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38th
WORLD AIDS DAY 2025

अवरोधहरू पार गरौं, एड्स प्रतिकार्य रूपान्तरण गरौं

Overcoming disruption, transforming the AIDS response

NATIONAL HIV FACTSHEET 2025

Government of Nepal
Ministry of Health and Population
National Center for AIDS and STD Control
Teku, Kathmandu

CONTENTS

HIV Epidemic Update

FACT SHEET 1
2025

World AIDS Day 2025

Overview

Each year, the annual estimates of key indicators among people living with HIV (PLHIV) in Nepal are finalized using the AIDS Epidemic Model and Spectrum. Various survey and research data, such as key population size, Nepal Demographic Health Survey results, trends in prevalence, behavioral data from integrated biological and behavioral surveillance surveys, and information on behaviors like condom use, sexual activity, injecting practices, and client numbers, are utilized as inputs in analytical tools to prepare annual estimates of the HIV epidemic's status in Nepal. The HIV epidemic in Nepal remains largely concentrated among key populations, including people who inject drugs, sex workers and their clients, men who have sex with men and transgender people, male labor migrants and their spouses, and prison inmates.

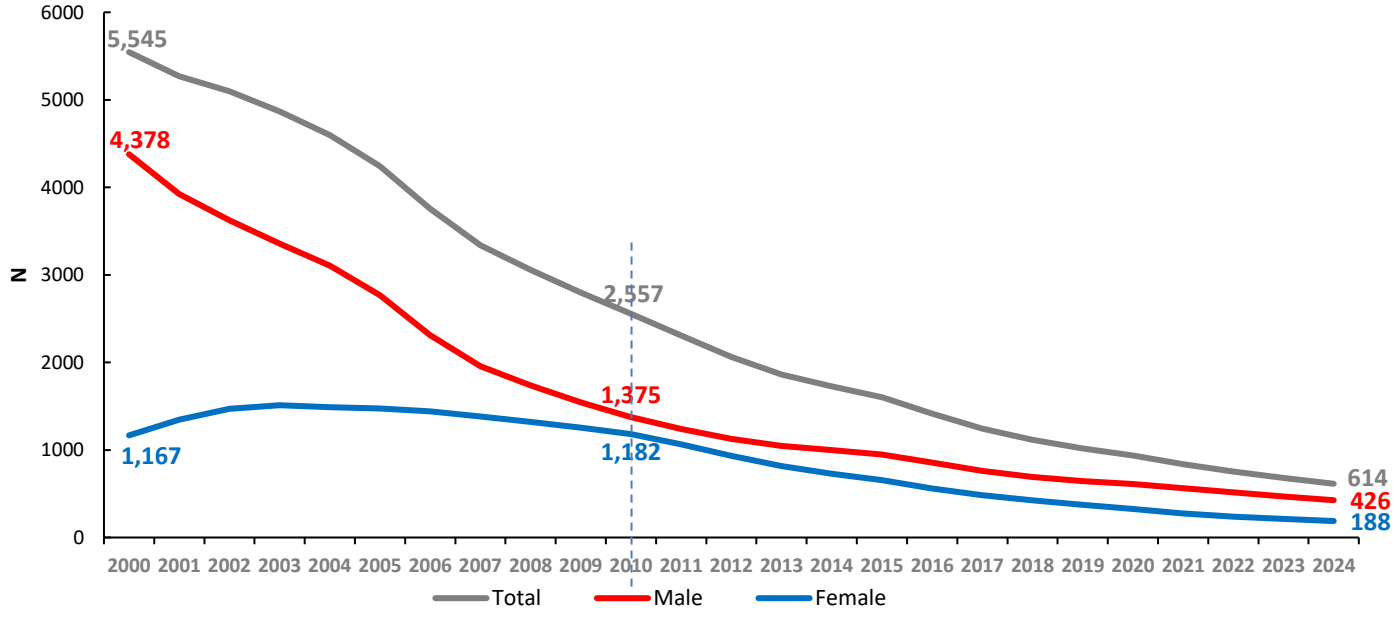
First HIV case was detected in 1988 in Nepal.

Heterosexual transmission is dominant (66%).

Table 1.1 HIV and AIDS Estimates in Nepal	Number (min-max)
Adults and children living with HIV	34,337 (31,000-38,000)
Adults aged 15 and over living with HIV	33,279 (30,000-37,000)
Women aged 15 and over living with HIV	14,000 (13,000-15,000)
Men aged 15 and over living with HIV	19,279 (17,000-21,000)
Children aged 0 to 14 living with HIV	1,058 (930-1200)
Mothers needing elimination of vertical transmission services	227 (195-260)

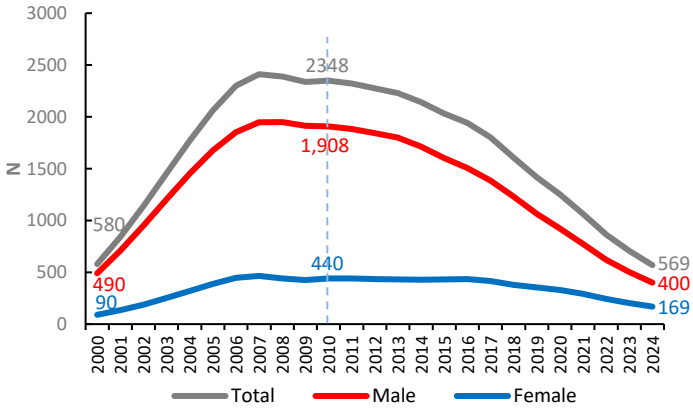
Source: UNAIDS, 2025. Website: https://aidsinfo.unaids.org/

Figure 1.1 Number of new HIV infections in Nepal, 2000-2024



Source: UNAIDS Estimates, 2025. Website: https://aidsinfo.unaids.org/

Figure 1.2 Number of AIDS Deaths in Nepal, 2000-2024

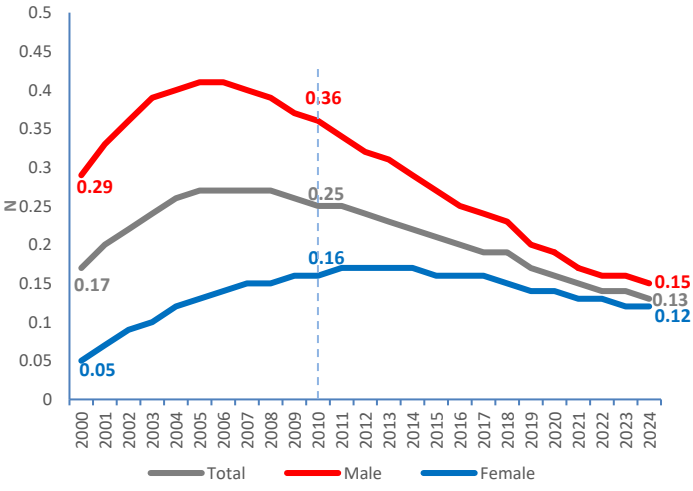


Source: UNAIDS Estimates, 2025. Website: https://aidsinfo.unaids.org/

Table 1.2 Key indicators (Estimated)	Achievement 2024
HIV Incidence per 1000	**0.02%**
Percentage of women 15-49 years living with HIV (of estimated adult PLHIV)	46.9%
New infant HIV infections	**33**
Total new infections among 0-14 years	37
AIDS mortality per 100 thousand	**1.92**

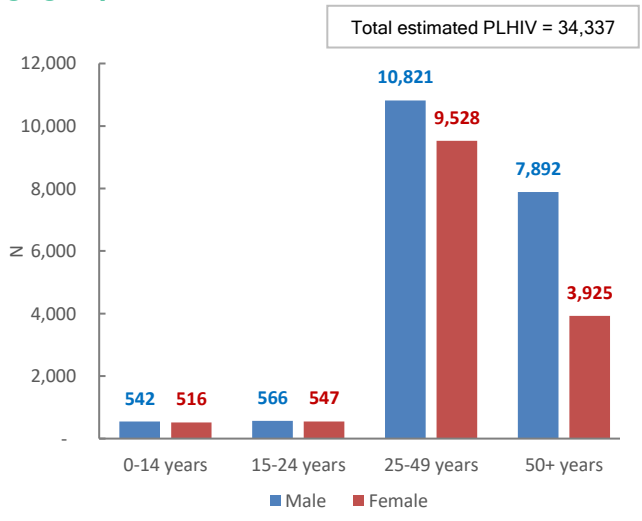
Source: UNAIDS Estimates, 2025. Website: https://aidsinfo.unaids.org/

Figure 1.3 Trend of HIV prevalence among adult population (15-49 Year) 2000-2024



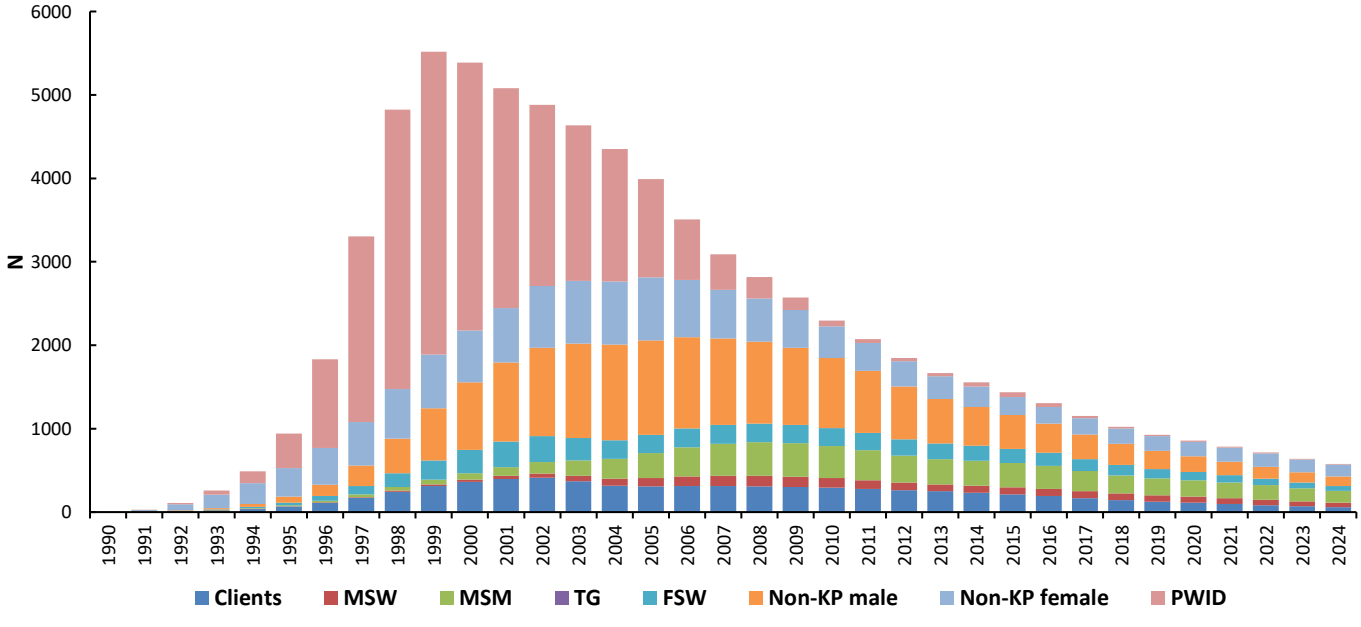
Source: UNAIDS, 2025. Website: https://aidsinfo.unaids.org/

Figure 1.4 Estimated number of HIV infections by age group, 2024



Source: NCASC, National HIV Estimates, 2025.

