

LINKAGES NEPAL

Summary of Achievements

October 2016 – September 2020

From October 2016 to September 2020, the Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project funded by the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) was implemented in Nepal in alignment with Government of Nepal priorities for reducing HIV transmission among key populations and extending life for people living with HIV. The project built local capacity through technical assistance (TA) to and capacity building of 21 local implementing partner (IP) agencies (Box 1) for HIV prevention, care, and treatment services for key population individuals in 19 districts (Figure 1), as well as helped bolster their organizational capacity. At the national level, LINKAGES Nepal worked with the National Center for AIDS and STD Control (NCASC) and the National Public Health Laboratory (NPHL) of the Ministry of Health and Population to strengthen logistics, strategic information, care and treatment, and laboratory services related to HIV. In addition, the project's work with government stakeholders to update national HIV policies and guidelines served to make these more inclusive of key populations and people living with HIV. This brief summarizes the achievements of the LINKAGES project in Nepal.

BACKGROUND

In the Asia and Pacific region, an estimated 98% of new HIV infections were among key populations and their partners in 2019.¹ Nepal, too, has a concentrated HIV epidemic, with an estimated 29,500 people living with HIV in 2019 and an adult HIV prevalence of 0.13%.² Key populations in the country — female, male, and transgender sex workers and their clients, transgender people, gay and other men who have sex with men, people who inject drugs, the prison population, and migrants to India and other countries — make up 25% of total infections and remain the main focus of the Nepal HIV Strategic Plan (NHSP) 2016–2021. LINKAGES played a key role in Nepal's response to the HIV-related needs of these populations, as well as those of other people living with HIV.

KEY PROGRAMMATIC ELEMENTS

LINKAGES Nepal worked with its IPs and national, provincial, and local bodies to deliver comprehensive, high-quality HIV services to key populations (Table 1). The project used a multipronged approach consisting of online, facility, and community methods

Highlights

- Reached 391,219 key and priority population individuals with HIV prevention education and referrals, tested 220,921, and diagnosed 2,930 as HIV positive
- Newly initiated 3,304 people living with HIV on antiretroviral therapy (ART)
- Provided community care to 6,782 people living with HIV
- Increased number of viral load tests from 206 in Q1 FY20 to 2,759 in Q4
- Achieved viral suppression in 94% of the 2,759 people living with HIV who received viral load testing results
- Diagnosed and treated 27,095 individuals for sexually transmitted infections (STIs)
- Conducted stigma and discrimination reduction training with 4,828 participants
- Distributed approximately 18 million condoms to key and priority population individuals

SERVICE DELIVERY IMPACT

Over the life of the project, LINKAGES Nepal tested 220,921 individuals, including 84,907 female sex workers (FSWs), 32,276 men who have sex with men (MSM), 87,268 FSW clients, 6,440 transgender individuals, and 10,030 other at-risk individuals. Of those, 2,930 were newly diagnosed with HIV. A total of 3,304 individuals were newly initiated on treatment (Table 2). The project steadily increased its HIV case finding and ART initiation rates in all populations over time (Figures 2 and 3).

Table 2. Cumulative achievement by key population (KP) group (October 2016–September 2020)

KP	KP_PREV	HTS_TST	HTS_TST_POS	TX_NEW	TX_CURR	TX_PVLS (D)	TX_PVLS (N)
MSM	75,687	32,276	431	429	662	226	215
FSWs	102,253	84,907	580	547	730	332	317
Clients of FSWs	192,141	87,268	1,034	1,074	2,128	621	591
Trans people	13,243	6,440	172	172	248	81	77
Other at-risk individuals	7,895	10,030	713	1,089	9,567	1,499	1,407
Total	391, 219	220,921	2,930	3,304	13,335	2,759	2,607

Box 1. LINKAGES Nepal implementing partners

- Association of Medical Doctors of Asia-Nepal (AMDA Nepal)
- Blue Diamond Society (BDS)
- Federation of Sexual and Gender Minorities Nepal (FSGMN)
- General Welfare Pratisthan (GWP)
- Human Conscious Society (HCS)
- Jagriti Mahila Maha Sangh (JMMS)
- NAMUNA Integrated Development Council (NAMUNA)
- Nari Chetana Samaj (NCS)
- National Association of PLHA in Nepal (NAP+N)
- National Federation of Women Living with HIV and AIDS (NFWLHA)
- Naulo Bihani Pokhara (NBP)
- Naulo Ghumti Nepal (NGN)
- Nepal National Social Welfare Association (NNSWA)
- Nepal STD and AIDS Research Center (N'SARC)
- Parichaya Samaj (PS)
- SAHAVAGI
- SPARSHA Nepal
- STD/AIDS Counseling and Training Services (SACTS)
- Student Awareness Forum (BIJAM)
- Sudur Paschim Samaj (SPS)
- Western Star Nepal (WSN)

Figure 2. Case-finding trend during life of the project, October 2016–September 2020

