

HARM REDUCTION INFORMATION NOTE - NEPAL



This information note has been compiled by Harm Reduction International (HRI) in collaboration with Recovering Nepal, to support Global Fund Grant Cycle 7 processes.

1. Epidemiological Data

1.1 HIV and people who inject drugs

	National/ Provincial	Male (<25 years old	Male (>25 years old)	Female/ National
<i>New HIV infection % (2020)¹</i>				
National	2.8	1.0	4.3	2
Province 1	1.5	NA		NA
Province 2	-	NA		NA
Bagmati Province	4.9	NA		NA
Gandaki Province	1.2	NA		NA
Lumbini Province	0.7	NA		NA
Karnali Province	-	NA		NA
Sudurpaschim Province	1.5	NA		NA

Table 1: New HIV infections amongst people who inject drugs disaggregated by provinces, age and sex

In March 2017, the National Center of AIDS and STI Control (NCASC) mapping and size estimation of key populations reported an estimated 34,487 people who inject drugs in Nepal; however, in June 2020, the Ministry of Home Affairs estimated there to be over 90,000 people who inject drugs in Nepal.² The 2020 integrated biological and behavioral surveillance (IBBS) conducted amongst people who inject drugs stated new HIV infections of 2.8% at the national level. The highest HIV incidence rate was found in Bagmati Province with 4.9% and Kathmandu valley, within Bagmati province, at 8.5%. The IBBS 2020 also showed that young people (below age 25) had a high rate of new HIV infections at 4.3% (59% of respondents were below the age of 25). New HIV cases amongst female of all age groups was higher (2%) than the male above 25 years old (1%).

The IBBS 2020 report reported that people who inject drugs are sexually active, have multiple sexual partners and are engaged in risky sex. However, no data are available for the sexual partners of people who inject drugs. The UNAIDS 2022³ data revealed that globally over 70% of new HIV infections are among key populations and their sexual partners, illustrating the need for targeted interventions for sexual partners to avert new HIV infections. Intervention planning and budgeting for this population is also emphasised within new guidance from the Global Fund on harm reduction within Grant Cycle 7 (GC7).⁴

The proportion of ever-reported HIV infections amongst people who inject drugs is 8.9% higher than other key populations in Nepal.⁵ However new infections amongst people who inject drugs has

decreased since 2010 due to the primary prevention interventions, particularly harm reduction that includes opioid agonist therapy and needle and syringe programs⁶.

The Global Fund country program routine data (Save the Children 2022) reported 33 new positive yield in 2023; and also stated that 77% of HIV testing coverage using the size estimation of 33,472 people who inject drugs. However, the data is contesting with other national data. For instance, HIV testing coverage for people who inject drugs as per UNAIDS in 2022 is 46% and IBBS 2020 reported 38% coverage. Similarly, the size estimation of people who inject drugs as per Ministry of Home Affairs is around 90,000.

Key Highlight

- New HIV infections amongst people who use drugs are highest among young people (under 25 years old) and women who inject drugs.
- Bagmati province continues to have the highest HIV prevalence among people who inject drugs.
- Despite being a high-risk population for HIV, there are no data available for sexual partners of people who inject drugs.
- There are discrepancies on population size estimates, new positive cases and testing coverage data for people who inject drugs

1.2 Hepatitis C infection and people who inject drugs

	Prov 1	Prov 2	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim	<25 years	>25 years	National	Female/National
HCV positive %	17.7	1.8	16.7	10.7	2.9	-	26.8	10.6	15.3	13.3	8.0
HIV and HCV Co-infection %	100	-	74.6	74.1	-	-	-	81.1	70.3	71.9	0.0

Table 2: HCV prevalence amongst people who inject drugs dis-aggregated by provinces, age and sex

The IBBS 2020 has recorded the highest HCV prevalence of 26.8% in Sudurpaschim and national prevalence of 13.3%. While the National strategic plan on viral hepatitis B and C 2023-2030 reported 27.48% national prevalence of hepatitis C amongst people who use drugs⁷. The HIV and hep C co-infection still remains high with 100% at province one (Bagmati) and above 70% in the provinces wherever the data is available¹.

¹ There are discrepancies within data on Hepatitis C prevalence amongst people who inject drugs in Nepal. As per the study in 2017, the estimated populations living with chronic hepatitis C in Nepal was estimated to be 130,000,

The prevalence of hepatitis B amongst people who inject drugs is reported to be 3.5%⁸.

