

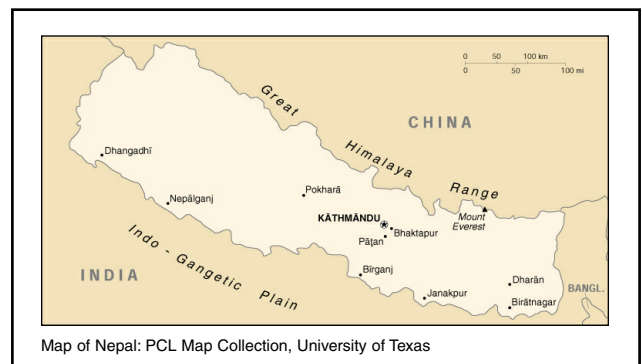
HIV/AIDS in Nepal and USAID Involvement

Nepal has moved from a low HIV/AIDS prevalence country to one with a concentrated epidemic in groups at high risk of infection. According to sentinel surveillance data reported by the Ministry of Health, national prevalence is 2.9 percent. Prevalence among groups at high risk is markedly higher, however. In the capital of Kathmandu, prevalence among injecting drug users increased dramatically from 2.2 percent in 1995 to more than 50 percent in 1999. Prevalence among female sex workers in Kathmandu and Pokhara is currently at 17 percent.

Unprotected heterosexual contact—particularly through commercial sex—and injecting drug use are the primary modes of HIV transmission in Nepal.

According to the United States Agency for International Development (USAID), if trends continue as they have, AIDS will be the leading cause of death among 15- to 49-year-old Nepalis in the next 10 years. The Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), the Nepalese National Center for AIDS and STD Control (NCASC), and other sources have reported the following:

- As of July 31, 2001, 516 AIDS cases and 2,024 HIV cases had been reported to the Ministry of Health.
- UNAIDS estimates that at least 35,000 adults and children are living with HIV/AIDS.
- Injecting drug users account for an estimated 11 percent of all HIV cases.
- At the end of 1999, an estimated 2,500 Nepali children had been orphaned due to AIDS.
- An estimated 5,000 sex workers in Kathmandu and 200,000 Nepali women work in the sex industry in India.
- In Kathmandu, HIV/AIDS prevalence among sexually transmitted infection (STI) clinic patients increased from 1 percent in 1992 to 5 percent in 1998.
- Seasonal migration to India is common in the hill districts and many returning Nepalis report symptoms of HIV/AIDS. Research is underway in both India and Nepal to determine prevalence in this group.
- Surveys conducted in 16 districts in the Terai region (near India) by USAID and Family Health International have found HIV/AIDS prevalences of 3.9 percent among female sex workers and 1.5 percent among their clients.



NATIONAL RESPONSE

In 1987, a year before the first AIDS case was detected in Nepal, the government formed the National AIDS Prevention and Control Project (NAPCP) and implemented a short-term plan for AIDS control. The project focused on controlling HIV transmission through sexual contact, blood transfusions, or from mother to child, and on reducing the impact of HIV/AIDS on individuals and families. In 1992, a National AIDS Coordination Committee (NACC), chaired by the Minister of Health, was established to bring together governmental and nongovernmental agencies to develop a multisectoral approach to combating HIV/AIDS.

Also in 1992, the first medium-term plan for AIDS prevention and control was implemented, which included activities such as screening blood samples; surveillance; generation of information, education and communication materials for the general public and groups at high risk of infection; distribution and promotion of condoms; treatment of STIs; counseling persons at risk and those who test positive for HIV; and training health workers in the clinical management of HIV/AIDS patients.

Nepal formalized a national HIV/AIDS/STI policy in 1995 that established a multisectoral approach. In 1997, a National HIV/AIDS Strategy covering the years 1997 to 2001 was adopted and is currently being implemented.

Political support for HIV/AIDS programming was weak in Nepal until December 5, 2000, when his Royal Highness Crown Prince Dipendra Bir Bikram

Shah Dev made a first-ever public show of royal support for HIV/AIDS prevention efforts by giving a keynote speech highlighting the importance of HIV/AIDS prevention activities internationally at a USAID-coordinated advocacy event.