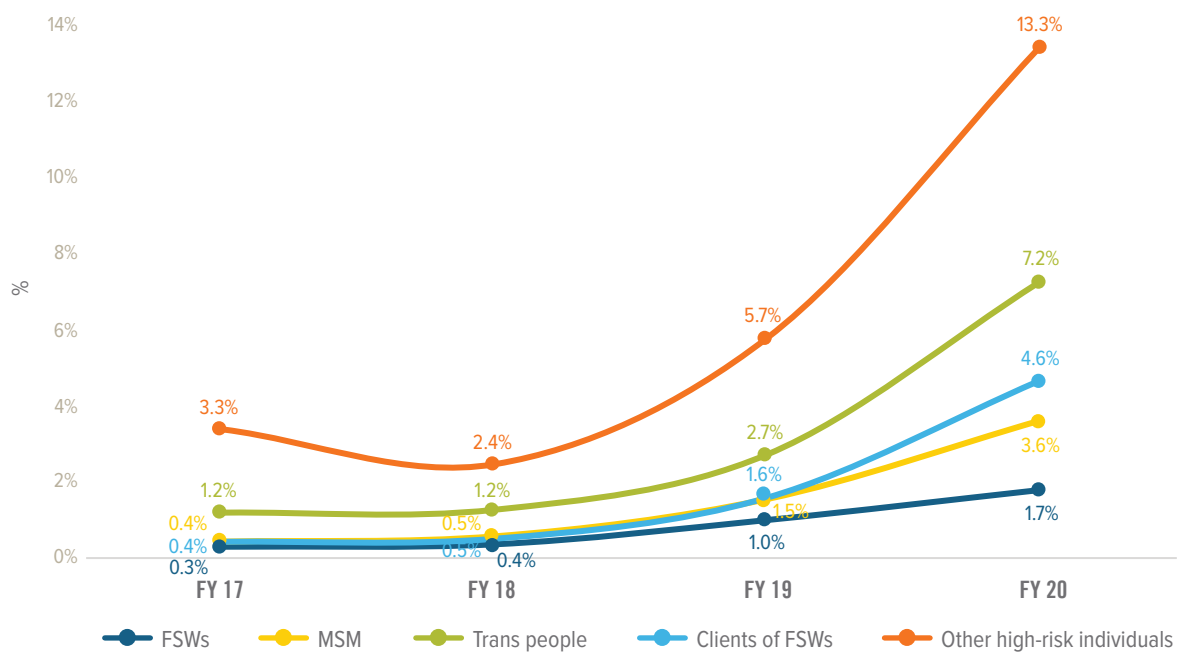
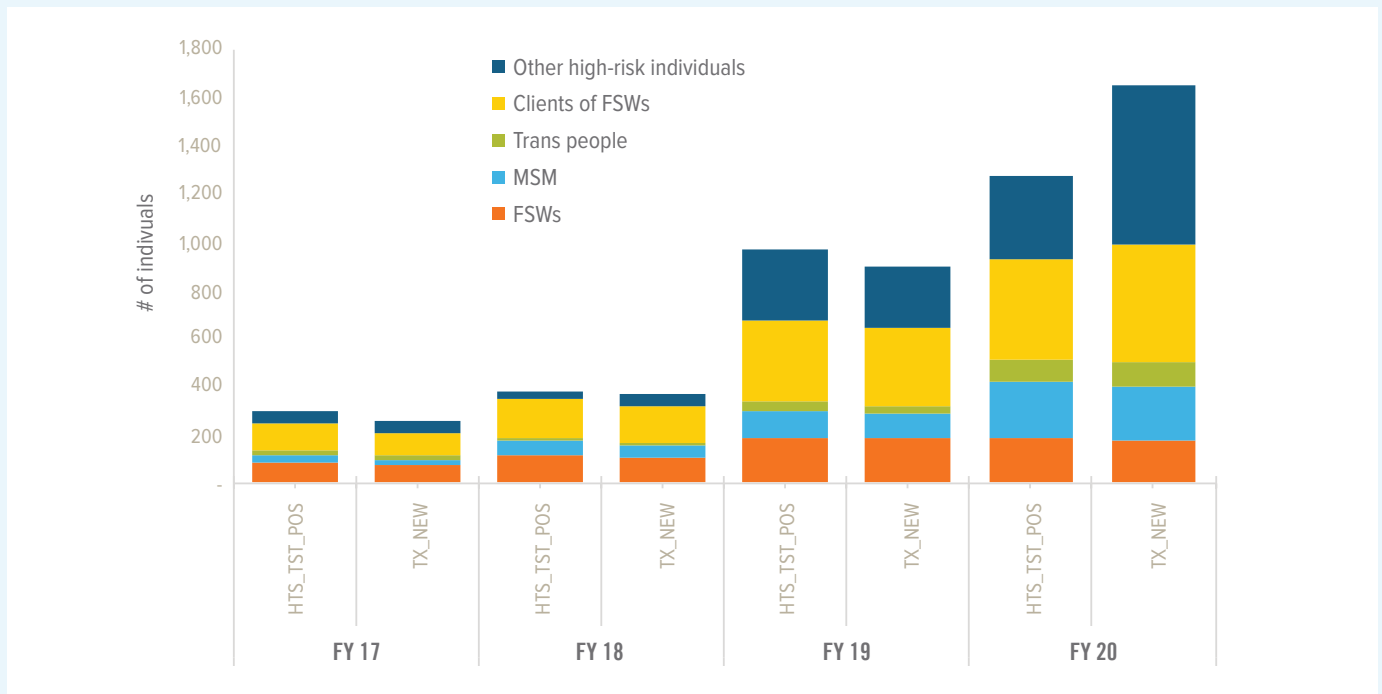


Figure 3. Individuals tested positive for HIV and enrolled in treatment during life of the project, October 2016–September 2020*



*The number of people initiated on treatment (TX_NEW) in FY20 is higher than the number who tested positive (HTS_TST_POS) because the project was able to initiate treatment among people known to be living with HIV who were diagnosed outside of PEPFAR sites.

