

Nepal _Civil Society Statement for the 2021 High-Level Meeting on HIV and AIDS

The estimated national HIV prevalence among the age group (15-49) was 0.14 with an estimated number of 29,944, people living with HIV in 2018. Out of that, 59% are males, 41% are females including 4.3% children aged 0-14 years¹.

Nepal's first case of HIV was diagnosed in 1988. Thereafter, in the 1990's , the epidemic grew rapidly and there was a sharp increase in the number of new infections starting in 1996, largely attributed to injecting drug use and was successfully brought under control in 2012. Although injecting drug use still plays an important role in the route of transmission for HIV and other comorbidities like Hepatitis C and TB amongst people who use drugs², in Nepal, the sexual mode of HIV transmission currently accounts for a major part of overall new infections accounting for almost 85%³ of all new annual infections.

With the National HIV Strategic Plan, NHSP 2021-2026, Nepal has embarked on a Fast-Track approach aimed in order to achieve 95-95-95 targets to end the AIDS epidemic as a public health threat by 2030⁴.

The NHSP 2021 – 2026 comprises a set of evidence-informed strategies focused on building resilient and sustainable health systems with a clear focus on community systems strengthening. In the context of federal governance, the NHSP 2021 – 2026 aims to ensure a consolidated, unified, rights-based and decentralized HIV programme with services that are integrated into the health systems at all levels. It outlines a global vision, worldwide universal goals and a set of worldwide targets fully aligned with the multi-sectorial UNAIDS strategy and the Sustainable Development Goals.⁵

The National HIV Strategic Plan 2016-2021 carries the ethos of this constitutional provision to guarantee access to basic health services as a fundamental right of every citizen and The amended draft NHSP 2021 – 2026 promotes a people-centered approach, grounded in principles of human rights and health equity. It will contribute to a significant decline in new HIV infections and HIV-related deaths, while also improving the health and well-being of all people living with HIV. It will guide efforts to accelerate and focus HIV prevention, empower people to know their HIV status, provide antiretroviral therapy and comprehensive long-term care to all people living with HIV, and challenge pervasive HIV-related stigma and discrimination.

The Constitution of also Nepal guarantees basic health services free of cost to Nepali citizens. ⁶As HIV control is one of the high-priority national development programmes. **In addition, constitution of Nepal has addressed the rights of LGBTIQ people in 2015 and Nepal become member at UN LGBTI Core group since May 2020.** The National Planning Commission commits to leading such multisector HIV coordination. The commitment by Nepal to the global Joint United Nations Programme on HIV/AIDS (UNAIDS) Strategy 2016-2021 and the Sustainable Development Goals (SDGs) adopted by the United Nations General Assembly includes a commitment to Fast-Tracking the HIV response towards ending the AIDS epidemic as a public health threat by 2030.

¹ https://www.unaids.org/sites/default/files/country/documents/NPL_2019_countryreport.pdf

² https://www.unaids.org/sites/default/files/media_asset/2017_HIV-HCV-programmes-people-who-inject-drugs_en.pdf

³ Beine, David. 2003. *Ensnared by AIDS: Cultural Contexts of HIV/AIDS in Nepal*. Kathmandu, Nepal: Mandala Book Point.

⁴ <https://www.aidsdatahub.org/sites/default/files/resource/nepal-national-hiv-strategic-english-2016-2021-second-edition.pdf>

⁵ Ibid.

⁶ <https://www.lawcommission.gov.np/en/archives/981>

Nepal NHSP and its Key Priority Actions:

- Develop human resource plan or strategy for national HIV program and sustainability plan for HIV services
- Strengthen integration of HIV services into health systems at all levels
- Standardize ART sites in terms of human resources, health infrastructure and availability of other health care services.
- Scale up the health insurance scheme for PLHIV across the country.
- Addressing social protection services for key and vulnerable populations, including income generation opportunities for PLHIV and KPs, is a priority for CSOs and local governments to ensure adequate care and support provisions through community care centers (CCC) and community and home-based care (CHBC) services at the local level.
- Strengthen joint monitoring and evaluation of HIV services including CSOs.
- Further build the capacity of CSOs in scaling up out-reach services, community involved monitoring, documentation and advocacy for domestic resource mobilization

The COVID-19 pandemic has brought challenges to KPs and most at Risk Groups in Nepal including limited resources and/or lack of government support for key populations. Many experienced loss of income and KPs from Low socio economic backgrounds became street dwelling. There was also increased gender-based violence (GBV), stigma and discrimination, disruption to HIV and other health services, criminalization of key populations with cuts in HIV funding and shifting funding priorities with the COVID19 epidemic and lack of larger planning for potential emergency response the country such as seasonal flooding.

Ahead of the 2021 UN High-Level Meeting (UNHLM) on HIV and AIDS, national key population networks, and organisations and groups in Nepal came together to develop this collective statement to highlight the key issues and concerns affecting our communities.

We call on the Nepal to adopt the recommendations presented in this statement and commit to guaranteeing the fundamental human rights of all people, including the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

Below are the key issues we jointly want to recommend.