Figure 1.5 Trend of number of annual new HIV infections by key population (1990-2024)



Source: UNAIDS, 2025. Website: https://aidsinfo.unaids.org/

HIV Testing and Counselling (HTC)

FACT SHEET 2

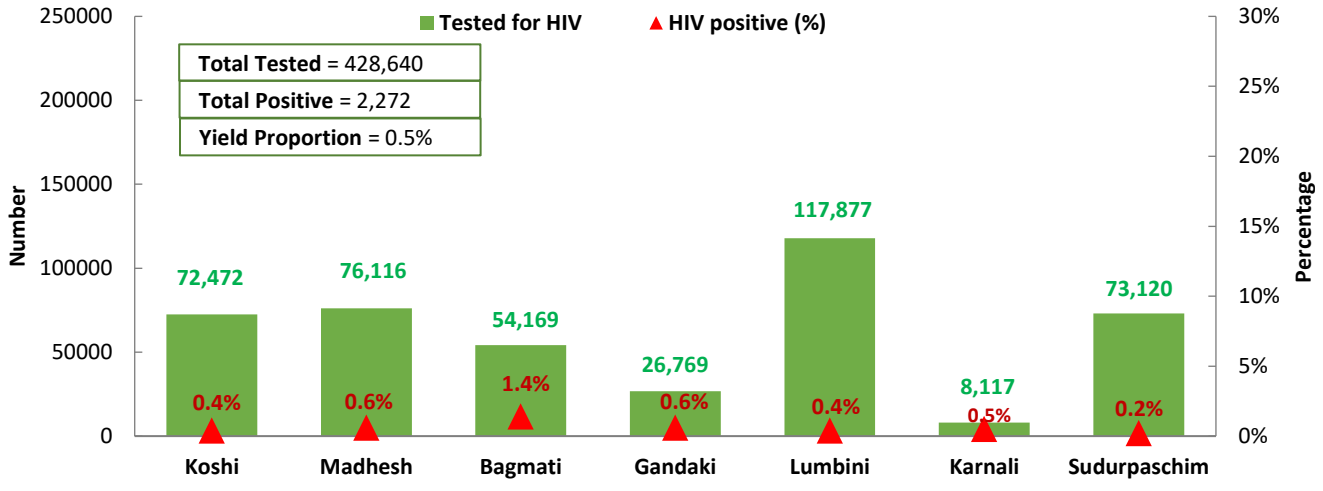
2025

World AIDS Day 2025

Overview

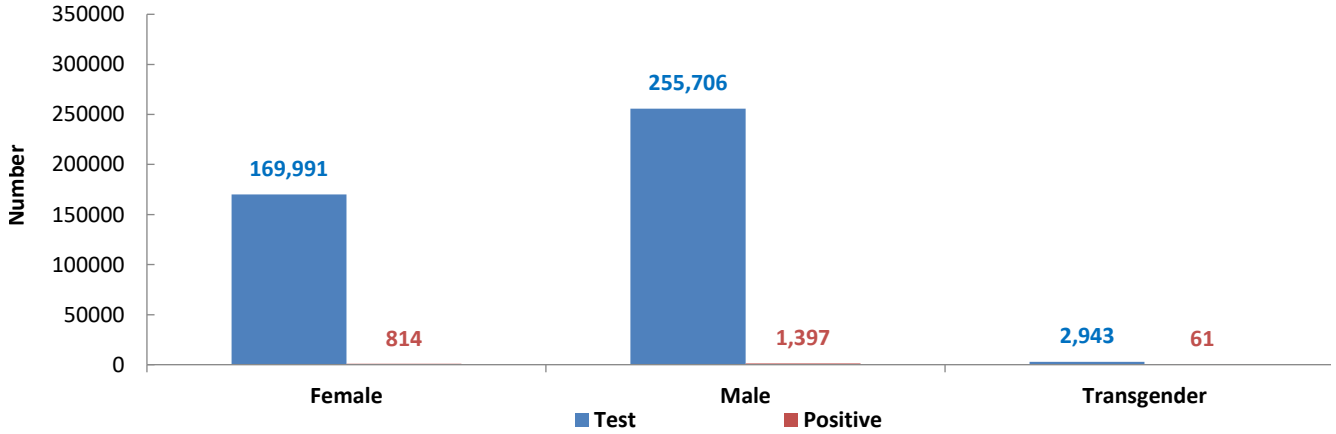
The HIV Testing and Counseling service was initially launched in 1995. This service acts as the gateway to overall HIV care services and is offered free of charge to key populations at higher risk and the general population nationwide. Nepal's HIV testing and counseling services adhere to the National HIV Testing and Treatment Guidelines 2022. Additionally, a community-led testing approach has been introduced among key populations, following the recommendations of the National Guidelines on Community-Led HIV Testing 2017. Nepal has implemented a community-led testing approach to increase HIV testing among key populations in the selected districts. Both governmental and non-governmental organizations provide HIV testing and counseling services throughout the nation.

Figure 2.1 HIV Testing and Yield Proportion by Province in Nepal, FY 2081/82



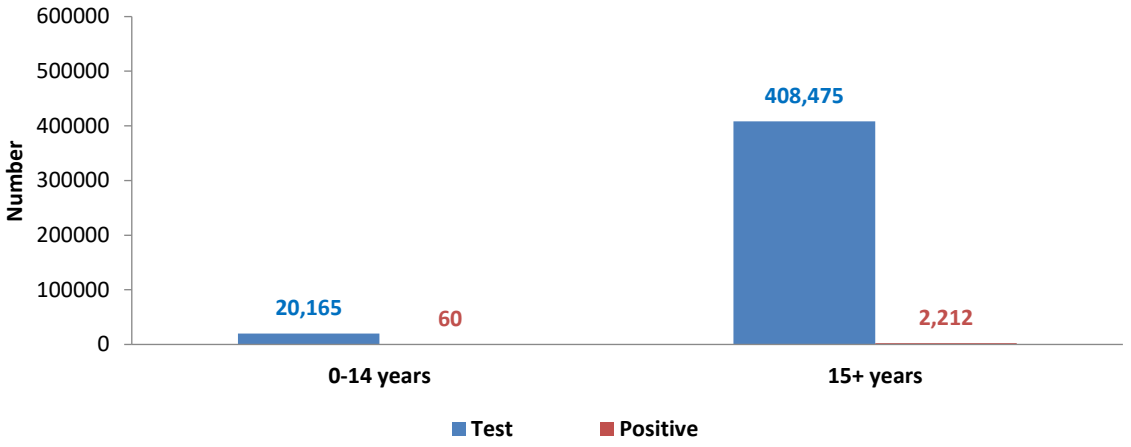
Source: Routine Program Data (HMIS/DHIS2), FY 2081/82.

Figure 2.2 Total HIV Tested and Positive by Gender, FY 2081/82



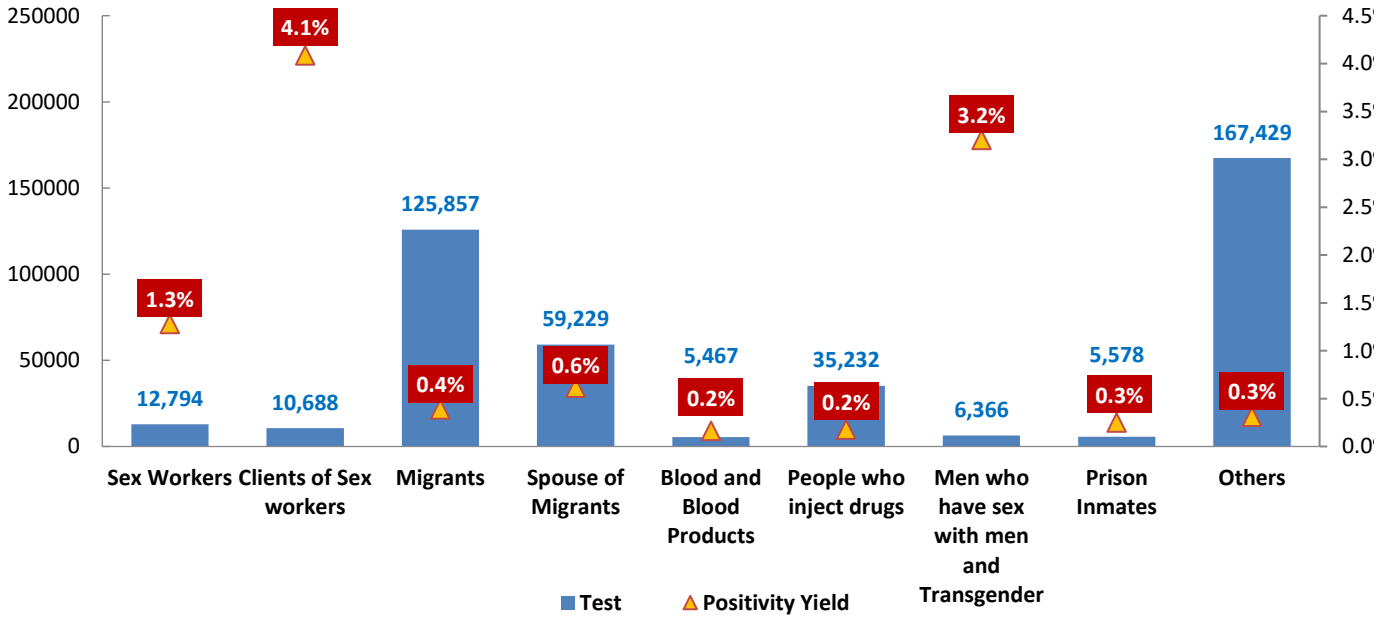
Source: Routine program data (HMIS/DHIS2), FY 2081/82.

Figure 2.3 Total HIV Tested and Positive by Age Group, FY 2081/82



Source: Routine program data (HMIS/DHIS2), FY 2081/82.

Figure 2.4 Total HIV Tested and Positivity Yield by Risk Groups, FY 2081/82



Source: Routine program data (HMIS/DHIS2), FY 2081/82.

FACT SHEET 3

2025

HIV Care and Antiretroviral Therapy (ART) Services

World AIDS Day 2025

Overview

Antiretroviral therapy (ART) services began in February 2004 at Sukraraj Tropical and Infectious Disease Hospital in Kathmandu, Nepal. ART is provided free of cost to all People Living with HIV (PLHIV). As of July 2025, there are 96 operational ART sites and 20 ART Dispensing Centers across all districts in Nepal. Since February 2017, Nepal has adopted the Test and Treat approach, guided by the National HIV Testing and Treatment Guidelines of 2022. CD4 count services are available at seven sites.

Viral Load Testing Services

Viral load testing sites are established in all seven provinces of Nepal. Altogether there are nine viral load testing sites including seven VL testing in PCR platform in seven provinces.