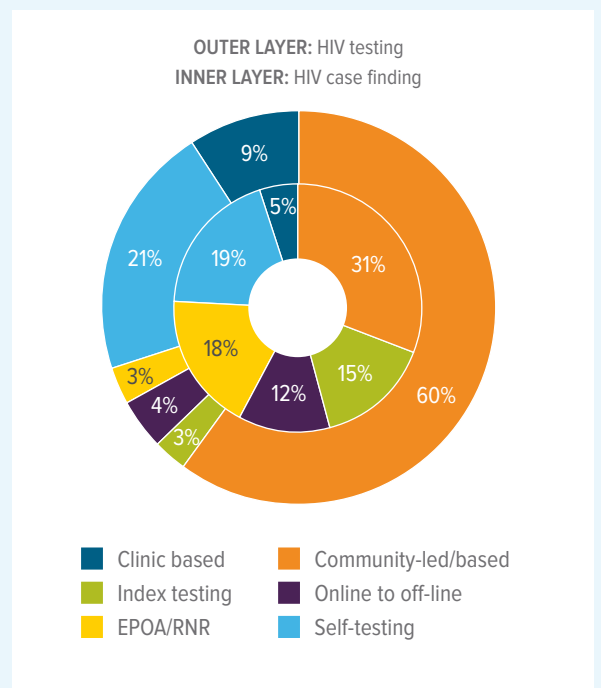
TECHNICAL HIGHLIGHTS

HIV CASE FINDING

During the project period, LINKAGES Nepal refined and accelerated the use of social network testing strategies — the EPOA, index testing, and risk-network referral (RNR) — for reaching the unreached for targeted HIV testing and improving HIV case finding. The project also introduced HIV self-testing (HIVST) and online outreach and linkage to testing. Figure 4 shows the distribution of testing uptake and case finding across these differentiated testing approaches.

Initially, the project's approach to identifying people living with HIV had been to prioritize testing the maximum number of people to find the maximum number of HIV-positive cases. However, because this approach targeted all key population individuals rather than focusing on those at highest risk, the case-finding rate was lower than expected. Therefore, LINKAGES shifted its focus from general testing to targeted case finding, including through index testing, and all indicators, reporting, and discussions were around case-finding coverage rather than testing coverage.

Figure 4. Case-finding performance by testing modality, October 2019–September 2020



ENHANCED PEER OUTREACH APPROACH (EPOA)

LINKAGES Nepal strengthened its approach to increasing reach through the implementation of [EPOA](#).³ In this approach, community-based supporters and peer navigators (PNs) offer key population individuals and people living with HIV the opportunity to become peer mobilizers (PMs) who will serve as “seeds” responsible for reaching out to their social and sexual networks and inviting individuals in the networks for HIV testing. People who come in for testing are in turn offered the opportunity to become PMs/seeds, thereby expanding the network of people reached.

During the LINKAGES Nepal project period, EPOA focused on new hot spots with low reach and testing coverage. The approach was strengthened through the implementation of HIVST and community-led HIV testing, which enabled key population individuals to immediately receive services in their preferred locations. Online EPOA (e-EPOA), in which online PMs/seeds were recruited and mobilized to refer individuals reached through online platforms to HIV testing, was also employed. EPOA worked well in new hot-spot areas among previously unreached key population individuals, using people living with HIV seeds for HIV case finding. Notably, in FY20 in the well-performing Kathmandu district, the project tested 225 individuals who had been referred through EPOA, of whom 128 were HIV positive. EPOA alone contributed to 18% of overall case finding in FY20.

INDEX TESTING AND RISK-NETWORK REFERRAL (RNR)

LINKAGES Nepal introduced clinic- and community-based index testing in 2018 to increase HIV case finding. Index testing is when providers work with index clients — individuals living with HIV — to elicit their sexual or injecting partners, biological children, or biological parents (if the child is the index client) for HIV testing and counseling.

Index testing was later included in the National HIV Testing and Treatment Guidelines and was implemented by the Government of Nepal, Global Fund/Save the Children, and other service providers as an effective case-finding approach based on LINKAGES’ experience. For LINKAGES Nepal and its IPs, the case-finding rate through index testing was 15.5% for the period October 2018 through September 2020.

The project also adopted coupon-based RNR. RNR is when providers offer people living with HIV, including people with acute or recent infections, newly diagnosed, not on treatment, and not yet virally suppressed,

additional self-guided options to informally extend links to HIV testing and other services to a broader set of social- and risk-network members at elevated risk of HIV infection. The case-finding rate from RNR was 10.4% from October 2018 through September 2020.

HIV SELF-TESTING (HIVST)

Prior to 2017, blood-based HIV testing was the only accepted approach in Nepal, despite the World Health Organization also recommending oral-fluid-based testing, particularly for HIVST. LINKAGES Nepal advocated at the national level for HIVST using oral fluid beginning in 2016; HIVST was ultimately included in the National HIV Testing and Treatment Guidelines, 2017. LINKAGES Nepal then conducted a study from June to September 2018 in which the acceptability and feasibility of HIVST among men who have sex with men, male sex workers, and transgender people in Nepal were demonstrated.

As a result of the study, NCASC recommended HIVST for community HIV screening in the 2020 revision of the National HIV Testing and Treatment Guidelines, and the OraQuick oral-fluid test as assay “zero” (i.e., used in initial HIV screening) for triage. In coordination with NCASC, LINKAGES Nepal began implementing HIVST in 2019 as an alternative to blood-based HIV screening. The case-finding rate (3%) from July 2019 through September 2020 was higher than through traditional community-led, blood-based testing (1%) during the same period, suggesting that HIVST succeeded in reaching populations beyond those reached by traditional HIV testing methods. HIVST is now being successfully implemented as a method of screening or test for triage by LINKAGES Nepal, Global Fund/Save the Children, and other service providers. Test kits and training support were provided by LINKAGES Nepal.

