Message from USAID Nepal

Since 1981, the world has come together to respond to the HIV pandemic. The U.S. Government is a proud partner of this global response. In Nepal, USAID supported the first HIV mitigation program in 1993 and continues to be a close partner of the Government of Nepal in its fight against HIV and AIDS. USAID strongly supports the use of locally tailored interventions that are based on global best practices.

In 2011, Ms. Hillary Rodham Clinton, former Secretary of State, set a vision for an AIDS-free generation, stating “HIV may be with us well into the future. But the disease that it causes need not be.” In 2012, releasing the President’s Emergency Plan for AIDS Relief (PEPFAR)’s blueprint document she said, ‘As we continue to drive down the number of new infections and drive up the number of people on treatment, we will get ahead of the pandemic and an AIDS-free generation will be in sight’.

In 2014, UNAIDS set an ambitious treatment target to help end the AIDS epidemic coined “90-90-90” by 2020. Essentially by 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy (ART), and 90% of all people receiving antiretroviral therapy will have viral suppression. Increasing testing and expanding quality treatment is critical to ensuring a human rights approach to the HIV response and that we live in society where HIV is no longer a public health threat. The world is working towards ending AIDS - this is not just an aspirational goal but an achievable one.

In January 2015, as part of the regional inter-governmental meeting organized by UNAIDS, Nepal announced an initiative aimed at achieving the 90-90-90 target as part of “Nepal’s HIV Vision 2020.” Strong government leadership, harmonization among donors, mobilization of key populations in advocacy and community-based interventions, stigma reduction, and health system strengthening will be the key elements of Nepal’s response to ensure that we meet the 90-90-90 targets and create a future where we no longer have to live with the trauma of AIDS. We are pleased that as Nepal embarks on the development of the National HIV/AIDS Strategy, the USAID-funded Saath-Saath Project’s current Bulletin is focused on the 90-90-90 theme.

Jannie Kwok
Deputy Director for Education and Family Planning
Office of Health and Education
USAID Nepal

Message from the Chief of Party

Welcome to this last issue of SSP Bulletin for 2015! Sadly, Nepal has been through some seriously tumultuous time this year. This has greatly affected the lives of the people throughout the country. We would like to extend our wishes that Nepal will be able to resolve these problems soon and restore normalcy.

We have devoted this issue to the 90-90-90 targets UNAIDS has boldly set and countries are gradually adopting as a national commitment. This enthusiasm is driven by the massive successes of the past for being able to effectively contain HIV epidemic in most parts of the world (halted or reversed in more than 80 countries since 1990) and the favorable evidence that the world has generated for effective use of combination prevention to further contain the disease. The world is euphoric that while HIV will remain with us for a long time, AIDS may no longer remain as a public health threat within our lifetime. This seemingly lofty goal is attainable and requires solidarity from all concerned.

In this issue, we have presented a summary concept and reasoning behind the 90-90-90 targets with a brief snapshot of Nepal’s current situation. We have outlined the strategies adopted by SSP to help achieve these targets. The issue also contains an exciting case study about support provided to PLHIV as well as summaries of key achievements and key events since the last Bulletin.

This December 1, Nepal joins the world to commemorate World AIDS Day 2015. The country is also embarking on a process to develop a new HIV/AIDS Strategy. It would be fitting to have 90-90-90 targets as a cornerstone for the commemoration as well as for the upcoming strategy. We can build on Nepal’s success so far and create an AIDS-free generation for us all.

Jannie Kwok
Deputy Director for Education and Family Planning
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The AIDS response has a single priority for the next 15 years: ending the AIDS epidemic by 2030.

HIV, one of the largest epidemics ever faced by the world was once feared to have an impact of catastrophic proportions. So far, 78 million people are estimated to have been infected by HIV and more than 38 million are estimated to have died due to AIDS-related causes. Despite this devastation, the world has seen very impressive progress through concerted efforts and the curves for both annual new infections and deaths have bent downwards. Riding on these successes and some very exciting new advancements, the mood now had changed from somber to upbeat as the world is talking about ending AIDS being within striking distance.

