

## **National Policy on HIV and STI, 2011 (Unofficial Translation)**

### **1) INTRODUCTION**

#### **Situation of HIV and AIDS**

Looking at the global situation of HIV and AIDS, approximately 33.3 million people among world population are infected with HIV according to the report of 2009 published on December 2010 by Joint United Nations on HIV/AIDS (UNAIDS). It is estimated that approximately 2.6 million people were infected with HIV and 18 million people died of AIDS in 2009 only. In the same way approximately 7400 people in the world are being infected with HIV per day and 5500 people die daily due to AIDS as estimated. In this way approximately 300 people in the world are being infected per hour that means one person in every 12 seconds is being infected with HIV which involves children also to be affected. The same data reveals that the number of HIV infected children in the world in 2001 was 1.5 million while it increased up to 2.1 million in 2008. AIDS has killed nearly 25 million people till now since its inception in 1981. In the same way looking at the data of Asia, 4.7 million people have been infected with HIV which is second position after Africa.

In Nepal HIV infection has highly increased its intensity in two decades after its first detection in 1988. According to the report published by National Center for AIDS and STD Control (NCASC) in 2009 approximately 63,528 people are infected with HIV, which is 0.39% the total youth population.

### **2) History and Rationale of the National policy on HIV/AIDS and STI**

After detection of the first case of HIV in Nepal and looking at the fact of its focused pattern, to prevent its' infection in the general population and reduce infection rate as well as to reduce its' social, economical and development impact, the National Policy on AIDS and STD Control, 1995 (2052 BS) was implemented for the first time in Nepal which is one and half decades ago. According to the guidelines of that policy three strategic plans have been implemented and works in HIV/AIDS and STI sector have been done at large scale. As a result, HIV infection prevention and control programs are being conducted in high risk groups as well as related sectors of the country. Success has been achieved in controlling the infection rate among some high risk groups and meeting the target set by Millennium Development Goal (MDG) to reduce HIV infection rate. But there have been great change in the prospect, its situation, infection rate, view and concept towards HIV at present stage since the first implementation of the national policy on AIDS and STD control 1995. In addition there is a challenge to reducing present behavior of hiding the state of being infected and being forced to live a hateful life due to stigma and discrimination. For this purpose to ensure health as a right as stated in the interim constitution and to achieve the goal set in the HIV/AIDS and health related policies, plans and programs, it is necessary to revise the "National Policy on AIDS and STD control 1995" document and incorporate the latest developments. In addition to this, considering the commitment done by Nepal in the "Special Session of United Nations General Assembly on HIV/AIDS (UNGASS)" and other national and international agreements related to HIV and AIDS and declarations (Paris declaration and three ones principle) as well as to put the concept of universal access in treatment, care

and support in to action and meet the HIV related target of Millennium Development Goal (MDG) and to address all related issues, this **National Policy on HIV and STI, 2011** has been formed and implemented .

### **3) Policy Implementation**

This policy will be effective immediately after being endorsed by the Council of Ministers, Nepal.

### **4) Vision**

Establish Nepal as a society, free of HIV/AIDS and STI

### **5) Goal**

Ensure the right of Nepalese citizens to live healthy by reducing the HIV infection rate and its negative impact.

### **6) Guiding Principles**

- a) Give HIV and AIDS a high priority in the national development issues.
- b) Ensure the citizens' right to primary health by keeping the national and international promises related to Human Rights and HIV/AIDS.
- c) Develop mechanism based on **three ones principle** to address the concern about HIV/AIDS, and to achieve joint effort and partnership between Government, Non – government, private sector and civil society.
- d) Integrate HIV/AIDS and STD as a multi-sectoral issue in the national, regional and sub-national level in planning process.
- e) Mobilize the national and international resources in a co-ordinated manner.
- f) Conduct HIV/AIDS and STI related programs in decentralized pattern.
- g) Apply gender and inclusion policy while launching HIV/AIDS programs.

### **7) Objectives**

- a) Reduction in HIV infection by creating an environment appropriate for prevention, treatment & care.
- b) Protect and promote the human right of the affected and high risk group people by abolishing the negative values, stigma and discrimination related to HIV/AIDS.

## **8) Policy**

### **A. Policy development and plan formulation**

1. HIV/AIDS and STI control, prevention, treatment and care works shall be given high priority in the state plan and policy for this purpose.
  - While formulating sectoral, periodic and annual plan mainstreaming of HIV and AIDS issue shall be done.
  - Focal points (desks) on HIV/AIDS shall be established in Prime- ministers' office, National Planning commission and line ministries.
2. Meaningful involvement of HIV infected and high risk community along with external development partners, donor countries and other stakeholders shall be ensured. In addition mainstreaming of HIV shall be encouraged in the plan and programs of the international organizations and donor agencies.
3. HIV/AIDS programs shall be launched through health service providers and other organizations after formulation of quality and credible health service standards.
4. Special programmes for HIV infected and affected women and children shall be launched by adopting the principle of gender inclusion.

