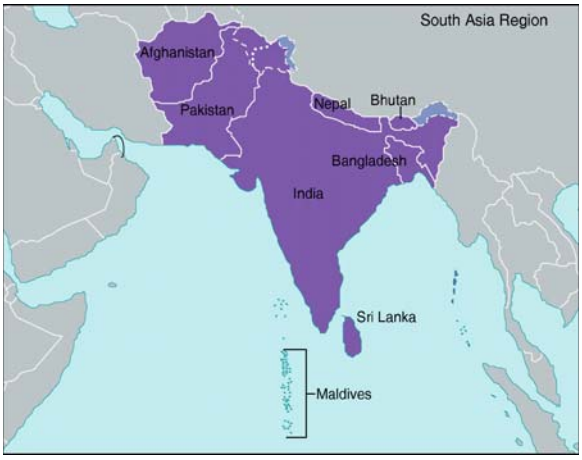
HIV/AIDS in Nepal

THE WORLD BANK August 2008



The World Bank in South Asia

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Bangladesh
Bhutan
India
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Nepal
Pakistan
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Nepal faces increasing HIV prevalence among most at-risk populations (MARPs) such as sex workers, injecting drug users (IDUs), men who have sex with men (MSM), and migrants. Effective prevention interventions need to be scaled up, especially among IDUs. Nepal's poverty, political instability, and gender inequality, combined with low levels of education and literacy, make the task challenging, as do the denial, stigma, and discrimination that surround HIV and AIDS.

STATE OF THE EPIDEMIC

The first case of AIDS in Nepal was reported in 1988. By the middle of 2008, more than 1,750 cases of AIDS and over 11,000 cases of HIV infection were officially reported, with two times as many men reported to be infected as women. However, given the limitations of Nepal's public health surveillance system, the actual number of infections is thought to be much higher. UNAIDS estimates that 70,000 people were living with HIV at the end of 2007.

Nepal's HIV epidemic is largely concentrated in MARPs, especially female sex workers (FSW), IDUs, MSM, transgender, and migrants. Injection drug use appears to be extensive in Nepal and to overlap with commercial sex. Another important factor is the high number of sex workers who migrate or are trafficked to Mumbai, India, to work, thereby increasing HIV prevalence in the sex workers' network in Nepal more rapidly.

RISK FACTORS

Nepal's epidemic will continue to grow if immediate and effective action is not taken and will be largely driven by injection drug use and sex work. Major risk factors include:

Continued Spread among Injecting Drug Users: Nepal was the first developing country to establish a harm reduction program with needle exchange for IDUs. However, due to limited coverage, the impact on HIV transmission was also limited. In 2007, Nepal reported 46,309 drug users of whom 61 percent inject drugs. Injecting of pharmaceutical drugs along with brown sugar is common. Poly drug use appears to be the norm, and transition from non-injecting to injecting is linked to the cost effectiveness of injecting.

An estimated 6,557 IDUs are living with HIV or AIDS (about 10 percent of the total AIDS cases). The burden of HIV among IDUs is heavy in the Highway Districts and Kathmandu Valley, where 30 percent of all

PLWHA are IDUs. HIV prevalence among IDUs in 2007 was 34.7 percent, significantly lower than 51 percent in 2003. This decline in prevalence is, to some extent, supported by improving behavioral indicators measured by three successive rounds of integrated biological and behavioral surveys (IBBS).

Trafficking of Female Sex Workers (FSWs): There are between 25,000-34,000 female sex workers in Nepal with an estimated HIV prevalence of 1.3-1.6 percent. HIV infection rates among street-based sex workers in the Kathmandu Valley are between 15-17 percent. Due to their highly marginalized status, FSWs in Nepal have limited access to 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—mainly transport workers, members of the police or military, and migrant workers—do not use condoms. Nationally, clients of FSWs have an estimated HIV prevalence of 2 percent.

A major challenge to HIV control is the trafficking of Nepalese girls and women into commercial sex work in India. About 50 percent of Nepal's FSWs previously worked in Mumbai, and some 100,000 Nepalese women continue to work there. It is estimated that 50 percent of Nepalese sex workers in Mumbai brothels are HIV positive (FHI 2004).

Changing Values among Young People: Young people are increasingly vulnerable to HIV due to changing values and group norms. Girls, even if they have knowledge about HIV and other STIs, often do not have the means of protecting themselves due to their traditionally lower social status. Teenagers, although apparently highly aware of the HIV risk (based on behavioral surveys), do not always translate this awareness into safe sex practices.

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 can promote unsafe sexual practices, such as having multiple sexual partners and engaging in commercial sex. A 2002 study suggests that HIV prevalence is nearly 8 percent in migrants returning from Mumbai.

