survival of many households in both rural and urban areas. Removal from traditional social structures, such as family, has been shown to promote unsafe sexual practices, such as having multiple sexual partners and engaging in commercial sex. Studies carried out in some neighboring mountain districts to India have revealed that 7 to 10 percent of male migrants are HIV positive (JICA 2001).

Low Awareness among Men Who Have Sex with Men (MSM): Although accurate data on male homosexuality are not available, a recent report suggests that MSM activity in Nepal is not different from the MSM activities of the rest of the South Asia region. The knowledge of safe sex and condom use is low among this community. Furthermore, many men who have sex with men are also married, which puts their spouses at risk of becoming infected with HIV.

There are significant structural and socioeconomic factors which put South Asia at risk for a full-blown AIDS epidemic.

- More than 35 percent of the population lives below the poverty line;
- Low levels of literacy;
- Porous borders;
- Rural to urban and intrastate migration of male populations;
- Trafficking of women and girls into prostitution;
- High stigma related to sex and sexuality;
- Structured commercial sex and casual sex with non-regular partners;
- Male resistance to condom use;
- High prevalence of sexually transmitted diseases (STDs);
- Low status of women, leading to an inability to negotiate safe sex.

HIV/AIDS is a challenge that goes beyond the health sector. What is needed is the strategic involvement of all sectors - poverty reduction, education, transport and roads, urban and rural sectors, gender, social development and public health.

learn more at www.worldbank.org/saraids
An NGO called the Blue Diamond Society has recently been established to protect MSMs from HIV.

**NATIONAL RESPONSE TO HIV/AIDS**

**Government and Institutional Framework:** In 1988, the Government of Nepal launched the first National AIDS Prevention and Control Program. In 1995, a national policy was formulated, emphasizing the importance of multi-sectoral involvement, decentralized implementation, and partnership between the public, nongovernmental organizations, and the private sector. It also called for coordinated monitoring and evaluation, promoting actions for safe practices, counseling, and services to people living with AIDS. Provisions were made for reducing stigma and discriminatory practices against people living with HIV/AIDS, confidentiality of blood testing, and safe blood transfusion.

Towards this effort, Nepal has established a National AIDS Council (NAC) chaired by the Prime Minister. In addition, a multi-sector National AIDS Coordinating Committee (NACC) chaired by the Minister of Health has been established. The NAC was meant to set overall policy, lead national level advocacy, and provide overall guidance and direction to the program. The NACC, on the other hand, was expected to lead the multi-sector response, and to coordinate active participation of all sectors in the fight against HIV/AIDS. However, both the NAC and the NACC have essentially been non-functional. Each has met only once or twice and activating these entities is a great challenge.

The main governmental agency responsible for HIV/AIDS and STD is the National Center for AIDS and STD control (NACSC) under the Ministry of Health and Population. The NCASC has developed a National Strategy on HIV/AIDS, which has subsequently been translated into a 5-year HIV/AIDS Operational Plan for 2003-07. Each year, an Annual Work Plan is developed. The strategy and operational plan seek to address management needs and define the resource requirements for an expanded response to HIV/AIDS in the country.

The government estimates a requirement of US$88 million for the National Operational Plan for 2003-07. While available funds may not be sufficient, the lack of implementation capacity has hampered the utilization of the existing resources. USAID funds are, however, an exception as they are spent directly through non-governmental channels. Reorganizing the management mechanism to improve implementation is under discussion. One idea under consideration is the establishment of a private / autonomous entity to oversee and coordinate the overall program. The currently weak capacity in NCASC, and its inability to involve non-health sectors as well as NGOs effectively, would argue for such an entity.

Antiretroviral treatment protocol has been endorsed by the Ministry of Health and Population, and treatment has been started on a limited basis. Initial focus, being undertaken with assistance from UNICEF, is on preventing mother-to-child transmission.

**Non-Governmental Organizations (NGOs).** Numerous private and voluntary organizations implement HIV/AIDS activities funded by donors. There are currently almost 100 NGOs working in the area of HIV/AIDS. NANGAN, a consortium of NGOs in Nepal, is working to coordinate and share information, education, and communication materials, experiences, and lessons learned. The National Network Against Girls’ Trafficking, a coalition of approximately 40 NGOs initially established to tackle the problem of girl trafficking, has also begun to address the issue of HIV/AIDS.

The relationship and communications between the government and the NGO community, as well as among NGOs themselves, however, are not coherent. A private business collaborative group, called FNCCI, has signed a declaration of commitment and has designed an initial HIV/AIDS-at-workplace initiative with UNAIDS and the ILO.

