National HIV Strategic Plan

2021-2026

Government of Nepal
Minsitry of Health and Population
National Centre for AIDS and STD Control
Teku, Kathmandu

National HIV Strategic Plan

2021-2026

FIRST EDITION

Government of Nepal
Minsitry of Health and Population
National Centre for AIDS and STD Control
Teku, Kathmandu

विरोध खतिवडा
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सन्देश

नेपालले दिगो विकास लक्ष्यहरुलाई राष्ट्रिय विकास ढाँचामा समाविष्ट गरेर सन् २०३० सम्ममा हासिल गर्ने प्रतिबद्धता जनाएको सन्दर्भमा सन् २०२१ को जुन महिनामा सम्पन्न भएको राष्ट्रसंघीय उच्चस्तरीय बैठकमा जनस्वास्थ्य जोखिमको रुपमा रहेको एड्स इपिडेमिकलाई सन् २०३० सम्ममा अन्त्य गर्ने पुन:प्रतिबद्धता जनाएको छ।

सरोकारवालाहरु बीच सहकार्य गरि नविनतम कार्यक्रम कार्यन्वयन भई जोखिम समूहहरु तथा एचआईभी संक्रमितहरुलाई सबै तहमा हुने लाञ्छना तथा असमानताका समस्याहरु सम्बोधन गर्नेराष्ट्रिय एचआईभी रणनीतिक योजना २०२१-२०२६ले रणनीतिक मार्गदर्शन प्रदान गरेको छ।

सरोकारवालाहरुबीच प्रभावकारी समन्वय र साझेदारी मार्फत यस रणनीतिक योजनाको सफल कार्यन्वयन हुन्छ भन्ने अपेक्षा गरेको छु साथै यस कार्यका लगि हामी पूर्ण प्रतिबद्ध छौ।

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सन्देश

नेपालले पन्ध्रौं योजना बनाएर दिगो विकास लक्ष्य हासिल गरि समृद्ध नेपाल, सुखी नेपालीको आकांक्षा राखेको छ। राष्ट्रिय एचआईभी रणनीतिक योजना २०२१-२०२६ ले मानवअधिकार र स्वास्थ्य समानताका सिद्धान्तहरुमा आधारित भएर जनकेन्द्रित दृष्टिकोणहरुलाई प्रवर्धन गर्दछ। जसले नयाँ एचआईभी संक्रमणलाई कम गर्न,उपचार र हेरचाहलाई निरन्तरता दिन र मुख्य समुह तथा एचआईभी संक्रमितहरुको जीवनस्तरमा सुधार ल्याउन सहयोग पुग्ने छ भन्ने अपेक्षा लिएको छु।

यो रणनीतिक योजनाले एचआईभी रोकथाम, परिक्षण, उपचार, हेरचाह र सहयोग लगायतका सेवाहरुको निरन्तरतालाई प्राथमिकता दिई जनताको बीचमा सेवाहरुको पहुँच बढ्ने छ भन्ने कुरामा विश्वास गरेको छु।

यस रणनीतिलाईप्रभावकारीरुपमा कार्यन्वयन गर्न सबै तह र क्षेत्रबाट आ-आफ्नोप्रयासहरु हुनेछ भन्ने कुरामा म विश्वस्त छु।

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Re

Foreword

The National HIV Strategic Plan (NHSP) 2021-2026 lays an important foundation for Nepal's HIV response beyond 2021 in keeping with the commitment to end the AIDS epidemic as a public health threat by 2030 in line with the political declaration endorsed at the United Nations General Assembly High-Level Meeting on HIV/AIDS held on June 2021. In this Strategic Plan, ,the Government of Nepal sets forth bold targets of 95-95-95 as well as the elimination of vertical transmission of HIV by 2026.

To further ensure HIV services that are centred on at -risk communities as well as people living with HIV in accordance with the Global 2025 targets, this NHSP 2021-2026 aspires to identify 95 percent people living with HIV, bring 95 percent of those identified to treatment, and suppress the viral load of 95 percent of those in treatment. This is premised on providing enabling appropriate environment, service access and integration of services.

Adopting multi-sectoral co-operation and co-ordination, this strategy will enable the implementation process to determine plans according to the competencies of all stakeholders, including governments at all levels, civil society and the private sector. The strategy envisages in-depth responses fromprovincial and local bodies to improve access and utilisation of services. To ensure no one is left behind, this strategic plan endorses the target- group centred approach that endeavours to address human rights related barriers to HIV services with an aim of improving access to quality services in an equitable manner.

In light of Nepal achieving the lower middle-income country status, the NHSP directs that a significant front loading of domestic investments in HIV is made over the next five years.

I am confident that after the successful implementation of this strategy, Nepal will be able to address HIV issues per the expected objectives.

Dr. Roshan Pokharel
Secretary

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Acknowledgement

The Government of Nepal has developed a costed National HIV Strategic Plan (NHSP) 2021-2026 to achieve the ambitious targets of 95-95-95 contributing to the attainment of SDGs. The foundation of this strategic plan are the following national policies and frameworks including the National HIV and STI policy 2011, National Health Policy 2019, Health Sector Strategic Plan 2015-2020, Public Health Service Act 2018 and Fifteenth five-year Plan.

Nepal made significant improvements towards achieving the 90-90-90 targets on many indicators set out in the NHSP 2016-2021. Building on these gains, I believe that this strategic plan will contribute to end AIDS epidemic by 2030. I expect this will improve the quality of HIV testing, service expansion, treatment, care and support services.

Through building a resilient and sustainable health system and leaving no-one behind, NHSP 2021-2026 adopts a people-centred approach of focusing on the delivery of targeted quality high impact interventions for key population and people living with HIV without fear and discrimination. At the same time, I am confident that there will be harmony and cooperation from all partners for the successful implementation of this strategic plan.

I would like to thank the Director, team of the National Centre for AIDS and STD Control and all the contributors for their significant contribution in preparing this strategic plan.

Dr. Dipendra Raman Singh
Director General

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Acknowledgements

The uninterrupted efforts made by Nepal to address challenges observed in HIV epidemic since the implementation of its first HIV strategy in 1997 with the development of the subsequent strategic plans in 2002, 2006, 2011, and 2016 achieved remarkable progress in prevention, treatment, care, and support. I do appreciate national and international partners, civil society organizations, key populations and their networks who have equally played critical roles in accelerating the HIV national response.

Since Nepal reaffirmed its strong commitment to achieve the global goal at the United Nations General Assembly High Level Meeting to end AIDS epidemic as public health threat by 2030 in June of 2021, the National HIV Strategic Plan 2021-2026 aims at strengthening community system by ensuring integrated health system.

The NHSP 2021-2026 has been developed with refinement based on past experiences and lessons learned. I expect this plan will address key gaps, challenges, and emerging issues in this field by particularly focusing on meaningful engagement of key and vulnerable populations.

I am grateful for the continued guidance, support and input from the multi-sector steering committee chaired by Health Secretary, strategic plan development team, country coordinating mechanism, key development partners, civil society, key populations and their networks to develop NHSP 2021-2026, with its roadmap of targeted investments and the goal towards ending the AIDS epidemic in Nepal by 2030. I would also like to thank all the section chiefs, officers, and other staff of NCASC who worked tirelessly to develop this strategic plan.

Dr. Sanjay Kumar Thakur
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Foreword

Nepal has made significant progress in response against HIV epidemic. Five key targets envisioned by the National HIV Strategic Plan 2016-2021 are already achieved by the end of 2021. HIV prevalence in young people aged 15-24 years declined to 0.020 in 2021 in comparison to baseline value of 0.030 in 2015. Retention on HIV treatment among adults and children after initiation of antiretroviral therapy reached more than 95%. Targets for HIV incidence rate per 1000 population achieved before the deadline i.e., 0.03 in 2020 in comparison to the baseline value of 0.05 in 2015. Similarly, HIV prevalence among people who inject drugs is below five percent. Number of people living with HIV enrolled in HIV treatment drastically improved over time, reflecting a rise by 96% in 2021 since the year 2015. Twenty-one thousand seven hundred twenty-three people living with HIV are enrolled in HIV treatment by December 2021.

Country via NHSP 2021-2026 has adopted more ambitious targets to be reached by 2026. Nepal is at crossroad to retain success of past and achieve more ambitious targets like 95-95-95 by 2026. I urge all the stakeholders to be more innovative and create synergy in response among partners in order to advance priorities of NHSP 2021-2026. I would like to thank members of Strategic Plan Development Team, Steering Committee, stakeholders and NCASC staff for their tireless efforts to finalize NHSP 2021-2026.

Dr Sudha Devkota
Director

DIRECTOR

ABBREVIATIONS

AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
CBT	Community-Based Testing
CHBS	Community and Home-based Care
CCC	Community Care Center
DSD	Differentiated Services Delivery
EID	Early Infant Diagnosis
FCHV	Female Community Health Volunteer
FSW	Female Sex Worker
GBV	Gender-Based Violence
Hep C	Viral Hepatitis C
HIV	Human Immuno-deficiency Virus
IBBS	Integrated Biological and Behavioural Survey
IEC	Information Education Communication
IRTTR	Identify, Reach, Test, Treat, And Retain
KP	Key Populations
MSM	Men who have Sex with Men
MSW	Male Sex Workers
NASA	National AIDS Spending Assessment
NCASC	National Centre for AIDS and STD Control
NHSP	National HIV Strategic Plan
NPC	National Planning Commission
NSP	Needle Syringe Program
OST	Opioid Substitution Therapy
OW	Outreach Worker
PE	Peer Educator
PLHIV	People Living with HIV
PMTCT	Prevention of Mother To Child Transmission
PrEP	Pre-Exposure Prophylaxis
PWID	People Who Inject Drugs
SDG	Sustainable Development Goals
STI	Sexually Transmitted Infection
SPDT	Strategic Plan Development Team
SW	Sex Worker
TB	Tuberculosis
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria

TABLE OF CONTENTS

NHSP (2021-2026) AT A GLANCE

With the National HIV Strategic Plan, Nepal has embarked on a **Fast-Track** approach towards ending the AIDS epidemic as a public health threat by 2030, through achieving the ambitious 95-95-95 targets by 2026.

The NHSP 2021-2026 largely follows the NHSP 2016-2021, which prioritized key interventions to achieve the fast-track targets. Significant improvement in the treatment cascade is still needed, and in order to keep the momentum and further accelerate the progress to achieve the goal of ending AIDS by 2030, a forward looking new strategic plan is needed.

Much has changed since 2016, with new opportunities to capitalize and many new challenges to overcome in the national response. Therefore, the NHSP 2021-2026 has been prepared through a wide range of consultations, including with Government, civil society networks, development partners and service providers. The whole process was initiated and coordinated under the leadership of the National Centre for AIDS and STD Control (NCASC) and geared towards achieving a shared understanding across all relevant stakeholders. Inputs from these consultations served to build the foundation for the NHSP 2021-2026.

The NHSP 2021 – 2026 comprises a set of evidence-informed strategies focused on building resilient and sustainable health systems with a clear focus on community systems strengthening. In the context of federal governance, the NHSP 2021 – 2026 aims to ensure a consolidated, unified, rights-based and decentralized HIV programme with services that are integrated into the health systems at all levels.

