



**HIV AND AIDS AMONG YOUNG
PEOPLE IN NEPAL**



INTRODUCTION

Human Immunodeficiency Virus (HIV) is a virus that typically infects and damages the vital organs and cells of human immune system leading to a severe condition called Acquired Immunodeficiency syndrome (AIDS).¹ HIV is transmitted through unprotected sex, sharing infected drug equipment, from an infected mother to a child, occupational exposure, blood transfusion or organ transplant and is spread through contact with the blood, semen, pre-seminal fluid, rectal fluid, vaginal fluids and breast milk of a person living with HIV.²

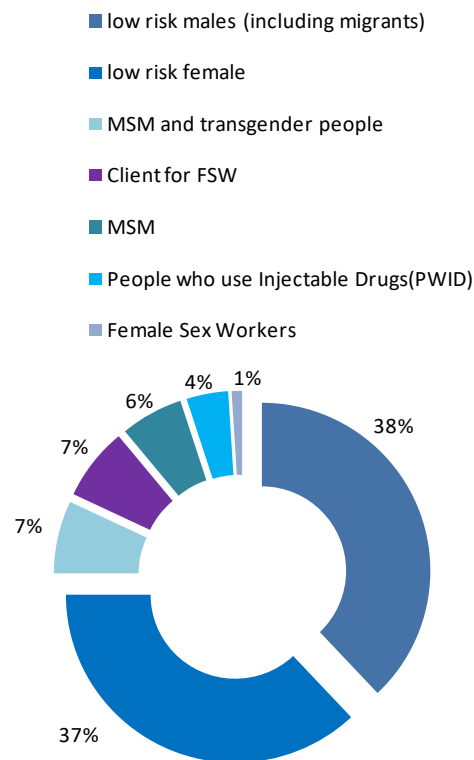
HIV infection development occurs in three stages namely acute infection, chronic infection and AIDS with symptoms ranging from flu-like symptoms such as fever, headache and rash or even remain asymptomatic in chronic HIV infection. Without any treatment, the HIV infections usually advance to AIDS, in 10 years or longer, the most severe stage, where the body cannot fight off opportunistic infections.³ Antiretroviral therapy (ART) is the use of HIV medicines to treat HIV infection which prolonging life of people with HIV and AIDS.⁴ The key populations of HIV transmission includes people who injects drugs (PWID), Sex workers and their clients (male and female), Men who have Sex with Men (MSM) and Transgender people, Labor Migrants and their partners and Prison inmates.⁵

BACKGROUND

In 1988, the first case of HIV was reported in Nepal which had primarily been transmitted by injectable drug use and unprotected sex.⁶ According to the statistics released by National Centre for AIDS and STD Control (NCASC) in 2017, there are now an estimated 31,020 People Living with HIV (PLHIV) in Nepal. Among them 19,702 (64%) of them had been diagnosed and less than half of the diagnosed 15,260 (49%) are receiving treatment as of December 2017.⁷ The prevalence has dropped from 0.42% to 0.03% and is expected to maintain a plateau at 0.2% at 2020.⁸ According to the key indicators of estimated HIV data in Nepal 2017, annual number of new infections has decreased from 942 in 2016 to 835 in 2017.⁹ About 73.53% of the reported HIV cases comprised of women aged 15-49 years. The total reported HIV infections among the young people aged (15-24 years) accounted for about 4.27% whereas from age group (25-49 years) accounted for about 63%.¹⁰

The distribution of people Living with HIV 2017 (15 years and above) shows the following statistics: low risk males (including migrants)- 38%, low risk female- 37%, MSM and transgender people- 7%, Client for FSW- 7%, MSM - 6%, People Who use Injectable Drugs (PWID)- 4%, Female sex workers- 1%.¹¹

Estimated distribution of age group (15 years and above) people living HIV and AIDS



Source: HIV Epidemic Update of Nepal, 2017 Facts about HIV Epidemic in Nepal Government. Ministry of Health.

Over 1500 youths leave Tribhuvan International Airport every single day as a migrant worker in Nepal.¹² A study done in 2011 shows that wives of migrant workers in Nepal are at a higher risk of HIV, not because they are not aware of it but because they are scared to ask their husband about their potentially risky sexual behaviour while abroad.¹³

Though prevalence of HIV and AIDS in Nepal has shown a decreased trend from 2006 till now, yet the gaps still persist in increasing access to information and services on HIV and AIDS especially among young people.¹⁴ However, the socio-cultural barriers leading to stigmatization is the greatest concern, when it comes to ending the HIV and AIDS prevalence in Nepal.¹⁵

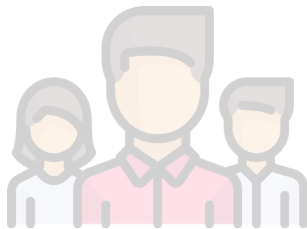
Young people including key populations such as young transgender, people who inject drugs and young sex workers are prone to acquire HIV infection.¹⁶ For those young population questioning their sexual identity and sexual orientation could also have higher risk of infections as because of inadequate Comprehensive Sexuality Education to protect themselves from infection or ways to reduce barrier of getting infected.

