

THE LINK - NEPAL

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LINKAGES Approaches to Achieve 90-90-90 in Nepal

The Government of Nepal (GON) through National Center for AIDS and STD Control (NCASC), Ministry of Health and Population, has provided leadership for and made significant progress in the national HIV response. The [Nepal HIV Strategic Plan \(NHSP\) 2016–2021](#) includes the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 treatment target by 2020 and ending AIDS as a public health threat by 2030, which guides the national HIV response. The GON has endorsed identify, reach, test, treat, and retain (IRTTTR) strategies and incorporated new approaches such as community-led testing (CLT) for test-for-triage, differentiated service delivery, HIV self-testing (HIVST), pre-exposure prophylaxis (PrEP), and use of information and communications technology (ICT) in the revised [National HIV Testing and Treatment Guidelines 2017](#).

Access to HIV prevention messages, testing, care, and treatment services for key populations (KPs) and people living with HIV (PLHIV) has increased significantly over the years with the scale-up of HIV testing and counselling (HTC) sites and decentralization of antiretroviral therapy (ART) and prevention of mother-to-child-transmission (PMTCT) services. The country has 175 HTC sites, 78 ART sites, and 22 ART dispensing sites. PMTCT services has now been scaled up to all 77 districts (NCASC, 2018).

Despite these gains, significant gaps exist across the continuum of prevention, care, and treatment (CoPCT) cascade. As of the end of 2018, of the total estimated number of PLHIV (Figure 1), 21,388 knew their status (71 percent), 16,914 were on treatment (56 percent), and 7,603 had measurable viral load suppression (25 percent of those on treatment). This represents 91 percent viral load suppression among those tested (based on 8,357 tests performed) (NCASC, 2018).

LINKAGES Nepal contributes to the efforts of the GON in achieving the 90-90-90 goals by 2020. LINKAGES Nepal uses the HIV CoPCT cascade as the overarching strategic framework to guide the planning, implementation, and

monitoring of project activities. Within the cascade, LINKAGES Nepal focuses on four technical priorities anticipated to have the highest return for epidemic control: (1) prevention education and condom/lubricant promotion, (2) HIV testing and counselling, (3) linkage to treatment, and (4) community care and support for adherence and retention in treatment to contribute to reaching viral suppression.

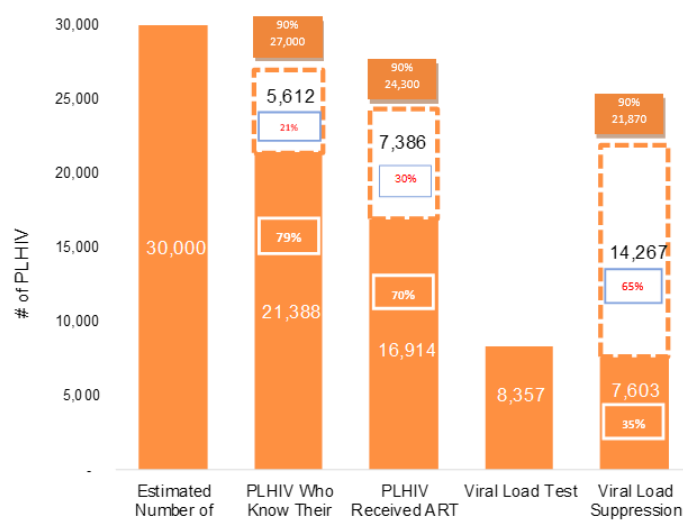


Figure 1. National HIV treatment cascade for PLHIV

While implementing the cascade-based approaches, LINKAGES Nepal uses low-testing, high-yield approaches for increased case finding for meeting the first 90. These include targeted HIV testing among KPs, index testing, risk network referral, the enhanced peer outreach approach (EPOA), online to off-line approach, and HIVST. The project initiated outreach for KPs through a new online platform offering risk assessment and service appointment tools named [MeroSathi](#) (My Friend) to reach and test hidden and virtually active KPs.

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To ensure treatment linkages for those identified as HIV positive, LINKAGES Nepal provides accompanied referral by peer navigators to all PLHIV for their navigation to a treatment center and enrollment in treatment. After enrollment, LINKAGES Nepal follows up with PLHIV in the community for adherence support, appointment reminders, pill pickup, and tracking lost-to-follow-up clients. Enrollment support and follow-up contribute to the achievement of the second 90.