The NHSP 2021-2026 further builds on the significant gains already made in the national response and addresses key gaps, challenges and priorities. It aims to provide a clear direction towards ambitious, visionary and evidence-informed strategic outcomes. It continues the momentum generated by the universal access commitments and hence positions the health sector response to HIV as being critical to the achievement of universal health coverage – one of the key health targets

of the Sustainable Development Goals (SDGs). Thus, the strategy aims to serve as a road map to ensure country-led coordinated response to end AIDS as a public health threat by 2030. The NHSP shapes the new landscape of HIV response in the changed context of federal governance and development.

The NHSP 2021 – 2026 promotes a people-centred approach, grounded in principles of human rights and health equity. It will contribute to a significant decline in new HIV infections and HIV-related deaths, while also improving the health and well-being of all people living with HIV. It will guide efforts to accelerate and focus HIV prevention, empower people to know their HIV status, provide antiretroviral therapy and comprehensive long-term care to all people living with HIV, and challenge pervasive HIV-related stigma and discrimination.

The key areas for fast-track actions of NHSP 2021-2026 are to:

- Identify and reach key and vulnerable populations with a combination of differentiated services;
- Focus on reaching key populations through outreach and, by communities of key populations, through in-reach;
- Recommend and offer HIV test and treatment services;
- Retain people living with HIV in treatment;
- Fast-Track prioritized investments to scale up innovative interventions targeted to key and vulnerable populations with a particular focus on adolescents and youth;
- Enhance critical social enablers and development synergies;
- Strengthen public and private partnerships for comprehensive HIV services;
- Focus on well-coordinated and harmonized integrated HIV services in the health system at all levels;
- Continuous quality improvement through joint and community-led monitoring and individual feedback mechanism for quality HIV services;
- Domestic financing from Province and Local Level for ownership and stewardship.

For effective implementation of the strategy, HIV interventions and the continuum of HIV services need to be adapted for different populations and locations, to reach those most affected and to ensure that no one is left behind. The standard package of HIV services (2020) will be

implemented for different populations and settings, including specific packages for adolescents, women and girls, people who use drugs, sex workers, migrants and their spouses, men who have sex with men, transgender people and prisoners.

The strategy importantly emphasizes broader partnerships and strong linkages with other health and development issues in the next phase of the response. This strategy is fully aligned with the national HIV and STI policy 2067 B.S (2011) and National Health Policy 2076 B.S (2019) and Strategic Plan (2015-2021), Public Health Service Act 2075 B.S (2018) and regulations as well as SDGs and provides both health sector and community systems contribution to a broader multi-sectoral response as outlined in the UNAIDS strategy for 2016–2021[1]. Moreover, there is increasing realization that communities are central to the national response. It takes into consideration the HIV and broader health strategies of key development partners, including the Global Fund to fight AIDS, Tuberculosis and Malaria, and the United States President's Emergency Plan for AIDS Relief.[2]

The goal of ending the AIDS epidemic requires rapid acceleration of the response over the next five years and then sustained action through to 2030 and beyond. This can only be achieved through political commitment, additional resources, and technical and programmatic innovations.

[1] UNAIDS Strategy 2016–2021, see http://www.unaids.org/en/resources/documents/2015/UNAIDS_PCB37_15-18 (accessed 15 March 2016).

[2] For more information on the United States President's Emergency Plan for AIDS Relief, see http://www.pepfar.gov/about/strategy/ (accessed 15 March 2016).

01

INTRODUCTION

1.1 CONTEXT

The Constitution of Nepal has ensured every citizen's access to basic health services from the state as a fundamental right and takes into account the importance of healthy and productive citizens in national development. It is the state's responsibility to ensure quality and equitable access to universal health care by increasing investments in the health sector.[3] In the changed context of federal governance, federal, provincial and local level governments are responsible and accountable for planning and effective implementation of health policy, strategic plans, guideline development, quality assurance, monitoring and evaluation at all levels.

At the federal level, the National Planning Commission commits to leading relevant broader national policies and strategic approaches for multi-sector HIV coordination and partnerships for mainstreaming HIV across sectors. Fifteenth Plan 2076/77-2080/81 B.S (2019/20-2023/24), Sustainable Development Goals Status and Roadmap (2016-2030), National Health Policy 2076 B.S (2019) and Health Sector Strategy (2015-2020) provide the strategic guidance and pathways to national response.

One of the objectives of the 15th Plan (2019/20-2023/24) is to promote a healthy lifestyle by making health service providers and service seekers more responsible for increasing the citizens' access to health service through multisectoral coordination and partnership. In addition, the long–term Population Perspective Plan (2010-2031), Action Plan of the International Conference on Population and Development (ICPD), SDGs, and National Population Policy, 2014 are being implemented in order to increase the opportunity for a quality lifestyle of every citizen. The national health policy has also articulated the emerging needs for mainstreaming migrant health services in health systems.

[3] 15th Five-Year Plan of Nepal (2019/20-2023/24), Government of Nepal

Moreover, the commitment by the Government of Nepal towards the Sustainable Development Goals (SDGs) adopted by the United Nations General Assembly also reinforces Fast-Tracking the HIV response towards ending the AIDS epidemic as a public health threat by 2030.

At the time of development of the NHSP 2021 – 2026, there were an estimated 30,300 people living with HIV in Nepal, with an adult HIV prevalence of 0.13%. The health sector responses to HIV and sexually transmitted infections are guided by broader National HIV and STI Policy (2011), National Health Policy (2019), National Health Sector Strategy (2015-2020) and National HIV Strategic Plan (2016-2021). The overarching framework for new national HIV strategy is aligned with the national health policy and plans, which recognize robust multi-sector response for HIV and sexually transmitted infections. The strategic approaches for the HIV response are also harmonized with the National TB Strategy (2016-2021) for the TB and HIV co-infections.

Despite impressive progress in the national response, HIV still continues to be a public health challenge. The current coverage of the targeted interventions and services still need to be expanded to improve access to prevention, treatment and care services in the communities. There are critical needs to reduce the disparities in access to treatment and care by addressing issues around human rights, gender-based violence, stigmatization and discrimination which continue to hinder access to HIV services for children, adolescents, young women, and key populations.

1.2 GLOBAL AND REGIONAL COMMITMENTS

The international community has committed to ending the AIDS epidemic as a public health threat by 2030 – an ambitious target of the 2030 Agenda for Sustainable Development. In this context, Nepal is also committed to the global goals of the Fast-Track strategy, which seeks to guide and achieve a set of far-reaching and people-centred goals and targets to reach the ambitious goal of ending the AIDS epidemic. The strategy recognizes the need for locally tailored responses within a framework that fosters regional and local leadership and accountability. The Fast-Track strategy aims to rapidly scale up effective HIV services by 2020. The principles of the Fast-Track approach are grounded in visionary leadership, political commitment, scaling up innovative community-led responses for effective, efficient and equitable services in a rights-based approach.

The Fast-Track commitments are drawn from the 2016 United Nations Political Declaration on Ending AIDS, which was adopted by United Nations Member States at the 2016 United Nations General Assembly High-Level Meeting on Ending AIDS and the UNAIDS Strategy (2016-2021). The broader global and regional commitments are linked to advancing universal health coverage and the SDGs. These include Target 3.3 among the health goals under SDG 3 to end the AIDS epidemic by 2030.

In December 2018, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Development Programme (UNDP), United Nations Entity for Gender Equality and the Empowerment of Women (UN WOMEN) and the Global Network of People living with HIV (GNP+), launched the Global Partnership to Eliminate All Forms of HIV related Stigma and Discrimination (commonly referred to as Global Partnership). The Global Partnership aims to catalyse and accelerate action in countries to end HIV-related stigma and discrimination in six settings: healthcare, education, workplace, justice, household (communities, families and individuals), emergencies and humanitarian, based in the latest evidence research on what works to eliminate HIV-related stigma and discrimination.

The Asia Pacific region committed to achieving the global goal of ending the AIDS epidemic by 2030 at the United Nations Economic and Social Commission for Asia and the Pacific consultation in January 2015 and endorsed a regional framework for strategic priorities to Fast-Track the HIV response. Similarly, South Asian Association for Regional Cooperation (SAARC), as the regional coordination mechanism, has adopted regional strategies on HIV, TB/HIV co-infection, and advocacy, communication and social mobilization for TB and HIV.

The new UNAIDS Global AIDS Strategy (2021–2026) prioritize to reduce the inequalities that drive the AIDS epidemic and put people at the centre to get the world on-track to end AIDS as a public health threat by 2030. The response against HIV epidemic globally must prioritize to address barriers to ensure optimal HIV outcomes by achieving 10-10-10 targets by 2025. The 10-10-10 targets aim to remove societal and legal barriers for accessing HIV services among PLHIV and key populations. The 10-10-10 targets are as follows: less than 10% of PLHIV and key populations experience stigma and discrimination; less than 10% of PLHIV, women, girls and key populations experience gender-based inequalities and gender-based violence; and less than 10% of countries have punitive laws, policies and practices that perpetuate inequalities and otherwise undermine human rights. Similarly, previously defined

targets of UNAIDS Global Strategy 2016-2021 has been realigned to ensure and meet different prevention, treatment, care and support related targets by 2025 to maximize equitable and equal access to HIV services and solutions. The ambitious targets for 2025 are as follows: 95% of people at risk of HIV use combination prevention; 95–95–95% HIV treatment; 95% of women access sexual and reproductive health services; 95% coverage of services for eliminating vertical transmission; 90% of PLHIV receive preventive treatment for TB; 90% of PLHIV and people at risk of HIV are linked to other integrated health services.

1.3 NHSP DEVELOPMENT PROCESS

National HIV Strategic Plan (2021-2026) was initiated in June 2020 through consultations led by the National Centre for AIDS and STD Control. The governing and coordination structures for the strategy development process were established in July 2020.

The methodological approach of NHSP development mainly included in-depth desk review of key policy and strategic documents such as NHSP (2016-2021) and other relevant reports from consultations with governments, development partners, CSOs' networks, key populations, academia and others. The process was participatory, inclusive and consultative in order to collect the full range of ideas, perspectives and guidance to formulate the strategic plan.

The following process for consultations was agreed for drafting the NHSP.

- NHSP 2016-2021 was reviewed in six thematic area (Prevention, Lab, treatment, care and support, Procurement and Supply chain, M & E and RSSH) to assess the progress and identify the gaps, challenges and priorities.
- A steering committee guided the development of the National HIV Strategic Plan, chaired by the Secretary of Ministry of Health and Population, with membership of other ministries, civil society, the United Nations and other key partners, with the Director of the National Centre for AIDS and STD Control as the member secretary.
- A Strategic Plan Development Team (SPDT) was chaired by the Director of the National Centre for AIDS and STD Control, with members from the Government, the public sector, the private sector, civil society community networks and groups,

the United Nations and other key partners. The SPDT provides overall technical advice for drafting process of the NHSP.

- Participatory consultative meetings were held with a range of stakeholders: Government, civil society networks, development partners, key young populations.
- Key informant interviews were conducted with government, development partners, civil society, and their networks, private sector, experts and academia.

