



U.S. Agency for International Development

Bureau for Global Health

# COUNTRY PROFILE

HIV/AIDS

## NEPAL

The first case of HIV was reported in Nepal in 1988, and, according to UNAIDS, in less than 15 years, nearly 60,000 adults and children have become infected. Nepal is now classified as a country with a concentrated HIV epidemic.

In January 2004, Nepal's Ministry of Health reported 3,388 HIV infections and 708 AIDS cases. If current trends continue, it is possible that an HIV epidemic may occur within

the general population. According to the Ministry of Health, in the absence of effective interventions, AIDS could become the leading cause of death among Nepal's 15- to 49-year-olds in coming years, which means that 100,000 to 200,000 young adults could become infected, and 10,000 to 15,000 annual AIDS deaths may occur. In 2002, prevalence among the general population was reported at 0.5 percent, up from 0.2 percent in 2000.

The people most at risk for HIV infection are female sex workers and their clients, injecting drug users and their sexual partners, and people who migrate to India to seek work. Sexual transmission remains the primary mode of infection. The Ministry of Health reports that among street-based sex workers in Kathmandu Valley, prevalence is 17 percent, up from 2.7 percent in 1996; among injecting drug users in Kathmandu Valley, HIV rates had risen from 2.2 percent in 1995, to approximately 50 percent in 1998, and to an estimated 68 percent in 2002.

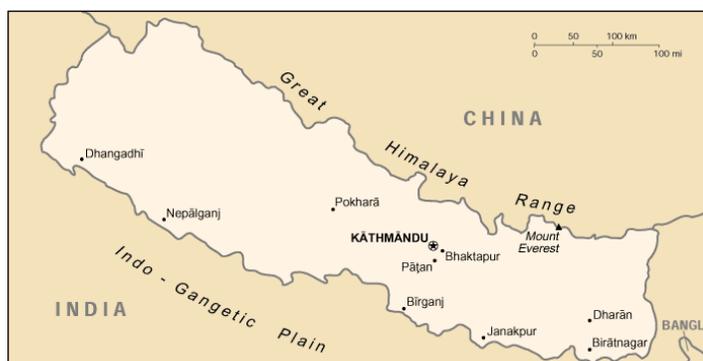
The Government of Nepal estimates that approximately one million Nepali men work in India, and many more will do so in the future. Many of these migrant workers contract HIV/AIDS in India and unknowingly transmit it to their wives when they return to Nepal. A 2001 survey of men returning from

Mumbai, for example, revealed an HIV infection rate of 10 percent. There is an increasing problem of HIV-positive women and girls who return to Nepal after sex work in Mumbai and other Indian cities. Many of these women and girls were trafficked to India.

Most Nepalis with HIV do not know they are infected, and many of them may be engaging in unsafe sexual practices.

Estimated number of adults and children living with HIV/AIDS (end 2002)	60,000
Total Population (2001)	23.6 million
Adult HIV Prevalence (end 2001)	0.5%
HIV-1 Seroprevalence in most-at-risk groups	
Female street-based sex workers in Kathmandu Valley (2001)	17%
Injecting drug users in Kathmandu Valley (2002)	68%
Migrant workers returning from Mumbai, India (2001)	10%
Population not at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	0.28%–0.48%

Sources: UNAIDS, U.S. Census Bureau, *USAID Nepal HIV/AIDS Strategy 2001–2006*, USAID/Nepal



Map of Nepal: PCL Map Collection, University of Texas

1300 Pennsylvania Avenue NW  
Washington, DC  
20523-3600

www.usaid.gov

Pervasive stigma and discrimination prevent these people and others in at-risk groups from practicing safer sex, undergoing testing, and, if they know they are infected, from seeking treatment and care.

## **NATIONAL RESPONSE**

In 2002, the Government of Nepal allocated \$710,325 for HIV/AIDS activities, and it finalized a new five-year HIV/AIDS strategy to guide an expanded response to HIV/AIDS in Nepal. The 2002–2006 strategy focuses on better prevention, control, care and support, and voluntary counseling and testing efforts to stop the spread of HIV into the general population. The strategy emphasizes prevention as the mainstay for an effective response, and it highlights the need to provide care and support for people infected and affected by HIV/AIDS.