The goal of HIV treatment is to attain undetectable viral load suppression among all PLHIV under treatment so that they do not transmit HIV further, thereby contributing

to epidemic control and eventually achieve the end of AIDS. To support PLHIV, LINKAGES Nepal motivates them to have viral load tests at their scheduled time. LINKAGES Nepal also supports treatment centers by organizing sample collection for viral load, following up for results with testing centers, and sharing results with PLHIV through LINKAGES partners in the districts, all of which contributes to the last 90.

LINKAGES Nepal customized and implemented District Health Information System 2 (DHIS2) for real-time and online recording and reporting of project data, monitoring, learning, and adapting.

First 90: Approaches to Accelerate HIV Case Finding and HIV Epidemic Control in Nepal

Nearly one-third of PLHIV in Nepal do not know their HIV status (Figure 1). Minimizing the gap and reaching the 90-90-90 goals for epidemic control require innovative approaches that address known barriers to HIV testing. The project focuses on introducing approaches for improving HIV case finding.

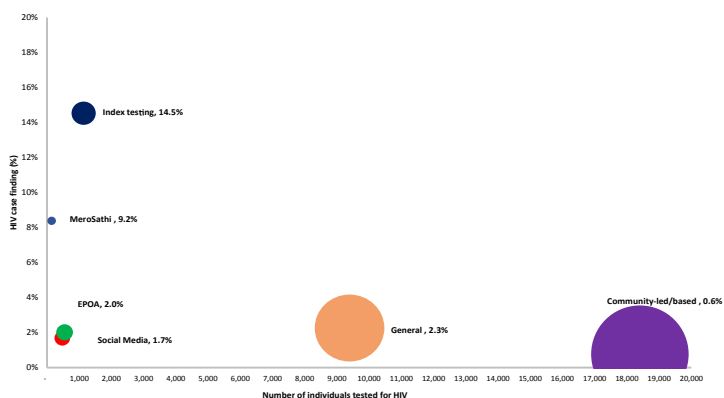


Figure 2. HIV tests and case finding from different approaches (January-June 2019)

To demonstrate project results, we examined case-finding data from a pilot study of HIV self-testing, test-for-triage by lay providers, EPOA, index case testing (i.e., voluntary partner referral and risk-network referral), and online to off-line strategy. HIV case finding through these approaches was compared with the case-finding rate through the traditional/general approach (Figure 2) in LINKAGES Nepal over the past years.

HIV self-testing and community-led testing for HIV minimized distance-related barriers for HIV testing:

The HIV self-testing demonstration study, implemented from June to September 2018, identified 12 (2.7 percent) of 440 participants as HIV positive. The project-initiated CLT by lay providers in August 2018. During January to June 2019, CLT identified 0.6 percent of HIV-positive individuals out of 18,403 tested for HIV. The CLT for HIV has helped lessen stigma and discrimination and motivates greater uptake of HIV services. Communities often have better trust in their peers for receiving confidential services at places convenient for them.

Index testing aided in identifying undiagnosed HIV-positive partners and their children:

Index testing is provided to sexual and injecting partners, biological children, and network members of HIV-positive index clients. Active and passive approaches of notification, referral, and testing are used for testing partners and children and, at the same time, PLHIV are provided coupons for referring their network members for testing. During January-June 2019, of 1,135 individuals tested through the index testing approach, 165 (14.5 percent) were identified as HIV positive.

“I found community-led testing effective to identify unidentified people living with HIV from the community, and it also facilitates index partner testing by providing services at their convenient places.”
-Raju Prasad Subedi, Peer Navigator, GWP, Makawanpur

Reaching and testing deeper networks through the enhanced peer outreach approach:

The project has also implemented EPOA with KPs. LINKAGES Nepal will further refine and accelerate network strategies for reaching the unreached for targeted HIV testing and improving HIV case finding, which includes incentivizing outreach, improving motivational interviewing/communication skills of outreach staff, and targeting HIV testing to members of high-risk populations most likely to be HIV positive. Data for January-June 2019 show the current HIV case-finding rate from EPOA is 2 percent.