HIV Care and ART Tracking System

DHIS2 Tracker

The HIV Care and ART Tracking System, also known as DHIS2 Tracker, is operational in all HIV program sites nationwide. This system comprises three interlinked components: DHIS2 Tracker, mHealth, and Biometrics. Based on the DHIS2 platform, which is also utilized by the Integrated Health Information Management Section under the Management Division of the Department of Health Services, the main objective of this system is to centralize information, eliminate client duplication within the system, and in client management. Videos developed explaining the HIV Care and ART Tracking System, disseminated through the YouTube channel 'https://www.youtube.com/@hivcareandarttrackingsyste6057' to support users.

mHealth (Mobile Health)

The DHIS2 tracker system supports mHealth to deliver appointment reminder messages, and HIV related awareness messages to the client enrolled in the service. mHealth aims to support HIV treatment and improve retention in treatment. The structured messages are delivered to the provided mobile number of the client during registration.

Biometric system

The Biometric system, linked with the DHIS2 Tracker system, scans the fingerprints of clients, making it easier to determine whether a client is new or already registered in the system. This process enables the instant retrieval and addition of information. Additionally, the Biometric System helps prevent double counting of clients and links medical records with the biometric (fingerprint pattern) information of the client.

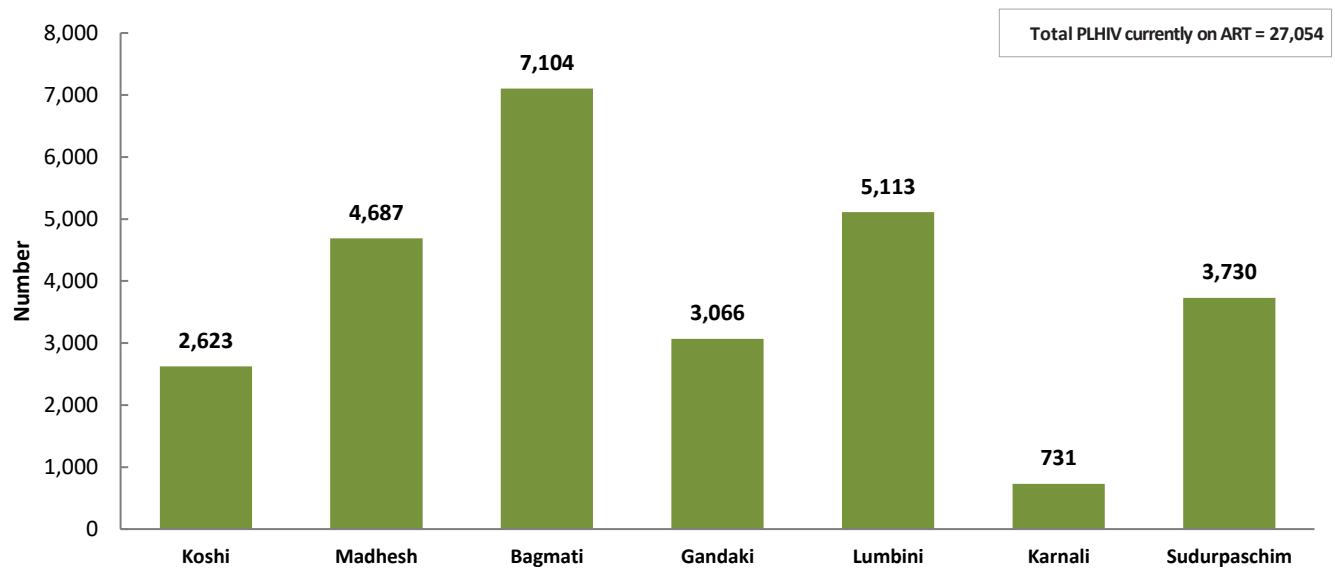
On June 9, 2022, NCASC, with support from AHF Nepal, FHI 360/EpiC Nepal and Global Fund/Save The Children International integrated the HIV prevention, care, and support components managed by partners into the HIV Care and ART Tracking System. This integration ensures the recording and reporting of HIV-related data to the national HMIS, establishing a unified national HIV information system. Recording registers and monthly reporting forms for HIV prevention, care, and support services were developed in FY 2079/80 and have been integrated within the national HMIS/DHIS2 in FY 2080/81 to report and monitor indicators for the entire HIV continuum.

Table 3.1 Facts on ART, FY 2081/82

Indicators	Value
Total PLHIV currently on ART	27,054
Adult Male (15+ years) currently on ART	13,689
Adult Female (15+ years) currently on ART	11,968
Transgender (15+ years) currently on ART	510
Child (0-14 years) currently on ART	887

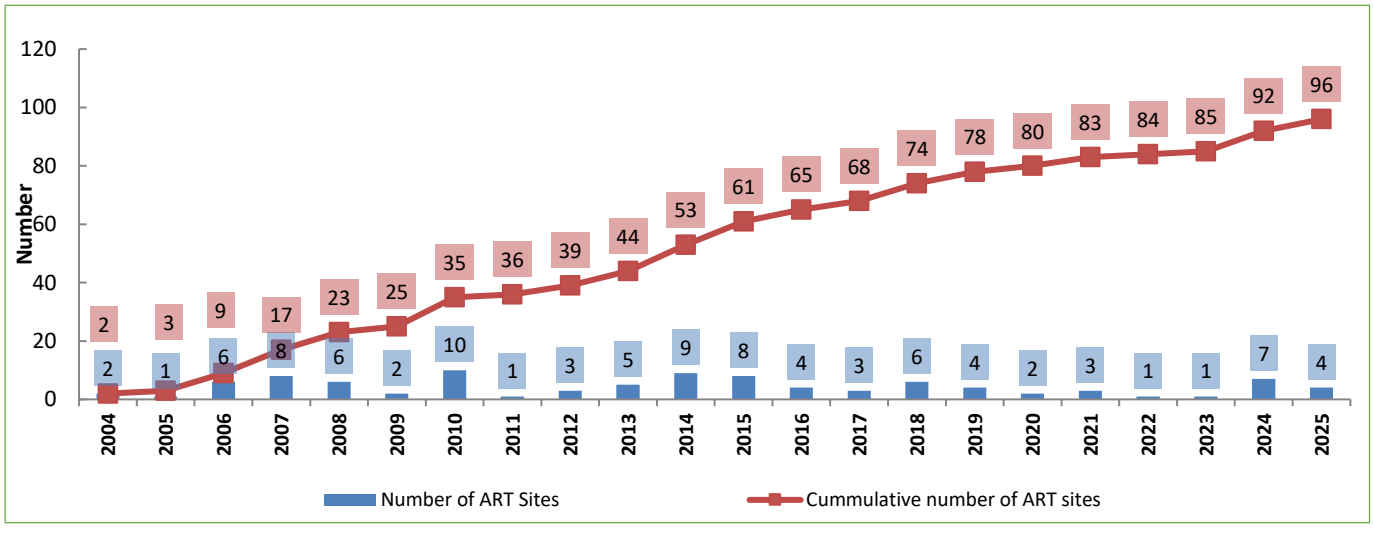
Source: HMIS/DHIS2 Routine program data, FY 2081/82.

Figure 3.1 People on ART by Province as of FY 2081/82



Source: HMIS/DHIS2 Routine program data, FY 2081/82.

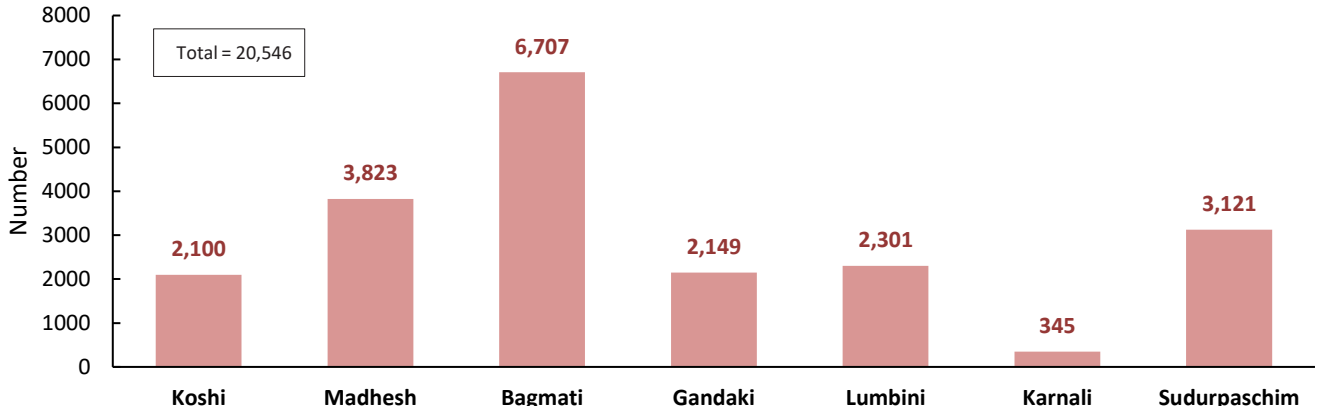
Figure 3.2 Number of ART sites in Nepal by establishment year



Multimonth Dispensing of ARV Drugs (2 months or more)

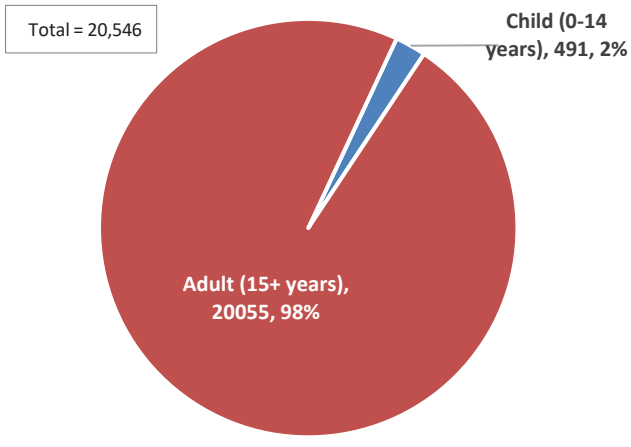
Multimonth dispensing (MMD) of antiretroviral therapy is recommended for clinically well clients. Evidence suggests that increased number of clinical visits by stable clients fuel the burden in health institutions including direct and indirect costs associated not only to the clients but also to service providers. MMD of antiretroviral drugs reduces such hassles, costs and barriers of both clients and service providers, thus, improving care and retention in treatment. NCASC has systematically monitored and analysed the status of MMD among PLHIV using data recorded in HIV Care and ART Tracking (DHIS2 Tracker, mHealth and Biometric) System.

Figure 3.3 Province wise distribution of clients receiving MMD of ARV drugs in the end of FY 2081/82



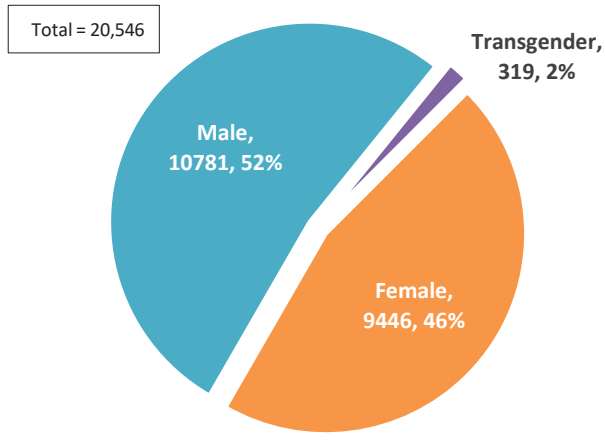
Source: HIV Care and ART Tracking System, FY 2081/82.