In 2014, UNAIDS launched ambitious new targets known as 90-90-90, which will focus on closing the gap to HIV treatment and prevention by 2020. This target would enable 90% people living with HIV to know their HIV status, 90% of people who know their status to access HIV treatment and 90% of people on HIV treatment to achieve viral suppression. Although this increases the number of people needing treatment against the current estimates, having an HIV test and knowing the status early can enable people to access antiretroviral (ARV) treatment and care on time, which will lead to better health, prolong the quality life and well-being of PLHIV as well as reduce further transmission of HIV.

Almost half of the world’s estimated people living with HIV (PLHIV) still do not know their status. Overall ART coverage remains remarkably low and viral suppression even in developed countries need greater improvement. These facts pose serious challenges to attain the ambitious goals. However, more successful countries have demonstrated that we can reach very close to these goals. In addition, modeling suggests that achieving these targets by 2020 with rapid, accelerated treatment scale-up will enable the world to end the AIDS epidemic as a public health threat by 2030. Additionally, these targets are related to ART due to the recent evidences on the health, longevity and reduced HIV transmission benefits of early ART initiation and its scale-up.

“These exceptional clinical trial results show yet again how innovation is driving progress in the AIDS response,” said UNAIDS Executive Director Michel Sidibé. “The results demonstrate that the 90–90–90 target is more than a dream. It is entirely feasible.”

The treatment scale up is not recommended in isolation but as a part of the overall combination of existing prevention strategies such as including behavior change communication, condom provision and scale-up of immediate initiation of ART, prevention of mother-to-child transmission, and pre-exposure prophylaxis (PrEP) backed by reduction of stigma, discrimination and social exclusion.

To achieve the 90-90-90 targets by 2020 and ending AIDS epidemic as public health threat, there is a need to fast-track the scale up of the current HIV response, which will require a renewed commitment to fund these evidence-based expanded HIV programs. The 90-90-90 goal is no longer just an aspirational goal but one that is attainable within our lifespan.

As countries strive for these targets, Nepal has also issued a statement calling achievement of the 90-90-90 targets as “Nepal’s HIV Vision 2020” during the regional inter-governmental meeting organized by UNAIDS in January 2015 and is currently in the process of developing National HIV/AIDS Strategy for 2016-2021 as Nepal HIV Vision 2020.

National HIV treatment cascade (December 2014)

Source: GARP Report 2015
HIV programs in Nepal have been intensifying their efforts to identify new HIV cases and to have them enrolled in ART following the current guidelines. In order to achieve the 90-90-90 targets by 2020, these activities need to be intensified further. As part of the national program, SSP activities are also designed to increase the uptake of HIV testing in a tailored manner so that people living with HIV are aware of their status and get access to the required services thereafter. Focus on improving quality of services and improving quality of life of those in treatment is constantly maintained.

SSP’s effort in identifying, reaching and referring Key Affected Populations (KAPs): Outreach Educators/Community Mobilizers reach KAPs in a targeted manner and make referrals to Expanded Integrated Health Services (EIHS) including HIV testing services. These EIHS sites are co-located with Drop-in Centers, which provide safe spaces for entertainment and creative activities to manage the waiting time while using the services. Special efforts are made to reach new Female Sex Workers (FSWs) within their first six months of sex work. SSP also works with Jagriti Mahila Maha Sangh (JMMS) - the national network of FSWs - to mobilize peer educators from their member community-based organizations. SSP maintains 90% or higher coverage among KAPs and NGO partners regularly assess the local situation to identify emerging trends and new hotspots for risk behaviors and maintain a flexible and responsive approach according to the needs. Micro-planning is used among FSWs to maintain high coverage. Festival campaigns are conducted to reach the migrant workers returning their homes during dashain, tihar and chhath festivals.