Going Online to engage virtually active populations and motivate them for HIV testing: LINKAGES Nepal is tapping an opportunity to reach high-risk, virtually active individuals through online outreach, social media, and MeroSathi.

“Use of social media platforms is increasing day by day. LINKAGES Nepal has been able to tap this opportunity to reach key populations. We are using Facebook profiles and Messenger to provide information on sexual and reproductive health, HIV testing, and referral for HIV services. We have been able to reach unreached key populations for HIV testing via dating apps such as Grindr and Blued.”
-Dev Narayan Shrestha,
Project Coordinator, HCS, Chitwan

From January–June 2019, in total, 473 received HIV testing services and eight were diagnosed HIV positive. In this period, HIV case finding from online outreach in social media platforms was 1.7 percent. Similarly, in MeroSathi, of the 222 individuals who booked for HIV testing services, 143 (64 percent) visited LINKAGES Nepal clinics for tests. Twelve individuals were diagnosed HIV positive. HIV case finding from MeroSathi is 8.4 percent.

Mobilizing laboratory staff to provide confirmatory testing in the community: LINKAGES Nepal oriented laboratory assistants on providing pre- and post-test counseling and mobilized them to provide confirmatory HIV testing in the community. Laboratory staff accompany peer navigators or community-based supporters conducting test-for-triage in the community, visit the individual with a reactive result, provide pretest information, conduct the test following the national algorithm, and provide results with necessary information. If needed, laboratory staff refer individuals to a trained counselor.

CASE STORY

Reducing the barriers for early HIV diagnosis and treatment initiation

My name is Hari Sharma [pseudonym]. I'm 46 years old. I live in Tulsipur submetropolitan area, ward no. 3, Dang district. I live with my father, mother, wife, son, and daughter. I work at a school as a teacher. My wife is a housewife.

One day, the community mobilizer from Nepal STD & AIDS Research Center (N'SARC) visited me at my house. He told me he had just learned about my accident that happened under the influence of alcohol. He reiterated about HIV-related risk behaviors and ways to prevent them. I realized that I had risky behaviors. After taking consent for HIV screening, he conducted a screening test, and my test results turned out to be reactive. However, that wasn't the final test; he told me there were three other confirmatory tests before a final decision could be reached. He also told me that I had to be present in the hospital for the final test. Since I was confined to my house for a month due to the accident, outreach staff told me not to panic as the final test could be done in my house. He coordinated with the ART counselor and lab staff to perform the HIV confirmatory test in my house. After my verbal consent, we began the test.

My results turned out to be positive! The ART counselor provided information on the benefits of ARV medicines to me and suggested visiting the hospital to initiate ART. I visited the hospital after completing a month's rest. ART center staff performed a few basic tests, and I started ART. Currently, I'm taking ARV medicines on a regular basis. Now, my health is stable and good. I am really indebted to N'SARC's outreach staff, ART counselors, and the lab staff for listening to my concerns and arranging for the tests to be done in my house.

Second 90: Active Engagement and Peer Navigation Approach for Achieving Treatment Enrollment

For optimizing linkages to treatment and retention, LINKAGES Nepal follows the case management approach. Case management includes linkages to treatment, support in navigation to access services, following up with PLHIV for treatment adherence and retention. Peer navigators are mobilized for linkages to and retention in treatment. Each partner in the district has a case management team that includes clinical staff, a project coordinator, and peer

navigators. Teams meet every week to discuss issues related to enrollment and retention, decide on action steps, and then implement those steps. Peer navigators are the key community cadres for contributing to the second 90.

Peer navigators are HIV positive, ideally from the KP community, and are medication-adherent so they can

serve as role models who understand and can convey how to access services for KP members living with HIV and why treatment is important. Peer navigators can draw from their own life experiences to build close relationships with their peers and use those opportunities to educate, recruit, navigate, and retain those living with HIV in care and treatment. Peer navigators provide accompanied referral for individuals identified HIV positive in the LINKAGES clinic to the treatment center, support them in navigating through services in the health facility, and follow up for treatment adherence and retention in care.

LINKAGES Nepal has mobilized peer navigators since February 2018, each serving about 20 to 40 HIV-positive KP individuals. Peer navigators use a differentiated approach for following up with PLHIV.