2. Harm Reduction and HIV prevention services

	National	Male (<25 years old)	Male (>25 years old)	Female/Nationale
HIV testing % (past 6 months) ⁹	38.2	51.2	31.5	43.1
Condom use during the last sexual intercourse (%)	67.6	76.3	62.1	52.3
Coverage of HIV prevention programmes (%) ¹⁰	67.8			
Safe injecting practices (%) ¹¹	96.6	96.5	96.8	90.5
Needles and syringes distributed per person who injects drugs 2022 (#) ¹²	94			
Coverage of opioid substitution therapy % ¹³	4.3			

Table 3: HIV prevention programs and coverage for people who inject drugs

The National Guideline¹⁴ vs implemented standard prevention service package¹⁵ for people who inject drugs are shown in the box below

The National Guideline defined prevention service package for people who inject drugs	Implemented standard prevention service package for people who inject drugs	Funders
<ul style="list-style-type: none"> • Outreach • Prevention, education, referral, and follow-up • Condoms • IEC/BCC • e-Reach • Harm reduction: OST, needle and syringe program • PMTCT referral and follow-ups • PEP 	<ul style="list-style-type: none"> • Outreach • Needle and syringe program • Opioid substitution therapy, including buprenorphine and methadone • HIV testing • Prevention and treatment of STIs • Condoms • Targeted IEC 	Global Fund Nepal Government (partly to OST operations)

The coverage of the HIV prevention package for people who inject drugs as implemented stands at 67.8%¹⁶. Further dissecting through the prevention package coverage, IBBS 2020 data revealed that HIV testing and comprehensive HIV knowledge are quite poor amongst people who inject drugs. Overall,

with seroprevalence in the general population of around 0.4% and very high prevalence amongst people who inject drugs in different provinces ranging from 20.9–47.5%

38% tested for HIV in the last six months with young people getting least tested (31.5%). While HIV knowledge was reported to be lowest among women who inject drugs (ABC: 36.7% and BCDEF: 16%). Similarly, condom use among women who use drugs was reported to be lower (52%) than their male counterparts over 25 years of age (76.3%).

Harm reduction programmes such as NSP and opioid substitution therapy (OST)¹⁷, are key interventions among people who inject drugs in Nepal. The Government of Nepal and partners have been implementing the OST programme through 12 sites in 10 Districts¹⁸. However, the OST coverage is only 4.3%. The reports stated that restrictive hours and policies, low budgets, low geographic coverage, and stigma and discrimination by services providers as the key reasons for the low OST coverage.

The overdose intervention is not specified as the stand-alone harm reduction intervention in the National Key Population Intervention Package guideline, rather a sub-service within OST sites. The distribution of naloxone is available only in OST sites; and with 4.3% of coverage of the OST the naloxone availability is highly limited. The regional study¹⁹ stated that only 45.3% of respondents from Nepal received information on drug overdose; while a study in Nepal with 378 respondents showed that 31% experienced overdose on any drugs to the point, they lost consciousness.²⁰ However, there are no routine national data collected on overdose.

The new national strategic plan on viral hepatitis B and C 2023-2030 have set the target of 90% reduction of new cases of viral hepatitis B and C and 65% reduction in hepatitis B and C related deaths by 2030. The strategy focusses on vaccination for preventing hepatitis B including prevention of mothers to child transmission. Importantly the strategy reinforces harm reduction as the key prevention interventions.

Currently there are no data available on viral hepatitis prevention and treatment coverage at the public domain. The National Guideline on Hepatitis C screening, treatment and care (2020), the National HIV testing and treatment (2022) and the National HIV Standard Package for Care (2020) are the key documents to guide the viral hepatitis interventions. The national guideline on Hepatitis C prioritises people who inject drugs for treatment without being co-infected while other two mentioned guidelines provide emphasise treatment only for the co-infected. Given that viral hepatitis prevalence is high amongst people who inject drugs there is a need to harmonize guidelines and facilitate the hepatitis treatment irrespective of HIV status. Similarly, the National HIV Testing and Treatment Guidelines 2022 also recommends Hepatitis B vaccination only as part of the comprehensive HIV care for people living with HIV.

Key Highlights

- OST coverage is quite low and there are numerous structural barriers to expand and access OST. Given high prevalence of HIV amongst people who use drugs, the low coverage could lead to a rapid increase in new HIV infections.
- Naloxone, one of the key harm reduction interventions, to prevent overdose is not prioritised nor available adequately and there are no national data on overdose.

- Needle and syringe distribution remains low (94 per person per year) as compared to national (120 per person) and international (300 per person) guidelines.
- HIV prevention coverage is consistently lower amongst younger groups and female who inject drugs.
- Current national guidelines on HIV treatment and viral hepatitis treatment are not coherent in their approach to hepatitis treatment provision to key populations. Treatment should begin irrespective of HIV status as explicitly mentioned in the WHO Consolidated Guideline on Key Populations ²¹

3. NATIONAL CONTEXT

The key national policies such as Drugs Control Policy in 2006, Drug Control Strategy 2066 (2010), National HIV Strategic Plan 2021-2026, The *National Health Sector Strategy* support provision of harm reduction programmes. However, the Narcotic Drugs (Control) Act 2033 (1976) contradicts the current policy environment and hinders implementation of comprehensive harm reduction programmes. The Act criminalises the use of drugs, possession of drugs for personal use, and ‘addiction’ to drugs. Roughly one in five people in prison are there for drug-related offences ²². According to a 2019 survey of people who use drugs, nearly half of the respondents, including 63% of respondents who injected drugs, had been arrested for drug use or a related offence²³. Restrictive policies in the OST program have also 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 and barrier for young people under 18 years old unable to access OST without parental consent.

