

ACRONYMS – NEPAL

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
ATS	Amphetamine Type Substance
AusAID	Australian Agency for International Development
BCC	Behaviour Change Communication
CSW	Commercial Sex Worker
DACC	District AIDS Coordination Committees
DFID	Department for International Development (United Kingdom)
DIC	Drop-In Centre
DU	Drug User(s)
EU	European Union
FHI	Family Health International
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
HMGN	His Majesty's Government of Nepal
HR	Harm Reduction
IDU	Injecting Drug User(s)
IEC	Information, Education, Communication
INGO	International Non-Governmental Organization
ILO	International Labour Organization
LCCS	Low Cost Community Based Care and Support
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MoU	Memorandum of Understanding
NACC	National AIDS Coordination Committee
NCASC	National Centre for AIDS and STD Control 2002
NCC	National Coordination Committee
NDCA	The Narcotic Drugs Control Act
NDDR	The National Drug Demand Reduction
NDCLEU	National Drug Control Law Enforcement Unit
NGO	Non-Governmental Organization

NSP	Needle and Syringe Programs
OST	Opiate Substitution Therapy/Treatment
PHC	Primary Health Care
PLI	Peer Led Community Outreach Intervention
PLWHA	People living with HIV/AIDS
SIDA	Swedish International Development Cooperation Agency
STI	Sexually Transmitted Infection
SP	Safer Practices
ST	Substitution Therapy/Treatment
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNODC	United Nations Office for Drugs and Crime
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WB	World Bank
WHO	World Health Organization

1. National Program Support

	Ministry / Agency Responsible	Systems / Frameworks In Place (List Relevant Items)	
		Existing	Gaps
Political Commitment	<p>Ministry of Home Affairs (Department of Narcotics Control and Disaster Management), in collaboration with the Ministries of Health and Education</p> <p>Ministry of Health (HIV/AIDS program)¹</p>	<ul style="list-style-type: none"> • In 1992, the Ministry of Home Affairs in cooperation with UNODC formulated a Master Plan for Drug Abuse Control. • The National Drug Demand Reduction (NDDR) Strategy supports HR procedures including ST. • The Ministry of Home Affairs through the Community Recovery Centre conducts treatment and rehabilitation programmes in prisons (involving NGOs).² 	<ul style="list-style-type: none"> • There are no large-scale, government-run, drug substitution programs.¹ • Societal response ostracizes and uses a predominantly punitive model coupled with limited drug treatment facilities.⁶ • The scale of NSP activities in Nepal is small. Syringe access is problematic.⁵ • Except for a few government established detoxification centres in Nepal, these services are largely provided by the NGOs. • A balanced approach to harm reduction, especially regarding needle exchange, is lacking between the Ministry of Health and the Ministry of Home Affairs.²
Donor Commitment	<p>USAID, DFID, GFATM, AusAID, SIDA, UN System, international NGOs Ministry of Health</p>	<ul style="list-style-type: none"> • National HIV/AIDS Action Plan 2005-06, IDUs recognised as one of the risk groups. • Under UNODC¹, a comprehensive 	

¹ Under UNODC's H13 program, the components being supported for Nepal are: Advocacy to support change in policy and practice; Effective Risk Reduction Approaches to reduce HIV transmission among IDU; and, Scaled-Up Risk Reduction Interventions to reduce HIV transmission among IDU. During Phase II of the program, 10 PLIs, 8 LCCS, 2 SP and 2 OST initiatives will be set-up/supported.

		service package, consisting of Peer Led Intervention, Safer Practices, Oral Substitution Therapy (buprenorphine and methadone), Low Cost Community Care and Support, and Rapid Situation and Response Assessments. ⁹	
Costed National Strategy		A fully costed National Operational plan for HIV/AIDS Control is in place. ⁶	
Legal Environment	<p>The Narcotic Drugs Control Act (NDCA, 1976) is the legal framework for drug control issues.²</p> <p>Amended by the Ministry of Home Affairs and reviewed by the Ministry of Law (1993).²</p>	<ul style="list-style-type: none"> • The non-physician-prescribed consumption of narcotics drugs is a criminal offence, but the Act makes provision for the prevention and treatment of drug users.² Courts are empowered to divert drug users to treatment programs. Another provision is to offer immunity from proceedings to a narcotic drug addict/consumer who is undergoing treatment in a treatment/rehabilitation centre established or recognized by the Government.⁹ • Amendment in 1993 includes legislation of controlled delivery.² • Methadone is prescribed through the Government's teaching college for drug substitution treatment. • NGOs use buprenorphine in small quantities for drug ST.¹ 	<ul style="list-style-type: none"> • Religious laws could occasionally present obstacles against effective HIV prevention among IDUs and opioid users.¹ • Although none of the provisions of the NDCA explicitly state that distribution of needles/syringes to drug users is a crime, since drug consumption is a crime, a person or organization 'facilitating' the consumption of illegal drugs through distribution of needles and syringes could be considered as an abettor, conspirator or accomplice.⁹