SSP’s effort in expanding HIV testing by increasing the availability of tests: Static and satellite EIHS sites provide diagnosis and treatment of Sexually Transmitted Infection (STI), Voluntary Counseling & Testing (VCT), Essential Package of Care (EPC)/pre-ART services and Family Planning Services with selected sites also providing Early Infant Diagnosis (EID) services for early identification of HIV among children so they can be enrolled into treatment in a timely manner. Rapid HIV test kits are used to facilitate same day testing and provision of test results. In an attempt to increase access to HIV testing services, mobile clinics for VCT services have also been initiated among migrants and spouse of migrants in Bara and Nawalparasi districts. Having easy testing access that are friendly and maintain confidentiality enable KAPs to feel comfortable to get HIV tests.

SSP’s effort in expanding access to treatment: All clients found positive during HIV testing are enrolled to EPC/pre-ART services on the same day. Additionally, the Community and Home-Based Care (CHBC) service provides pain and symptom care, emotional support, referral for clinical services such as Tuberculosis (TB), ART, EPC, hospital care, ART adherence support and end of life care support. One of the aims of both EPC and CHBC services is to have the PLHIV identified enrolled in ART as early as possible. Counseling is also done to encourage their partners to carry out HIV tests.

SSP’s efforts to promote adherence and keep patient on treatment: The EPC and CHBC services extended to PLHIV also ensure adherence and retention to ARVs. PLHIV are provided information on adherence to ARVs - need for taking the right dose, to be taken at the right time and the right way every day. Additionally, web-based short messaging service has been initiated in Banke district to support treatment adherence among PLHIV. This web-based short messaging services include providing reminders for ARVs as well as providing information related to adherence and retention to ARVs. As the country is scaling up the viral load testing, SSP supported the National Public Health Laboratory (NPHL) in the viral load scale-up plan and preparation of viral load testing Standard Operating Procedures (SOP). Additionally, SSP also supported the training of laboratory staff on transportation of samples for viral load from peripheral sites.

Success Story from the Field: Community and Home-Based Care for ART Adherence and Quality Life for PLHIV

Bali Pariyar is sitting near the entrance of her house in Kapilbastu chatting with her husband when Anuradha Chaudhary, a Community Mobilizer arrives and greets the couple. She asks Pariyar if she has been taking her ARV drugs regularly. Pariyar’s first husband was a migrant worker in India and had lost his life due to a serious illness. Later, when Pariyar fell seriously ill, she was diagnosed as HIV positive and so were her son and daughter. But before too long, USAID-funded Saath-Saath Project’s Community Mobilizers were on the scene to help take care of Pariyar and her family. “I feel very close to Anuradha. She teaches us a lot of important things,” Pariyar says, as Anuradha opens her bag, pulls out the blood pressure gauge and wraps it around her arm. Difficult though it has been, Pariyar says she’s managed to move on with her life in the last 10 years. “People were very skeptical at first, believing that I would soon die. But I’ve shown them that I can work just as hard, and even make the same amount of money,” she says proudly, adding that she’s even built her own house with the money she saved from her work.

For Pariyar, a big part of this sense of confidence comes from the support of the Community Mobilizers, and she eagerly shares, “I teach people what Anuradha taught me about HIV, safe sex and need to visit HIV clinic if in doubt,” she explains. As Anuradha packs up and waves goodbye, Pariyar shares with her, her concerns that her son might be forgetting to take his ARV drugs. Anuradha promises to sort it out when she sees him next.

Anuradha has 174 people under her responsibility and makes sure to visit each of them, every three months or so, based on their needs. “Things are changing for HIV patients,” she says. “When I used to treat them in the hospital in the past, the health workers would ignore them. Now they treat them like any other patient.” Anuradha and her fellow mobilizers are offering CHBC services, which help PLHIV maintain good health. Most importantly they provide constant support to maintain adherence to ART in the comfort of their own homes and communities. Such door-to-door services are resulting in better retention of patients in care and treatment with reduced loss to follow-up. This is extremely important in order to retain the PLHIV on treatment and to enable them towards viral suppression.