ONLINE APPROACHES

LINKAGES Nepal conducted its first online information and communications technology (ICT) assessment in October 2017, followed by a second one in January 2020. Based on the findings, an ICT strategy and operational plan were developed to accelerate social media and online activities, which had the potential to reach “hidden” key population individuals not reached through traditional venue-based approaches such as community outreach or drop-in centers. The trajectory of the online approaches developed and implemented is described in the success story [Five Years of Taking Nepal's Key Population HIV Program Online](#).

One new ICT solution the project developed was the web application “MeroSathi” (“my friend”) (www.merosathi.net). MeroSathi provides a convenient option for online HIV and STI risk assessment and helps users locate and reserve appointments at the HIV testing clinic most accessible to them, all while keeping client data anonymous and confidential. High-risk individuals who are active online and/or who may not self-identify or disclose themselves as members of a key population, as well as partners and spouses of people living with HIV, can be reached through this web application.

LINKAGES Nepal promoted this tool on social media platforms and dating applications through boosted posts, advertisements, and mobilization of social media influencers. As shown in the HIV cascade for MeroSathi by quarter in Figure 5, in total, 27% of the 3,783 people who made appointments were tested for HIV, resulting in a case-finding rate of 8.9% and an ART initiation rate of 71%.

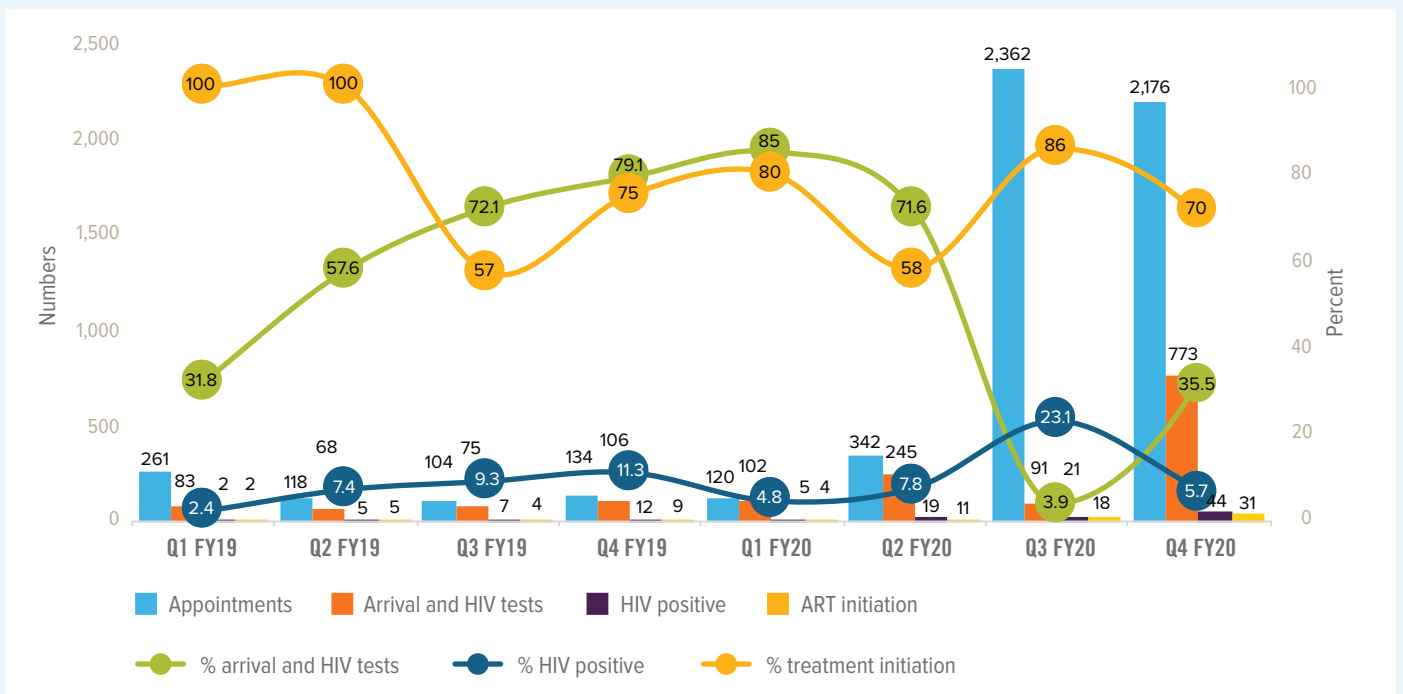
LINKAGES Nepal also continued to train IPs to reach virtually active individuals with HIV prevention messages and to increase demand for and uptake of HIV services, including through e-EPOA, using existing popular social media platforms (e.g., Facebook, Twitter, Instagram, YouTube), mobile applications (e.g., Viber, WhatsApp, Imo, Messenger), online dating applications (e.g., Grindr, Hornet, Planet Romeo), and other websites.

From October 2018 to September 2020, LINKAGES Nepal identified 5,650 virtual hot spots and successfully reached 79,699 individuals online, in addition to those reached through MeroSathi. Among them, 2,377 (3%) individuals received HIV testing services, and 192 individuals were diagnosed HIV positive. Overall HIV case finding from online outreach was 8.1%, which was almost seven times higher than through traditional outreach. These online approaches are now part of the national program and have been adopted under the new Global Fund grant proposal (2021–2024) and standard service package of HIV services for key populations.

PRE-EXPOSURE PROPHYLAXIS (PREP)

To inform PrEP implementation in the country, LINKAGES Nepal conducted a PrEP demonstration study from November 2018 to June 2019 to assess the acceptability and feasibility of PrEP among key populations in Nepal. Based on the findings and recommendations, the PrEP component of the guidelines was further revised in the National HIV Testing and Treatment Guidelines 2020 and was included in the Clinical Management of HIV Training curriculum for service providers. LINKAGES Nepal also trained health care providers on PrEP.