Figure 3.4 Age wise distribution of clients receiving MMD of ARV drugs in the end of FY 2081/82



Source: HIV Care and ART Tracking System, FY 2081/82.

Figure 3.5 Gender wise distribution of clients receiving MMD of ARV drugs in the end of FY 2081/82



Source: HIV Care and ART Tracking System, FY 2081/82.

Table 3.2 Number of months clients receiving MMD of ARV drugs as of FY 2081/82

Total	2 months	More than 2 months
20,546	13,832 (67.3%)	6,714 (32.7%)

Source: HIV Care and ART Tracking System, 2025.

Figure 3.6 95-95-95 Achievements, FY 2081/82

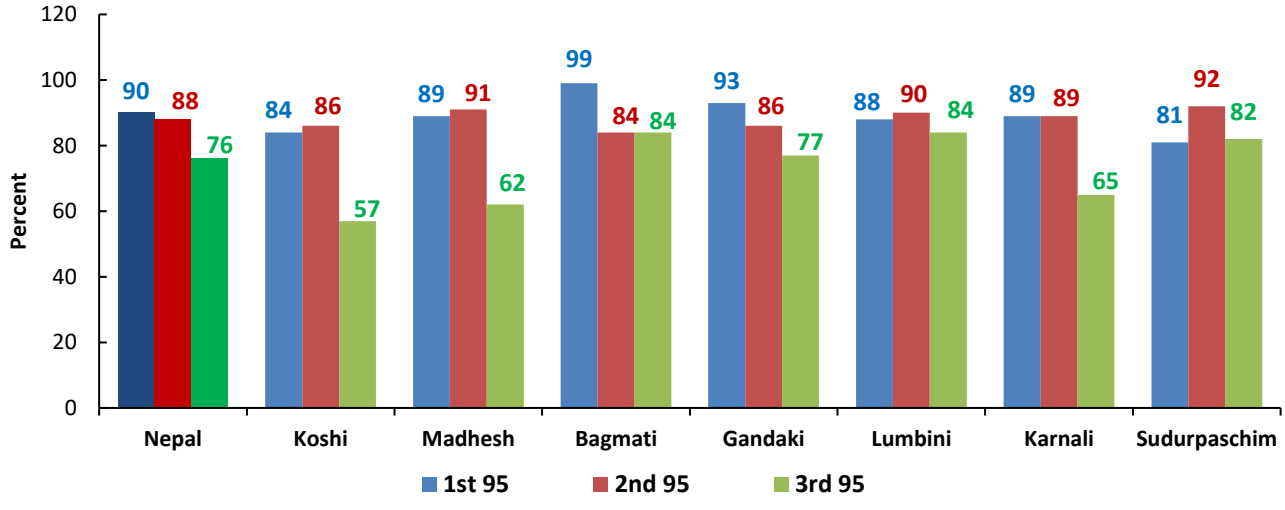


Figure 3.7 HIV Testing and Treatment Cascade, 2022-2024

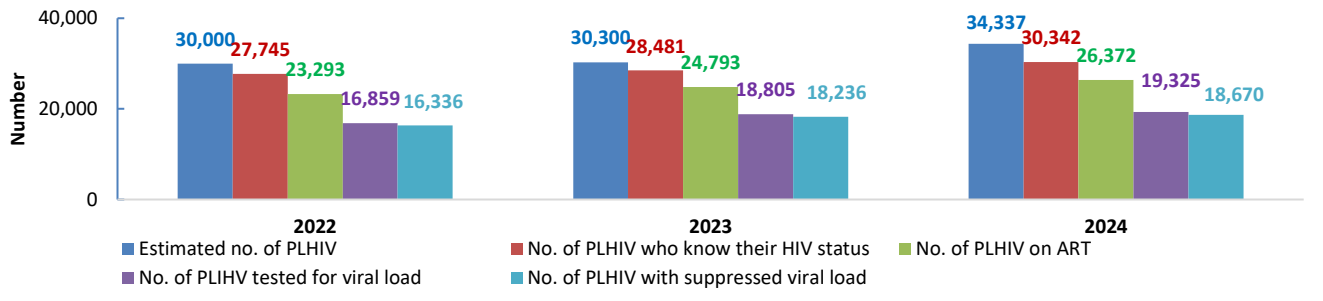
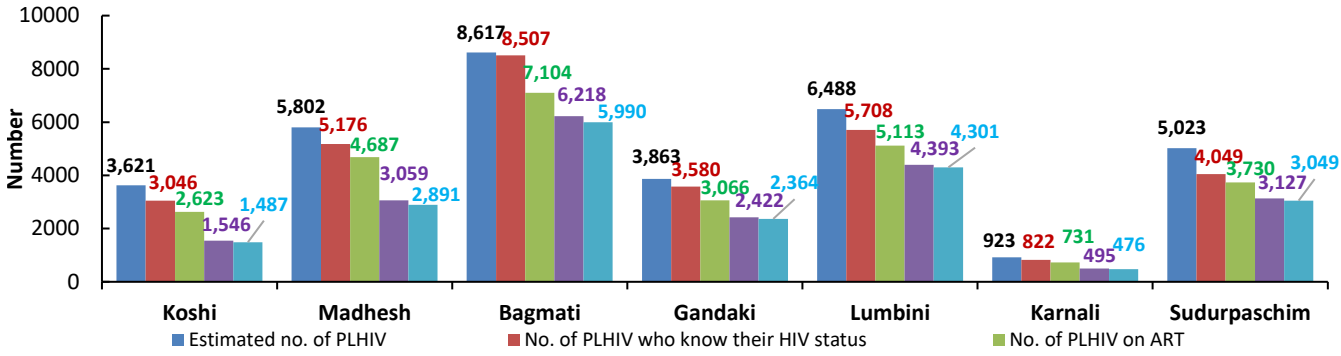


Figure 3.8 Province wise HIV Testing and Treatment Cascade as of FY 2081/82

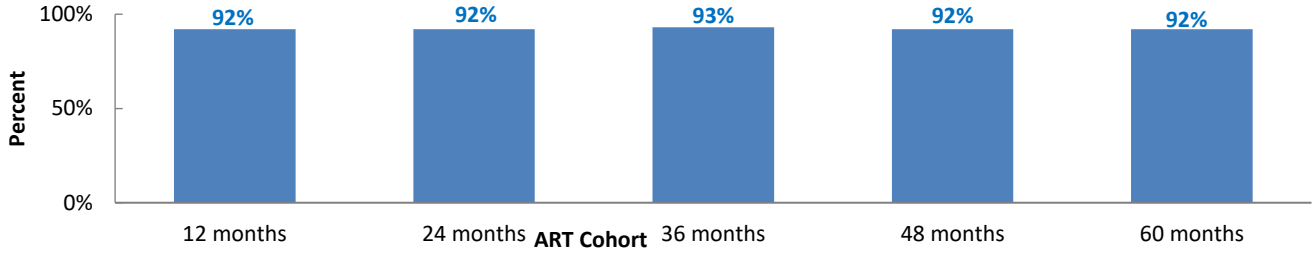


Retention on ART

Retention on ART is crucial for enhancing the survival and well-being of people living with HIV. It serves as a significant indicator of the quality of care and plays a pivotal role in enabling people living with HIV to achieve viral load suppression. Additionally, it offers insights and evidence to address issues related to missing and loss to follow-up among this population. NCASC has systematically monitored and analyzed ART retention among PLHIV using data recorded in the HIV Care and ART Tracking system (DHIS2 Tracker, mHealth, and Biometric). The retrospective analysis covered the cohort period from January 2019 to December 2024. Methodologically, the cohort group included PLHIV who initiated ART in 2019, with a total of 2,722 clients analyzed.

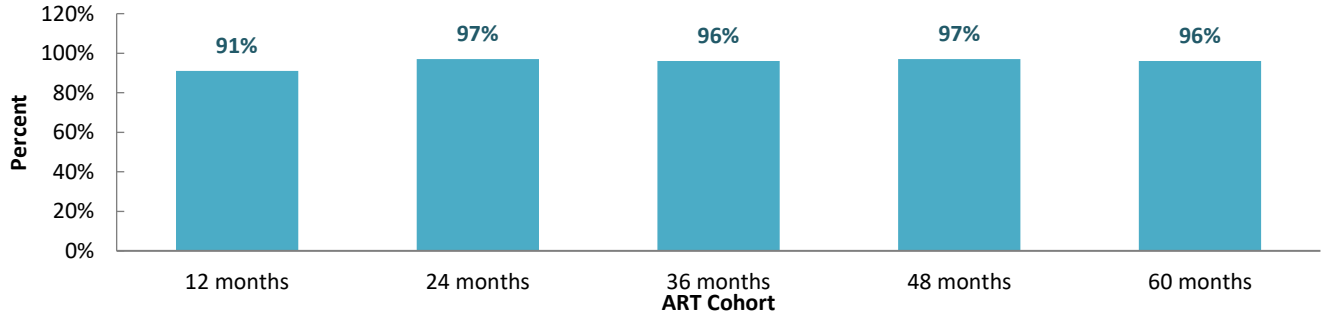
Trend of PLHIV retention on ART (2019-2024)

Figure 3.9 Cohort wise trend of PLHIV retention on ART in all age groups (2019-2024)



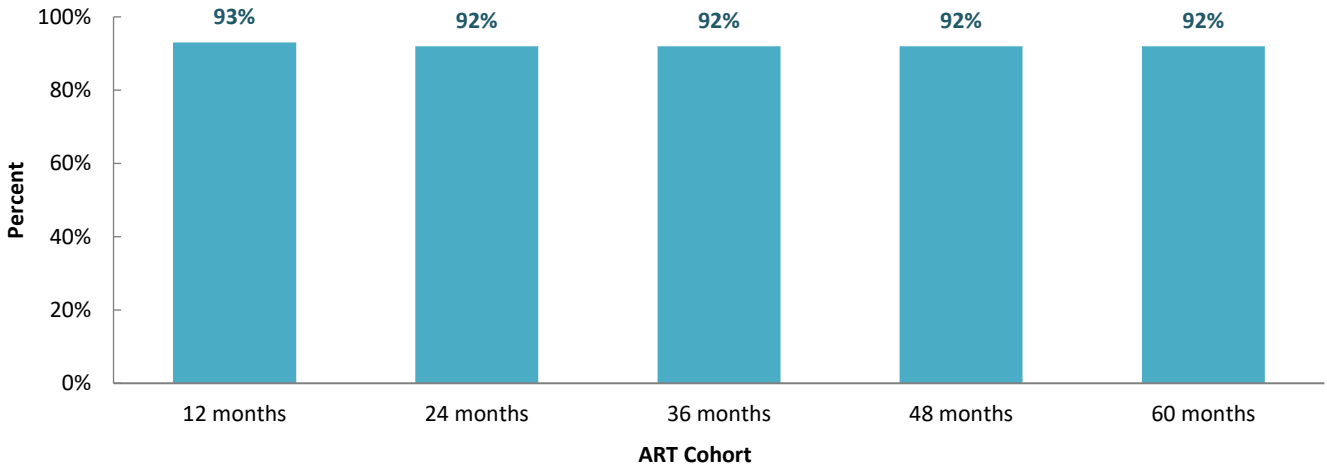
Source: HIV Care and ART Tracking System, 2025.