LINKAGES Nepal conducts basic and refresher training on peer navigation using LINKAGES Peer Navigation Training Modules, Treatment Literacy Training Curriculum of Nepal, and adding approaches for new innovations such as PrEP, HIVST, and CLT. Through these efforts and the implementation of test and treat by the GON in March 2017, treatment enrollment has increased (Figure 3).

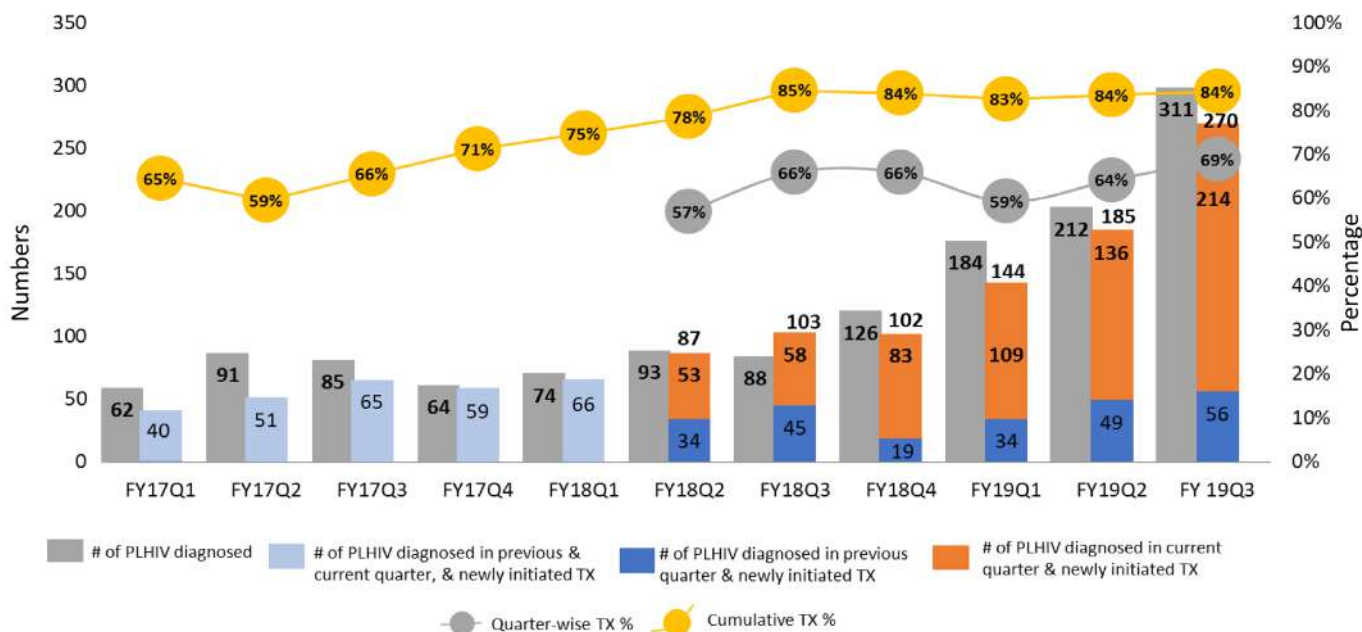


Figure 3. Trends in case finding and linkage to ART among other populations in Nepal

Third 90: Collaboration with Stakeholders and Peer Navigator Mobilization to Achieve Viral Load Testing and Suppression

A viral load test is a measurement of the amount of HIV virus (usually RNA) in a sample of blood reported as copies/mL. Since 2013, the World Health Organization (WHO) recommends routine viral load testing for monitoring of responses to ART. Nepal HIV Testing and Treatment Guideline 2017 also recommends routine viral load testing at six months and 12 months after ART initiation and every 12 months thereafter. Viral load testing is provided by National Public Health Laboratory, Kathmandu, and Seti Zonal Hospital, Dhangadhi. Viral load test samples are collected in different ART centers in the country and transported to these viral load testing laboratories.

LINKAGES Nepal supports ART centers by bringing PLHIV to the designated centers and by assisting laboratory staff with collection and packaging of samples. Sample transportation is supported by AIDS Healthcare Foundation (AHF) and Save the Children. Peer navigators conduct viral load monitoring and support adherence in communities. During April–June 2019, among those who received a viral load test, 100 percent were virally suppressed in LINKAGES Nepal (Figure 4).