Community Mobilizers like Anuradha help the PLHIV from the time of diagnosis till the very end, even offering bereavement support to family and other loved ones. More importantly, they support PLHIV to visit the ART sites and provide home-based support for adherence, acting as a valuable community-based link to facilitate continuum of care. It is efforts like this that will be essential to ensure meeting the 90-90-90 targets in Nepal, especially for ART enrollment, retention and viral suppression.
Saath-Saath Project’s Contribution for 90–90–90
An ambitious treatment target to help end the AIDS epidemic
June to September 2015

By 2020, 90% of all people living with HIV will know their HIV status.

Total number of people Tested for HIV 13,057
53% Women
31% FSWs
34% Migrants
10% Spouse of Migrants
14% Others

1,045 People tested through mobile clinics

Total no. of people receiving Palliative Care 6,555
52% Women

Total no. of people reached by Positive Prevention 4,307
57% Women

Total no. of people on ART (Of all Palliative Care) 5,308
52% Women

Total no. of people on ART reached through CHBC program 4,497
52% Women

Average CD4 Count 504

By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.

SSP’s support to NPHL for Viral Load Testing

- To develop Viral Load testing scale-up plan
- To prepare Viral Load Testing Standard Operating Procedure
- To provide onsite orientation to lab staff for sample preparation and transportation process

By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.

Now, NPHL receives over 800 samples per month for Viral Load Testing.

SSP’s Services

HIV testing sites 60
Mobile clinics conducted 25
CHBC team members 56

25 FSWs Program Districts
26 Districts for KAPs
4 Migrant Program Districts (3 overlapping with FSW districts)

KAPs ▶ FSWs
Clients of FSWs
Migrants
Spouse of Migrants
TGSWs

3,415 People Trained for enhanced capacities to contribute to National HIV Response

58% Women
Early Infant Diagnosis (EID) in Nepal
Ensuring Healthy Living of Children born with HIV

EID is the procedure for early diagnosis of HIV in children whose either both parents are or the mother is HIV-positive.

EID can be done when the children are between the age of
6 weeks to 18 months

Why EID
Approx. 50% of untreated HIV positive babies die before the age of 2 years.
Diagnosed and early treated infants have higher chance of survival.
75% infant mortality due to AIDS can be reduced by timely test and treatment.

Alarming Facts - Children with New HIV Infections in 2014*
World Wide 220,000 Children
Asia Pacific 21,000 Children

In Nepal's context*
Average 86 children between 0-14 years die annually due to HIV
Estimated 1,968 children between 0-14 years are living with HIV
Annually around 144 children get new HIV infections

January 2009, Nepal
EID services were initiated with support from USAID-funded ASHA Project

* From January 2009 to September 2015

Total 416 PCR Tests done
Total 46 DNA PCR Positive
Total 34 Enrolled in ART

EID services are provided
FREE of COST

to the beneficiaries in sites supported by the USAID-funded SSP and also by the Government of Nepal.

Scaling Up at National Level

Based on the lessons learned from SSP, The Government of Nepal has -

- Released a National Guideline on EID in 2012
- Rolled out EID using National Public Health Laboratory (NPHL) as the testing laboratory
- SSP is supporting to scale up EID in the country
  As part of the support, NPHL has initiated sample collection in Butwal, Chitwan and Pokhara

SSP commemorated the Global Handwashing Day 2015 with the global theme: “Raise a Hand for Hygiene” and helped impart information about the importance of handwashing among PLHIV. During the programs conducted across the SSP districts, the beneficiary groups participated in demonstrating the correct techniques of handwashing and discussed the need, importance and benefits of washing hands particularly for the PLHIV. SSP is providing CHBC service to PLHIV in 20 districts of the country. Safe water sanitation and hygiene (WASH) is one of the important components in CHBC services. Likewise, short message services (SMS) were sent to nearly 1,130 SSP beneficiaries with the message to regularly wash hands with soap and water.