The strategy was developed under the leadership of the NCASC with contributions from numerous partners and stakeholders who share the common goal of ending AIDS by 2030. The Strategy development process has captured the expertise, diversity, and innovative spirit, broader views and experiences of a range of partners and stakeholders at all levels.

02

SITUATION ANALYSIS

2.1 EPIDEMIOLOGY

The HIV epidemic has evolved from a 'low prevalence' to 'concentrated epidemic', i.e. a low prevalence of HIV infection in the general population but a higher prevalence in specific sub-populations; people who inject drugs (PWID), men who have sex with men (MSM), transgender people (TG), male sex workers (MSW), female sex workers (FSW) and male labour migrants (MLM), as well as their spouses.

TABLE 1: EVER-REPORTED HIV INFECTIONS BY SUB-GROUP AND GENDER

Risk Groups	Male	Female	TG	Total	%
Sex Workers (SW)	221	1,969	68	2,258	6.0%
People who inject drugs (PWID)*	3,212	112	9	3,333	8.9%
Men who have sex with Men (MSM)**	845	5	263	1,113	3.0%
Blood and blood products	93	43	4	140	0.4%
Clients of SWs	11659	214	7	11,880	31.6%
Migrant Workers***	3859	339	2	4,200	11.2%
Spouse/Partner of Migrants	250	2,910	3	3,163	8.4%
Others****	2,795	8,708	6	11,509	30.6%
Total	22,934	14,300	362	37,596	100.0%

* Mode of Transmission — Injection or Sexual
** MSM includes both MSM and TG group and reporting is based on client's self-reported gender
*** Migrant risk group was added as one of the risk groups from 2011
**** From 2013/2014 Housewives, Male Partners, Prison Inmates, Children and Sub-group not identified are adjusted in "Others"

Source: NCASC Fact Sheet 2020

The adult HIV prevalence is 0.13% among 15-49 age group. Available data by epidemic zones shows wide variation, with prevalence among MSM in the Terai Highway Districts up to 8.2%, and among PWID in

Kathmandu at 8.5%. Routine mathematical modelling done by NCASC shows that migrants and MSM/TG account for the highest percentage of new HIV infections, with 25% of new infections from migrants and 19% from MSM/TG; FSW account for 9% of new infections, MSW for 8%, and PWID for 2% (2020).

There were an estimated 30,300 PLHIV in Nepal as of December 2020. The distribution of people living with HIV and the prevalence among adult population (15-49) is illustrated below.

FIGURE 1: DISTRIBUTION OF PEOPLE LIVING WITH HIV (15 YEARS AND ABOVE), 2020

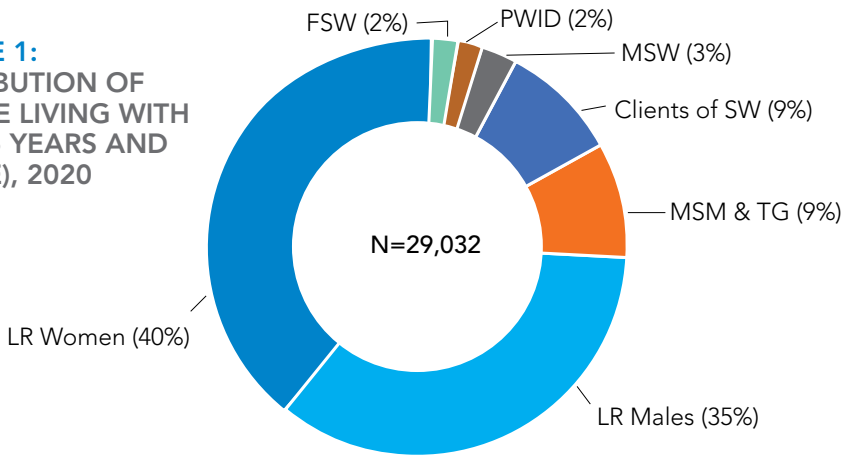
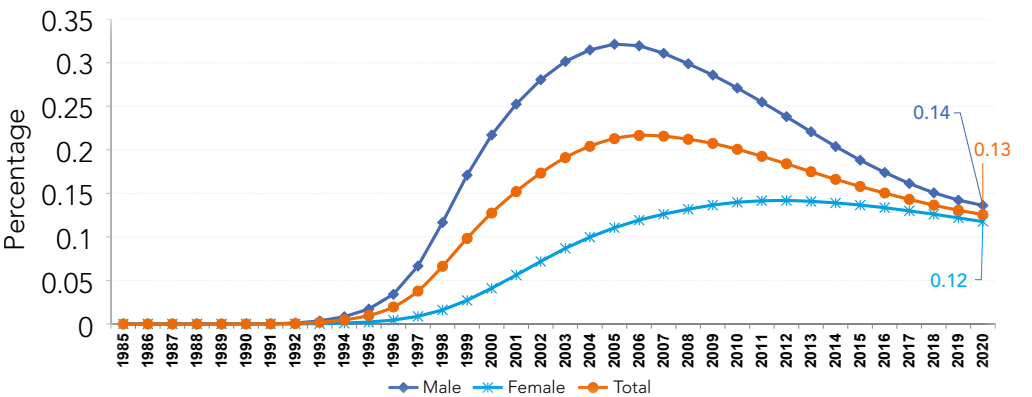


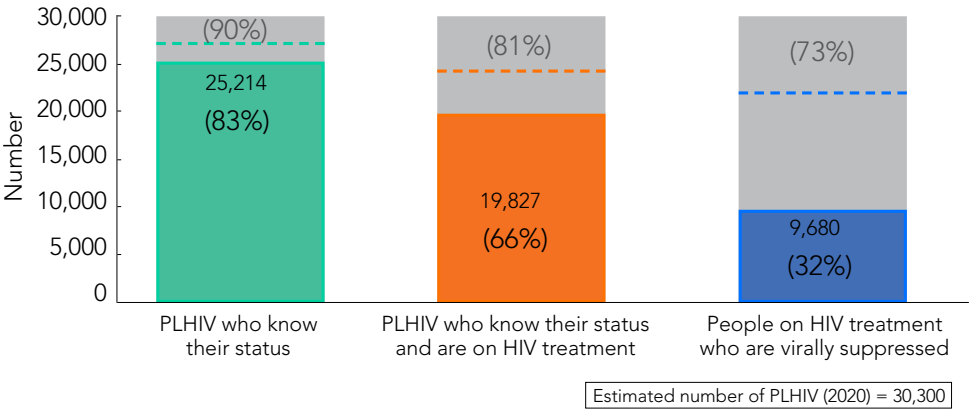
FIGURE 2: HIV PREVALENCE AMONG ADULT POPULATION (15-49 YEAR) 1985-2020)



Source: National HIV Infections Estimation 2020

The achievements for testing and treatment cascade in 2020 were 83%, 66% and 32 % respectively (Figure 3).

FIGURE 3: HIV TESTING AND TREATMENT CASCADE 2020



2.2 NATIONAL RESPONSE

There has been significant progress in the national HIV response. A steadily increasing number of people are receiving antiretroviral treatment and prevention efforts have also made an impact in reducing new HIV infections. In the context of concentrated HIV epidemic amongst key populations, there are increasing needs of scaling up proven interventions to reach out the key and vulnerable populations. HIV testing is increasingly considered as the entry point for HIV prevention, treatment and care services.

The NHSP 2016-2021 has established *identify, reach, test, treat, and retain* (IRTTR) as the national strategy for achieving the 95-95-95 targets and ending AIDS as a public health threat by 2030.[4] To support the effective delivery of this strategy, the key country partners collaborated intensively on the development of a national standard service packages for HIV service delivery,[5] which specifies innovative and effective approaches that are to be followed by all stakeholders in Nepal, including government, community or development partners. These standard service packages, which are in the process of being endorsed, form the basis of the strategic interventions as envisioned by this strategy.

The national response mainly aims to accelerate and scale up comprehensive HIV prevention programs as well as increase access to and use of equitable, quality and gender-sensitive HIV diagnosis,

[4] NCASC (2017), National HIV Strategic Plan 2016-2021
[5] http://www.ncasc.gov.np/uploaded/publication/HIV-Standard-Service-Package-Final-December29-2020.pdf

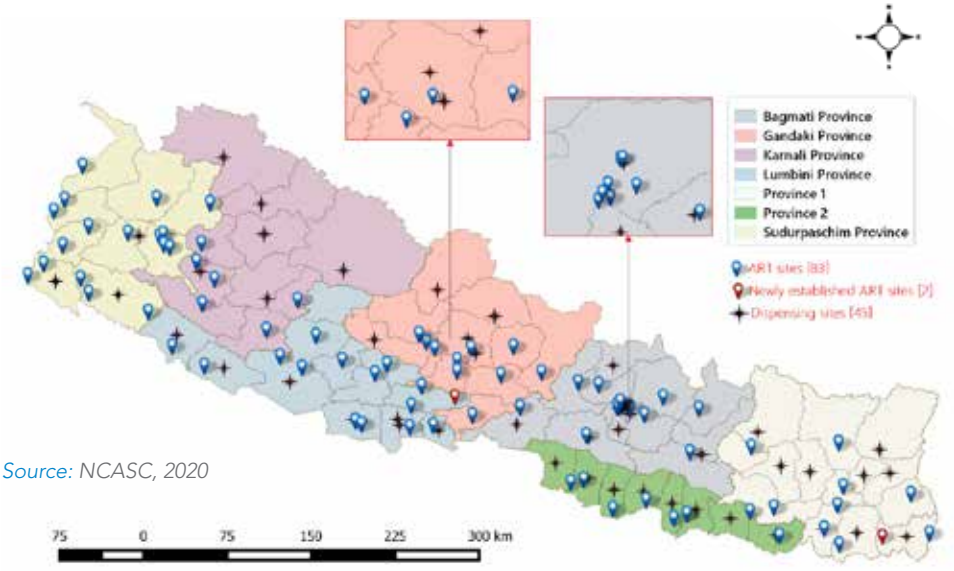
treatment, care and support services through strengthened health and community systems. The major services available for key and vulnerable populations are HIV prevention and testing, ART, Viral Load Testing, community and home-based care and peer navigation, community care centres, cash transfer to children living with HIV, PMTCT), and EID in both health care and community settings. In addition, other services include community-based outreach including online- to-offline approach, awareness raising, condom and lubricants promotion, counselling, behaviour change communications, OST, referrals to health facilities, community-led advocacy, networking, research and capacity building. The response broadly aims to link with universal health coverage and SDGs.

There has been significant progress in HIV Testing and Counselling for overall HIV treatment, care and support services. All these services are guided by the recently finalized National HIV Testing and Treatment Guidelines (2020). In this context, the community-based testing approach including HIV self-testing is also scaled up across key populations. Towards this end, the strategy aims to promote the community-led testing approach which is key to maximizing HIV testing for an effective national response. HIV self-testing has been rolled-out in 2019 based on the findings and recommendations of a pilot study in 2018.