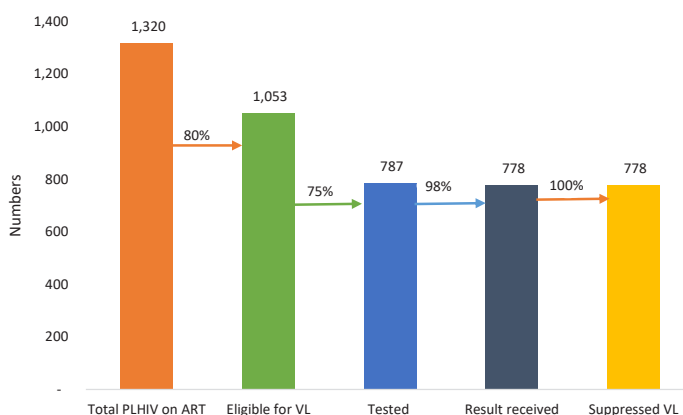
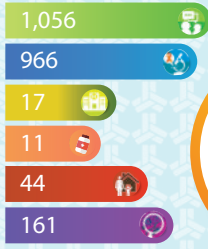
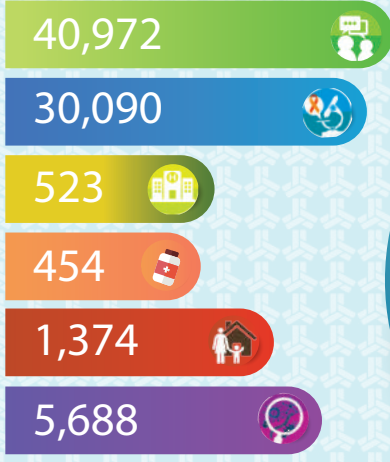


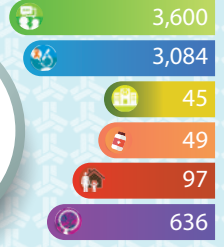
Figure 4. Viral load cascade of LINKAGES Nepal (April–June 2019)



Clients of FSWs



Men who have Sex with Men



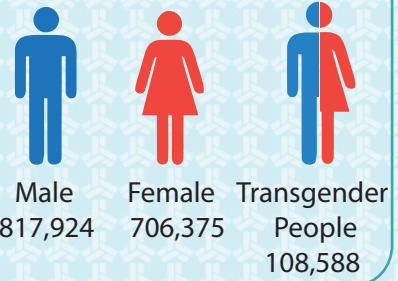
Other High-Risk Individuals



Condoms Distributed



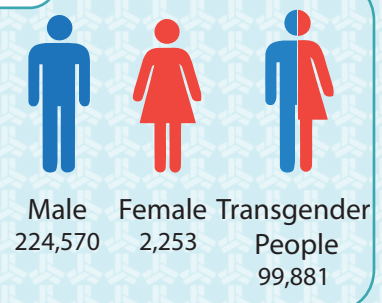
Total: 1,632,887



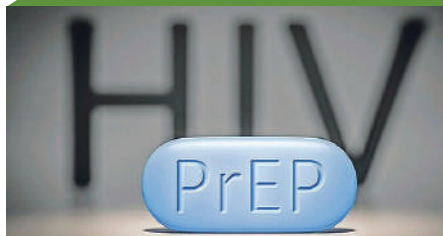
Lubricants Distributed



Total: 326,704



Important Activities and Events (January–June 2019)



LINKAGES Nepal completed a PrEP demonstration study with a total of 103 participants. Initial findings show that out of 103 KP members enrolled, 53 participants (51 percent) completed the three months follow-up, 20 are still in the third month, 20 (20 percent) were lost to follow-up, and 10 (10 percent) discontinued PrEP. The final report is expected to be disseminated by August 2019.

LINKAGES Nepal project conducted a campaign to accelerate case finding through index testing, ART enrollment, and viral load sample collection in 13 project districts. Altogether, 943 people were tested. Of those tested, 15 were diagnosed HIV positive, 12 were enrolled in treatment, and two samples were collected for viral load testing.