Figure 3.10 Trend of retention on ART among children (0-14 Years) (2019-2024)



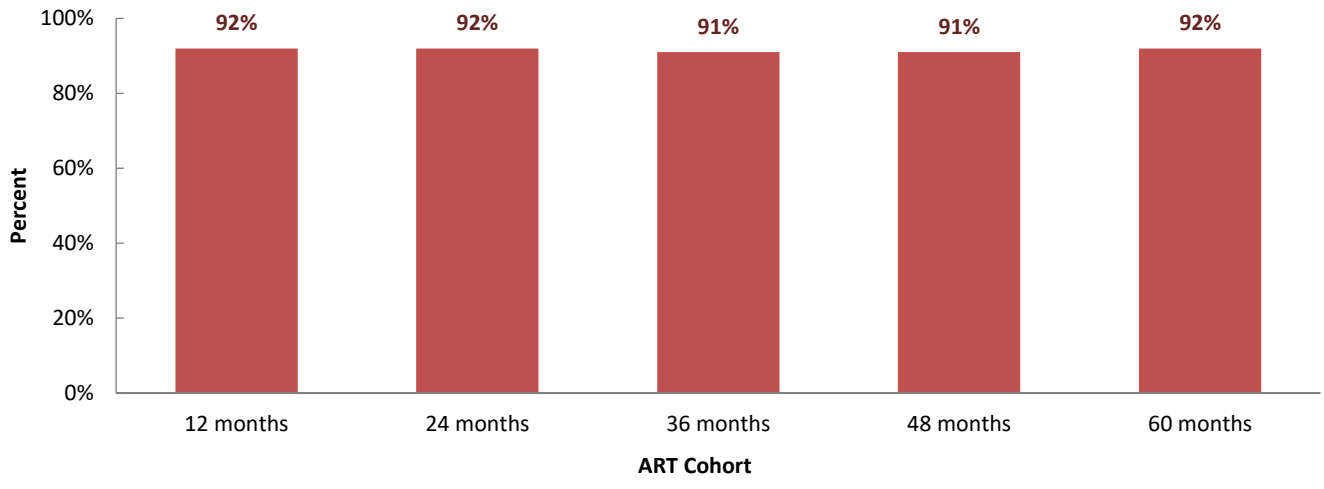
Source: HIV Care and ART Tracking System, 2025.

Figure 3.11 Trend of retention on ART among adult (15+ Years) (2019-2024)



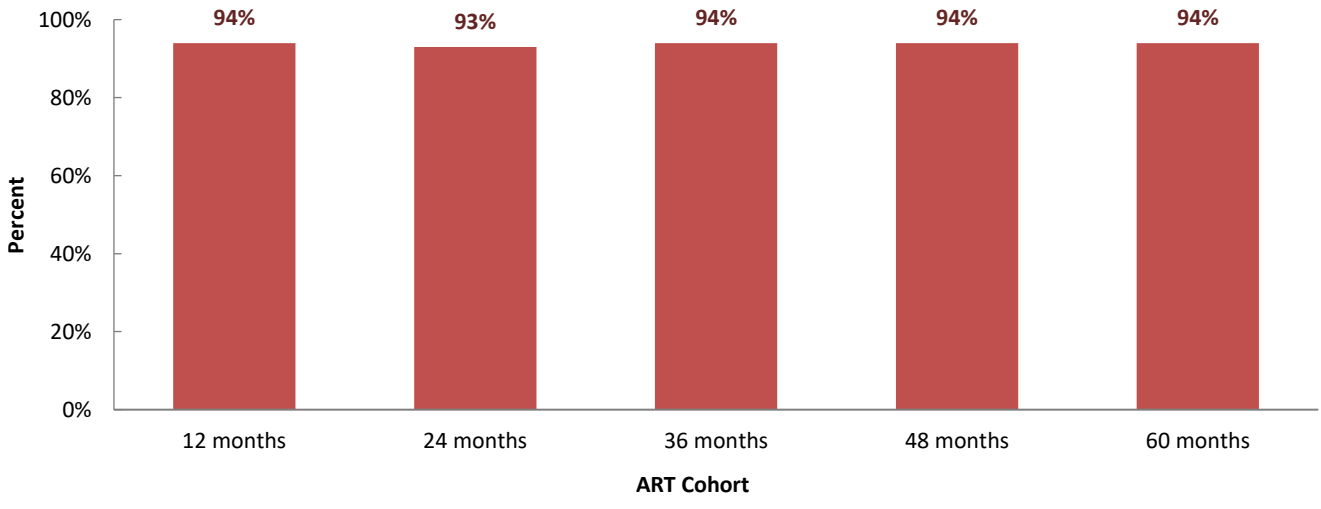
Source: HIV Care and ART Tracking System, 2025.

Figure 3.12 Trend of retention on ART among male PLHIV (2019-2024)



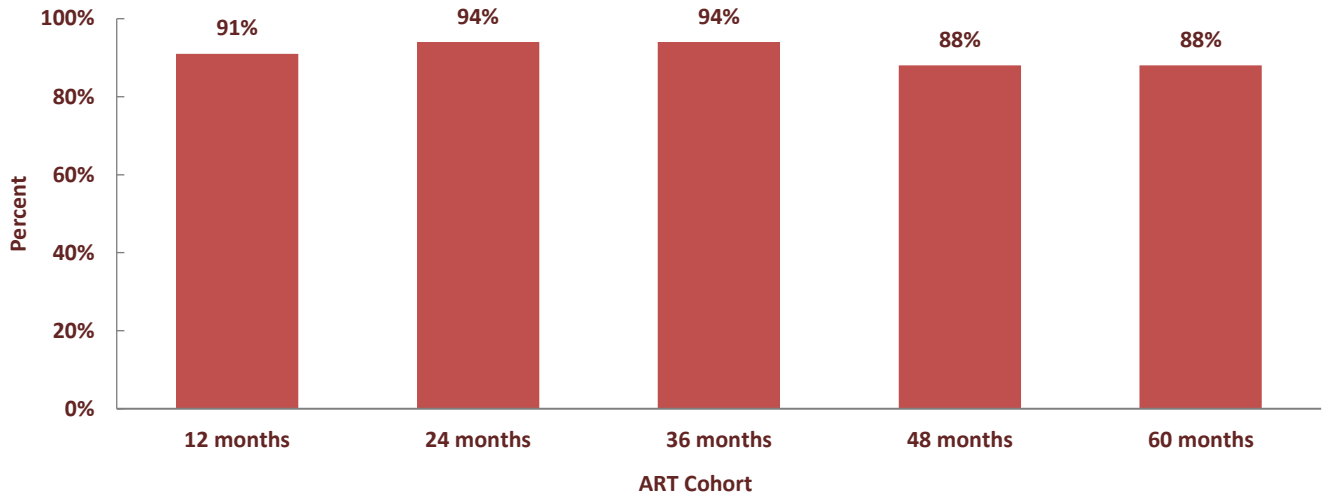
Source: HIV Care and ART Tracking System, 2025.

Figure 3.13 Trend of retention on ART among female PLHIV (2019-2024)



Source: HIV Care and ART Tracking System, 2025.

Figure 3.14 Trend of retention on ART among Transgender people living with HIV (2019-2024)



Source: HIV Care and ART Tracking System, 2025.

Community and Home-Based Care (CHBC)

CHBC responds to the physical, social, emotional and spiritual needs of PLHIV and families from diagnosis to death and bereavement. National package of CHBC as per National Guidelines on CHBC and Standard Operating Procedures 2011 consists of care and support to PLHIV for adherence, treatment monitoring, nutritional education, hygiene and sanitation, positive prevention, family planning, referral, linking for social, emotional/spiritual support and counseling, infection prevention, and palliative care.

Table 3.3 Achievements on CHBC program, FY 2081/82

Facts on CHBC	Total	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Number of new PLHIV who received CHBC services	1,429	152	300	447	164	216	10	140
Number of PLHIV (new and old) who received CHBC services	21,565	2,006	3,857	5,100	2,468	4,202	594	3,338

Source: HIV Care and ART Tracking System, FY 2081/82.

Community Care Centre (CCC) Service

CCC is a short-term care home catering to the needs of PLHIV and serving as a link between the hospital and home/community. The key services include positive prevention, medical care, nutritional support, treatment literacy for adherence, care and support, and linkage to other social services.

Table 3.4 Achievements on CCC program, FY 2081/82

Facts on CCC	Total	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Number of new PLHIV receiving services from CCC	293	23	63	24	22	83	19	59
Number of PLHIV admitted to CCC to start ART	1,505	102	238	135	251	384	-	395
Number of PLHIV received counselling service	4,238	216	584	408	529	1,875	62	564
Number of samples collected for viral load testing supported by CBOs	2,852	80	188	184	425	1,211	162	602

Source: HIV Care and ART Tracking System, FY 2081/82.

Community led testing (CLT) and Index testing

Community-based testing services are provided to key populations by health workers and trained lay providers at a workplace, entertainment sites, hot spots and cruising sites of key populations (KPs), border check points, educational facilities or at home. CLT is recommended as a part of community-based testing (CBT) and "test for triage" strategy in which at-risk populations are offered HIV testing by trained lay providers. For PWID population, HCV screening test is integrated along with HIV testing since July 2024.

Index testing is a focused HIV testing approach in which providers work with individuals living with HIV (index clients) to elicit voluntary HIV testing to their sexual or injecting partners, their biological children or biological parents (if a child is the index client) for HIV. The index testing approach has the highest HIV yield.

Table 3.5 Achievements on CLT and Index testing program, FY 2081/82

Achievements	Total	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Screened for HIV	155,257	5,285	9,473	26,277	15,084	54,665	5,085	39,388
Reactive for HIV	1,813	166	395	494	153	425	5	175

Source: HIV Care and ART Tracking System, FY 2081/82.

Table 3.6 Achievement in Community Care Services of FY 2081/82

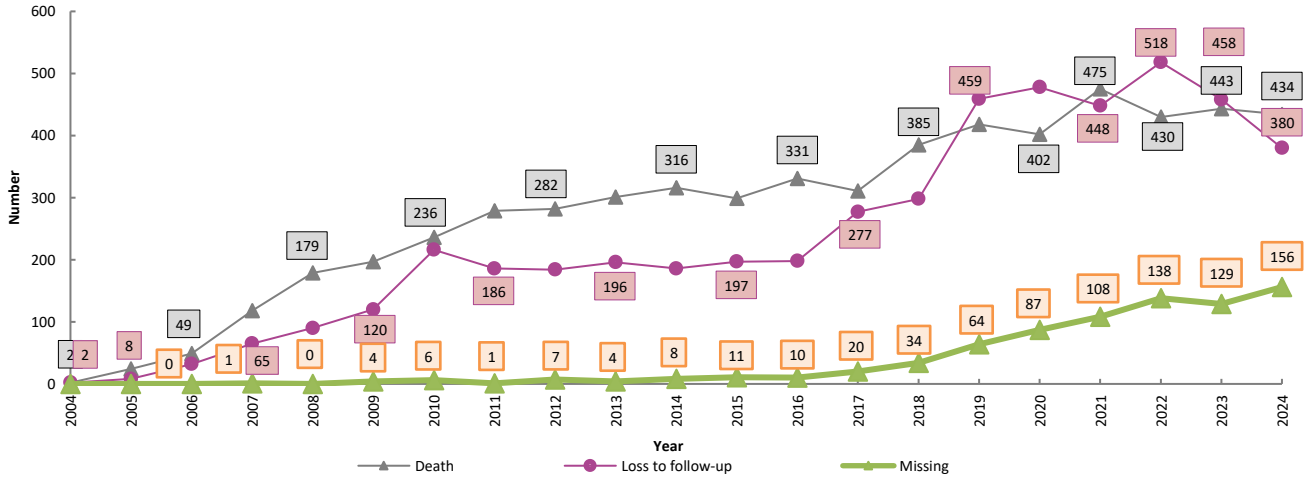
Indicators	Total	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Number of new PLHIV received services	1,494	51	290	556	154	263	NA	180
Number of new and old PLHIV received services	13,097	806	2,556	4,073	1,138	2,469	NA	2,055

Source: HIV Care and ART Tracking System, FY 2081/82.