Our Major Concerns

- Upcoming High Level Declaration 2021 must separately address low income countries like Nepal in response to, and beyond HIV prevention treatment complemented by livelihood and income generation and Capacity building at all levels.
- The criminalization of people who use drugs and Sex work in our country has always been controversial and doubtful of evidence based harm reduction and SRH approaches leading to several challenges in the service delivery response towards HIV, hepatitis and TB. In response to the vision of ending HIV epidemic by 2030, decriminalization by virtue of health status and facilitating access to fulfilling basic human needs must be specifically addressed.
- Upcoming High Level Declaration 2021 must address the proper implementation of recommendations received from Universal Periodic Review and other UN treaties bodies relating to key population regarding their health and Human Rights issues.

Access to HIV prevention and treatment services

Access to HIV prevention and treatment services need to be urgently strengthened across the region and country like Nepal, especially addressing human mobility are clear signs of a second wave of HIV epidemics and potential for COVID19 breakouts.

Furthermore, service delivery needs to be modernized, with increased national investments to improve coordination and managerial capacity to transfer domestic funding to community-led and civil society organisations directly and integrate key population-led service delivery into the health system. There must be a greater focus on differentiated care to cater to the needs of all key populations, including young people.

Urgent call to action

- UNHLM needs to refocus efforts on intensifying prevention and improving the quality of treatment and care. This includes the scale-up of pre-exposure prophylaxis (PrEP), self-testing, same-day antiretroviral therapy, updating treatment literacy, hepatitis testing and treatment, multi-month dispensing of ARVs, **ARVs distribution from community led organizations**, telemedicine, comprehensive sexuality education in and out of school, and adequate mental health support.
- UNHLM must ensure access to combination HIV prevention for gay men and men who have sex with men, transgender people, sex workers, people who use drugs and other key populations.
- UNHLM must implement and support comprehensive harm reduction services— including needle– syringe programmes, opioid substitution therapy, naloxone and safe consumption rooms—on a scale that can be easily, voluntarily and confidentially accessed by all people who use drugs.
- UNHLM must ensure that HIV programmes, including HIV prevention, are mainstreamed into Universal Health Care schemes, fully funded and sustainable.
- UNHLM need to strengthen partnerships with civil society and community-based and community- led organisations to expand the reach of service delivery.
- UNHLM must use social contracting modalities and simplify eligibility requirements for engaging civil society and community-led organisations for the delivery of community-led services.
- UNHLM need to institutionalize community capacities to provide a differentiated approach across prevention, treatment, and care cascade for key populations.
- there is a need for differentiated service delivery models for transgender people, including integrating gender-affirming care services (e.g. gender-affirming hormone therapy or GAHT and transition-related counseling) and Differentiated and youth-friendly HIV services must be integrated into sexual and reproductive health services.

Ensure human rights of key populations and vulnerable groups

Stigma and discrimination and hostile legal and political environments in several Provinces of Nepal continue to hinder access to HIV services among key populations and young people. Key populations are deterred from accessing HIV services out of fear of being recognized, discriminated against, judged and arrested.

The Provinces of Nepal criminalize sex work, many districts have the practice of compulsory detention centers for people who use drugs. Transgender people are discriminated due to their gender identity and/or expression of ‘cross-dressing’. Young people under 18 need parental consent to access Harm Reduction, SRH and HIV testing and treatment. **In addition, constitutional provisions for LGBTIQ rights are not properly implemented which include legal gender recognition, marriage equality, positive discrimination on education & employment and equal representation.**

The criminalization of people who use drugs, sex work, same sex has led to the downfall of the harm reduction approach leading to several challenges in the service delivery response towards HIV, hepatitis and TB.

Urgent call to action:

- UNHLM must address to the member state to remove punitive and discriminatory laws, including the criminalization of drug use, sex work, and same-sex relations, and gender identity and/or expression, stop harmful practices and protect the right of women and girls to make informed decisions about their bodies and their sexual and reproductive health **and must address for proper implementation of constitutional provision for key population and LGBTIQ people.**
- UNHLM must advocate for the closure of all compulsory detention and rehabilitation centers, where people suspected of using drugs or engaging in sex work are detained, in the name of voluntary treatment or rehabilitation, ensuring that available health services comply with human rights standards.
- UNHLM must remove travel restrictions for people living with HIV and guarantee an enabling environment in which key populations and people living with HIV can live a life without fear, in freedom, free from discrimination, and to be enabled to reach their full potential, urgently implementing lines of action designed to sustain and ensure the continuity of the work of civil society and human rights defenders – the capacities existing within this sector must not be put in peril.
- UNHLM must be directive by addressing human-rights-based approach to ensure that the metrics of law enforcement focus on increasing health safety and peace rather than arrests, violence, surveillance or other coercive measures. All forms of violence, discrimination, and coercive practices towards transgender people, other key populations, people living with HIV, and women and girls in healthcare and custodial settings must end.

Address and prevent gender-based violence

Pervasive gender inequality, patriarchy and discrimination undermine the progress in the HIV response and gender based violence continues to be a global epidemic.