LINKAGES Nepal conducted training on the EPOA in nine districts. In total, 85 individuals including peer mobilizers (PMs), community-based supporters (CBSs), and clinical staff were trained. Further, these PMs were mobilized in new hot spots identified by a rapid community assessment (RCA).

LINKAGES Nepal conducted training on Going Online for HIV services to 22 LINKAGES implementing partner (IP) staff including online outreach staff, drop-in center (DIC) operators, and CBSs. They will orient additional staff among their respective teams.



LINKAGES Nepal conducted a workshop on acceleration of programs for men who have sex with men (MSM), male sex workers (MSWs), and transgender people. The objective was to review progress and identify a way forward to accelerate 90-90-90. The workshop identified district-wide action points for each 90.

LINKAGES Nepal conducted a training on programmatic reporting using MeroData (LINKAGES Nepal DHIS 2) to DIC Operators/M&E Associate of IPs. The objectives were to describe major features of MeroData; roles of DIC/M&E staff in LINKAGES Nepal; and reporting of prevention program in MeroData with quality assurance.



LINKAGES Nepal IPs in 11 districts shared findings as well as methods and tools from a RCA during a district coordination meeting with local government bodies, District Public Health Office (DPHO), and other stakeholders. Other topics included case finding, ART enrollment, and viral load suppression to reach the 90-90-90 target by 2020.

Important Activities and Events (January–June 2019)

USAID/Nepal and FHI 360/LINKAGES Nepal organized a country consultation meeting with stakeholders in national HIV response to discuss (1) U.S. President's Emergency Plan for AIDS Relief (PEPFAR)'s strategic priorities, approaches, and activities, and Asia Regional Operational Plan (ROP) 2019 progress, (2) LINKAGES Nepal's Q4 and annual FY18 and Q1 FY19 progress, issues, and challenges, and (3) the national HIV situation and response, priorities, needs, and gaps to achieve 90-90-90 by 2020 and epidemic control.

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Dr. Tara Nath Pokhrel, Director of NCASC; a representative from civil society Jagriti Mahila Maha Sangh (JMMS); and Asmita Bhandari, The Global Fund Country Coordinating Mechanism member participated in PEPFAR ROP19 meeting in Bangkok, Thailand. The country presented its current epidemic situation, progress, and plans to accelerate and achieve 90-90-90 by 2020. Each country worked on a detailed plan, and Nepal was granted additional funds to accelerate and achieve 90-90-90 by 2020.

LINKAGES Nepal staff participated in and contributed to a Program Optimization Workshop, Strategic Information (SI) and Optimization Workshop, and MSM summit organized by LINKAGES in Johannesburg from April 29 to May 3, 2019. Current approaches to be followed by LINKAGES projects to meet the requirements of PEPFAR and Country Operation Plan (COP) 2019 were discussed. The workshop enhanced knowledge about LINKAGES' existing strategies and data analysis to achieve 90-90-90 by 2020.



NCASC with support from USAID, LINKAGES Nepal, and HP+ organized a workshop on Defining Standard HIV Service Package in Kathmandu. LINKAGES Nepal shared global, regional, and national best practices and lessons learned from innovative approaches to reach 90-90-90 by 2020 and ending the AIDS epidemic by 2030. Major activities to be included in the minimum service package for HIV services were identified.



LINKAGES Nepal conducted a dissemination of findings and recommendations of HIV self-testing demonstration study to government and non-government HIV program stakeholders.



LINKAGES Nepal participated in an HIV service delivery model and funding realignment workshop organized by NCASC with support from Save the Children. The objectives were to share and discuss minimum services provided by LINKAGES and the Global Fund supported program for KPs in Nepal and to realign the fund in the country.

LINKAGES Nepal team participated in Gender Equality and Social Inclusion (GESI) training facilitated by FHI 360 headquarters in Kathmandu. The training covered diversity, inclusion, unconscious bias, GESI integration within programs, and FHI 360's safeguarding policies. The training provided insights on GESI and identified potential areas for integration in existing and future programs.