### **B. Prevention, diagnosis, treatment and care**

5. Information about HIV and AIDS shall be included in the formal and informal education curriculum in organized way.
6. Awareness programme about safer sexual behavior and HIV / AIDS shall be launched.
7. Policy and plan of HIV and AIDS shall be implemented at work place with the partnership of private sectors.
8. After identifying the groups at risk and most at risk behavior, co-ordinate programmes about prevention, diagnosis, treatment and care as well as risk reduction, health preservation and promotion materials shall be launched.
9. Quality service for prevention of mother to child transmission (PMTCT) shall be expanded in the whole country.
10. Target specific programme shall be launched after identifying the possible risk groups
11. Policy, plan and programmes related to HIV/AIDS shall be implemented in coordination with the policy, plan and programmes of the health and other sectors.
12. HIV shall be gradually integrated in the reproductive health, child health and tuberculosis control and other programmes conducted at different level of health institutions from centre to grassroots.

13. Multi-sectoral HIV/AIDS strategy shall be developed and implemented to extend HIV/AIDS issue beyond health sector at the present stage.

### **C. Risk Reduction**

14. Universal precaution and control programmes and post exposure prophylaxis measures shall be effectively applied among the health care providers.

### **D. Rights and Confidentiality**

15. Mandatory HIV testing shall not be applied however prior testing for HIV shall be made compulsory before donation of body fluids and organ transplantation.
16. Confidentiality about HIV testing shall be maintained. The confidentiality of HIV positive and affected people shall be maintained in the medical and legal process. Legal arrangement shall be done to protect the Rights of HIV infected and affected people.

### **E. Rehabilitation and socialization**

17. Programme related to rehabilitation, livelihood, career development and social security of HIV positive and affected people as well as high risk group shall be conducted

### **F. Bilateral, Multilateral or sectoral efforts**

18. Bilateral, multilateral or sectoral efforts shall be enhanced to address issues related to HIV/AIDS within country

### **G. Institutional Arrangement**

19. A high level "National AIDS Council" shall be there to provide instructions and guidelines for the multi-sectoral response about HIV/AIDS under the Chairpersonship of the Prime Minister as mentioned in Annex-1.
20. "HIV/AIDS and STI Control Board" shall be formed as the Secretariat of the "National AIDS Council", as stated in the annex-2, for formulation of the national HIV/AIDS policy and strategy, comprehensive co-ordination of the multi-sectoral responses, monitoring and evaluation of the national responses and mobilization of the internal and external resources.
21. A "National Centre for AIDS and STD Control (NCASC) shall be there under the ministry of Health and Population to prepare action plan, execute, coordinate and monitor the health services related to the HIV/AIDS. This centre shall execute its programmes through central, regional, zonal and district level health facilities, district health and public health offices, health centers, health posts and sub-health posts, Female Community Health Volunteers and other health service providing organizations and institutions.

22. Mainstreaming of HIV/AIDS shall be executed by establishing HIV and AIDS Focal points (Desks) in the Prime Minister Office, National Planning Commission and the line ministries.
23. HIV/AIDS Coordination Committee shall be formed at district, municipality and village development committee level to coordinate HIV/AIDS and STI control programmes for implementation.

## **H. Research and study**

24. A system shall be developed to collect, analyze and utilize the reliable data related to HIV/AIDS and Sexually Transmitted Infections (STI).
25. Research and study about social, economic and human aspect of HIV/AIDS and STI shall be conducted according to the guidelines prepared with consultation of HIV/AIDS and STI Control Board and NCASC.

## **I. Community Based Programme**

26. Local Bodies shall be made responsible for the HIV/AIDS and STI control responses and local Non-Government Organizations, Civil Societies and community shall be mobilized in execution.

## **9. Financial Management**

- a) Resources to launch HIV/AIDS and STI related programme shall be collected from the government of Nepal, various national and international donor agencies, entity, individual and nations in the form of financial and technical assistance, loan or donation and shall be mobilized. For this purpose a financial guidelines shall be applied by the Government of Nepal.
- b) The money given by the international donor agency, organization, individual and nation shall be received as per the rule of the Government of Nepal.