With the Global Fund support Nepal has developed the *Five-year implementation plan for a comprehensive response to human rights-related barriers to HIV and TB services in Nepal*, as well as its corresponding workplan and budget, finalised in late 2018 and approved by the Global Fund in January 2019 ²⁴. However, the mid-term assessment report stated that in spite having oversight mechanism at marco level, there does not appear to be clear responsibility for oversight and implementation support of the five-year plan as a whole²⁵.

4. HARM REDUCTION INVESTMENT

The study on Harm Reduction Funding Landscape analysis convened by HRI and Recovering Nepal in 2022²⁶ found that the Global Fund is the largest funder for the harm reduction program in Nepal that covers all the existing OST and needle-syringe programs, with partial support from the government. Out of the total 12 OST sites, 8 sites are operating at the public hospitals and is supported through the conditional grants from government of Nepal and the Global Fund; and the remaining 4 OST sites are operated through CLOs and is supported by Save the children-Global Fund. The table below reflects the budget on priority harm reduction programs within the Global Fund grant.

Particulars	NSP (NPR)	OST (NPR)	Total (NPR)	% of total budget of grant
People who inject drugs –Sub-Recipients	3,197,350	817,152	4,014,502	14.46%

Procurement of Opioid Substitution Medicines		654,293	654,293	2.36%
Procurement of Needles and Syringes	567,078		567,078	2.04%
Total	3,764,429	1,471,445	5,235,874	18.86%

Table 4: Summary of budget related to people who inject drugs in GF grant Period: - 16 March 2021 to 31 July 2024²⁷

Similarly, ViiV Healthcare provided funding to Recovering Nepal from 2021-2023 to support the programs on women who use and inject drugs, with aims of reducing the prevalence of HIV/AIDS, HCV, blood-borne diseases, and other health-related harms. The project management cost was supported by ViiV Healthcare and the harm reduction commodities were supported by Save the Children/Global fund through the National Center for AIDS and STD control (NCASC).

The overall HIV funding from the domestic fund in fiscal year 2019-20 was USD 6.1 million, which was 1% of the total national health budget of USD 619 million (not including other line ministries health funding). Out of total HIV budget, in 2019-2020 around 50,000 USD (less than 1% of the total HIV budget) was transferred to the provincial government for Opioid Substitution Therapy Site Operations and Salary²⁸. On a positive note, Nepal has transitioned into the federalism and there are efforts to include HIV services including harm reduction for the provincial investment. For instance, the National Center for AIDS and STI Control (NCASC) developed the 2019-20 Programme Guidelines to prioritise programmes and guide investments to subnational governments that included opioid substitution therapy staff and operating expenses, lab worker training for provinces with a lab, ART site staff and operating expenses, prevention of mother-to-child transmission training for health workers, drug and condom procurement, and conducting programs for migrants²⁹.

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- ⁴ The Global Fund Technical Brief on Harm Reduction 2022 https://www.theglobalfund.org/media/1279/core_harmreduction_infonote_en.pdf
- ⁵ National HIV Strategic Plan of Nepal 2021-2026. <https://www.ncasc.gov.np/publications/252>
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- ¹⁷ Opioid Substitution Therapy is the term used in the GF guidance (https://www.theglobalfund.org/media/1279/core_harmreduction_infonote_en.pdf) while Opioid Agonistic Therapy is used in other global documents such as (<https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2022/>) and Opioid Agonistic Maintenance Therapy is used by the WHO <https://www.who.int/publications/i/item/9789240052390>
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https://www.theglobalfund.org/media/11688/crg_2021-midtermassessmentnepal_report_en.pdf
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- ²⁶ Rai A. 2022 Harm Reduction Landscape Analysis in Nepal, Harm Reduction International. <https://hri.global/publications/harm-reduction-financing-landscape-analysis-in-nepal/>

²⁷ Its not quite clear on the absolute contributions from the Nepal Government to these OST sites as the Global Fund money is combined with the government support.

²⁸ Domestic resource mobilization for HIV in Nepal National and Subnational HIV Financing Landscape page:8 http://www.healthpolicyplus.com/ns/pubs/18505-18901_NepalDRMReport.pdf

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