Important Activities and Events (January–June 2019)



LINKAGES Nepal commemorated the 36th annual International AIDS Candlelight Memorial Day with the theme “Intensifying the Fight for Health and Rights.” The events were organized by LINKAGES Nepal IPs in coordination with provincial and local government, nongovernmental organizations (NGOs), national networks of PLHIV and their community-based organizations (CBOs), and ART centers in the districts. Candles were lit in memory of those who lost their lives to AIDS in the last year, and a moment of silence was observed to salute the departed souls. LINKAGES Nepal IPs also organized interaction and discussion programs on the theme.

LINKAGES Nepal commemorated International Day against Homophobia, Transphobia, and Biphobia (IDAHOT) with the local theme “Justice and Protection for All.” LINKAGES Nepal IPs participated in a cultural dance competition organized by Blue Diamond Society (BDS) and Federation of Sexual and Gender Minorities in Nepal (FSGMN), one of the LINKAGES Nepal IPs, at the national level. FSGMN and BDS, in collaboration with Restless Development and British Council, organized an essay competition. LINKAGES Nepal Project, through its IPs in the five districts for MSM, MSWs, and transgender people recognized the event with different activities.



LINKAGES Nepal organized a workshop June 24–28, 2019 on subnational PLHIV estimation and national investment case analysis under the leadership of NCASC and for national HIV stakeholders: AIDS Healthcare Foundation (AHF), National Association of People Living with HIV/AIDS in Nepal (NAP+N), Save the Children, and UNAIDS. Workshop participants also analyzed and estimated unit cost, coverage, and effectiveness of prevention and treatment programs; and developed national Asian Epidemic Model (AEM) scenarios for possible policy options to be used as a country investment case and as an input for The Global Fund funding request. Dr. Wiwat Peerapatanapokin, from East West Center, facilitated the workshop.



LINKAGES Nepal would like to express gratitude to **Dr. Tara Nath Pokhrel, outgoing Director, NCASC** and **Dr. Harish Chandra Uprety, outgoing Director, NPHL** for their guidance and support.

LINKAGES Nepal would like to congratulate and extend very warm welcome to **Dr. Anuj Bhattachan, Director, NCASC** and **Dr. Runa Jha, Director, NPHL**.

LINKAGES Nepal Project is awarded with
Excellence in Program Management Award
Congratulations
LINKAGES Nepal Team



Visitors Log

- The chiefs, tuberculosis (TB), leprosy officer, and HIV focal persons of health offices in the district; representatives from local government bodies including health coordinators; ward officials; and representatives from ART centers in Banke, Jhapa, Kapilvastu, Kaski, Lalitpur, and Makawanpur districts observed prevention activities and mobile and static clinics run by LINKAGES Nepal IPs in these districts. They observed HIV testing and counseling, monitoring and evaluation, sexually transmitted infection (STI) clinic setup, and project specific and government recording and reporting systems. They interacted with the team on HIV testing, case management, and STI services.



- LINKAGES Nepal IP—Nepal National Social Welfare Association (NNSWA)—in Kailali District facilitated the monitoring visit of Mr. Lal Bahadur Dhama, Public Health Officer, from NCASC. The staff of IPs Sudur Paschim Samaj (SPS) and Thagil Social Development Association (TSDA) were also present.



- His Excellency Mr. Randy Berry, U.S. Ambassador to Nepal, along with a USAID team visited a LINKAGES Nepal site in Banke district and observed a static clinic implemented by IPs, N'SARC and Western Star Nepal, for MSM, MSWs, and transgender people. Ambassador Berry toured the clinic and interacted with staff members. He visited Western Star Nepal (WSN) and talked with beneficiaries about the services provided by LINKAGES Nepal and issues around their community to fulfill the project targets. The visit was facilitated by LINKAGES Nepal Project Director.



- Chairperson and member of Hetauda submetropolitan ward no. 4 of Makawanpur district visited LINKAGES Nepal IP, General Welfare Pratisthan (GWP). The team observed the recording and reporting system and tools and interacted with project staff. The team also discussed the importance of coordinating with and reporting to local government bodies.



- Cameron Wolf, Senior HIV/AIDS Advisor for Key Populations, USAID, Washington, D.C., visited to provide technical assistance for KP programming in Nepal, and share lessons learned from other countries about how KP networks can play a major role in accelerating and achieving epidemic control for Nepal ROP 19.



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