SSP marked the 21st National Condom Day on October 31, 2015 under the leadership of District Public Health Office, District AIDS Coordination Committee (DACC) in coordination with other key district’s Government and Non-Government stakeholders in the SSP districts. The day was observed with the slogan “Universal Access to Condoms for Dual Protection” across the country with an objective to raise awareness, promote use of condom for dual protection; prevent HIV and STI as well as prevent unwanted pregnancies. Wide array of the activities including rally, quiz contest, distribution of the information, education communication (IEC) materials, distribution of free condoms, airing of the radio jingles from local FMs were organized. SSP also partnered with the Nepal CRS Company in Kathmandu and with HC3 in Dhading district to mark the day. Almost 170,000 condoms along with IEC materials on HIV/STI and condom use were distributed. In Kathmandu SSP participated in the press release organized by the National Centre for AIDS and STD Control (NCASC).

SSP also commemorated the 2nd National Family Planning (FP) Day in the project districts in coordination with the District Public Health Offices and other stakeholders to promote the message on importance of using FP methods.

SSP in collaboration with the government and non-government stakeholders, commemorated the 9th National Day Against Trafficking in Persons (TIP) on September 6, 2015 in its project districts. In Kathmandu, SSP’s partner NGOs along with various organizations working for TIP participated in the national rally planned under the leadership of the Ministry of Women, Children and Social Welfare and showed solidarity towards the cause. The national theme this year, has urged all stakeholders for collective action to end TIP highlighting that it is the responsibility and desire of all stakeholders to end TIP in Nepal.

At the district level, activities such as awareness raising about the significance of the day, interactions and training on stigma and discrimination reduction with information on TIP and Gender-Based Violence (GBV), and distribution of TIP and GBV-related IEC materials were carried out in collaboration with the Women and Child Development Office and stakeholders.

SSP partner NGOs in Dhading, Kathmandu, Kaski, Kailali and Sunsari districts in coordination and collaboration with stakeholders working in combating TIP commemorated the 2nd World Day Against TIP on July 30 and 31, 2015. In Kathmandu, SSP actively participated in the interaction program organized by the Alliance Against Trafficking in Women and Children in Nepal (AATWIN) that focused on effective implementation of National Plan of Action (NPA) against trafficking in post-earthquake scenario.
SSP conducted a one-day workshop on “Ending AIDS – a Global Perspective” on September 23, 2015 with the aim to emphasize the global priorities that need to be set by nations to end the most serious epidemic in the living memory. Representatives from the NCASC of Ministry of Health and Population; UNAIDS, Global Fund program, HIV program managers working in national HIV response and SSP staff members attended the workshop. The participants learned about and discussed fast tracking our HIV response with 90-90-90 as the guiding principle. The workshop set the stage for the Government of Nepal to initiate discussions for Nepal HIV Vision 2020, the new National HIV/AIDS Strategy 2016-2021.

Likewise, SSP prevention partner NGOs were also oriented on the 90-90-90 concept and its implications in the national context. Furthermore, on October 1, 2015, SSP supported NCASC for consultation meeting to initiate discussion for developing Nepal HIV Vision 2020 among I/NGOs, civil society organizations and community-based organizations working in HIV sector in Kaski district. The workshop and the meeting are a milestone on SSP’s efforts to promote 90-90-90 targets in Nepal.

SSP in collaboration with the NCASC organized a consultation workshop on Strategies to Foster Public-Private-Partnership (PPP) for HIV Response on August 11, 2015. Representative from umbrella organizations of private sector and professional organizations, representatives from leading private houses and banks, representatives from National Network of KAPs, UN Agencies and I/NGOs participated in the workshop to provide their invaluable feedback on the proposed strategies. The strategy document has been developed in line with the priorities of National HIV/AIDS Strategy 2011-2016, State Non-State Partnership Policy (SNP) for Health Sector in Nepal of the Ministry of Health and Population and taking into reference the global scenario of PPP in HIV response. The workshop agreed on the need to develop a mechanism to promote PPP for HIV response and formed a task team comprising of NCASC as the lead, FHI 360/SSP as the coordinator, UNAIDS, Federation of Nepalese Chamber of Commerce and Industries (FNCCI), Confederation of Nepalese Industries (CNI), Nepal Chemist and Druggist Association (NCDA) and National Association of People living with HIV and AIDS (NAP+N) to finalize the strategy before its endorsement. The task team has had several meetings subsequently to further discuss and finalize the strategy document.