Considering the significance of national response, ART services started from February 2004 at the Sukraraj Tropical and Infectious Disease Hospital Kathmandu in Nepal. As of July 2021, there were 83 ART sites and 45 ART Dispensing Centres (ADCs) in 61 districts. Nepal has also adopted Test and Treat approach since Feb 2017. CD4 count service is available from 32 sites in 30 districts. Viral load testing service is available at National Public Health Laboratory Kathmandu, Seti Zonal Hospital Kailali, Sukraraj Tropical and Infectious Disease Hospital Kathmandu and Bir Hospital Kathmandu. The service has also been expanded at Pokhara Academy of Health Sciences Pokhara and Koshi Zonal Hospital Biratnagar and two sites; Provincial Hospital Surkhet and Bayalpata Hospital has piloted using GeneXpert Machine.

Furthermore, the community-based PMTCT (CB-PMTCT) program has been expanded in all 77 districts where HIV screening and counselling is done in ANC visits or at the health facilities. Life-long ART service is only provided through 83 ART sites and 45 ART Dispensing Centres (ADC) across the country.

FIGURE 4: COVERAGE OF ART AND ARV DISPENSING SITES



Source: NCASC, 2020

Management of Sexually Transmitted Infections (STIs) is key priority in the national response. The STI services are available from both government and NGOs' health facilities. The key interventions include targeted Behaviour Change Communication (BCC), condom and lubricant promotion and distribution, diagnosis and treatment of STIs (both syndromic and etiological management) and referral services. In addition, HIV pre-exposure prophylaxis (PrEP) will be implemented after developing of operational guideline based on the findings and recommendations of a pilot study which was carried out in 2019.

In summary, the national response is largely based on 15th Plan, National Health Policy (2019), National Health Strategy (2015-2020), priorities of National HIV Strategic Plan (2016-2021). In all aspects of HIV planning, implementation, monitoring and evaluation, the strategy aims to engage key and vulnerable populations, and calls for commitment to ensuring access to integrated services by addressing gender inequality, ending discrimination in health care and other settings. Civil society networks and key populations play a central role in the design, delivery and oversight of the response, including community-based service delivery.

2.3 RESILIENT AND SUSTAINABLE SYSTEMS FOR HEALTH (RSSH) INCLUDING COMMUNITY SYSTEMS STRENGTHENING (CSS)

In the federalized health structure, there are new challenges and opportunities for delivering the range of health services across the country. Federalization has impacted health systems, including human resources, and hence building resilient and sustainable systems for health is crucial to ensuring that people have access to effective, efficient, and accessible services through well-functioning and responsive health and community systems. The existence of strong systems for health is essential to making progress towards the ambitious targets of 95-95-95 and ensuring that the country can address the varied health challenges it faces from natural disasters, pandemics and global health security threats.

PLHIV often also have high rates of non-communicable diseases (NCDs). With HIV programmes rapidly expanding, PLHIV are living longer and ageing, and are developing non-HIV-related chronic conditions similar to the rest of the population. Country is committed to strengthen integration with NCDs by accelerating collaboration with different ministries, partners, private institutions, and donors.

The strategy builds on the many ways in which HIV responses have helped strengthen health systems in the country, leading to better quality services. There has been significant progress in integrating HIV services into national health systems. The provision of ART and PMTCT services in health facilities has been an important breakthrough, but more domestic investments are needed to strengthen the HIV response in Nepal. The provision of HIV services in health emergencies such as COVID 19 pandemic and other disasters needs to be considered in the existing health system to ensure access to HIV services for key populations.

In addition, there has been increasing focus on community systems strengthening to advocate for community demands for prevention, treatment and care services, community mobilization, linkages of key populations to HIV services. The CSOs are playing an important role in HIV prevention and delivery of community-based HIV services such as in-reach and/or out-reach, providing comprehensive package of preventive services, behaviour change interventions, counselling, testing, referrals for confirmatory testing and treatments as well as in documenting and monitoring of HIV services in the communities. Since communities are critical actors to broaden service reach, it is critical to empower vulnerable populations to facilitate better health, improve

access to health care, and overcome stigma, discrimination, and other human rights abuses; systematic and sustained support to community-led responses for advocacy and accountability for resource mobilization needs to be further strengthened at all levels.

There are enormous opportunities for capitalizing on the progress made in the health sector response over the years. Therefore, strengthening resilient health system should be the foremost priority as the response moves forward.

2.4 ENABLING ENVIRONMENT: HUMAN RIGHTS AND GENDER

Human rights and gender issues continue to pose challenges to the HIV response in Nepal. Stigma and discrimination, especially in health care settings, reduce key populations' access to testing and treatment and impact adherence and retention of PLHIV on treatment. Gender inequality, including lack of decision-making power about their own health and gender-based violence, increase women and girls' vulnerability to HIV and also make it difficult for them to access services. This is further compounded by a gap in HIV programs in Nepal, which do not include a component on gender-based violence.[6]

Men who have sex with men and transgender people are not criminalized in Nepal, however, both populations face harassment from security personnel, and sex workers also report harassment as well as physical violence from police.[7]

Sex work and drug use are criminalised in Nepal,[8] and this legal environment reduces access to services. Particularly restrictive laws have impacted the quality and coverage of services for people who inject and use drugs, and for prisoners. Restrictive policies in the OST program have directly impacted both coverage and retention: Notably, a lack of take-home doses and the consequent need for daily visits to the OST site is a key barrier to patient retention. Legal restrictions on reaching out to people who are under the age of 18 with

[6] The Global Fund. Baseline Assessment – Nepal: Scaling up Programs to Reduce Human Rights Related Barriers to HIV and TB services. June 2018.

[7] The Global Fund. Baseline Assessment – Nepal: Scaling up Programs to Reduce Human Rights Related Barriers to HIV and TB services. June 2018.

[8] The Human Trafficking and Transportation (Control) Act, 2064, Act Number 5 of the Year 2064 (2008), criminalizes prostitution and living off the earnings of prostitution by including it in the definition of human trafficking.

appropriate prevention services is a critical barrier to reaching young PWID. OST, needle and syringe programming and condom distribution are prohibited in prisons, effectively making it impossible to implement evidence-based programming in closed settings.

Therefore, an effective HIV response requires a supportive social, legal and policy environment that encourages and enables people to access and use services. Reaching diverse populations in many different settings requires strong, well-supported health and community systems, Differentiated Service Delivery (DSD) approach and an enabling environment that promotes health equity, gender equality and human rights.

2.5 KEY FINDINGS, GAPS AND RECOMMENDATIONS OF THE NHSP 2016-2021

The review of NHSP (2016-2021) was conducted across key six thematic areas: prevention, testing and treatment, RSSH, PSM, Laboratory services, and Strategic Information to assess the progress, identify gaps, challenges and priorities for actions in the federal context. Despite significant progress in HIV testing and treatment cascade as 83%, 66% and 32% (NCASC 2020), there are still key gaps that need to be further prioritized for strategic actions.

The SWOT analysis of the NHSP (2016-2021) is briefly summarized below:

Strengths	Weakness/Areas for further improvement
• Government's enhanced leadership, ownership and commitments for increased resource mobilization for sustained HIV response. • National HIV and STI Policy, Strategy, updated Technical Guidelines and Protocols in place. • Successfully Transition to DTG based regimen. • Significant progress: 83%, 66% and 32% against 90-90-90 in comparison to 2015. • Analysis of data against fast-track target Functional iHIMS and Strategic Information Systems to create a strong evidence base for decision making. • Initiation of innovative approaches like HIVST, PrEP, online/digital solutions, targeted case finding approaches.	• Despite significant improvement on fast-track target, more effort is required to achieve 90-90-90 by 2021. • Reaching and protecting those most vulnerable and at risk: e.g. migrants and their families. • Inequities in HIV service. • Limited human resources for HIV response in GON settings. • Provincial Public Health laboratory services are not fully operational. • VL testing services inadequate. • Inadequate engagement of Public Private Partnership.

Opportunities	(Threats)/Challenges
• Federal context of governance: provincial and local governments have their policies, strategies and plans. • Promotion of ehealth information system. • Combination prevention with innovative approaches. • Integration of HIV to other health services. • Continued Technical support from partners. • Continuous engagement of CSOs and their networks for community-led response. • Increased external investment in HIV.	• Pandemics and disasters. • Political instability and frequent leadership change. • Stagnant domestic Investment for sustainability (covering the financial costs of services). • Implementation challenges in Federal health systems (new structures). • Persistent inequalities, stigma and discrimination. • Burden of coinfections and other comorbidities.

Therefore, key populations were the main focus of the NHSP 2016-2021 and the primary focus of HIV prevention interventions was key and vulnerable populations that included female, transgender and male sex workers and their clients, transgender people, gay men and other men who have sex with men, people who inject drugs, incarcerated people, and mobile and migrant populations. The NHSP recognised the specific vulnerabilities associated with sub-populations of KPs and overlapping risk behaviours, including street-based female sex workers, female sex workers who inject drugs, and transgender and male sex workers. The NHSP's primary focus was on sex workers (SWs), notably SWs who inject drugs, street-based female SWs, transgender and male sex workers.

The NHSP review clearly articulated the emerging needs for scaling up innovative and community-led targeted interventions for key and vulnerable populations. The review also highlighted the impact of Nepal's changing governance structures in the context of federalization, and the associated need to strengthen health systems at federal, province and local levels. The review recommended specific strategic actions in the following areas:

- Scale up community-led prevention treatment, care and support services for key affected populations. This importantly includes expansion of CHBC and CCC services. Also promote the use of innovative approaches: HIV self-testing, PrEP, online-to-offline, enhanced peer outreach approach, index testing, as well as new technologies for virtual support and follow up mechanism;
- Strengthen health systems by ensuring adequately trained human resources at ART sites, adequate and reliable supply of essential drugs, strong logistics systems, quality laboratory

services, and strengthened data reporting and recording;

- Promote multi-sector coordination and engagement in the HIV response at all levels;
- Capacity building of provincial and local governments as well as key population representatives and their networks in budgeting and planning processes to mainstream HIV in their policies and plans and increase domestic resource mobilization in the HIV response;
- Meaningful engagement of key populations and CSO networks in HIV response planning, implementation, monitoring and evaluation at all levels;
- Strengthen RSSH and CSS with enhanced investments in human resources, capacity building, strategic information, community-led monitoring and evaluation, and advocacy for domestic resource mobilization, and strengthen access to comprehensive HIV services for key and vulnerable populations;
- Address gender and human rights related barriers in HIV response.

03

GUIDING PRINCIPLES

- Building national ownership, capacity and resilience for effective and sustainable responses
- Equitable access to comprehensive and client-centred quality HIV services
- Integrated approaches and multi-sectoral partnerships
- Meaningful engagement of key and vulnerable populations including PLHIV
- Prevention and treatment continuum using "identify, reach, recommend, test, treat and retain approach"
- Evidence-informed policy and programming
- Respect for and promotion of human rights and gender equality
- Continuous quality improvement and quality assurance, monitoring, evaluation, learning and adapting

04

STRATEGIC DIRECTIONS

The strategy outlines a global vision, a global goal and a set of global targets, all of which are fully aligned with the vision, goal and targets of the multi-sectoral UNAIDS strategy and the Sustainable Development Goals.