Quarantine and lockdowns during COVID-19 have seen communities limited to the confines of their homes and other places where they reside, which in some cases are unsafe or unsupportive. Emerging data suggest that sexual and/or physical violence perpetrated by an intimate partner or relatives has intensified cases of abuse targeting women and girls, as well as rape and harassment targeting LGBTIQ+ people.

Gender-based violence undermines a person's agency and well-being, their ability to access health services, psychological and mental health services, seek employment, and have financial autonomy. Gender-based violence also applies to **the transgender and gender diverse community, who continue to experience discrimination and acts of abuse and violence on the basis gender identity and/or expression.**

Urgent call to action:

- UNHLM must reaffirm their commitment to end gender-based violence and address harmful gender norms and toxic misogyny.
- UNHLM must ensure scaling up, resource and sustain as essential services the support systems and mechanisms for reporting and responding to all forms of violence against women and girls, **transgender** people, key populations, domestic and intimate partner violence and gender-based violence in line with global goal ending AIDS by 2030.
- UNHLM must ensure safe housing, shelter and support for survivors to be separated and protected from perpetrators. In addition, laws protecting women and members of the **transgender** community from GBV should be in place and enforced, including legal means of redress and holding perpetrators accountable.
- UNHLM must use gender desegregated data and research to inform policies and advocacy for gender equity and equitable justice.

Responding to COVID-19 and ensuring social protection for all

COVID-19 is colliding with the ongoing HIV epidemic, resulting in disruptions in the continuity of HIV services in many places. COVID has not only undermined access to health services but has also exacerbated socioeconomic inequalities.

This has been the case with sex workers, women who use drugs, women living with HIV and transgender people who did not have access to emergency social protection schemes. Key population groups including Migrants and prison inmates and communities continue to be denied equal rights and access to social protection.

enabling social protection schemes and their accessibility is imperative to provide Universal fundamental Social safety, rights to health, shelter and food support, for those in need so that individuals can eventually provide for themselves.

Urgent call to action:

- UNHLM outcome document 2021 should ensure removing legal and policy barriers that impede the provision of discrimination-free social protection to address human rights principles, to protect the health and rights of all vulnerable and marginalized groups, including key populations and people living with HIV.
- UNHLM should include access to national social protection schemes for all, including vulnerable and marginalized populations, such as income support schemes and emergency social protection measures.
- UNHLM must put necessary legal, policy and programmatic measures in place to ensure legal gender recognition and address barriers on securing national identification cards to access social protection programmes.
- Vulnerable, most at risk and Key affected populations must have equal access to health, legal, financial services and social protection schemes free from stigma and discrimination.

Urgent call to action:

- UNHLM should ensure key population groups, including young key populations, are engaged at all levels of decision making to ensure an effective HIV response and to establish mechanisms and funding channels for civil society to access domestic resources for a sustained and effective HIV response.
- UNHLM should increase allocation and/or set a target allocation from their national health budgets to be coursed through civil society and community-led organisations.
- UNHLM must establish supportive mechanisms to strengthen community voices in decision making bodies, such as the CCM and national AIDS councils and committees.
- UNHLM must ensure TRIPS flexibility by providing opportunities for Nepal to expand access to low-cost, assured quality pharmaceutical products that sustain affordable treatment.

Key language on CSO and KP for the political declaration

Based on the draft political declaration we Civil Society and concern stakeholders call upon:

- UNHLM must Recognize, Acknowledge and provide a rational response, strategic interventions with clear indicators on HIV response on the role that communities and key populations have and continue to play in ensuring a successful response to the HIV epidemic. Key populations include sex workers, gay men and other men who have sex with men, people who inject drugs, transgender persons, people in prisons and other closed settings.
- UNHLM must Recognize, Acknowledge and Provide a rational response because young people are not a homogenous group and young key populations is a term for those most vulnerable to HIV infection and adolescents and young women in all their diversity are a priority population.

- UNHLM must Recognize, Acknowledge and Provide a rational response because evidence shows that people living with HIV who maintain an undetectable viral load cannot transmit the HIV virus to their sexual partners and promote U=U campaigns and messages. Treatment for HIV is more than antiretroviral therapy, but a way of life, and must include treatment for other health concerns including co-morbidities, mental health, and aged care so that people living with HIV can have the highest quality of life.
- UNHLM must Recognize, Acknowledge and Provide a rational response because evidence shows that PrEP is 100% effective at preventing HIV transmission when taken correctly and consistently and is an important component of combination prevention efforts.
- UNHLM must Recognize, Acknowledge and Provide a rational response because the COVID-19 pandemic demonstrates that global political will can be mobilized to address a public health crisis; that the response to the COVID-19 pandemic drew from lessons of the HIV epidemic, including community leadership, bearing in mind, the importance of integrating HIV responses into broader health service and social protection programmes that include primary and universal health care.

This statement has been developed by the Nepal Key Populations Networks and key stakeholders working on the issue of HIV in Nepal

Suggested Logos of All Networks and all key stakeholders