The 2002–2006 strategy identifies five objectives that, if achieved, will establish a system to implement an appropriate national response and reduce the number of new infections:

- Prevent HIV and sexually transmitted infections among vulnerable groups
- Prevent new HIV infections among young people
- Ensure care and support services are available and accessible for all people infected and affected by HIV/AIDS
- Expand monitoring and evaluation activities through evidence-based effective surveillance and research
- Establish an effective and efficient management system for an expanded response

## **USAID SUPPORT**

The United States Agency for International Development (USAID) has contributed more than \$30 million to HIV/AIDS work in Nepal since 1993. In 2000, it joined the Ministry of Health and other donors to form the “Nepal Initiative” to institute a larger, coordinated response to the growing risks presented by HIV. When the Nepal Initiative ended on January 1, 2003, donors continued to coordinate their efforts under the Expanded United Nations Theme Group on HIV/AIDS, which includes all donors working on HIV/AIDS in Nepal. USAID projects sponsored through Family Health International, The POLICY Project, and Population Services International form the basis for U.S. contributions in support of the national HIV/AIDS strategy.

The USAID 2002–2006 strategy for HIV/AIDS work in Nepal contributes significantly to the government’s strategic response and will continue to focus on primary prevention (behavior change interventions, condom promotion, and treatment of sexually transmitted infections) targeted to the most-at-risk groups along Nepal’s southern border with India, in the Kathmandu Valley, and in certain western hill districts where heavy migration to India occurs.

USAID has identified six areas of intervention to address HIV/AIDS: leveraging other donors and the private sector, engaging national leaders, increasing surveillance, promoting prevention, providing care and support, and reaching orphans and vulnerable children. The USAID effort in Nepal covers a wide geographic area and is aimed at the most-at-risk populations. Its efforts will focus on three fronts. The first will work at the national level with various ministries, especially the Ministry of Health, and with nongovernmental organizations to implement a national intervention effort. The second front aims to improve access to information and prevention services. It will work in the 22 border districts with India, the three municipalities in the Kathmandu Valley, the cities of Pokara and Dharan in the middle and eastern regions, and in at least three far western hill districts where the main Mumbai migration occurs. The third front, improving access to care and support, will concentrate initially in the urban centers, but will expand to reach the five regional centers and hilly areas with the highest levels of migration to Mumbai.

## **Advocacy**

Policymakers who understand HIV prevention and care can be critical players for advocating and supporting national and local programs. They can dismantle barriers that fellow policymakers or ministries may have erected to hinder programs, and they can advocate for better funding. USAID supports The POLICY Project to increase political and popular support to meet the needs of affected communities, particularly through leadership and capacity building. USAID is also assisting the Government of Nepal to incorporate HIV/AIDS awareness and stigma-reduction messages into all ministries, and all USAID programs and other donor projects.

## ***Behavior change interventions***

The main groups targeted for behavior change through the use of USAID funds are female sex workers and their clients (migrant laborers, transport workers, and other men away from home). Other at-risk groups, including young people, men who have sex with men, and injecting drug users, will also be included in the behavior change plan. New and expanded programs to promote and maintain risk-reduction behaviors will include these components:

- Sustained interpersonal communication with vulnerable individuals through outreach and peer communication
- Opening of “safe spaces,” such as drop-in centers, tea stalls, or similar locations where HIV prevention and counseling can be conducted
- Drama, video shows, pamphlets, media, face-to-face counseling, and discussion groups

These basic components will be adapted to the specific needs of different targeted groups and in different geographic locations. Because feedback is an important mechanism for improving these efforts, monitoring and evaluation at selected times will be incorporated in the information campaigns.

## ***Condom social marketing***

The USAID/Nepal program aims to reduce HIV/AIDS transmission by ensuring condom use at the last risky sex in all intervention sites by a minimum of 80 percent by 2006. Population Services International launched a condom social marketing campaign with a new youth-oriented condom in April 2003, targeted at the most-at-risk groups, including female sex workers and their clients, migrant workers, truckers, military, police, and injecting drug users. The social marketing strategy also involves the launch of a franchised network of private health care providers. The network presently offers family planning options, but it also promotes HIV prevention through information (ABC pamphlets and posters) and condoms. Population Services International will introduce prepackaged therapy for the treatment of male urethral discharge at certain outlets, and is exploring the possibility of establishing franchised voluntary counseling and testing centers. The campaign capitalizes on information campaigns conducted during the past five years by Family Health International.