VISION

Ending AIDS epidemic in Nepal by 2030

MISSION

To provide inclusive, equitable and accessible services throughout the HIV care continuum

GOALS

- To prevent new HIV infections
- To improve HIV related health outcomes of PLHIV
- To reduce HIV related inequalities among PLHIV and KPs

TARGETS BY 2026

1. Identify 95 % of the estimated PLHIV
2. Treat 95 % of people diagnosed with HIV
3. Attain viral load suppression for 95 % of PLHIV on ART
4. Reduce 90% of new HIV infections (baseline as of 2010)
5. Eliminate vertical transmission of HIV
6. Achieve case rate of congenital syphilis of ≤50 per 100 000 live births

PRIORITIES

1. Accelerating HIV prevention services among key populations.
2. Expanding innovative and effective testing approaches with universal access to comprehensive treatment, care, support, VL testing and suppression services.
3. Elimination of vertical transmission and syphilis.
4. Scaling up of HIV-sensitive social protection services to key and vulnerable populations.
5. Addressing human rights and gender in HIV response.
6. Strengthening effective, inclusive and accountable HIV governance.

National HIV responses will be delivered in an integrated manner, harnessing synergies across goal and targets, addressing vulnerabilities and delivering shared gains, and using available resources efficiently and effectively.

The targets of the NHSP are guided by global goals and targets and importantly take into consideration the country context, including the nature and dynamics of country's HIV epidemics, populations affected, structure and capacity of the health care and community systems, and resources that can be mobilized. Therefore, these target are feasible and based on the best possible data available on the HIV situation, trends and responses, and monitored through a set of standard and measurable indicators.

Below are the key summary of the key indicators and targets envisioned by the NHSP.

TABLE 3 : INDICATORS AND TARGETS TO BE ACHIEVED BY 2026 AND 2030[9]

Key indicators	Baseline 2019	Target 2026	Target 2030	Note
HIV prevalence in young people aged 15-24 years	0.020	0.020	0.010	
HIV incidence rate per 1000 population	0.030	0.020	0.015	Indicator of Fifteenth Plan
Percentage of key population living with HIV				
Men who have sex with men	5.50	4.13	2.75	Projection as 2017 base year
Male sex workers	7.20	5.40	3.60	
Transgender people	8.30	6.20	4.15	
People who inject drugs	5.58	4.18	2.79	
Female sex workers	1.45	1.09	0.73	
Migrants	0.40	0.35	0.30	
Reduction of HIV transmission				
Percentage of people within key populations reporting use of a condom with their most recent partner				
Men who have sex with men	74	95	95	
Male sex workers	83.2	95	95	

[9] NCASC (2020)

Key indicators	Baseline 2019	Target 2026	Target 2030	Note
Transgender people	77.0	95	95	
People who inject drugs	42.7	90	95	
Female sex workers	81.1	95	95	
Migrants	68.2	90	95	
Percentage of people who inject drugs reporting the use of sterile injecting equipment last time they injected	85.03	95	96	
Elimination of vertical transmission				
Percentage of pregnant women with known HIV status	57.2	95	95	
Percentage of pregnant women living with HIV who received ART to eliminate vertical HIV transmission	63	95	95	Indicator of Fifteenth Plan
Treatment, Care and Support				
Percentage of people living with HIV currently receiving antiretroviral therapy	63	95	95	
Percentage of adults and children living with HIV known to be on treatment 12 months after initiation of ART	91	95	95	
Percentage of adults and children receiving ART who are virally suppressed	89	95	98	
Percentage of people in prisons or other closed settings that have received HIV test and know their results	41	52	95	
Zero discrimination				
Experience of Stigma and Discrimination at Health Facilities (%)	7	2	0	

**Year wise target available in Annex 1*

05

STRATEGIC PRIORITIES

The NHSP has prioritized the following key critical areas for fast-track actions:

- Scaling up HIV prevention interventions in key and vulnerable populations
- Expanding quality assured HIV testing with access to comprehensive HIV treatment, care and support services, including viral load testing and adherence to and retention to treatment.
- Elimination of mother-to-child transmission and congenital syphilis
- Strengthening strategic information system for evidence-informed response against HIV epidemic
- Addressing the critical enablers and development synergies in HIV programming
- Strengthening RSSH including CSS
- Addressing cross-cutting issues of stigma and discrimination, gender and human rights related barriers to access services
- Strengthening local health systems for pandemic preparedness and response to ensure HIV services are not disrupted during the health emergencies such as COVID-19 or other disasters.
- Enabling policy environment at all levels

In this context, the NHSP aims to articulate key detailed strategic actions under the following domains which are outlined below:

5.1 PREVENTION

OBJECTIVE 1: ***To ensure comprehensive HIV prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, prisoners, and migrants***

Strategic actions:

- Implement the Differentiated Services Delivery (DSD) approach to ensure that the most vulnerable groups are reached, such as young KPs, and KPs with multiple overlapping risk behaviours such as women who inject drugs also involved in sex work, and gay men injecting drugs.
- Continue and expand primary prevention interventions, especially for KPs, including IEC, BCC, condom promotion and distribution, lubricant provision, harm reduction (Needle Syringe Program (NSP) and OST) among PWID.
- Increase the focus on effective HIV awareness messaging for all KP such as treatment lead to better health outcomes including survival, U=U etc.
- Ensure gender-specific barriers are addressed throughout and include in-sire or referral-based access to gender-specific services at all HIV KP sites. Essential services include SRH and GBV – identifying survivors and offering health and legal services.
- Develop National Operational guidelines for PrEP and initiate PrEP for KPs – especially for KPs and sero-discordant couples.
- Expand the coverage of HIV and TB prevention and treatment services for under-served populations, notably (1) migrants and their spouses and (2) prisoners – with the standard service package.
- Strengthening and scaling up of OST services through advocacy with the concerned ministries and partners to create enabling environments.
- Advocacy for dispensing take-home OST dosage for stable clients.
- Integrate gender-specific services into prevention programming, including GBV prevention, and access to care and legal services for GBV survivors.

OBJECTIVE 2: ***To ensure young people, particularly adolescent girls and young women, access prevention services and empower to protect themselves from HIV***

Strategic actions:

- Promote use of the digital technologies and social media platforms to penetrate deeper networks among young populations.
- Ensure gender-specific barriers are addressed throughout and include in-sire or referral-based access to gender-specific services at all HIV KP sites. Essential services include SRH and GBV – identifying survivors and offering health and legal services.
- Strengthen existing adolescent and youth-friendly services, particularly for young key populations.
- Integrate gender-specific services into prevention programming, including GBV prevention, and access to care and legal services for GBV survivors.

5.2 TESTING

OBJECTIVE 1: ***To ensure innovative and effective testing and case findings approaches are expanded and scaled up across the country***

Strategic actions:

- Utilize innovative testing approaches to improve HIV positivity yield in alignment with the Standard Service Package, with a focus on case finding.
- Expand CLT, HIV self-testing, Index testing, online to offline and social risk network referral testing.
- Use of recency testing for strategizing HIV testing approaches.
- Promote Provider Initiated testing and Counselling (PITC)among ANC, TB, HepC, HepB, STI services.

5.3 TREATMENT, CARE AND SUPPORT

OBJECTIVE 1: ***HIV-sensitive universal health coverage and social protection in all settings***

Strategic actions:

- Ensure rapid ART initiation within same or seven days.
- Reduce interruptions in treatment and missing and death by strengthening community engagement to ensure increased their support to increase the number of ART initiation.
- Scale up of ART dispensing sites to reach geographically challenging areas and to address need of vulnerable populations.
- Systematic implementation of multi-month dispensing of ARV.
- Update stigma and discrimination reduction training packages and roll out trainings through out the country to reduce interruptions of treatment.
- Provide gender-responsive services to support access to treatment and adherence.
- Expand prevention and testing services for co-infections like TB/ Hepatitis C and other associated OIs to all provinces.
- Increase access to VL testing by ensuring availability of reagents for testing.
- Strengthen public private partnership to ensure quality HIV related services.
- Identify ARV peer champions to motivate individuals for ARV medicines intake and follow-up in the community.
- Strengthen reporting mechanism for HIV related gender-based violence, stigma and discrimination in the community and clinics.
- Ensure 100% coverage of health insurance among PLHIV.

5.4 STRATEGIC DIRECTION: ELIMINATION OF VERTICAL TRANSMISSION (eVT)

OBJECTIVE 1: ***Elimination of vertical transmission for HIV and Syphilis***

Strategic actions:

- Ensure every pregnant women get HIV testing from ANC clinics including private health facilities.

- Ensure that all pregnant women who are living with HIV are on ART.
- Screening of syphilis along with HIV for all pregnant women.
- Strengthen PMTCT programme in coordination with Family Welfare Division.

5.5 LABORATORY AND DIAGNOSTIC SERVICES

OBJECTIVE 1: ***To ensure quality laboratory and diagnostic services are expanded and available at all levels***

Strategic actions:

- Capacity building of laboratory and diagnostic facilities (human resources, budget, infrastructure, logistics and supplies) at province level and local level.
- Optimization use of GeneXpert and PCR machines for VL test.
- Utilization of alternative specimens such as Development of Dried Blood Spots (DBS)and Dried Plasma Spots (DPS)samples collection from remote areas and transportation to National Public Health Laboratory (NPHL) or nearest VL testing sites. At province level, strengthen the capacity of PPHLs by ensuring good infrastructure, HR, equipment and testing kits.
- Ensure quality control of HIV testing through quality assurance from national reference laboratory.
- Coordination with private health facilities and labs to scale-up laboratory services and quality assurance of the labs.

5.6 PROCUREMENT AND SUPPLY CHAIN MANAGEMENT

OBJECTIVE 1: ***To ensure robust and efficient national procurement and supply chain management system***

Strategic actions:

- Ensure adequate budget to purchase HIV related commodities.
- Establish appropriate procurement mechanism during emergencies for HIV commodities.
- Ensure zero stock out of HIV commodities at all levels.

- Strengthen capacity of Provinces to prepare detail specifications, quantification and forecasting, and budget planning for procurement of HIV related commodities.
- Establish multi-year procurement and supply chain management to ensure supplies are available in all health facilities.
- Establish internet-based real time Inventory Management Information System of HIV commodities (ARVs, test kits, reagents, HR items) at HIV service centres.

5.7 STRATEGIC INFORMATION INCLUDING M & E

OBJECTIVE 1: ***National consolidated strategic information system is strengthened for tracking and measuring the progress in HIV response***

Strategic actions

- Strengthen a comprehensive strategic information system to provide real-time quality and timely data.
- Strengthen national strategic information as well monitoring and evaluation guidelines to harmonize existing reporting systems including iHIMS for alignment and coherence.
- Strengthen one national HIV information system.
- Increase the "granularity" of data, appropriately disaggregated to the district, community and facility levels by age, sex, population and location to better understand sub-national epidemics and assess performance along the continuum of HIV services.
- Promote use of research and strengthen surveillance systems.
- Enhance the use of digital technologies to increase access to HIV and health services.
- Build the capacity of CSOs for monitoring, documentation and reporting.
- Strengthen data analysis to identify gaps in cascade.