Low Awareness among Men Who Have Sex with Men (MSMs): Knowledge about safe sex and condom use is low among Nepal's MSM community. Although accurate data on sex between men are not available, a recent report suggests that MSM activity in Nepal is similar to MSM activities in of the rest of South Asia. The national estimate of MSM, including MSW, is 64,000-193,000. HIV prevalence among MSM in the Kathmandu Valley is estimated to be about 3.3 percent (3.4 percent among non-MSWs and 2.9 percent among MSWs). Many MSM are also married, which puts their spouses at risk of HIV infection. The Blue Diamond Society, an NGO founded in 2001 to address the needs of Nepal's sexual minorities provides community-based sexual health, HIV/AIDS, and advocacy services for local networks of sexual minorities.

NATIONAL RESPONSE TO HIV/AIDS

Government and Institutional Framework: In 1988, the Government of Nepal launched the first National AIDS Prevention and Control Program and in 1992 established a multi-sector National AIDS Coordinating Committee (NACC) chaired by the Minister of Health. In 1995, a national policy was formulated, emphasizing the importance of multi-sectoral involvement, decentralized implementation, and partnership between the public and the private sectors (including NGOs).

More recently, a National AIDS Council (NAC), chaired by the Prime Minister, was established to raise the profile of HIV/AIDS. The NACC reports to the NAC. 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. However, both the NAC and the NACC have essentially been non-functional. At the district level, District Development Committees are charged with implementing and monitoring HIV projects according to national strategies and guidelines.

The main governmental agency responsible for HIV/AIDS and STDs is the National Center for AIDS and STD Control (NACSC) under the Ministry of Health and Population. The NCASC developed a National Strategy on HIV/AIDS (2006-2011) and an Operational Plan for 2008-11 is under development. The strategy and operational plan seek to address management needs and define the resource requirements for an expanded response to HIV and

AIDS.

A new semi-autonomous entity (SAE), the “HIV/AIDS and STI Control Board” (2007), was established to enhance and expand the response to HIV and AIDS. Although the role of SAE is not yet clear, it is meant to play a pivotal role in improving multi-sectoral engagement, decentralization and donor coordination. It should also become an efficient mechanism for resource channeling. With the existence of the SAE, the NCASC should be able to focus on the health sector response to HIV, specifically delivery of public health services. NCASC will continue to serve as the lead technical agency for surveillance, policy and technical guidance, capacity building of the health sector, and monitoring and evaluation of the health sector response. It will also assist with the mainstreaming of HIV- and STI-related activities within the sectoral programs of the MoHP and other line ministries. But, in order to accomplish these activities, NCASC will need human resource and capacity building support.

Nongovernmental and Community-based Organizations (NGOs and CBOs): There are currently almost 100 NGOs working in the area of HIV/AIDS in Nepal, and numerous private and voluntary organizations implement activities funded by donors. As a result, the relationship and communications between the government and the NGO community, as well as among NGOs themselves, are not coherent. NANGAN is a consortium of NGOs working to coordinate and share information, education, and communication materials, experiences, and lessons learned.

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

ISSUES AND CHALLENGES: PRIORITY AREAS

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

• Emphasize HIV/AIDS as a development issue requiring high-level leadership. The epidemic cannot be tackled through medical/clinical interventions alone. HIV prevention and control requires a multi-sectoral approach, involving sectors other than health.

• 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 MARPs including 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 MSM.

• Implement harm-reduction initiatives for IDUs and their partners and promote condom use in casual and commercial sex. Address opposition to scaling up comprehensive harm-reduction measures such as the distribution of clean needles and syringes to IDUs.

• Strengthen biological and behavioral surveillance to enhance understanding of HIV, sexual behaviors, and healthcare-seeking behaviors related to HIV and STIs.

• Encourage openness in addressing risky behaviors and protect vulnerable populations. Efforts to increase knowledge, reduce stigma, and promote positive attitudes and norms about safe sexual behaviors are critical.

• Provide comprehensive care for people living with HIV and 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 and AIDS. This includes updating the National Strategy, and integrating HIV prevention into the country’s National Health Sector Program. It also covers issues related to STI treatment, blood safety, HIV surveillance, voluntary counseling and testing for HIV,

and care and support of people living with HIV and AIDS.

The lack of a suitable institutional mechanism with adequate capacity and an appropriate mandate, effective multi-sectoral involvement, and strong public-private partnership has been a key impediment to mounting an effective response to the epidemic thus far. The Bank has enhanced its technical support to include specific assistance in removing this hurdle. Based on a request from the Government of Nepal, the Bank has initiated the process of preparing the Nepal HIV/AIDS Control Project to support government's efforts to halt and reverse the spread of HIV.

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