SSP organized ‘Scientific Paper Writing Workshop’ from August 3 to 7, 2015 in Kathmandu facilitated by the research experts from FHI 360 HQ. The workshop aimed to enhance the understanding of publication of research-based articles in scientific journals and to introduce the process of manuscript writing. It covered topics such as authorship criteria, journal selection and ethical issues in publication and provided necessary theoretical background and skills in writing a manuscript for submission to the selected journals. Representatives from NCASC, Regional Health Directorates, other key government and non-government organizations, UNAIDS, UNICEF, freelance researchers and SSP participated in the workshop.

This year also the SSP Festival Campaign 2015 was organized during Dashain, Tihar, and Chhath festivals to reach out to the male labor migrants (MLMs) returning home for the festival season. The campaign reached around 6,000 MLMs and their spouses in Bara, Kapilbastu, Nawalparasi and Palpa districts with messages related to HIV and STI prevention and referral to the nearest service sites. Over 28,000 condoms were distributed through the different activities such as street drama, one-to-one and group educational contacts, IEC/SBC materials stall and distribution, and through the mobile clinic operation in the four districts. In addition, hoarding boards with messages urging the MLMs and their spouses to get tested for HIV and STI were placed in seven strategic locations.
SSP organized a national sharing meeting on GBV and TIP on August 13, 2015 among key government representatives, law enforcement officials, civil society activists, UN experts and NGO partners. The meeting discussed global and national scenarios for both GBV and TIP. The sharing from the Ministry of Health and Population and Ministry of Women, Children and Social Welfare covering the existing laws and policies as well as the Government of Nepal's programs, achievements, lessons learned and recommendations on GBV and TIP respectively was highlighted of the meeting. Similarly, the Women and Children Service Directorate Nepal Police shared the key activities and recommended for adequate collaboration from each sector in GBV and TIP. The UNFPA shared the context and its activities in Nepal. SSP also shared its experience of responding to the GBV needs of the FSWs and transgender sex workers. The meeting successfully reviewed the efforts from government and non-government sectors to strengthen effective coordination and collaboration among stakeholders working in GBV prevention, mitigation and TIP related activities.

National sharing on Gender-Based Violence (GBV) and Trafficking in Persons (TIP)

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USAID Nepal team led by Dr. Beth Dunford, Mission Director and comprising of Daniel Sinclair, Deputy Director for Health, Office of Health and Education; Paul Kim, Resident Legal Officer; Ivana Lohar, Team Leader-HIV, Family Planning and Logistics, Office of Health and Education and Srijana Rai, Development, Outreach and Communication Assistant visited the SSP-supported DIC and satellite clinic in Thamel, Kathmandu on July 17, 2015. The team observed EIHS and DIC activities and also had the opportunity to interact with project staff. The USAID team also visited a field site to observe outreach activities and interacted with beneficiaries. The SSP team including Project Coordinators of SACTS and STEP Nepal and Team Leader – HIV, FP and Logistics visited the FHI 360 Nepal office on August 28, 2015 and interacted with the SSP staff. The team observed the SSP-supported EIHS site co-located with DIC in Kathmandu on August 31, 2015, observed the outreach and CHBC services and also visited SSP’s activities in Kaski district on September 3, 2015. The team interacted with the project staff and the beneficiaries. The visits were part of the team’s visit to Nepal from August 27 to September 8, 2015 to understand the current HIV scenario and its response in Nepal.

Visitors’ Log

USAID Team

Billy Pick, Technical Advisor, USAID Washington DC; Michael Cassel, Regional HIV and TB Advisor, USAID Regional Development Mission Asia and Team Leader – HIV, FP and Logistics visited the FHI 360 Nepal office on August 28, 2015 and interacted with the SSP staff. The team observed the SSP-supported EIHS site co-located with DIC in Kathmandu on August 31, 2015, observed the outreach and CHBC services and also visited SSP’s activities in Kaski district on September 3, 2015. The team interacted with the project staff and the beneficiaries. The visits were part of the team’s visit to Nepal from August 27 to September 8, 2015 to understand the current HIV scenario and its response in Nepal.