Access to Information

According to the Nepal Demographic Health Survey (NDHS) 2016, only 21% of young women and 27% of young men have comprehensive knowledge* on HIV and AIDS. Only 34% of women and 58% of men are aware of HIV testing places. Young women age 15-19 and older women age 40-49 are slightly less likely to know a place to get an HIV test as compared to men.¹⁸

The data above shows there is a definite need for appropriate and accessible information for young people related to knowledge about HIV and AIDS and access to service sites. The use of Information, Communications and Technologies (ICT) complements other Information Education and Communications (IEC) campaigns designed to reach youth and fill gap in access to information regarding HIV and AIDS.¹⁹

Key affected population including young people in Nepal are marginalized and thus have limited access to information about sexual health, reproductive health, safe sex practices, obtaining legal protection and medical services.²⁰ Although knowledge about HIV risk was found to be high among young key populations, change in behaviour was found nominal. Girls cannot decide upon their sexual and reproductive rights to protect themselves due to deeply rooted patriarchal structure.²¹ Cultural, social, and economic barriers for young key population account for major challenge for prevention of HIV and AIDS among young key population.



“Existence of the problem is due to discrimination in access to information and the health services.”
- FGD Participant, Male, Age 22

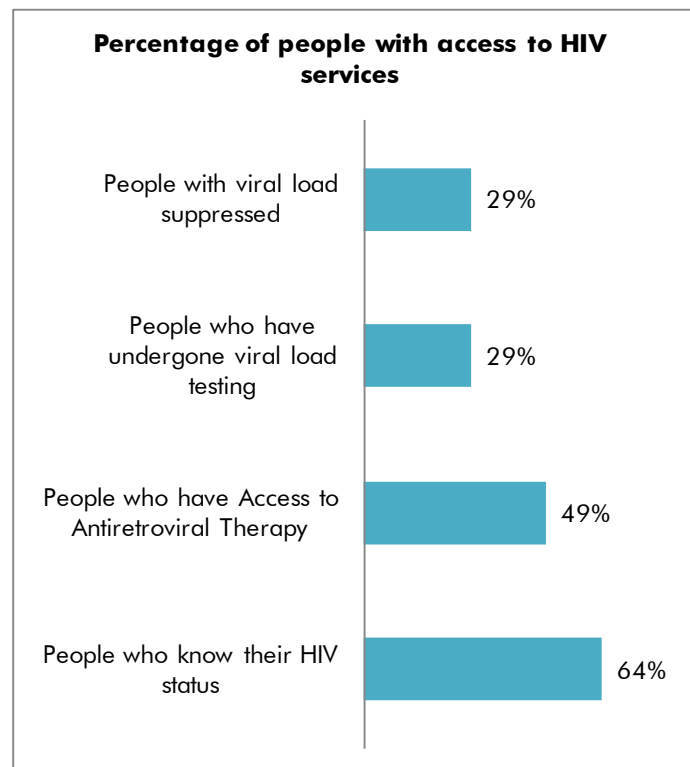
*consistent use of condoms, having one faithful partner, healthy looking can have HIV, rejecting most common misconceptions.

Access and availability of health services

According to the Treatment Cascade of 2017 as published by National centre for AIDS and STD control (NCASC), among the estimated people living with HIV, only 64% of people know their HIV status, 49 % have access to Antiretroviral therapy, only about 29% of people have undergone viral load testing and 29 % of the people have got viral load suppressed as shown in the figure.²² Despite 175 HIV testing and counselling centres in the country, there is no significant progress in the number of people seeking testing services.²³

It is crucial for young people to get access to sexual and reproductive health services. The poor quality HIV testing facilities, inadequate competency among the medical personnel, attitudes and beliefs of health professionals toward PLHIV are reasons for less percentage of PLHIV getting proper available health services.²⁴

It is challenging to expand HIV treatment sites targeting vulnerable groups having geographical area with dispersed populations.²⁵ Provision of integrated, confidential, and non prejudicial youth friendly services is crucial step for providing comprehensive HIV testing and counseling services.²⁶



Source: Treatment Cascade 2017. Accessed from <https://ncasc.gov.np/uploaded/Banner/2017/Treatment-Cascade.jpg>

Existing Policy, Program and strategies

Nepal brought up the National HIV Strategic Plan 2016-2021, a set of evidence-informed strategies focused on reaching key populations to end the AIDS epidemic as a public health threat by 2030 through fast track prioritized investments. Fast track prioritized investment includes establishing the public private partnership (PPP), bridging the prevention treatment continuum through task sharing and enhancing critical programmes and social enablers, initiating community led HIV screening.²⁷