## **10. Act, Regulations and Guidelines**

Government of Nepal and its line ministry may formulate HIV/AIDS and STI Control related Act, regulations and guidelines or may amend or revise the existing Acts, regulations and guidelines as necessary to implement this policy.

## **11. Monitoring and Evaluation**

National monitoring and evaluation system shall be developed for the national response and policy monitoring and evaluation. According to this system HIV/AIDS and STI Control Board shall present a report in the National AIDS Council which shall include the record of financial and technical assistance from national and international donor agencies,

INGOs and NGOs as well as a report of the programmes, financial and technical assistance and progress made by the stakeholders and organizations working in this field after their evaluation.

Line ministries shall manage the monitoring and evaluation of the HIV/AIDS related programmes and shall be the part of National Monitoring and Evaluation system. NCASC shall monitor and evaluate the health services provided by MoHP and constitute as the part of National Monitoring and Evaluation system.

**ANNEX I**

**National AIDS Council-**

1.	Prime Minister	Chairperson
2.	Minister for Health and population	Vice – Chair
3.	Minster, Ministry of Finance	Member
4.	Minister, Ministry of Education	Member
5.	Minister, Ministry of Home Affairs	Member
6.	Minister, Ministry of Women, Children and social welfare	Member
7.	Minister, Ministry of Forest and Soil conservation	Member
8.	Minister, Ministry of Tourism and Civil Aviation	Member
9.	Minister, Ministry of Agriculture and Cooperative	Member
10.	Minister, Ministry of Industry and Commerce	Member
11.	Minster, Ministry of Foreign Affairs	Member
12.	Minster, Ministry of Physical planning	Member
13.	Minister, Ministry of Local Development	Member
14.	Minister, Ministry of Labor and Transportation	Member
15.	Minster, Ministry of Youth and Sports	Member
16.	Minister, Ministry of Law and Justice	Member
17.	Minister, Ministry of Information & Communication	Member
18.	Minister, Ministry of Defense	Member
19.	State Minister for Health and Population	Member
20.	Chair, Social committee, Parliamentary secretariat	Member
21.	Member, National Human Rights Commission	Member
22.	Member, National Planning Commission	Member
23.	Chair, National Women Commission	Member
24.	Chief Secretary, Government of Nepal	Member
25.	Vice- Chair, HIV/AIDS and STI Control Board (HSCB)	Member
26.	Secretary (Population), Ministry of Health and Population	Member
27.	Chief, Policy, Planning and International Cooperation Division, Ministry of Health and Population	Member
28.	Director, HIV/AIDS and STI Control Board (HSCB)	Member
29.	Director, SAARC TB and HIV/AIDS Centre	Member
30.	Director, National Centre for AIDS and STD Control	Member

	(NCASC)	
31.	Director, National Public Health Laboratory	Member
32- 35.	Chief of Nepal Army, Armed Police Force, National Investigation Department and Nepal Police- 4	Member
36- 37.	Two Infected People including one female appointed from the government of Nepal	Member
38- 46.	Appointed by government of Nepal, Representatives- Civil society, local development, private sector, Ethnic group, dalit including females- 9	Member
47-50.	Four people from MARPs group	Member
51-53.	Representative- District Development Committee Council, Village Development Committee Council, Municipality	Member
54.	Federation of Nepal Journalist	Member
55.	Representative from federation of Nepal Trade Union	Member
56.	Secretary, Ministry of Health and Population	Member- Secretary



**ANNEX II**

**HIV/AIDS and STI Control Board (HSCB)**

1.	Minister for Health and Population	Chairperson
2.	Person appointed from Government of Nepal	Vice-Chair
3.	Secretary, Prime minister office	Member
4.	Member, National Planning Commission	Member
5.	Secretary, Ministry of Health and Population	Member
6.	Secretary, Ministry of Finance	Member
7.	Secretary, Ministry of Education	Member
8.	Secretary, Ministry of Law and Justice	Member
9.	Secretary, Ministry of Home Affairs	Member
10.	Secretary, Ministry of Local Development	Member
11.	Secretary, Ministry of Labor and Transportation	Member
12.	Secretary, Ministry of Women, Children and Social Welfare	Member
13.	Director, National Centre for AIDS and STD Control (NCASC)	Member
14.	Program director, National Planning Commission	Member
15-16.	Specialist appointed from government of Nepal working in Prevention, treatment, care and Support sector including one female	Member
17.	People appointed from the networks of PLHIV	Member
18.	1 Person appointed from HSCB representing MARPs Community	Member
19.	Representative from private sector- appointed from Ministry of Health and Population	Member
20-21.	People contributed in the sector of HIV and AIDS	Member
22.	Director, HSCB	Member secretary