5.8 RSSH INCLUDING COMMUNITY SYSTEMS STRENGTHENING

OBJECTIVE 1: *People-centred HIV and health services are integrated in the context of resilient systems for health*

Strategic actions:

- Develop human resource plan or strategy for national HIV program and sustainability plan for HIV services.
- Strengthen integration of HIV services into health systems at all levels.
- Align with other strategic plans of TB and Malaria as appropriate in terms of strengthening health systems for synergies and impacts.
- Standardize ART sites in terms of human resources, health infrastructure and availability of other health care services.
- Scale up the health insurance scheme for PLHIV across the country.
- Addressing social protection services for key and vulnerable populations, including income generation opportunities for PLHIV and KPs, is a priority for CSOs and local governments to ensure adequate care and support provisions through community care centres (CCC) and community and home-based care (CHBC) services at the local level.
- Strengthen joint monitoring and evaluation of HIV services including CSOs.
- Establish multi-sector coordination platforms at province and local levels in order to localize the HIV response more effectively.
- Further build the capacity of CSOs in scaling up out-reach services, community involved monitoring, documentation and advocacy for domestic resource mobilization.
- Promote public private partnerships for HIV response.
- Adopt mitigation plan for health and other emergences including COVID-19 pandemic, natural and human-made disasters.

06

GOVERNANCE STRUCTURES AND RESPONSIBILITIES

National HIV and STI Policy 2067 is the key guiding document for the HIV strategic plan. The National AIDS Council was established for policy coordination under the chairmanship of the Prime Minister, with high-level representation of numerous ministries and Government entities, civil society representatives and other partners. This structure is important for overall leadership at the highest level of government. The National HIV/AIDS and STI Control Board was established to work as the secretariat of the National AIDS Council and for the formulation of national policies, strategies and plans; coordination, monitoring and evaluation of the national multi-sector response to AIDS; mobilization of internal and external resources and fulfilment of national and international commitments. However, the Board is not functional at the moment. Therefore, these high-level platforms or structures will be further strengthened for their overall policy guidance to ensure multi-sector, multi-stakeholder engagement in national response.

The National Planning Commission (NPC) is the apex advisory body of the Government of Nepal for formulating a national vision, periodic plans and policies for development. The NPC assesses resource needs, identifies sources of funding, and allocates budget for socio-economic development. It serves as a central agency for monitoring and evaluating development plans, policies and programs.

In this context, the NPC has developed guidelines for mainstreaming HIV across relevant sectoral ministries in 2012. This offers an important guidance to sectoral ministries to integrate HIV related issues and priorities into their annual plans and implement in collaboration with the Ministry of Health and Population, the National Centre for AIDS and STD Control, civil society and other stakeholders.

In this context, NCASC coordinates a range of technical partners, technical working groups and CSOs to ensure the emerging needs of care and support for people living with HIV, protecting human rights by reducing stigma and discrimination; and creating enabling environments

for coordinated and multi-sector response. Therefore, the NCASC is responsible for broader coordination, planning, implementation, monitoring and evaluation of the national HIV strategic plans and programmes. The NCASC provides technical inputs, guidance and capacity building initiatives to provincial and local level health authorities in planning, budgeting and implementation of annual HIV plans through the thematic committees, periodic review and revision of guidelines, standards and protocols as part of programme management.

In the federal context, the role of provincial governments especially the Ministry of health and Populations, Ministry of Social Development, Provincial Health Directorate, health offices and local bodies is crucial in ensuring effective implementation of HIV interventions and optimize the resource mobilization and partnership opportunities with development partners, key populations, CSOs and private sectors. The MoHP has recently developed the implementation guidelines for health and HIV programmes of conditional grants at province and local levels (MoHP, 2020). Provincial HIV policies and strategies will be aligned with the overarching goal and targets of the NHSP. The Provincial HIV related indicators/targets are provided in National Consolidated Guidelines on strategic information of HIV response in Nepal 2017.

Effective planning and implementation of a range of HIV-related interventions and services is the prime responsibility of provincial and local governments by ensuring multi-sector coordination and partnerships for domestic resource mobilization in HIV response. In this context, options for partnerships and social contracting with relevant stakeholders create synergies in community-led local response. Therefore, the capacity of provincial and local governments in participatory planning and budgeting processes of HIV-sensitive health care services will be further strengthened to effectively localize the national response that contributes to continuity and sustainability of HIV services.

07

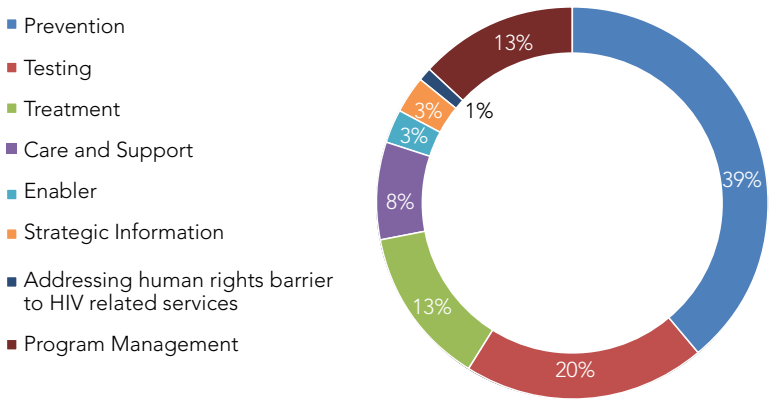
SUMMARY OF TARGETED INVESTMENTS

The NHSP prioritizes strategic allocation of resources for fast-tracking the HIV response over the next five years. The investments required for the first fiscal year 2021/2022 amounts to USD 34.14 million, increasing every year to reach an investment of USD 43.54 million in the final fiscal year 2025/2026 adding up to the total of USD 199.12 million for the five years.

Anticipated resource required for NHSP (in US$ Million)						
Investment Areas	2021/ 2022	2022/ 2023	2023/ 2024	2024/ 2025	2025/ 2026	Implementing Agency
Prevention	12.86	15.02	15.83	16.41	16.74	GoN, GF_SCI, USAID_FHI360
Testing	6.51	7.74	8.24	8.66	8.92	GoN, GF_SCI, USAID_FHI360, AHF
Treatment	4.64	5.21	5.27	5.46	5.78	GoN, GF_SCI, USAID_FHI360, AHF
Care and Support	2.96	3.24	3.30	3.36	3.45	GoN, GF_SCI, USAID_FHI360, AHF
Programmatic Enabler	1.22	0.93	1.22	0.93	1.22	GoN, GF_SCI, USAID_FHI360
Strategic Information	0.99	1.03	1.01	1.01	1.03	GoN, GF_SCI, USAID_FHI360
Plan for addressing human rights barrier	0.50	0.52	0.55	0.68	0.72	GoN, GF_SCI, AHF
Management Cost	4.45	5.05	5.31	5.47	5.68	
Total US$ (in million)	**34.14**	**38.74**	**40.73**	**41.97**	**43.54**	

The investment area of Prevention accounts for 39 percent while Testing requires about one-fifth (20%) of the total requirement of 199.12 million. Treatment in combination with Care and Support account for a little more than one-fifth (21%) .

PROPORTION OF RESOURCES REQUIRED BY INVESTMENT AREAS



Combines, other investment areas, notably, Programmatic Enabler, Strategic Information and addressing human right barriers, are expected to account for 7 percent of the total requirement.

Financial landscape of anticipated resources					
Source	2021/2022	2022/2023	2023/2024	2024/2025	2025/2026
GoN	5.09	5.35	5.61		
GFATM	6.30	8.60	9.13	3.56	
US Government	8.45	4.70	4.70	4.70	
AHF	0.85				
Other (UN agencies)	0.3	0.1	0.19	0.13	
Total Current Committed	**20.95**	**18.79**	**19.63**	**8.390**	**-**
Projected investment need	34.14	38.74	40.73	41.97	43.54
Funding gap	**13.19**	**19.95**	**21.09**	**33.58**	**43.54**

Source: The Global Fund Funding Gap Analysis: 2020

The total anticipated funding estimated to be available from the government and external development partners for the five years is around 67.7 million USD. However, the total investment needed for the implementation of the NHSP (2021-2026) is 199.12 million USD; as such, a little more than one-third (34. 03) is likely to be available of the total need.

08

RESOURCE MOBILISATION AND COSTING

Government financial commitment to the HIV response has increased. The government committed to covering 100% of the country's procurement of ARVs in 2019-20 and 2020 – 2021, as well as the salaries of health staff hired specifically for the programme (ART, OST, lab). The government has also committed regular budget allocations for core programme components, including treatment, elimination of vertical transmission, TB-HIV, STI and strategic information.

Under health financing schemes, PLHIV are covered by the National Social Health Security Programme and are included in the Health Insurance Program (HIP) through which they access free health care services in the health facilities.

With federalization, under the Local Governance Operation Act 2018, provincial and local governments have the power to allocate their resources to the HIV response. Based on the available budget and ceilings for health sector, they have the authority to allocate the necessary resources for health and HIV interventions to address the existing gaps in the HIV response. Similarly, the Ministry of Social Development (MoSD)at the provincial level can re-allocate and prioritize resources to strengthen the health sector response for HIV.

Despite some increasing commitments for domestic resource mobilization for HIV, the national HIV program is still heavily dependent on development partners. Further, government contributions for health, as a percentage of government expenditure, have declined. Despite a 70% increase in the Government contribution to the health budget between the 2010-11 and 2016-17 fiscal years, the share of health within government expenditure declined from 6.7% to 4.6% in the respective fiscal years. Finally, federalization has severely impacted the capacity of the central government to effectively administer health programs, as both budget and oversight has devolved to the provincial level. Approximately 60% of the central government budget has been re-allocated to the provinces.

The strategic actions in this particular context are to increase domestic resource mobilization in order to ensure continuity and sustainability of HIV services as well as strengthen the capacity of provincial and local governments in HIV budgeting and planning processes to ensure integration and mainstreaming of HIV across policies, plans and programmes.

09

PARTNERSHIPS AND ACCOUNTABILITY

Effective implementation of the strategy depends on concerted action from all stakeholders in the health sector response to HIV. Success requires strong partnerships to ensure policy and programme coherence. In this context, technical assistance will be further strengthened from key development partners such as UNAIDS, WHO, PEPFAR/USAID, FHI360, Save the Children, The Global Fund, AHF, UNICEF and others. Public-private partnership approach will be further promoted to ensure effective resource mobilization for continuity and sustainability of services. Accountability mechanisms will be further strengthened to ensure transparency and strong civil society participation in the national response. Consistent review, monitoring and evaluation, and regular reporting on progress at federal, province and local levels are vital for advancing accountability and progress in the national response.