		<ul style="list-style-type: none"> • Needles and syringes are quite easily available from pharmacies (but often too expensive for IDUs). • The Social Welfare Act 2049 (1992), is the act related to management of social welfare, states that the Government can operate special programs to rehabilitate drug addicts and help them to lead a life of dignity.⁹ 	
Policy Environment	Ministry of Home Affairs (Department of Narcotics Control and Disaster Management), in collaboration with the Ministries of Health and Education. Ministry of Health (HIV/AIDS program) ¹	Policies in Nepal provide for needle and syringe exchange. Drug substitution is covered in a national policy statement. ¹	
M & E Systems/ Research Capacity	National Centre for AIDS and STD Control 2002 (NCASC)	NCASC M&E unit established and functional ⁷	The impact of current HR initiatives has not been assessed. ²
Surveillance Systems	NCASC and other agencies Family Health International (FHI)	The National HIV/AIDS Strategy of Nepal plans the “establishment of an effective and efficient 2 nd generation surveillance system to track the prevalence and trends of HIV epidemic in the country”.	No systematic or continuous surveillance ³
Multi-sectoral Involvement	National AIDS Council, chaired by the Prime Minister ⁶ National AIDS Coordination Committee (NACC), chaired by the Health Minister ¹ District AIDS Coordination Committees (DACC) ⁶	<ul style="list-style-type: none"> • An intention has been expressed to initiate inter-sectoral responses in the area of drug policy development.¹ • National HIV/AIDS Action Plan 2005-06 is being implemented and includes a “comprehensive package for drug users, especially IDUs” (VCT services, harm reduction activities, provision of sterile 	<ul style="list-style-type: none"> • The National AIDS Council, NACC and DACC’s are not as functional as anticipated.⁵ • Treatment and rehabilitation is almost exclusively undertaken by NGOs, although two government hospitals in Kathmandu have reserved a small number of beds for in-patient

	<p>National AIDS Prevention and Control Programme (NAPCP, 1987)² National Coordination Committee (NCC) for Drug Abuse Control includes the Secretaries of Home, Health, Finance, Education, Foreign Affairs and Communications, and members of NGOs and other professional organizations. Under the NCC is an executive committee, which meets more regularly.²</p> <p>Existing programs through UN systems – UNODC H13 (since 2003)</p>	<p>injection equipment, PHC services, IEC, amongst others), “drug treatment and rehabilitation” (oral substitution therapy) and ARV (though no specific mention of IDUs in ARV section).^{6,7} The plan emphasizes “the value and strength of civil society organizations as implementing partners in reaching the most-at-risk and vulnerable populations”.</p> <ul style="list-style-type: none"> • CBOs are involved in carrying out anti-drug programmes at schools and the community in Nepal.⁹ 	<p>detoxification.⁵</p> <ul style="list-style-type: none"> • A balanced approach to HR, especially regarding needle exchange is lacking between the Ministry of Health and the Ministry of Home.² • The NCC does not meet very often (less than once a year).²
Law enforcement involvement	National Drug Control Law Enforcement Unit (NDCLEU), Customs Department of HMGN		
Involvement of IDUs in Response		Policies and programs have started to involve drug users in decision making process. ⁸	Most program managers are high-level civil servants or members of the medical profession. ⁵
Capacity building	Government NGOs INGOs	INGOs support capacity building programs (for example, advocacy and leadership training, organizational capacity of network) ⁸	An effective national coordinating structure is required. ⁶ The capacity of the VCT centres needs to be expanded in both scope and coverage. ⁹

2. Barriers to Scale Up

Key Area	Barriers to Scale Up	Key Actors / Facilitators	Plans to Address Barriers
1. Political commitment	1.1 Political instability ²	Ministry of Home Affairs (Department of Narcotics Control and Disaster Management), in collaboration with the Ministries of Health and Education Ministry of Health (HIV/AIDS program)	
	1.2 Considerable advocacy is still required to garner support for NSPs. ⁵		
	1.3 Internalization of the drug related issues among the policy makers. ⁸		
2. Community commitment	2.1 Deep-rooted gender inequality ²		
	2.2 Low levels of literacy and education ⁶		
	2.3 Widespread denial, stigma and discrimination ⁶		
3. Legislative / policy	3.1 Some policy makers fear that syringe exchange might increase addiction among the youth. ²	Ministry of Home Affairs Ministry of Health Ministry of Law	
	3.2 Limited experience with oral ST programmes ⁹		
4. Comprehensive Services	4.1 NGOs are too few and too limited in scale. ²	Ministry of Home Affairs Ministry of Health NGOs INGOs	
	4.2 There is a significant overlap between IDU and CSW, indicating that policies and services need to be targeted towards both. ⁹		
	4.3 Reaching female IDUs ⁸		
	4.4 Limited experience with oral ST programmes ⁹		
5. Resources	5.1 Government has been slow to provide resources ² and to		

	implement comprehensive harm reduction strategies. ¹⁰		
	5.2 Resource mobilization required to increase ARV access. ⁶		
	5.3 Adequate budget allocation required. ²		
6. Affected community involvement	6.1 Varied levels of knowledge about HIV transmission among most-at-risk groups and youths. ⁶		
	6.2 IDUs have a marginalized status in society with little access to information and services related to HIV/AIDS. ⁶		
7. Commodities			
8. Scaling up plans			Evaluation of the projects' impact has been undertaken. ⁹
9. Capacity Building	9.1 Unhealthy competition between organizations ⁸		

² In Nepal, over 30% of the budget of the National Centre for AIDS and Sexually Transmitted Disease Control has been spent on general population interventions, and only 6% has been spent on harm reduction programs for injecting drug users, although drug use is a major driver of the HIV epidemic (FHI and NCASC 2002).