Missing, Loss to Follow Up and Death in PLHIV

NCASC has systematically monitored and analysed missing, loss to follow up and death cases in PLHIV using data recorded in HIV Care and ART Tracking (DHIS2 Tracker, mHealth and Biometric) system. This result provides an opportunity to prioritize and implement interventions with an aim to reduce deaths, loss to follow, and missing cases, hence, improve retention on antiretroviral therapy and quality of life among PLHIV.

Figure 3.15 Annual trend of death, loss to follow-up and missing of ART clients, 2004-2024



Source: HIV Care and ART Tracking System, 2025.

Figure 3.16 Map of Nepal showing antiretroviral centres and ARV dispensing sites

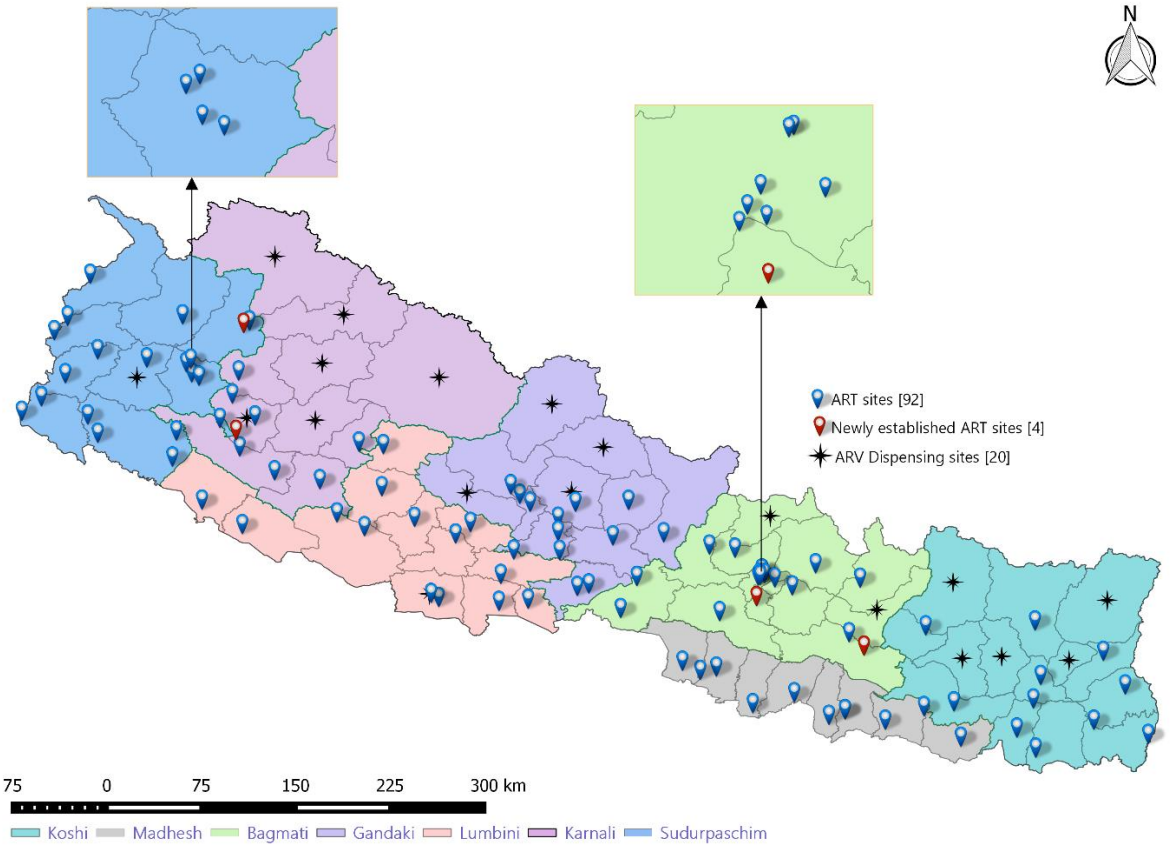
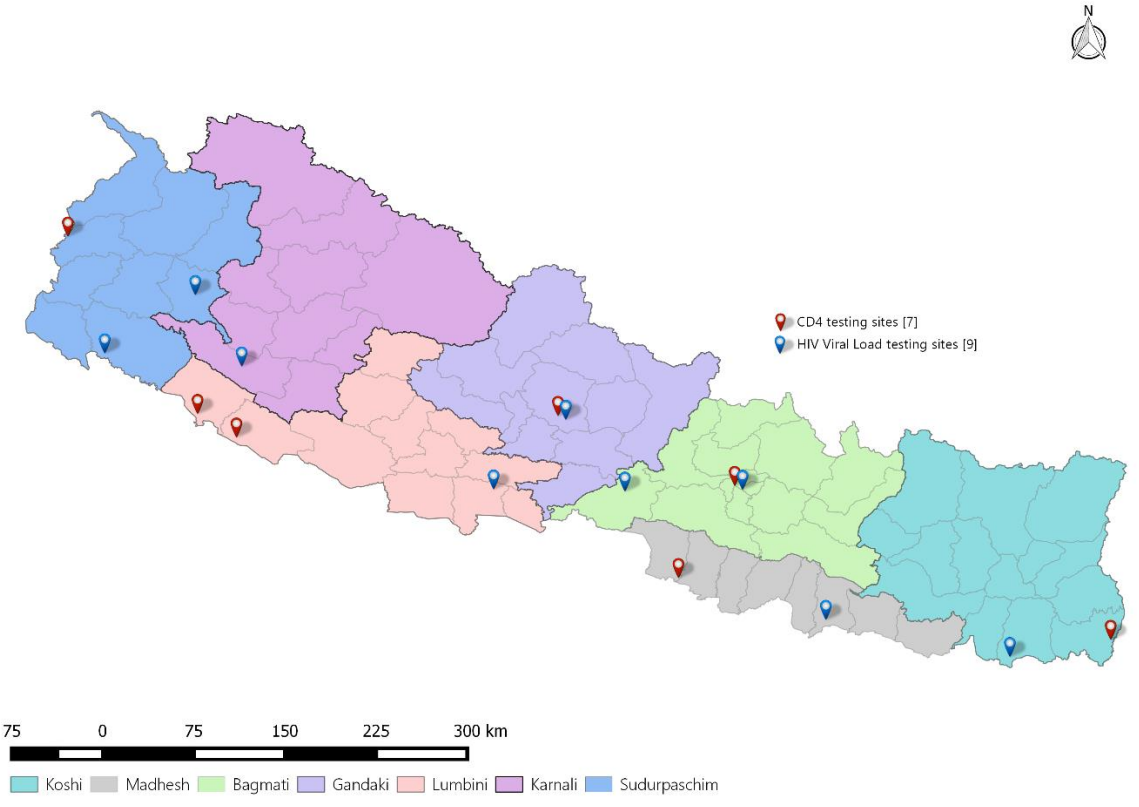


Figure 3.17 Map of Nepal showing HIV viral load and CD4 testing sites



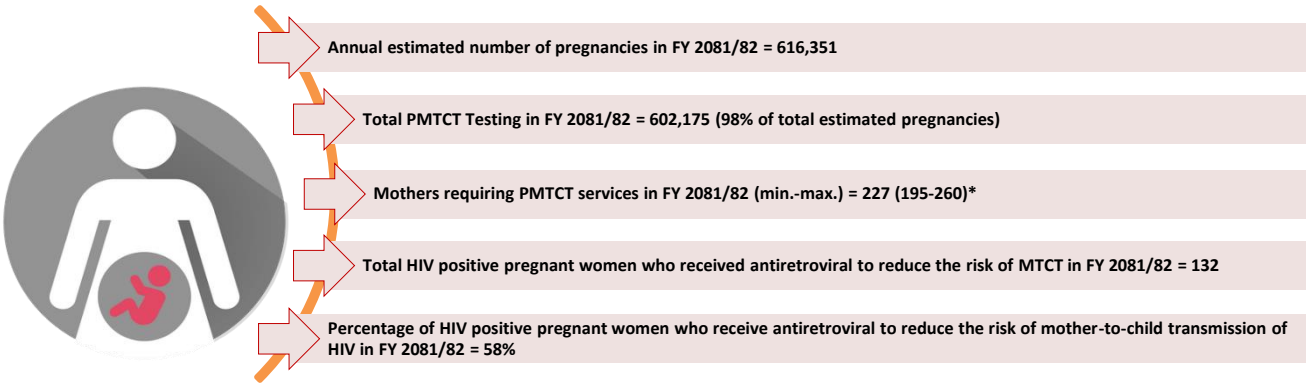
Prevention of Mother to Child Transmission (PMTCT)

FACT SHEET 4
2025

World AIDS Day 2025

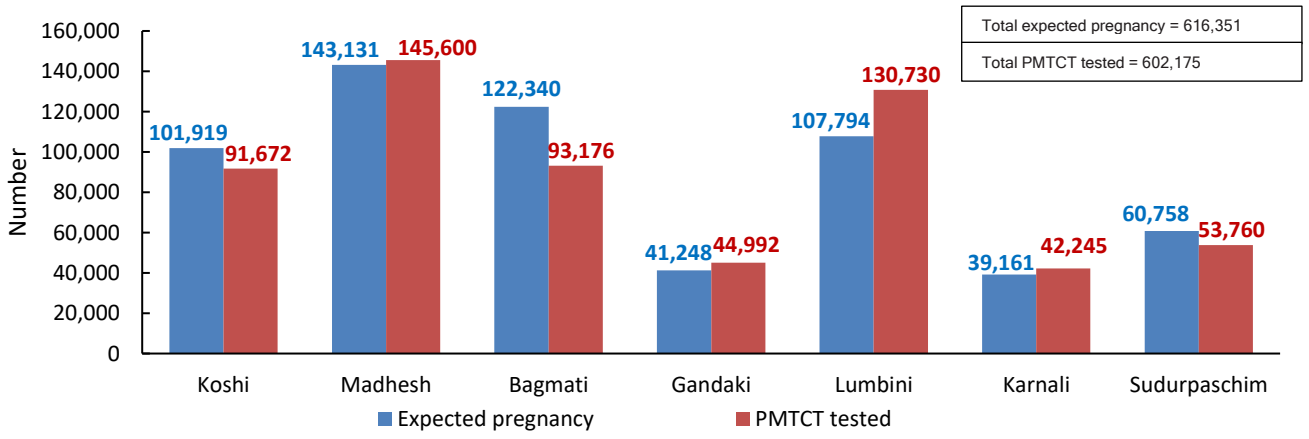
Overview

Comprehensive Prevention of Mother to Child Transmission (PMTCT) service started in Nepal in February 2005. PMTCT program has been expanded in all 77 districts of Nepal where HIV screening and counselling is done in first ANC visit at the health facilities. ARV medicines are made available in all districts of Nepal. Furthermore, PMTCT positive confirmation is only done through 90 ART sites. However, ART is available at 96 ART sites and 20 ARV Dispensing Centers throughout the country.