Figure 5. MeroSathi cascade for HIV services in Nepal*



*The decrease in HIV testing in Q3 FY20 was a result of the nationwide lockdown due to COVID-19.

LINKAGES Nepal could not initiate PrEP to the extent planned due to supply-related issues further exacerbated by the COVID-19 pandemic. However, the project did begin implementing PrEP in a PEPFAR-supported site in one project district and is planning to roll out PrEP more extensively under the follow-on project to LINKAGES, Meeting Targets and Maintaining Epidemic Control (EpiC), after obtaining adequate supply.

ANTIRETROVIRAL THERAPY (ART)

ART Initiation

LINKAGES Nepal began mobilizing PNs in the second quarter of FY18 (January–March 2018) and subsequently expanded their role to provide facilitated, mostly accompanied, referral to ART for newly diagnosed and previously diagnosed HIV-positive individuals not enrolled on ART. They also provided education and support for adherence and retention, conducted referral and follow-up for CD4 count and viral load testing, and traced and navigated defaulters and cases lost to follow-up for re-enrollment and re-engagement in care, treatment, and support services.

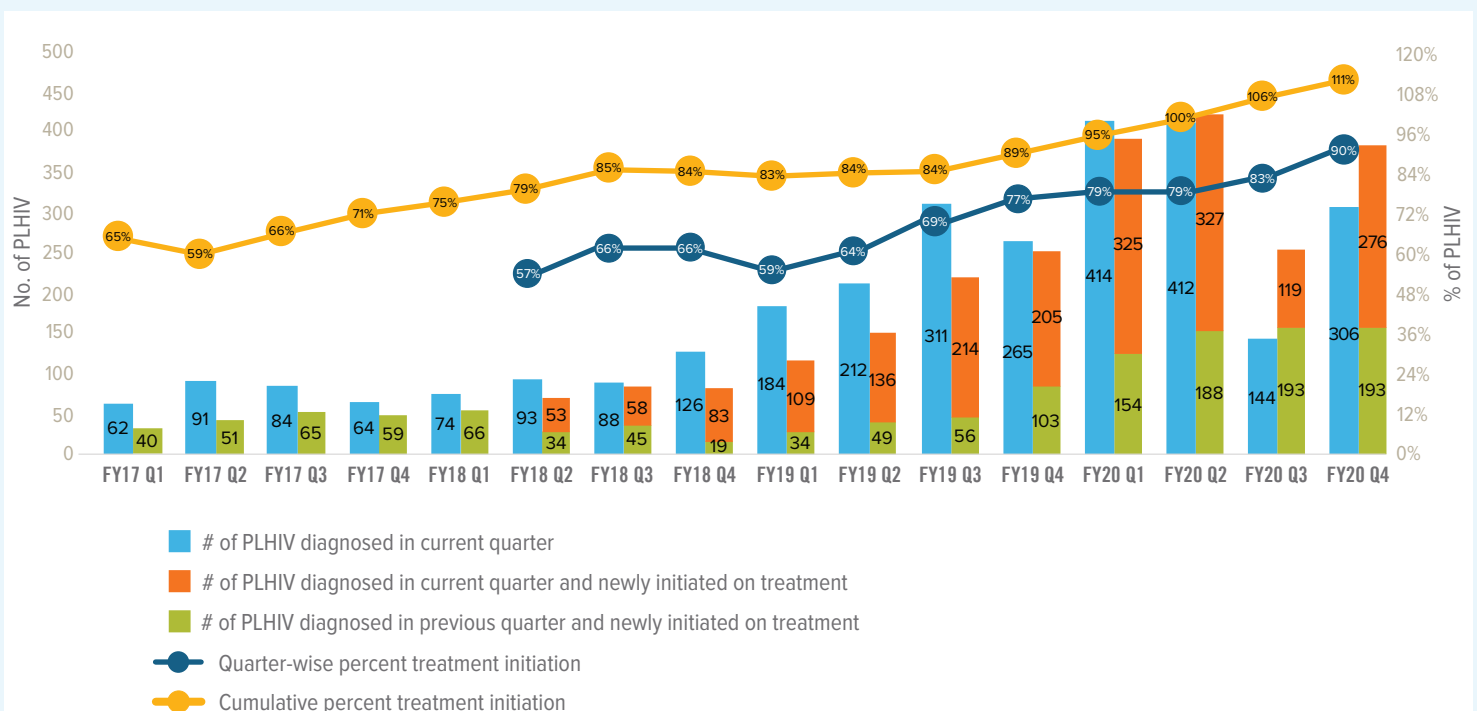
LINKAGES Nepal further strengthened ART site support with equipment and logistics, as needed, so they could provide uninterrupted ART services and be more friendly to people living with HIV including

refrigerators to store VL samples, computers for timely data entry and reporting, televisions to display digital communication materials, and air conditioners for drug storage rooms. LINKAGES Nepal also provided additional staff to ART sites, conducted continuing medical education (CME) and coaching/mentoring (on-site and virtual), and helped improve the quality of ART services, including rapid ART initiation.

As a result, ART initiation gradually increased over time among those newly diagnosed from 60% in 2017 to 90% in 2020 (Figure 6).

Although test and treat was introduced in the National HIV Testing and Treatment Guidelines 2017, ART initiation was often delayed due to the reluctance of physicians to wait for the results of the required baseline testing. While the guidelines were being revised in 2019, LINKAGES Nepal provided TA to NCASC and CME sessions to providers, and worked with Global Fund/Save the Children and other stakeholders to accelerate and institutionalize rapid ART initiation (same day or within seven days of diagnosis) on a national level. While preparing individuals found living with HIV for ART services, LINKAGES-trained staff addressed misconceptions about ART and side effects of antiretroviral (ARV) drugs and promoted treatment literacy and “undetectable=untransmittable (U=U)” messaging.