**Donors.** A number of multi-lateral and bilateral organizations support HIV/AIDS prevention and control initiatives in Nepal, including interventions for vulnerable groups; behavioral change communications; condom promotion; STD control; testing and counseling; surveillance; and operational research.

The Global Fund Against TB, HIV/AIDS and Malaria (GFATM) has approved a sum of US$11 million to implement the National Strategy over a period of four years. The focus is to be on young people and migrants, as well as on providing care and support to people living with HIV/AIDS. However, two years after the funds were approved, there has been little progress in implementation. This has mainly been due to the lack of a Management Support Agency (MSA). Recently, the UN system has been contracted to serve as the MSA, and the GFATM resources have since begun to flow.

UNAIDS coordinates a theme group based in Kathmandu, and, between 1990 and 1999, the UN system supported the national response in Nepal with approximately US$5 million to build capacity, integrate HIV/AIDS into reproductive health services, and initiate a decentralized response. WHO has provided funds and technical support. Other donors include the European Union, DFID, Germany, Switzerland, and USAID. USAID provides through its Cooperating agencies the largest funds for HIV/AIDS interventions in Nepal, including surveillance activities, condom social marketing, as well as communication and advocacy programs.
A consortium of multilateral and bilateral donors (UNAIDS, UNDP, USAID, DFID, Aus Aid) has collaborated with the government to address the issue of reducing the risk for female sex workers, their clients, and IDUs. Family Health International was the executing partner of the US$2.6 million project. Harm and risk reduction components included behavior-change communication; social marketing of condoms; harm-reduction equipment, such as clean needles and syringes; STD treatment; and drug substitution therapy. Support services, such as drug counseling, HIV care and support, voluntary HIV testing, and counseling, have been established. The project has since ended and the various donor agencies involved are currently implementing separate programs, with no effective coordination mechanism. DFID has committed a new amount of 15 million pounds to HIV/AIDS prevention in Nepal. Funds are expected to be channeled through the mechanism used by GFATM.

**ISSUES AND CHALLENGES: PRIORITY AREAS**

Addressing the HIV/AIDS epidemic in Nepal requires immediate action and long-term continuity and sustainability. The following actions are essential:

- Emphasize HIV/AIDS as a development issue with continued high-level leadership. The epidemic cannot be tackled through medical/clinical interventions alone. HIV/AIDS prevention and control requires a multi-sectoral approach, involving sectors other than health, such as education, women's affairs, information, law and order, defense, agriculture, labor and transport.
- Demonstrate the need for an expanded and coherent response. Also strengthen management for effective collaboration and coordination between public and private sectors, and improve implementation.
- Mobilize resources for scaling up responses for high risk groups. These include migrants, female sex workers, injecting drug users, and men who have sex with men.
- Scale up advocacy, behavioral change activities, and health promotion interventions for young people, mobile populations, female sex workers, IDUs, and men who have sex with men.
- Implement harm-reduction initiatives for IDUs and promote condom use in casual and commercial sex. Address opposition to scaling up harm-reduction measures such as the distribution of clean needles and syringes to IDUs.
- Strengthen biological and behavioral surveillance to enhance understanding of the extent and nature of HIV and STDs, sexual behaviors, and healthcare-seeking behaviors related to HIV and STDs.
- Encourage openness in addressing risky behaviors and to protect vulnerable populations. Denial and stigma of HIV and groups that are at high risk only hamper prevention efforts. Efforts to increase knowledge, reduce stigmatization, and promote positive attitudes and norms about safe sexual behaviors are critical.
- Provide comprehensive care for people living with AIDS, including widely available voluntary counseling and testing facilities, provisions for treating opportunistic infections, rolling out of quality structured treatment, and adherence to monitoring.

**WORLD BANK RESPONSE**

The World Bank has provided the Government of Nepal with technical assistance in a variety of areas pertaining to HIV/AIDS. This includes updating the National Strategy, and integrating HIV/AIDS prevention into the country’s National Health Sector Program. It also covers issues related to STD treatment, blood safety, HIV surveillance, voluntary counseling and testing for HIV, and care and support of people living with HIV/AIDS.

The lack of a suitable institutional mechanism with adequate capacity and an appropriate mandate, effective multi-sectoral involvement, and strong public-private partnership, have been the key impediments to mounting an effective response to the epidemic so far. This new technical support seeks to remove this hurdle.

**Nepal**

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