In addition, Population Services International and Family Health International launched a national advocacy campaign with the Government of Nepal. The campaign, “Let’s talk about HIV/AIDS today,” uses national celebrities and a person living with AIDS, and includes discussions about transmission, condom use for prevention, and stigma reduction.

## ***Community-based organizations***

Local organizations are in the best position to carry out HIV prevention and care activities, but a major constraint to stepping up the national response is that these organizations are few and not strong enough to adequately respond to the epidemic. USAID, which has been working with several such organizations in the central and eastern districts, will continue to work with national officials and other donors to identify and strengthen more of these organizations in other districts.

## ***Public-private partnerships***

The private sector in Nepal is becoming aware of the issues around HIV/AIDS. A few banking institutions and five-star hotels have adopted HIV/AIDS policies. In addition, a truckers association is supporting services to prevent and treat sexually transmitted infections among its 2,500 members. Through USAID support, Population Services International has begun work with trade unions, and in late 2003, USAID’s POLICY Project, in collaboration with the Ministry of Health, convened a meeting of private sector stakeholders to highlight the important roles they can play to address HIV/AIDS in Nepal. The POLICY Project has also begun work with the Federation of Nepalese Chambers of Commerce and Industry to lead the private sector’s involvement in HIV/AIDS activities. These few initial programs have shown the private sector is aware and willing to work with the government to combat HIV. With funding from USAID, Population Services International and The POLICY Project will use this awareness as a foundation to increase private sector involvement in HIV/AIDS initiatives.

## **Surveillance**

Second-generation surveillance systems will be expanded to cover target groups and geographic areas where an information deficit exists. USAID will work with Nepali authorities to standardize data collection and quality, and to disseminate results. This activity will be implemented through Family Health International, which will provide technical assistance in the design of the surveillance systems, as well as assistance to implement and monitor the surveillance.

Surveillance activities will be expanded to include laboratory upgrading. USAID assistance provides training opportunities for laboratory workers and support for mobile clinics that treat sexually transmitted infections, particularly among at-risk population groups.

## **Voluntary counseling and testing**

The difference between actual recorded cases of HIV infection and estimates of the number of infected individuals indicates that an unmet need exists for voluntary counseling and testing, and for care and support services. USAID funds will be used to improve the local capacity to provide voluntary counseling and testing for HIV; promote the availability and use of these services; and strengthen the linkages between voluntary counseling and testing, and other prevention, care, and support services. Although Nepal's national strategy calls for voluntary counseling and testing services to be established in 26 districts, USAID will work with Nepal's National Centre for AIDS and Sexually Transmitted Disease Control to initially strengthen six referral laboratories that can conduct HIV testing. With USAID funds, Family Health International will establish two voluntary counseling and testing sites in the Kathmandu Valley, targeted mainly at injecting drug users and female sex workers. Family Health International will also establish four sites along the East-West highway so that all of their behavior change intervention partners can refer those clients who want testing to an appropriate location. In the future, USAID may assist in expanding these efforts, particularly by concentrating on providing services to the most-at-risk populations in urban centers.

## **Women, orphans, and vulnerable children**

The USAID Mission currently implements activities to reduce the trafficking of women and children, who are vulnerable to HIV infection. It will continue to coordinate and link HIV/AIDS activities with anti-trafficking activities in border areas. In terms of conflict mitigation through health activities, USAID efforts are geared toward psychosocial counseling among victims, rehabilitation services, skills development, and access to education. Working through all levels of the health care system, USAID supports services to prevent and treat acute respiratory infections and malaria, and for women, access to voluntary family planning and safe delivery.

## **FOR MORE INFORMATION**

USAID/Nepal  
Department of State  
Washington, DC 20521-6190  
United States of America  
Tel: 977-1-272424; Fax: 977-1-272357  
<http://www.usaid.gov/np/>

USAID HIV/AIDS Website for Nepal: [http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/ane/nepal.html](http://www.usaid.gov/our_work/global_health/aids/Countries/ane/nepal.html)

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*For more information, see [http://www.usaid.gov/our\\_work/global\\_health/aids](http://www.usaid.gov/our_work/global_health/aids) or <http://www.synergyaids.com>.*

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