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16. HIV Standard Service Package for key populations 2020

ANNEXES

Annex 1:Additional indicators and targets

Annex 2:UNAIDS global strategy –eight results areas related to SDGs 3, 5, 10,16 and 17

Annex 3:List of stakeholders consulted

Annex 4:Map activities to 95-95-95 targets

ANNEX 1 ADDITIONAL INDICATORS AND TARGETS

1. 1st, 2nd and 3rd 95/95/95						
Indicators		Targets for the year				
	2021	2022	2023	2024	2025	2026
PLHIV knowing their status	25,305	26,411	27,429	28,330	29,095	29,839
PLHIV on treatment	21,419	22,902	24,353	25,740	27,038	28,347
PLHIV on treatment with suppressed viral load	19,430	20,972	22,509	24,012	25,454	26,929
2. PMTCT						
Indicators	2021	2022	2023	2024	2025	2026
HIV and syphilis screening among pregnant women	503,045	538,452	573,860	609,267	644,675	680,082
Estimated total mother needing PMTCT	220	209	200	191	184	179
Targets for PMTCT	169	188	181	175	170	166
Mother-to-child transmission (MTCT) rate of HIV of <5% in breastfeeding populations	6.8	6.2	5.7	5.1	4.5	4
3. OST						
Indicator	2021	2022	2023	2024	2025	2026
Targets to increase OST coverage by 40% among eligible PWID in Nepal	2,480	3,115	3,751	4,386	5,022	5,657
Prevention (prison)	9,521	11,425	13,091	13,730	14,281	15,471
Testing	8,569	10,282	11,901	12,210	12,853	13,924
Prevention (migrants)	125,304	222,263	273,559	293,587	297,578	301,622
Testing	62,652	222,263	241,376	264,229	267,820	271,460
PrEP (Total) including MSM, MSW, TG and FSW	44,486	45,091	45,703	46,324	46,961	47,592
4. TB/HIV						
Indicator	2021	2022	2023	2024	2025	2026
Targets for 100% screening for TB among eligible PLHIV	1,908	1,580	1,218	869	570	341
5. Hep C co-infection plan for PLHIV in the NSP for Viral Hep.						
Testing Hep C : PLHIV	1,266	2,562	3,873	5,189	7,804	13,026
Positive testing : PLHIV	329	666	1,007	1,349	2,029	3,386
Treatment needing	214	433	654	877	1,319	2,201

ANNEX 2 UNAIDS GLOBAL STRATEGY-EIGHT RESULTS RELATED TO SDGS 3, 5, 10, 16 AND 17

Good health and well-being (SDG 3)

Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable good-quality treatment

- HIV testing services are available for and accessible to people at risk of HIV infection.
- Early infant diagnostic services are accessible to all children exposed to HIV; and all children under five years of age living with HIV are on treatment.
- All adults, adolescents and children are offered antiretroviral therapy and linked to treatment services following HIV diagnosis (case management).
- People on treatment are supported and monitored regularly, including scaled up viral load monitoring, and treatment literacy and nutritional support.
- Accessibility, affordability and quality of HIV treatment are improved, including through community delivery systems.
- HIV services are scaled up and adapted to local contexts, including in cities, fragile communities and humanitarian emergencies.
- Adequate investments are made for innovation in HIV services for prevention and treatment services.

New HIV infections among children are eliminated and their mothers. health and well-being are sustained

- Immediate treatment is accessible to all pregnant women living with HIV following test and treat strategy.
- Services for HIV, sexual and reproductive health, including family planning, TB, and maternal and child health are integrated and accessible for women, especially women living with HIV.
- HIV prevention services for male partners are promoted, including testing and treatment.

Reduced inequalities (SDG 10)

Young people, especially young women and adolescent girls, access a combination of activities and strategies, and are in a position to protect themselves from HIV

- Youth-competent HIV, sexual and reproductive health and harm-reduction information and services are accessed independently and equally by young women and men.
- All people, especially young people, reduce HIV-related risk behaviour and access HIV services for HIV prevention, including primary prevention and sexual and reproductive health services.
- Sufficient good-quality male and female condoms and lubricants are available, as per the National HIV Strategic Plan 2016.2021 estimations, for people of all ages.
- Good-quality comprehensive sexuality education is accessed by all adolescents and young people.
- Information is accessed, awareness raised, and demand created through traditional and new forms of communication, outreach and in-reach.
- Young people are meaningfully engaged in the response to ensure effectiveness and sustainability.

Tailored HIV combination prevention services are accessible to key populations, including sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, people in prison and migrants

- Key populations are identified, reached and recommended for testing through community-led "test for triage", which is adequately resourced and available, tailored to populations, locations and activities and services with maximum impact (case-finding).
- Outreach, in-reach and new media inform and create demand for use of traditional and new technologies to prevent HIV, including condoms and pre-exposure prophylaxis.
- Pre-exposure prophylaxis is considered, focusing particularly on key populations and people at high risk in high-prevalence settings.

- People who inject drugs access clean needles and syringes, opioid substitution therapy and other evidence-informed drug dependence treatment.
- Migrants, refugees and crisis-affected populations have access to HIV-related services.
- People living with HIV and other key populations are meaningfully engaged in decision-making and implementation of HIV programmes within a prevention-treatment continuum through task-sharing.

Gender justice (SDG 5)

Women and men practice and promote healthy gender norms and work together to end gender based, sexual and intimate partner violence to mitigate risk and impact of HIV

- Women, girls, men and boys are engaged and empowered to prevent gender-based, sexual and intimate partner violence, and to promote healthy gender norms and behaviours.
- Laws, policies and practices enable women and girls to protect themselves from HIV and access HIV-related services, including by upholding their rights and autonomy.
- Sexual and reproductive health and rights needs are fully met to prevent HIV transmission.
- Young women in high-prevalence settings access economic empowerment initiatives.
- Women are meaningfully engaged in decision-making and implementation of the HIV response.

Peace, justice and strong institutions (SDG 16)

Punitive laws, policies, practices, prejudice and discrimination that block effective responses to HIV are removed

- Punitive laws, policies and practices are removed, especially those that block access of key populations to services.
- People living with, at risk of or affected by HIV know their rights and are able to access legal services and challenge violations of human rights.

- HIV-related prejudice and discrimination are eliminated among service providers in health-care, workplace and educational settings.
- Laws, policies and programmes to prevent and address violence against key populations are issued and implemented.

Partnerships for the goals (SDG 17)

AIDS response is fully funded and efficiently implemented based on relevant and reliable strategic information

- Investments, including through increased domestic funding, with at least a quarter invested towards prevention, adequately fund the National HIV Strategic Plan.
- Nepal, as a low-income country, mobilizes at least 12% of country resource needs for the National HIV Strategic Plan from domestic sources.
- Financial sustainability transition plans and country compacts are implemented.
- Nepal uses timely, appropriate and reliable strategic information to prioritize resource allocation, evaluate responses and inform accountability processes.
- Allocative and productive efficiency gains are fully exploited, and commodity costs reduced by overcoming restrictive intellectual property and trade barriers.
- Relevant and necessary competencies are enhanced, including through technology transfer arrangements.
- Investment and support to civil society, including networks of people living with, at risk of or affected by HIV, are scaled up to enhance their essential role in the response through relevant public private partnerships.

People-centred HIV and health services are integrated in the context of stronger systems for health

- HIV-sensitive universal health coverage schemes are implemented.
- People living with, at risk of or affected by HIV are empowered through HIV sensitive national social protection programmes, including cash transfers.

- People living with, at risk of or affected by HIV access integrated services, including for HIV, TB, sexual and reproductive health, maternal, new-born and child health, hepatitis, drug dependence, food and nutrition support and non-communicable diseases, especially at the community level.
- Comprehensive systems for health are improved through integration of community service delivery with formal health systems through task-sharing.
- Human resources for health are trained, capacitated and retained to deliver integrated health and HIV services.
- Stockouts are prevented and procurement accelerated through improved procurement and supply chain systems.

ANNEX 3: LIST OF STAKEHOLDERS CONSULTED

SN	Name	Position	Organization
1	Dr. Usha Jha	Hon'ble Member	National Planning Commission
2	Dr. Jageshwor Gautam	Chief	Coordination Division, Ministry of Health and Population
3	Dr. Sudha Devkota	Director	National Centre for AIDS and STD Control
4	Kedar Raj Parajuli	Sr. Public Health Administrator	National Centre for AIDS and STD Control
5	Madan Kumar Shrestha	Sr. Public Health Administrator	National Centre for AIDS and STD Control
6	Dr. Pawan K. Shah	Sr. Medical Superintendent	National Centre for AIDS and STD Control
7	Laxmi Pandey	Senior Community Nursing Officer	National Centre for AIDS and STD Control
8	Deepak Dahal	Statistical Officer	National Centre for AIDS and STD Control
9	Lok Raj Pandey	Sr. Health Education Officer	National Centre for AIDS and STD Control
10	Nanda Raj Awasthi	Sr. Public Health Officer	National Centre for AIDS and STD Control
11	Dr. Rajyashree Kunwar	Sr. Project Manager	NCASC/The Global Fund
12	Dr. Keshab Deuba	SI Specialist	NCASC/The Global Fund
13	Dr. Ramesh Kharel	Director	Management Division
14	Dr. Bhim Singh Tinkari	Director	Family Welfare Division, DoHS
15	Dr. Yadu Chandra Ghimire	Director	National Health Training Centre NHTC
16	Sunil Sharma	Director	NHEICC
17	Chudamani Bhandari	Sr. PHA	Management Division
18	Yasodha Aryal	Sr. PHA	Ministry of Health and Population
19	Achut Sitaula	Vice Chair	Country Coordinating Mechanism
20	Sandesh Neupane	Coordinator	CCM Secretariat
21	Dr. Guna Raj Awasthi	Director	PHD, Sudurpashchim

SN	Name	Position	Organization
22	Masauso Nzima	Country Director	UNAIDS
23	Komal Badal	Strategic Information Consultant	UNAIDS
24	Dr. Lungten (Z) Wangchuk	Scientist	WHO
25	Dr. Khin Naing Pa Pa	Technical Officer	WHO
26	Dr. Subhash Lakhe	NPO	WHO
27	Ivana Lohar	Team Leader	USAID
28	Bhagawan Shrestha	Country Director	FHI 360
29	Rajesh P. Khanal	Project Director	FHI 360
30	Dr. Durga P. Bhandari	Sr. Technical Advisor	FHI 360
31	Kiran Bam	Sr. Technical Advisor	FHI 360
32	Rajan Bhattarai	Sr. Director, Program and Operations	Save The Children/The Global Fund
33	Dr. Prakash Shakya	Sr. Technical Advisor	Save The Children/The Global Fund
34	Deepak Dhungel	Country Program Manager	AHF
35	Dibya Raj Joshi	Country Program Manager	AHF
36	Birendra Pradhan	Health Specialist	UNICEF
37	Dal B. GC	President	NANGAN
38	Simran Serchan	President	Federation of Sexual and Gender Minorities
39	Bishnu Sharma	President	Recovering Nepal
40	Sara Thapa Magar	President	National Federation of Women living with HIV/ AIDS
41	Rishi Raj Ojha	Representative	NHS
42	Rajesh Didiya	President	NAPN
43	Pinky Gurung	President	BDS
44	Manisha Dhakal	Director	BDS
45	Prakash Niraula	Programme Director	BDS
46	Shanti Tiwari	Coordinator	JMMS/SWASA
47	Bal Krishna Gaire	General Secretary	National Migration Network
48	Jhabindra Bhandari	NHSP Consultant	UNAIDS
49	Prabhu Poudyal	NHSP Consultant	UNAIDS
50	Katya Burns	NHSP Consultant	UNAIDS