National HIV Strategic Plan 2016-2021 has stressed on a need to address HIV programming for young key populations beginning with counselling and HIV testing followed by appropriate services for young people living with HIV. The Strategic plan has also acknowledged the engagement of health services to be youth-specific featuring integrated, quick, confidential, non-prejudicial, right based and hasslefree services.²⁸

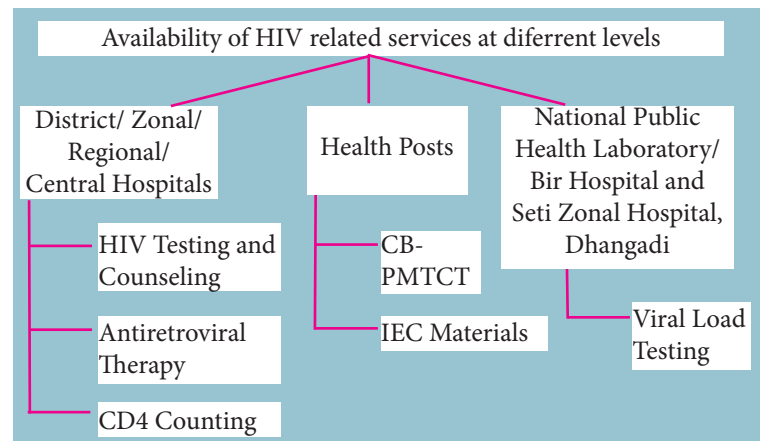
Similarly, Youth Vision 2025, the ten year special strategic work plan formulated with a farsighted approach to materialize the rights, aspirations and needs of the youth also targets to increase awareness regarding HIV and AIDS among young people. Youth health and security, one of the five pillars of Youth vision 2025, targets to increase the knowledge on HIV and AIDS among adolescent boys and girls from 29.8% in 2010 to 98% in 2025.²⁹ Likewise, NCASC decided to adopt Treat ALL policy which has been enunciated in National HIV treatment guideline, treating all adults and adolescents with HIV.³⁰

Participation of key populations, limited policy response for migrant workers and their spouses, strategic information, monitoring and data quality management and its uses, tightening of budget from development aid could prevent achieving 90-90-90 target.³¹ The international financing mechanisms such as the Global fund has tightened up demands for more transparency and accountability for resources.³² Moreover, the devastating earthquake in 2015 has limited government capacity to increase the domestic investment in HIV response and focus has shifted towards reconstruction, relief and structural development.³³ The task sharing between the government and the private sectors has been creating failures to reach key populations including young people and limited to the minor proportions.³⁴ NCASC is responsible largely for development of policy, planning for HIV and AIDS prevention and treatment programmes. Little progress has been made in the scale up but still arrays of essential support services remain largely inadequate as well as application of a multi-sectoral approach remains a challenge.³⁵



“Recently, a young migrant worker who knew about his condition of HIV, was found to be involved in unprotected sex with his wife and many other girls. Now, his wife is pregnant and infected with HIV. It reflects that our approaches are failing to reach young key population. Change in behaviour is must.”

-Male, Public service provider, KII respondent from Kathmandu



Link for HIV testing and counseling service in Nepal: <https://www.aidsmap.com/HIV-AIDS-services/Nepal/cat/1175/page/1871278/>

EFFORTS TO ADDRESS THE ISSUES

National HIV Strategic Plan 2016-2021 basically includes innovative, well coordinated and integrated services emphasizing on the zero tolerance to eliminate stigma and discrimination.³⁶ The innovative service delivery approaches include facility based outreach, community-led in-reach; linking testing to treatment through innovative referral mechanisms and retention till the viral load decreases.³⁷

Different programs of HIV and AIDS is done in the Sector Wide approach (SWAp) with help of pooled funders such as Family Planning International 360 (FHI360) and USAID which is managed by the government on contract basis after approval from the National Centre for AIDS and STD Control.³⁸ The global fund under the program of Save The Children and (what) generated by UNAIDS where many NGOS has been benefited through financing and targeting preventive program for key populations.³⁹ Quality data control, providing access to ARV drugs regimen, prophylaxis, increased treatment for other opportunistic diseases to eliminate the vertical transmission of HIV from mother to a child has been encouraging step towards eliminating HIV and AIDS.⁴⁰

Issues of key population are being addressed through mapping of hotspot in community level through Behavior Change Communication; condom promotion; STD control; testing and counseling; surveillance; and operational research and PWID is approached by providing Opioid Substitution Therapy in order to reduce injecting behaviour.⁴¹