Source: HMIS/DHIS2, FY 2081/82. *NCASC, National HIV Estimates, 2025.

Figure 4.1 Province wise expected pregnancy vs. PMTCT Testing



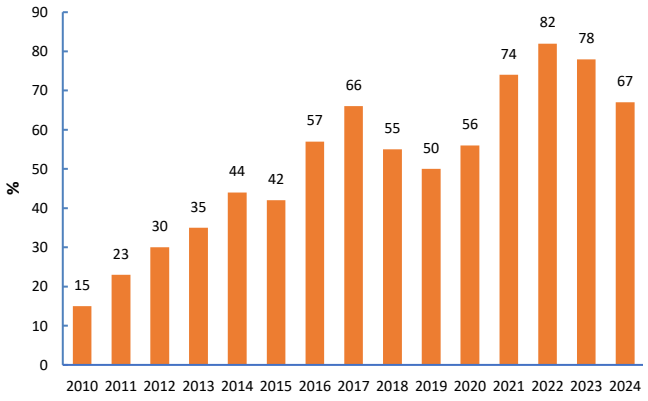
Source: HMIS/DHIS2 Routine program data, FY 2081/82.

Table 4.1 Services statistics on PMTCT in Nepal: 2010 – July 2025

Indicators	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025 Jan-July
Tested for HIV (PMTCT)	94,511	124,025	129,131	142,043	158,146	187,552	306,872	394,867	467,930	431,912	411,074	453,993	553,796	618,609	610,515	351,690
HIV Positive pregnant women	138	169	175	125	162	88	154	106	81	73	54	76	65	73	60	36
Mothers received ART (Already on ART became pregnant+ Newly diagnosed and enrolled in treatment in reporting period)	96	117	126	142	162	145	181	192	146	123	121	178	189	167	151	70

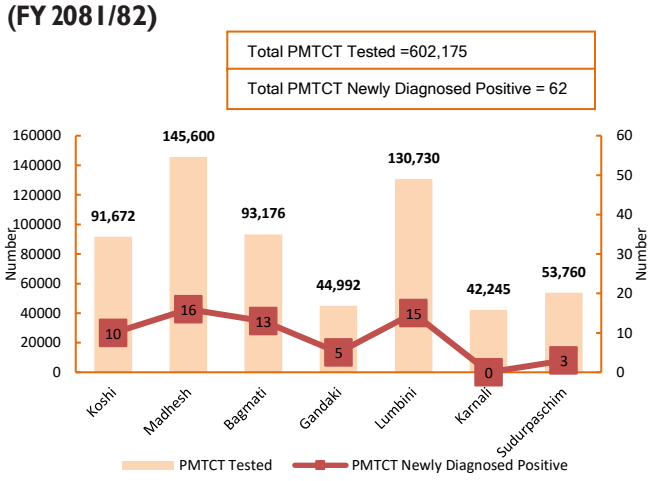
Source: HMIS/DHIS2 Routine Program Data, 2025.

Figure 4.2 Coverage of PMTCT Program in Nepal (2010 – 2024)



Source: HMIS/DHIS2 Routine program data, FY 2081/82. *National HIV Estimates, 2025.

Figure 4.3 PMTCT tested vs positive-Province wise (FY 2081/82)



Source: HMIS/DHIS2 Routine program data, FY 2081/82

Early Infant Diagnosis (EID)

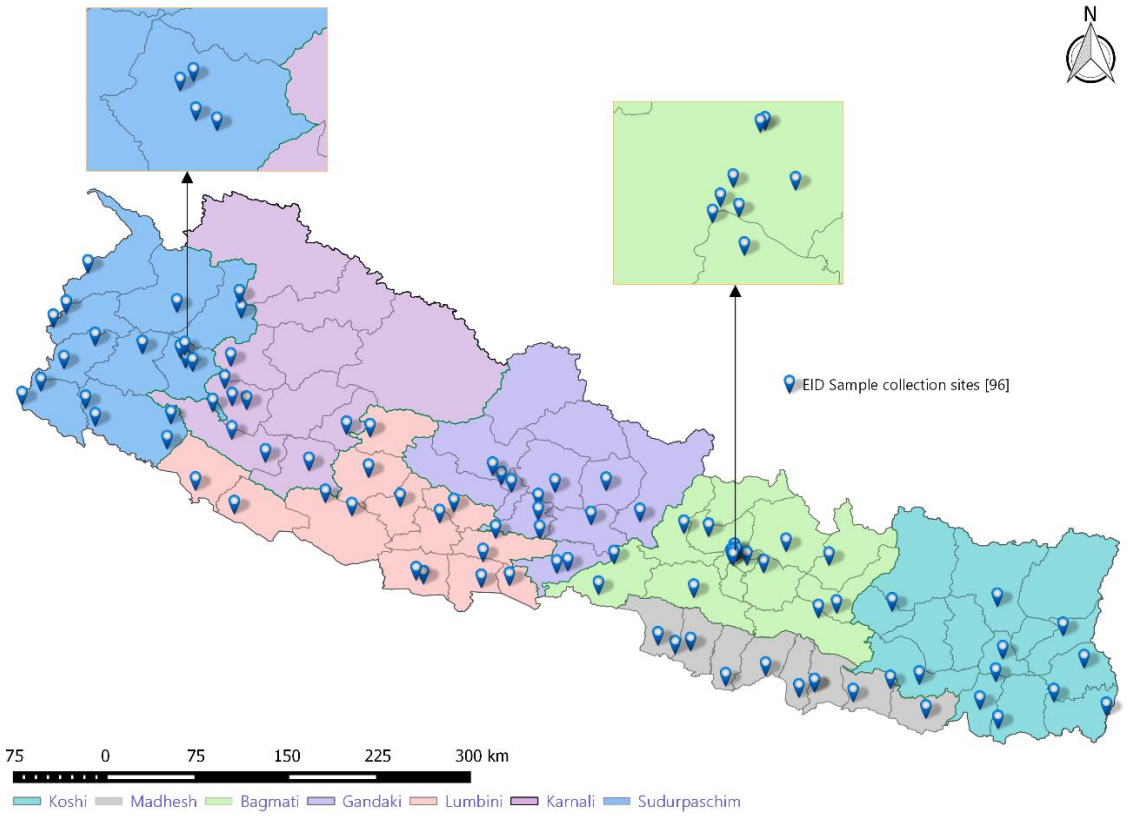
Early Infant Diagnosis (EID) service is available for babies born to the HIV-positive mothers to detect HIV status among exposed baby at the earliest. DNA PCR test is done for EID and conducted among the children below 18 months. EID through DNA PCR technology is available at National Public Health Laboratory (NPHL), Teku since September 2014. Dried blood spot (DBS) samples for EID are collected from all ART sites and sent for EID testing.

Table 4.2 Early Infant Diagnosis

Total number of children up to 18 months tested (PCR)	Total number of children up to 2 months tested (PCR)	Total number of children up to 18 months diagnosed HIV positive through PCR test
125	96	3

Source: HIV Care and ART Tracking System, FY 2081/82.

Figure 4.4 Map of Nepal showing EID sample collection sites



HIV and STI Surveillance

FACT SHEET 5

2025

World AIDS Day 2025

Nepal has been monitoring HIV and STI epidemic by collecting data from the following sources:

Case Reporting of HIV and STI

Routine case reporting of HIV and STI is done from HIV testing and counselling, PMTCT public sites, OPD morbidity as well as sites managed by NGOs. The routine reporting of HIV and STI from these sites is integrated in HMIS/DHIS2 since 2014.

Integrated Biological and Behavioral Surveillance (IBBS) Survey

Nepal has been conducting HIV and STI surveillance particularly among key populations, namely: people who inject drugs, FSW and their clients, MSM and TG, and Male Labor Migrants for more than a decade mainly to track changes in HIV and STI prevalence along with behavioral components such as condom use etc. Hepatitis-B and C screening among PWID has been started in the IBBS surveys from 2015. From 2020, national level surveillance survey was conducted among people who inject drugs and in 2024 National level IBBS for male labor migrants done.

Monitoring of HIV and STI Drug Resistance

Country is monitoring drug resistance of HIV and STI on an adhoc basis as recommended by the National Consolidated Guidelines on Strategic Information of HIV Response in Nepal 2022-2026. Pre-treatment drug resistance and acquired HIV drug resistance surveys were conducted in 2017 and 2019/2020.

Size Estimation of Key Populations

National size estimation of key populations (FSW, PWID and MSM and transgender people) was started in 2010. In 2005, 2007 and 2009, national level size estimates were derived by updating the 2003 estimate based on population growth. In 2010 for the first time, a national level mapping exercise which used a combination of direct and extrapolated district level estimates was conducted in Nepal. The latest mapping and size estimation of key populations has been conducted in 2024 for PWID, FSW, MSM, TG and Migrants.

HIV Infection Estimations and Projections

Nepal updates HIV infection estimates annually using available biological and behavioural data, routine program data, key population size estimates and other relevant key information from different studies using AIDS Epidemic Modelling (AEM) and Spectrum. Please refer to the following UNAIDS link for the latest national HIV estimates finalized by the country: https://aidsinfo.unaids.org/

HIV Surveillance

NCASC is taking the lead in HIV surveillance activities in Nepal, in technical collaboration with WHO, UNAIDS, Global Fund Program, USAID, FHI360 Nepal and AHF Nepal including the engagement of communities and people living with HIV. NCASC has developed National Consolidated Guidelines on Strategic Information of HIV Response in Nepal 2022-2026. The national consolidated SI guidelines aims to design an appropriate framework for measuring progress of National HIV Strategic Plan (2021-2026) targets and indicators at different level, i.e., impact, outcome and output level, including definitions of core indicators and specifications for data collection and provide a road map for data sources, data collection, analysis and its use for improvement of program implementation.

Sexually Transmitted Infections (STIs)

Key interventions for management of STIs in Nepal are targeted behaviour change communication (BCC), condom promotion and distribution, diagnosis, and treatment of STIs (both syndromic and etiological management) and referral services. STIs management services are available from government health facilities and NGOs for both key and general populations. Nepal has been following WHO recommended approach for the management of STIs in patients with recognized signs and symptoms. The first National STIs Case Management Guideline was developed in 1995 and revised in 2014 and 2022. In 2022, the NCASC updated the National STI guidelines based on new global and local evidence. Integrated Biological and Behavioural Surveillance (IBBS) Surveys and Integrated Health Management Information System (IHMIS/DHIS2) of Management Division are the main sources of information to monitor STIs prevalence and burden among general and key population in Nepal.

Data Quality Assessment of ART sites in Nepal, 2025

In 2025, NCASC with support from AHF Nepal conducted a Data Quality Assessment (DQA) across 70 ART sites representing 97% of PLHIV on treatment to improve the accuracy and reliability of HIV treatment data essential for achieving national fast-track 95-95-95 targets. The assessment reviewed key data systems and tools (HMIS 7.4, 7.5, 9.3/9.4/9.5, and the DHIS2-based HIV Care and ART Tracking System) using contextualized validation and facility assessment tools. Indicators/variables examined included data related to age, gender, risk group, treatment status, PMTCT, EID, and viral load. Data were collected through record reviews, triangulation, and interviews with ART site staff, supported by trained enumerators and standardized digital tools.