In 2000, the Ministry of Health, UNAIDS, the United Nations Development Programme (UNDP), the U.K. Department for International Development (DFID), USAID, and Australian AID (AusAID) organized the “Nepal Initiative” to institute a coordinated and expanded response to the rising prevalence of HIV in Nepal. The initiative emphasizes implementation of harm and risk reduction measures for the most vulnerable groups (i.e., sex workers and their clients, injecting drug users), and an expanded national response to include additional groups such as labor migrants and their families.

The Government of Nepal is currently developing a new 5-year strategy on HIV/AIDS. The strategy is expected to focus on scaling up prevention, control, care and support, and voluntary counseling and testing efforts to stop the spread of HIV/AIDS into the general population.

USAID SUPPORT

USAID has been the lead donor in Nepal for HIV/AIDS programs since 1993. USAID has supported prevention programs aimed at vulnerable groups in border areas, such as sex workers and their clients who transact business along truck routes to India. Additional efforts have included condom social marketing, capacity building for local authorities and nongovernmental organizations

Key Population, Health, and Socioeconomic Indicators		
Population	24.7 million	Census 2000
Growth Rate	2.5%	DHS 2000
Life Expectancy	Males: 58 Females: 57	DHS 2000
Total Fertility Rate	4.1	DHS 2000
Infant Mortality Rate	75 per 1,000 live births	UNICEF 2000
Maternal Mortality Rate	540 per 100,000 live births	UNICEF 2000
GNI per capita (US\$)	220	World Bank 1999
Govt. health expenditure as % GDP	3.7%	WHO 1997
Adult Literacy Rate	Male: 58% Female: 23%	World Bank 1999

(NGOs) to undertake surveillance and reporting on HIV/AIDS, behavior change surveys, improved management of STIs, and support for improved national HIV/AIDS policy. USAID prevention programs are being expanded to target populations at high risk in the Kathmandu Valley and the far West, where there is extensive migration between Nepal and India.

USAID is developing a 5-year strategy for Nepal which will include assistance to the government in developing its new 5-year HIV/AIDS strategic plan. USAID also supports projects that combat trafficking of women and children—a population at increased risk of contracting HIV/AIDS.

USAID-supported NGOs include:

Family Health International (FHI)/IMPACT implements HIV/AIDS prevention activities in Nepal that target sex workers and their clients, women and men with multiple partners, injecting drug users in Kathmandu Valley, adolescents, and migrants to India. FHI supports many local NGOs in these activities.

The **Population Council/Horizons Program** conducts operations research on the trafficking of girls and women for sex work, and on the care and support of HIV/AIDS-affected persons.

Other bilateral donors supporting HIV/AIDS programs include United Nations agencies, the World Bank, the European Union, German Development Agency (GTZ), DFID, Denmark, Japan, Norway, and AusAID.

CHALLENGES

Though HIV/AIDS prevalence in the general population remains low, high HIV infection rates among select groups could lead to a major epidemic in the absence of effective prevention and control programs. According to USAID, Nepal faces the following challenges in containing an HIV/AIDS epidemic:

- An open border with India, which encourages migration and puts the Nepalese population

along the border at higher risk of HIV infection because of high infection rates in neighboring Indian states;

- An active commercial sex industry;
- High rates of trafficking of girls and women to India for sex work;
- Increasing numbers of injecting drug users;
- Seasonal and long-term labor migration; and
- Extreme poverty.

SELECTED LINKS AND CONTACTS

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2. The World Health Organization, Regional Office for South-East Asia (SEARO), World Health House, Indraprastha Estate, Mahatma Gandhi Road, New Delhi 110002, India, Tel: (0091) 11.331.7804 or 11.331.7823, Fax: (0091) 11.331.8607 or 11.332.7972, E-mail: postmaster@whosea.org, Website: <http://www.whosea.org>

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For more information, see www.usaid.gov/pop_health/aids/ or www.synergyaids.com.*

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