Figure 6. ART initiation among people living with HIV (PLHIV) during life of project, October 2016–September 2020



Multi-Month Dispensing (MMD) for Stable Patients

To facilitate the provision of at least three to six months of ARVs to stable patients, and up to 12 months for people living with HIV who would be migrating to foreign countries for work, LINKAGES Nepal worked with NCASC and the logistics task force to revise the national guidelines and strengthen the national supply chain management system and procurement. One important result was that three- to six-month MMD is now included in the revised National HIV Testing and Treatment Guidelines 2020, and patients on MMD were counted as active within the national and PEPFAR reporting systems. In addition, PNs were tasked with regular review of the adherence and retention status of patients and to provide adherence support during community follow-up visits. However, routine implementation of MMD could not be maintained due to supply issues.

Tenofovir/Lamivudine/Dolutegravir (TLD) Transition

In December 2019, LINKAGES supported NCASC to begin revising the National HIV Testing and Treatment Guidelines to recommend TLD as the first-line regimen. Upon release of the revised guidelines in May 2020, patient transition to TLD was initiated using a phased approach — first for new patients, followed by switching current patients to TLD — based on the available stock of ARVs. LINKAGES Nepal, in collaboration with NCASC, Save the Children/Global Fund, and USAID missions in Nepal and India, supported the emergency procurement and shipment of ARVs during the COVID-19-related nationwide lockdown in Nepal and India, which enabled the country to initiate the transition to TLD. By September 2020, Nepal had transitioned about 70% of people living with HIV currently on treatment who had been on the former first-line Tenofovir/Lamivudine/Efavirenz (TLE) regimen from all 78 sites in 59 districts.

VIRAL LOAD (VL) TESTING

LINKAGES Nepal provided TA to NCASC to improve the VL testing network and address bottlenecks through a VL testing optimization workshop and by contributing to planning for national laboratory network enhancement, sample transport, and strategies for returning results. The project also coordinated with NPHL to build the capacity of laboratory staff on sample collection, transport, and VL testing through training and on-site and virtual coaching and mentoring, as well as providing human resources to conduct testing. In addition, LINKAGES Nepal provided support for annual maintenance and servicing of VL testing machines and supplied reagents, equipment, and accessories for testing. Furthermore, LINKAGES Nepal mobilized

PNs and community-based organizations (CBOs) of PLHIV networks to collect samples, coordinated with other agencies and VL testing centers to prepare the report database, tracked VL results from the laboratory reporting system to the facility, and supported delivery of results to patients. The turnaround time from sample collection to reporting results to beneficiaries was shortened from more than one month to 14 days, while the number of VL tests conducted increased from 206 in Q1 FY20 to 2,759 in Q4.

LINKAGES Nepal documented and tracked VL values through Mero Data (District Health Information System [DHIS2]) and implemented timely and appropriate interventions for the clinical management of elevated VL results. Those with high VL counts were supported with enhanced adherence counseling and support, including reminders delivered through short messaging service (SMS), phone calls, social media, and home/community visits. Case profiles of people living with HIV on ART but not virally suppressed, defaulters, and those lost to follow-up were prepared to learn reasons, needs, gaps, and barriers that could inform individual improvement plans.

SAFEGUARDING BENEFICIARIES

Stigma and Discrimination Reduction

LINKAGES Nepal implemented activities to reduce HIV-related stigma and discrimination in community and health care settings, including government-run ART sites, through national networks of key populations and people living with HIV, namely FSGMN, JMMS, NAP+N, NFWLHA, and IPs. Training to reduce stigma and discrimination and address GBV was conducted with community leaders, government officials, policymakers, law enforcement authorities, health care service providers, and educators. In addition, the national networks and their member CBOs conducted provincial- and district-level advocacy and consultation meetings to identify structural barriers — such as stigma and discrimination, gender issues, GBV, and service quality — and recommendations to address them.

LINKAGES Nepal implemented the client feedback tool known as “[LINK](#)” in communities and clinics in 19 districts to monitor individual experiences of stigma and discrimination at health facilities, provide a feedback loop between individuals and service providers with actionable data, and conduct behavior change campaigns with individuals and service providers. Because LINK is online and anonymous, community members can provide honest feedback on HIV services without fear of repercussion.

Based on the findings from the LINK tool, district-specific quarterly action plans were developed and shared with IPs. Analysis of LINK data showed an increase in client satisfaction from 45% to 79% from December 2018 to June 2020. LINKAGES Nepal began implementing a revised LINK in July 2020 to incorporate adverse event monitoring and government ART sites. One of the most important uses of LINK feedback was to inform the inclusion of client-centered approaches for HIV services in the National HIV Testing and Treatment Guidelines 2020.

Community-Led Monitoring Activities

In conjunction with LINK, LINKAGES Nepal implemented community scorecards in Kathmandu valley as part of a community-led monitoring system. Five focus group discussions with FSWs, clients of FSWs, men who have sex with men/male sex workers, transgender people, and other groups affiliated/not affiliated with people living with HIV were conducted on the use of community scorecards, along with 13 key informant interviews. An action plan to improve service quality, based on the findings, was scaled up in other project districts.

Safety and Security

LINKAGES Nepal conducted an orientation on “Strengthening the Security of HIV Service Implementers” among all IPs, sub-IPs, and national key population networks. As a follow-up action to the orientation, each IP was asked to complete a security survey. The average security score indicated that the security capacity of IPs was 74%. Each IP developed their own tailored security plan based on the gaps identified, planned for periodic reviews, and adapted and initiated use of a log for documenting security incidents occurring in the districts.