Various organizations are working to provide information, health service and to bridge strategic gap in HIV and AIDS though capacity strengthening and advocacy. The National NGOs Network Group Against AIDS (NANGAN) advocates to bridge the gap between the national level policy makers and the rural level implementer.⁴² Likewise National Association of People living with HIV in Nepal (NAP+N) has created a Youth Forum 'Y-KAP' where HIV positive youths under 18, based upon need are rehabilitated and provided service of cash transfer of Rs. 1000. Also, in the high level 18+ youths are provided with counseling services to help them adapt to the stigmatic society by facilitation of knowledge and information through peer education approach.⁴³ AIDS HealthCare Foundation (AHF) Nepal in collaboration with the Nepal Government provide free ART treatment to patients, lab investigations, management and referral of opportunistic infection, transportation subsidies for very low income patients.⁴⁴

The Blue Diamond Society (BDS) is the leading organization working with and for sexual and gender minorities on social justice, human rights, sexual health and HIV and AIDS all over Nepal eliminating stigma and discrimination. More than 700 LGBTI living with HIV has been accessed for treatment, care and support services through BDS, providing training for marginalized LGBT.⁴⁵

To increase knowledge on HIV and AIDS and to widen coverage of HIV testing services, 'We' for CHANGE implements the 'OUTLOUD' project which is targeted to the low risk migrant workers in the highway districts of Nepal, giving them trainings about HIV and AIDS.⁴⁶

Similarly, YUWA has been working to inform young people by promoting Comprehensive Sexuality Education (CSE) through peer education and infotainment model which includes HIV and AIDS as one of the major components. YUWA has also been conducting HIV micro project and Reaching Out Young Minds (ROYM) to urban and rural adolescent and youth. Apart from this, YUWA has produced documentary on HIV and AIDS to combat HIV and AIDS through use of ICT.⁴⁷

“When we ask for condom, pharmacist most of time are hesitant. It makes us uncomfortable and guilty. Proper attitude from service provider is important for young key population like us to enjoy and practice safe sexual need.”

- Homosexual, Age 22, FGD participant



“We promote condom and lubricants and provide information about safe sex practice to LGBTQ.”

-KII respondent of Blue diamond society

RECOMMENDATIONS

1. To the Government

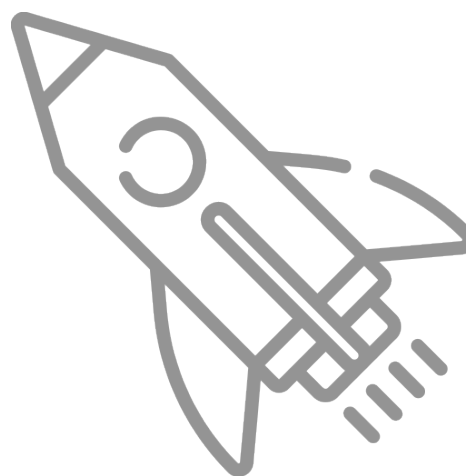


- Emphasis should be given to quality assurance, sufficient number of health service sites and trained medical personnels for the focused promotion of testing in the geographical areas of high HIV prevalence and incidence, and amongst the key populations for HIV testing and counselling.
- Strong monitoring mechanisms regarding surveillance of HIV testing, treatment with ART and rehabilitation is required to achieve target of 90-90-90.
- 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 treatments, and adherence to monitoring.
- Updated and disaggregated data should be published and made accessible through reports and online platform which help organizations to focus on evidence based and need based activities.
- Prominent effort to translate the national policies and plans on HIV and AIDS into effective ICT based interventions is crucial to increase awareness among citizens and especially amongst the young people.

2. To Civil Society Organizations



- Civil Society Organizations should continue sensitization and advocacy at community level to break myths, stigma, discrimination and to preserve achievement and progressive actions.
- Evidence based Advocacy and need based activities should be promoted where effective intervention should be carried aligned to the government priorities and strategies with the involvement of youths to reach the key population.
- Behavioral change activities, and health promotion interventions should be scaled up for young people, mobile populations, female sex workers, IDUs, and MSM.
- The health service providers should be concerned about the attitude of service provider towards client, gender and youth friendly approach and proper infrastructures.
- Organizations should continue advocacy to strengthen HIV and AIDS related policy, strategies, plans and services.



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About YUWA

YUWA is youth led, youth run organization established in 2009. Since, its establishment YUWA has been working with youth through different thematic areas fostering youth culture and providing platforms for youths in Nepal.

About Issue Brief

This issue brief on HIV and AIDS among young people in Nepal, with recommendations has been produced on the side lines of International AIDS Conference 2018. This issue brief is prepared through youth lens and perspective. The issue brief is based on findings from desk research, Key Informant Interview and Focus Group Discussion. The authors confirm that there is no known conflict of interest associated with this publication and there has been no significant financial support for this work that could have influenced its outcome.

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