ANNEX 4: MAPPING OF ACTIVITIES TO 95-95-95 TARGETS

1st 95	2nd 95	3rd 95
95% of all people living with HIV know their HIV status	**95% of all people with diagnosed HIV infection receive sustained antiretroviral therapy**	**95% of all people receiving antiretroviral therapy have viral suppression**
• Implement standard service package of HIV services (2020) • Implement the Differentiated Services Delivery (DSD) • Increase the focus on effective HIV awareness messaging for all KP • Prepare PrEP guidelines and initiate PrEP for KPs • Expand the coverage of HIV and TB prevention and treatment services for under-served populations • Generate demand for OST • Conduct advocacy to the concerned ministries to create an enabling environment for easy access to OST services • Bring OST services closer to the populations that need them. • Advocacy for dispensing take-home OST dosage for stable clients • Expand BCC, psychosocial counselling, and CLT/periodic HIV screening (index testing/family testing) and linkage to ART services in selected prisons	• Establish youth-friendly services, particularly for young key populations. • Integrate gender-specific services into prevention programming, including GBV prevention, and access to care and legal services for GBV survivors. • Post-release support for prisoners to ensure continuation of ART • Disseminate, and provide training and mentoring support on the updated treatment guidelines to ensure implementation at all treatment sites (2020). • Ensure rapid ART initiation • Develop stigma and discrimination reduction training packages for health care providers and provide training • Expand the program of community-based ART in remote areas where accessibility to ART is challenging. Consider upgrading ART dispensing centres to CB-ART centres. • Improve treatment of advanced HIV infection by establishing a centre of excellence on HIV treatment and related advance disease.	• Establish youth-friendly services, particularly for young key populations. • Integrate gender-specific services into prevention programming, including GBV prevention, and access to care and legal services for GBV survivors. • Post-release support for prisoners to ensure continuation of ART • Reduce LTFU by (1) strengthening community engagement to ensure increased support for CHBC and other Community support systems, (2) increasing the number of dispensing sites to reach geographically challenging areas, (3) providing safer and fixed dose combination (4) reducing pills burden and (5) advocacy for multi-month dispensing and building the capacity of ART sites to ensure adequate stock of ARVs.

1st 95	2nd 95	3rd 95
95% of all people living with HIV know their HIV status	**95% of all people with diagnosed HIV infection receive sustained antiretroviral therapy**	**95% of all people receiving antiretroviral therapy have viral suppression**
• Sensitization and enabling support to prison authority/staff • Create synergy (and integration) in implementation with the NTC for TB/HIV screening • Establish youth-friendly services, particularly for young key populations. Integrate gender-specific services into prevention programming, including GBV prevention, and access to care and legal services for GBV survivors. • Utilize innovative testing approaches to improve HIV positivity yield in alignment with the Standard Service Package, with a focus on case finding. • Expand CLT as well as Index testing • Test the contacts of people who come to donate blood, utilizing contact tracing. • Provide PITC in TB clinics, STI services and other OI services. • Develop stigma and discrimination reduction training packages for health care providers and provide training • Expand testing services for co-infections like TB/Hepatitis C and OIs to all provinces.	• Introduction and provision of child friendly formulation • Improve immunological monitoring by ensuring maintenance of older CD4 machines and providing reagents in a timely manner. Procure newer machines and place them in different centres to improve accessibility to all clients. • Engage with the private sector to upgrade skills, address stigma and discrimination and monitor adherence to national guidelines and quality - and ensure quality treatment of comorbidities, chronic diseases, malignancies etc. • Ensure that all pregnant women who are living with HIV have access to ART for PMTCT and establish appropriate follow-up measures that support adherence. • Include private hospitals in eMTCT services with support from community-led testing , in order to access women who do not visit government health facilities for antenatal services • Include private hospitals in eMTCT services with support from community-led testing , in order to access women who do not visit government health facilities for antenatal services	• Develop stigma and discrimination reduction training packages for health care providers and provide training • Expand the program of community-based ART in remote areas where accessibility to ART is challenging. Consider upgrading ART dispensing centres to CB-ART centres. • Improve treatment of advanced HIV infection by establishing a centre of excellence on HIV treatment and related advance disease. • Introduction and provision of child friendly formulation • Increase access to VL testing and strengthen the quality of VL services and increase access by improving human resource management in the VL testing sites, ensuring availability of reagents for testing. • Engage with the private sector to upgrade skills, address stigma and discrimination and monitor adherence to national guidelines and quality - and ensure quality treatment of comorbidities, chronic diseases, malignancies etc.

1st 95	2nd 95	3rd 95
95% of all people living with HIV know their HIV status	**95% of all people with diagnosed HIV infection receive sustained antiretroviral therapy**	**95% of all people receiving antiretroviral therapy have viral suppression**
• Ensure HIV testing is available and accessible at all ANC clinics. • Include private hospitals in eMTCT services with support from community-led testing , in order to access women who do not visit government health facilities for antenatal services • Capacity building of laboratory facilities (human resources, budget, infrastructure, logistics and supplies) at province level and local level • Address financial hurdles associated with procurement of critical commodities and allocate adequate budget for HIV commodities to meet the obligation to purchase 80% to 100% of needed HIV commodities. • Establish G-to-G or Pooled Procurement Mechanism (PPM) for HIV commodities • Establish multi-year decentralized procurement and supply chain management to ensure supplies are available in all health facilities. • Strengthen the recording and reporting system of HIV commodities with real-time access to stock information at HIV service centres. Strengthen procurement, storage capacity and distribution mechanisms.	• Capacity building of laboratory facilities (human resources, budget, infrastructure, logistics and supplies) at province level and local level • Address financial hurdles associated with procurement of critical commodities and allocate adequate budget for HIV commodities to meet the obligation to purchase 80% to 100% of needed HIV commodities. • Strengthen capacity of Provinces to prepare detail specifications, quantification and forecasting, and budget planning for STI/OI drugs for the procurement. • Establish multi-year decentralized procurement and supply chain management to ensure supplies are available in all health facilities. • Strengthen the recording and reporting system of HIV commodities with real-time access to stock information at HIV service centres. Strengthen procurement, storage capacity and distribution mechanisms. • Establish internet-based real time Inventory Management Information System of HIV commodities (ARVs, test kits, reagents, HR items) at HIV service centres; this system should be part of MoHP's HMIS.	• Eliminate congenital syphilis • Include private hospitals in eMTCT services with support from community-led testing , in order to access women who do not visit government health facilities for antenatal services • Capacity building of laboratory facilities (human resources, budget, infrastructure, logistics and supplies) at province level and local level • Capacity building of laboratory facilities (human resources, budget, infrastructure, logistics and supplies) at province level and local level • GeneXpert machines utilization for VL testing. • Development of DBS, DPS & DSS methods of samples collection from the sites and shipment of samples to NHRL, NPHL or nearest VL testing sites. At province level, PHLs need to be functional inclusive of HIV testing component by ensuring good infrastructure, HR, equipment and testing kits

1st 95	2nd 95	3rd 95
95% of all people living with HIV know their HIV status	**95% of all people with diagnosed HIV infection receive sustained antiretroviral therapy**	**95% of all people receiving antiretroviral therapy have viral suppression**
• Establish internet-based real time Inventory Management Information System of HIV commodities (ARVs, test kits, reagents, HR items) at HIV service centres; this system should be part of MoHP's HMIS. • Strengthen the capacity of Provincial Health Training Centres (PHTC) to provide HIV related training and events	• Strengthen the capacity of Provincial Health Training Centres (PHTC) to provide HIV related training and events • Implement national strategic information guidelines to harmonize existing reporting systems including IHIMS for alignment and coherence • Strengthen the digital recording system, surveillance and research • Build the capacity of CSOs for community-led monitoring, documentation and reporting. • Develop human resource plan or strategy for national HIV program and sustainability plan for HIV services • Strengthen integration of HIV services into health systems at all levels • Standardize ART sites in terms of human resources, health infrastructure and availability of other health care services. • Streamline HIV service provision in the federal context – ensuring quality of HIV services at local levels • Scale up the health insurance scheme for PLHIV across the country.	• Address financial hurdles associated with procurement of critical commodities and allocate adequate budget for HIV commodities to meet the obligation to purchase 80% to 100% of needed HIV commodities. • Establish G-to-G or Pooled Procurement Mechanism (PPM) for HIV commodities • Strengthen capacity of Provinces to prepare detail specifications, quantification and forecasting, and budget planning for STI/OI drugs for the procurement. • Increase the volume of drugs procured in the central level in accordance to need, and ensure adequate ART stock, management of storage in ART and provincial storage capacity, and provide mentoring, monitoring and supervision of PSM staff. • Establish multi-year decentralized procurement and supply chain management to ensure supplies are available in all health facilities.

1st 95	2nd 95	3rd 95
95% of all people living with HIV know their HIV status	**95% of all people with diagnosed HIV infection receive sustained antiretroviral therapy**	**95% of all people receiving antiretroviral therapy have viral suppression**
	• Addressing social protection services for key and vulnerable populations is a priority for CSOs and local governments to ensure adequate care and support provisions through community care centres (CCC) and community and home-based care (CHBC) services at the local level. • Strengthen joint monitoring and evaluation of HIV services including CSOs. • Establish multi-sector coordination platforms at province and local levels in order to localize the HIV response more effectively • Further build the capacity of CSOs in scaling up out-reach services, community involved monitoring, documentation and advocacy for domestic resource mobilization • Promote public private partnerships for HIV response	• Strengthen the recording and reporting system of HIV commodities with real-time access to stock information at HIV service centres. Strengthen procurement, storage capacity and distribution mechanisms. • Establish internet-based real time Inventory Management Information System of HIV commodities (ARVs, test kits, reagents, HR items) at HIV service centres; this system should be part of MoHP's HMIS. • Strengthen the capacity of Provincial Health Training Centres (PHTC) to provide HIV related training and events • Implement national strategic information guidelines to harmonize existing reporting systems including IHIMS for alignment and coherence • Strengthen the digital recording system, surveillance and research • Build the capacity of CSOs for community-led monitoring, documentation and reporting. • Develop human resource plan or strategy for national HIV program and sustainability plan for HIV services

1st 95	2nd 95	3rd 95
95% of all people living with HIV know their HIV status	**95% of all people with diagnosed HIV infection receive sustained antiretroviral therapy**	**95% of all people receiving antiretroviral therapy have viral suppression**
		• Strengthen integration of HIV services into health systems at all levels • Standardize ART sites in terms of human resources, health infrastructure and availability of other health care services. • Streamline HIV service provision in the federal context – ensuring quality of HIV services at local levels • Scale up the health insurance scheme for PLHIV across the country. • Addressing social protection services for key and vulnerable populations is a priority for CSOs and local governments to ensure adequate care and support provisions through community care centres (CCC) and community and home-based care (CHBC) services at the local level. • Strengthen joint monitoring and evaluation of HIV services including CSOs. • Establish multi-sector coordination platforms at province and local levels in order to localize the HIV response more effectively • Further build the capacity of CSOs in scaling up out-reach services, community involved monitoring, documentation and advocacy for domestic resource mobilization • Promote public private partnerships for HIV response