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I S S U E B R I E F



South Asia Region (SAR) **Nepal**



Usha Jha, Chief Executive Officer of Pact, Nepal, an organization which helps build capacity in NGOs

Jha and her colleagues developed a winning proposal for the World Bank Development Marketplace, which provides grant funding for innovative development ideas.

The project delivered HIV/AIDS education to women who had already been mobilized under the Women's Empowerment Program in Nepal.

Jha was able to reach 2,500 women who are now creating an environment where they are able to negotiate safe sex and where there is a support structure to help identify HIV/AIDS cases and assist with medical referrals.

Nepal is already facing concentrated HIV/AIDS epidemics within groups that practice high-risk behaviors. A narrow window of opportunity exists to prevent a full-scale epidemic among the general population; however, immediate and vigorous action is needed. Nepal's poverty and gender inequality, combined with low levels of education and literacy will 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. As of April 30, 2004, the National Center for AIDS and STD Control in Nepal had reported 741 confirmed AIDS cases and 3,619 confirmed HIV-positive people. Given the existing medical and public health interventions in Nepal and the limitations of the surveillance system, the actual number of cases is estimated to be many times higher, and, as of the end of 2003, UNAIDS estimated that 62,000 out of a population of 24.1 million people in Nepal were living with HIV/AIDS. It is estimated that 0.5 percent of population in the age group of 15-49 years in Nepal are HIV positive, and the male-to-female ratio of infection is 3 to 1.

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 route of transmission continues to be heterosexual sex and the fact that the sexually transmitted disease (STD) rates are rising is an ominous sign.

According to 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 it is expected to increase in the years to come.


RISK AND VULNERABILITY


There are many risk factors that put Nepal in danger of experiencing a widespread epidemic if immediate and vigorous action is not taken:


- €# **Injecting Drug Use:** 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 its limited coverage, HIV is increasingly spreading

HIV/AIDS in Nepal

Without immediate and vigorous action, Nepal runs the risk of experiencing a national AIDS epidemic.

 According to WHO/UNAIDS, as of the end of 2003, it was estimated that 62,000 people in the country were living with HIV/AIDS. An estimated 2,500 adult and children have died due to HIV/AIDS, and the number of new HIV infections is estimated at 9,300.

 The absolute number of HIV/AIDS cases in the country is still low. However, there are already “concentrated” epidemics, with prevalence exceeding 5 percent among certain vulnerable groups.

 Without effective interventions, it is predicted that there may well be a generalized epidemic by the end of this decade.

 For every 100 HIV-infected men, 28 women are infected (3:1 ratio).

among IDUs with HIV prevalence of 40 percent among IDUs nationwide and 68 percent in Kathmandu as reported in a survey carried out in 2002.

- ⌘ **Sex Work:** Due to a highly marginalized status in the 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 clients of FSWS, who are mainly transport workers, members of the police or military, wage earners, and migrant workers, do not use condoms. Overall, HIV prevalence among FSWS is reported as 4 percent, 50 percent of whom were previously working in Mumbai, India. It is estimated that approximately 100,000 Nepalese women are engaged in commercial sex work in India.
- ⌘ **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 for protecting themselves due to a traditionally lower social status. Teenagers, although seemingly highly aware of HIV risk, do not necessarily translate the awareness into safe sex practice. A high prevalence of premarital sex exists, with 20 percent of teenagers considering it proper among young people. Almost one fourth of them inject drugs.
- ⌘ **Migration and Mobility:** Estimates of internal and external migration for seasonal and long-term labor ranges 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).
- ⌘ **Men Who Have Sex with Men (MSM):** Although recent report MSM indicate that MSM seems to be relatively common, levels of knowledge of safe sex and condom use are low among this community. Furthermore, many such men are also married, which put their spouses at risk of becoming infected with 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 multisectoral involvement, decentralized implementation, and partnership between the public, nongovernmental organizations, and the private sector. It also called for coordinated monitoring and evaluation, promotive 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 chaired by the Prime Minister. The Council is dedicated to leading the multisectoral response and to advocating for active participation in the fight against HIV/AIDS. The main agency responsible for HIV/AIDS and STD is the National Center for AIDS and STD control established under the Ministry of Health. The Center has updated the National Strategy on HIV/AIDS for the Tenth Five-Year Plan (2002-06). This update includes HIV/AIDS as one of two crosscutting issues of Nepal's Millennium Development Goals and also includes other commitments which were made at the Special Session of the UN Assembly on HIV/AIDS. It also addresses management needs and defines the resource requirements for an expanded response to HIV/AIDS in Nepal. The government estimates that the budget required for the National HIV/AIDS Strategy for 2002-06 will be US\$50 million. It has developed a National operational plan to implement the strategy. The government has received US\$11 million from the Global Fund to Prevent

HIV/AIDS in South Asia

Over 5 million people in South Asia are living with HIV/AIDS, according to UNAIDS. Over 90 percent of those infected are living in India. However, high-risk behaviors and infection rates are growing across the region. Unless vigorous and timely action is taken, South Asian countries run the risk of experiencing the devastating social and economic impacts of the kind of full-blown AIDS epidemics seen elsewhere in the world. There is still a window of opportunity to act to prevent this situation in South Asia.

HIV/AIDS and Malaria to operationalize the National Strategy with a focus on young people, migrants, and provision of care and support for people living with HIV/AIDS for a period of four years. Reorganization of the management mechanism for improving implementation is under discussion at the government level.

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

Nongovernmental Organizations (NGOs) and Private Sectors. Numerous private and voluntary organizations and NGOs 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 undertaken 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 donors and multi- 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.

UNAIDS has a coordinating 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 is supporting condom social marketing across the country as well as advocacy programs with various policy makers.

A consortium of multi- and bilateral donors (UNAIDS, UNDP, USAID, DFID, Aus Aid) is collaborating with the government to address the issue of reducing risk for female sex workers, their clients, and IDUs. Family Health International is the executing partner of the US\$2.6 million project. Harm and risk reduction components include 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, has been established.

ISSUES AND CHALLENGES: PRIORITY AREAS

Addressing the encroaching HIV/AIDS epidemic requires immediate action and long-term continuity and sustainability. The following 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 multisectoral approach, involving sectors other than health, such as education, finance, defense, agriculture, and transport.
- €# **Demonstrate the need for an expanded and coherent response** and strengthening of management for effective collaboration and coordination between public and private sectors, and improving implementation.
- €# **Mobilize resources** for scaled-up responses for vulnerable groups.

- €# **Scale up advocacy**, behavioral change activities, and health promotion interventions for youths, mobile populations, female sex workers, IDUs, and men having sex with men.
- €# **Implement harm-reduction initiatives** for IDUs and promote condom use in casual and commercial sex, while addressing 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** to address 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 monitoring adherence.

WORLD BANK RESPONSE

The World Bank is providing the Government of Nepal with technical assistance in a variety of areas pertaining to HIV/AIDS, including updating the National Strategy and integrating HIV/AIDS prevention services into the Nepal National Health Sector Program support lending. This program is going to be under a joint funding arrangement with DFID (under development) including STD treatment, blood safety, HIV surveillance, voluntary counseling and testing for HIV, and care and support of people living with HIV/AIDS.

June 2004

For more information on World Bank assistance to Nepal, please visit:
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