3. Program Implementation

Estimated IDU Population: 19500 (lowest estimate)³

Service Coverage: Total program coverage **8.6%** and HR **19%** (Nepal Country Report 2005, UNAIDS)

	Available Data							NSP coverage
	Provincial Coverage (% or Avg)	NGOs (Number)	Govt. Health Services (Number)	# Clients Accessing Services	Needle / Syringe Distribution (Number)	# Condoms Distributed	# of IEC Materials Distributed	
Outreach								
Drop-in Centres								
VCT		6 (plans to scale-up) ¹¹	9 (plans to scale-up) ¹¹					
Linkage to HIV Care and Support								
ARV								
Primary Health Care								
Needle and Syringe Programs		9 ⁶						
Substitution Programs	Only Kathmandu, now 0%	0	Only available through one centre (Kathmandu Mental Hospital), now discontinued.	1000 expected in 2006 ⁶				

Linkage to Rehabilitation and Detoxification	30 drug rehabilitation centres (almost all for men run by ex-drug users or NGOs, ~10%) ⁸			50 people per centre per year ⁶				
Peer education programmes								
Targeted IEC								
Plans for Scale Up								

Services in Closed Settings:

Estimated Prisoner Population: 29 prisoners per 100,000 inhabitants²

Estimated % of Drug Offenders: 12%²

Service	# of Clients Accessing Services
Voluntary Counselling and Testing	No regular treatment and rehabilitation ²
Needle and Syringe Programs	
Peer Education Programs	
Substitution Maintenance	
Post-release Follow-up	
Primary Health Care	No psychiatrists ²
Condoms	
Total	

Workforce

Estimated Required Workforce: **NA**

	Available Data						Standardised Training Programs in Place	Capacity Assessment (low/medium/high)
	Provincial Coverage (% or Avg)	NGOs (Staff No's)	Govt. Health Services (Staff No's)	Total	Current Workforce compared to Required Workforce (%)	% of Peers in Workforce		
Service Providers								
Plans for Scale Up								

4. Gap Analysis

1. Response is predominantly punitive – drug consumption is a crime.
2. ST and NSP are very limited.
3. No balanced approach to NSP.
4. NSP and ST coverage insufficient.
5. Not much information on access to ARV.

5. Recommendations

1. Address stigma and discrimination.
2. Revise laws relating to drug use.
3. Build capacity of local staff.
4. Expand ST and NSP programs.
5. Involve the affected community in the response.
6. Research IDU access to ARV.

7. Advocate for support for NSP.
8. Increase the share of the budget of the National Centre for AIDS and Sexually Transmitted Disease Control that is spent HR programs for IDU (currently only 6%).
9. Expand the scope of VCT centres.

6. References

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- ² Ambekar A, Lewis G, Rao S and Sethi H (2005). *South Asia Regional Profile 2005*. New Delhi: United Nations Office on Drugs and Crime, Regional Office for South Asia.
- ³ World Bank (2006). *HIV/AIDS in Nepal (November 2006)*. Washington DC: World Bank. Accessed at <http://siteresources.worldbank.org/INTSAREGTOPHIVAIDS/Resources/HIV-AIDS-brief-Nov06-NPA.pdf>.
- ⁴ Aceijas C, Friedman SR, Cooper HL, Wiessing L, Stimson GV and Hickman M (2006). *Estimates of injecting drug users at the national and local level in developing and transitional countries, and gender and age distribution*. *Sexually Transmitted Infections* **82 (Supplement 3)**, iii10-iii17.
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- ⁶ UNAIDS (2006). *UNGASS National Report: Nepal 2005*. Geneva: UNAIDS.
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- ⁸ Sharma B (2006). Critical contributing factors of pharmaceutical injecting in Nepal. Paper presented at the Conference on Injecting Drug Use of Pharmaceuticals and the HIV Epidemic in the South Asian Region, New Delhi, India, 11-12 December 2006.
- ⁹ UNODC ROSA, personal communication.
- ¹⁰ Shakya JK (2001). *Drug Situation and Policy Issues on Drug Demand Reduction and HIV/AIDS Concerns in Nepal*. Report of the Technical Support Consultant Nepal, submitted to UNODC ROSA 27 June 2001.
- ¹¹ Moses S, Blanchard JF, Kang H, Emmanuel F, Paul SR, Becker ML, Wilson D, and Claeson M (2006). *AIDS in South Asia*. Washington DC: World Bank.
- ¹² UNAIDS (2005). *Nepal Country Report 2005*. Geneva: UNAIDS.