Adverse Events Monitoring System

LINKAGES Nepal conducted orientations with its staff on adverse event response and staff safety and security; the trained staff later conducted roll-out trainings with their IPs. The adverse event monitoring mechanism was also included in the [LINK](#) feedback tool. In addition, the referral directory was revised to include GBV prevention and mitigation service sites of the IPs.

STRATEGIC INFORMATION SYSTEM STRENGTHENING

LINKAGES Nepal customized the DHIS2 tracker [Mero Data](#) to record services provided to individuals across the continuum of prevention, care, and treatment services and established it as the main source of data recording and reporting from IPs to LINKAGES headquarters and USAID. This new system enabled the project to collect longitudinal data over time at different sites, analyze individual-

level data using unique identifier codes, have real-time information at project and partner levels, monitor daily performance at the community level, reduce paper-based recording and the burden of manual data entry, and have automatic web-based record backup. Mero Data was analyzed frequently (daily, weekly, monthly, and quarterly) and used to develop key and priority population cascades at the site and project levels to identify gaps, generate solutions, and continually improve the program. In coordination with NCASC, Save the Children/Global Fund, UNAIDS, WHO, and AIDS Healthcare Foundation, LINKAGES Nepal conducted data quality assessments of all 77 ART sites in the country.

LINKAGES Nepal also provided technical and financial assistance to NCASC to develop the One National HIV Information System (ONHIS) by adapting the existing ART and Care Tracker system being used by ART centers and expanding the capacity of the database system server. The training and pilot testing of the ONHIS were completed in FY20, and implementation will begin in 2021 following training of service providers and M&E staff.

POLICY IMPACT

In addition to LINKAGES Nepal’s achievements in HIV service delivery, the project worked with government stakeholders to update national HIV policies and make them more inclusive of key populations and people living with HIV, including through contributions to the following:

- National HIV Testing and Treatment Guidelines 2017 and 2020
- Revision of national HIV counseling training package and the national training curricula for clinical management of HIV and prevention of mother-to-child transmission
- National Standard Service Package for HIV
- Mid-term review of the National HIV Strategic Plan 2016–21 and development of the National HIV Strategic Plan 2021–26
- National Consolidated Strategic Information Guidelines 2017
- National Community-Led HIV Testing Guidelines 2017
- National key population size estimation 2016 and subnational HIV size estimation 2019

COVID-19 IMPACT MITIGATION

LINKAGES Nepal initiated several mechanisms to mitigate the impact of COVID-19 on the HIV program after the Government of Nepal declared a nationwide lockdown on March 24, 2020. LINKAGES Nepal outreach staff and PNs were provided with mobile devices before the lockdown and were trained to conduct online outreach and virtual support using digital SBC/IEC materials. MeroSathi, the online risk assessment and appointment booking tool, was already in place. Immediately after lockdown, virtual trainings on online outreach were conducted to refresh outreach staff and PNs, and an online tracking tool was developed to track their support activities. Project staff conducted virtual mentoring of IP staff and supervision of IPs and ART centers. The project’s beneficiaries received support through virtual support group meetings. Figures 7 and 8 show weekly trends of HIV prevention outreach and virtual reach of people living with HIV during the first seven months of the COVID-19 pandemic.

In addition, the project endeavored to ensure the supply of ARVs for beneficiaries. During the lockdown, Nepal experienced an acute shortage of ARV drugs due to shipment being held up in India, which was also under lockdown. LINKAGES Nepal coordinated with the

NCASC, Save the Children/Global Fund, U.S. missions, and the U.S. Embassies in Nepal and India to bring ARV drugs into Nepal and avoid stock-outs.

Community-based delivery of ARVs was also implemented. LINKAGES Nepal coordinated with government and nongovernment bodies for community-based supporters and PNs to deliver ARVs to individuals who could not pick up the medicines themselves. During lockdown (March 24–July 21, 2020) and the post-lockdown period (July 22–September 30, 2020), 2,836 people living with HIV received an uninterrupted supply of ARVs through deliveries to their community and home. In addition, 1,001 key population individuals dependent on daily earnings were linked to government and other relief funds through the efforts of LINKAGES Nepal.

LINKAGES Nepal also supported COVID-19 diagnosis. During the earliest phase of the pandemic, staff stationed at NPHL, initially the only COVID-19 diagnostic center in the country, provided technical support for COVID-19 polymerase chain reaction (PCR) testing. Later, the government installed PCR machines in provincial public health laboratories, and LINKAGES Nepal provided continuous virtual support because individuals qualified to run the machines were not available.

Figure 7. Weekly trend of HIV prevention outreach during COVID-19, March–October 2020

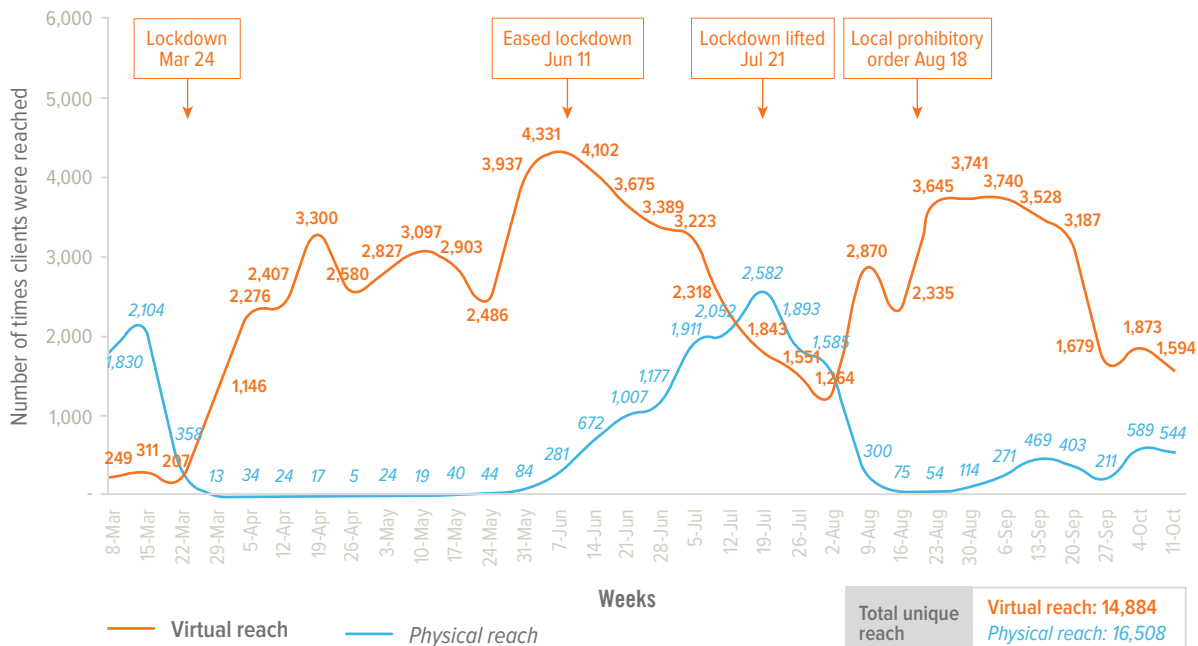
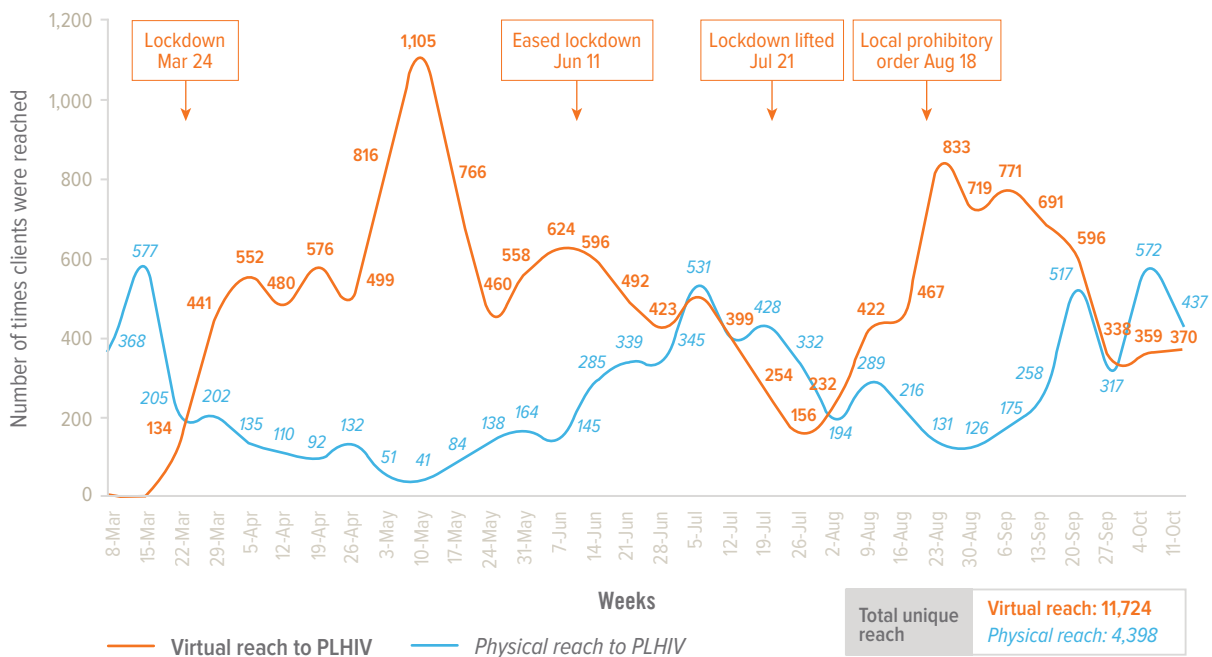


Figure 8. Weekly trend of virtual reach of people living with HIV during COVID-19, March–October 2020

FUTURE DIRECTIONS

In October 2020, LINKAGES Nepal transitioned to the Meeting Targets and Maintaining Epidemic Control (EpiC) project, also funded by USAID and PEPFAR and led by FHI 360. The EpiC Nepal Regional Operational Plan (ROP) for FY21 focuses on attaining and maintaining HIV epidemic control among key populations, priority populations, and other people at high risk; improving program management; and strengthening the capacity of local IPs. EpiC Nepal will build on the achievements of LINKAGES and focus on expanding differentiated HIV prevention including rapid scale-up of PrEP, maximizing efficient HIV case detection, optimizing treatment initiation on the same day or within seven days of diagnosis, improving treatment adherence and retention, advancing VL testing and suppression, and other essential activities needed to sustain epidemic control.

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Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES)

is a global cooperative agreement funded by USAID through PEPFAR. Led by FHI 360 with partners Pact, IntraHealth International, and the University of North Carolina at Chapel Hill, LINKAGES has worked in more than 30 countries since 2014 to reduce HIV transmission among key populations — sex workers, men who have sex with men, transgender people, and people who inject drugs — and to improve their enrollment and retention in care.

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