Findings revealed significant inconsistencies, including missing demographic details, misclassified age and gender, differing risk-group entries, inaccurate ART status reporting, and viral load data discrepancies particularly in HMIS 7.4 and 7.5. Operational gaps such as delayed data entry, incomplete registers, limited data backups, and low levels of routine data review were also observed. The DQA findings recommended **auto-synchronization of monthly aggregated data from HIV Care and ART Tracking System to holistic national system (HMIS).** The DQA also recommended **strengthening routine data verification, improving staff capacity, enhancing server resource and backups, and advancing toward a more integrated national HIV monitoring platform.** These improvements are essential for reliable reporting, better client monitoring, and evidence-based planning toward Nepal's HIV epidemic control goals. Weblink: https://www.ncasc.gov.np/content/17/report-on-data-quality-assessment-of-art/

Table 5.1 Prevalence of HIV, HBV, HCV, and Syphilis among People Who Inject Drugs and Prison Inmates

Cases	Male										Female		
	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim	<25 years	≥25 years	National	<25 years	≥25 years	National
People Who Inject Drugs (PWID)													
HIV Positive	1.5	-	4.6	1.2	0.7	-	1.5	1.0	4.3	2.8			2.0
Syphilis	-	-	1.7	2.2	0.4	-	0.2	1.8	0.8	1.2			10.0
HBV Positive	-	0.3	1.0	0.8	-	1.3	2.7	0.9	0.7	0.8			0.0
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	100.0	-	74.6	74.1	-	-	-	81.1	70.3	71.9			0.0
HIV and HBV co-infection	-	-	2.5	25.9	-	-	-	-	4.3	3.6			0.0
Prison Inmates¥													
HIV Positive	-	-	1.8	-	-	-	-	1.5*	1.9*	-	5.9*	0.0*	2.0*
Syphilis	-	-	0.3	-	-	-	-	0.0*	0.4*	-	5.9*	0.0*	2.0*

Source: Integrated Biological and Behavioral Surveillance Survey Report, 2020; ¥Assessment of HIV Prevalence among Prison Population in Nepal, 2021
*For Bagmati province only.

Table 5.2 Prevalence of HIV, HCV, and Syphilis among Male Labour Migrants

Cases	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpashchim	National
HIV Positive	0.0	0.3	0.5	0.4	0.4	0.0	0.0	0.2
HCV Positive	42.9	0.0	-	0.0	-	-	55.2	38.4
Syphilis	33.3	0.0	0.0	0.0	0.0	0.0	0.0	2.1

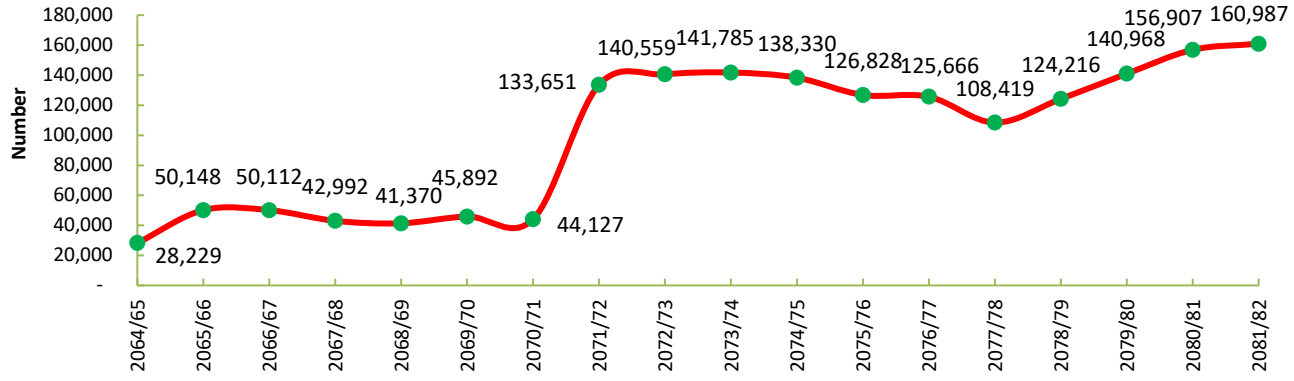
Source: Integrated Biological and Behavioral Surveillance Survey Report, 2024.

Table 5.3 Size estimation of key populations in Nepal

Key populations	Minimum	Maximum
Female sex workers (FSWs)	70,892	86,809
Men who have sex with men (MSM)	73,725	81,074
Transgender (TG)	30,549	35,241
Transgender – sex worker (TGSW)	11,805	14,250
Men who have sex with men (MSW)	22,127	25,955
People who inject drugs (PWID)	39,844	48,856
Male labor migrants (MLM)	338,723	544,480

Source: Mapping and Size Estimation of Key Populations in Nepal, 2024.

Figure 5.1 Annual reported cases of sexually transmitted infections (STIs) in Nepal, Fiscal year 2064/65-2081/82



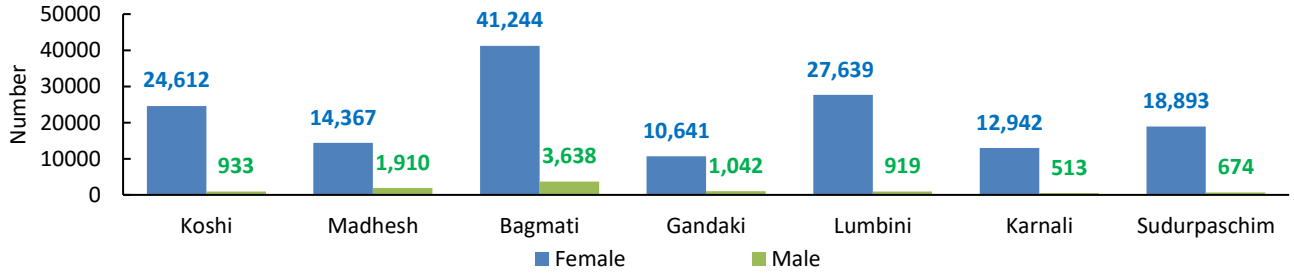
Source: Annual Report, Department of Health Services (DoHS); and HMIS/DHIS2 Routine Program Data, FY 2081/82

Table 5.4 Distribution of sexually transmitted infections (STIs) in Nepal*

Name of STI Cases	Total	Female	Male
Urethral Discharge Syndrome (UDS) Gonococcal	1,681	-	1,681
Scrotal Swelling Syndrome (SSS)	3,196	-	3,196
Vaginal Discharge Syndrome (VDS)	82,284	82,284	-
Lower Abdominal Pain Syndrome (LAPS)	62,915	62,915	-
Neonatal Conjunctivitis Syndrome (NCS)	845	508	337
Genital Ulcer Disease Syndrome (GUDS)	1,947	1,138	809
Inguinal Bubo Syndrome (IBS)	296	-	296
Syphilis	6,803	3,493	3,310

Source: HMIS/DHIS2 Routine Program Data, FY 2081/82
*Excluding HIV infections

Figure 5.2 Province and gender wise distribution of sexually transmitted infections (STIs) in Nepal

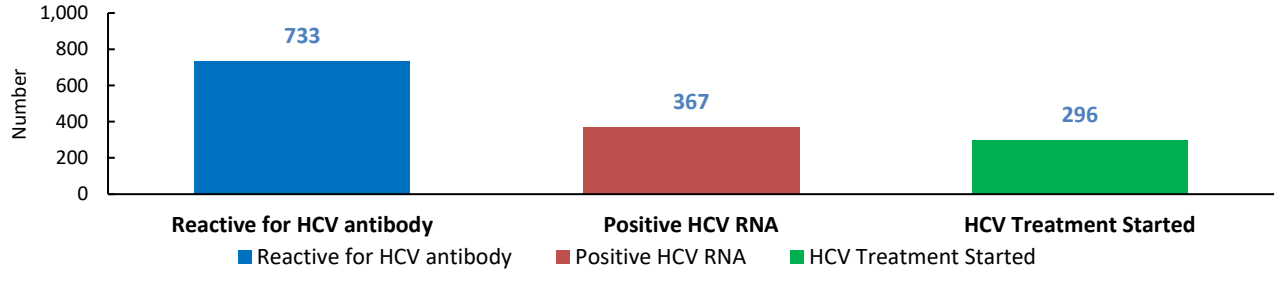


Source: HMIS/DHIS2 Routine Program Data, FY 2081/82 Note: Excluding HIV infections

Hepatitis C Virus (HCV)

HCV testing and treatment among coinfected and monoinfected (for PWID) has been initiated since 2020 for PLHIV and from July 2024 started among PWID, with the objective to eliminate Hep C by 2030. The Directly Acting Antiretroviral medicines can cure HCV infection and prevent from transmission, developing advanced stage of chronic Hepatitis (Chirrhosis, Hepatocellular Carcinoma) and death.

Figure 5.3 Total PLHIV reactive for HCV antibody, confirmed HCV Positive, and HCV treatment started till July 2025



Source: HIV Care and ART Tracking System, 2025.

FACT SHEET 6

Targeted Interventions among Key Populations

2025

World AIDS Day 2025

Overview

Targeted interventions are implemented in Nepal with an aim to offer HIV prevention and testing services to at risk population of HIV, and treatment care and support services to people living with HIV (PLHIV). People who inject drugs (PWID), sex workers and their clients, men who have sex with men (MSM) and transgender people, male labor migrants (MLM) and their wives and prison inmates are at risk population of HIV.

People Who Inject Drugs (PWID)

Harm reduction program [Needle Syringe Exchange and Opioid Substitution Therapy (OST) Program] are key interventions implemented to minimise the negative health, social and legal impacts associated with drug use among people who inject drugs in Nepal. Government of Nepal provides OST service through 12 sites in 10 districts.

Table 6.1 Targeted Interventions-People Who Inject Drugs

Indicator	Achievement											
	FY 070/71	FY 071/72	FY 072/73	FY 073/74	FY 074/75	FY 075/76	FY 076/77	FY 077/78	FY 078/79	FY 079/80	FY 080/81	FY 081/82
Reached through BCC	6,570	13,478	31,144	15,249	22,201	27,080	27,067	27,741	29,135	29,274	29,569	29,946
Condom distributed	610,557	606,171	786,504	12,237	671,631	1,118,664	987,567	1,558,549	1,420,554	1,413,486	1,119,254	673,366
HIV tested and counselled	5,332	9,777	15,897	11,478	19,992	25,832	17,613	29,905	27,117	25,922	25,019	23,468
Needle/Syringe distributed	1,731,095	1,663,213	1,521,054	1,661,546	1,459,464	2,674,136	2,589,409	2,702,947	3,310,781	3,757,875	3,529,983	2,410,217
Clients on Methadone*	-	-	819	909	740	906	672	328	339	405	497	734
Clients on Buprenorphine*	-	-	528	145	176	292	216	92	204	162	176	160

Source: HIV Care and ART Tracking System, FY 2081/82. *Data only includes 4 NGO run OST sites.

Table 6.2 Province wise reach of targeted interventions-People Who Inject Drugs

Indicator	Achievement	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Reached through BCC	29,946	3,417	7,319	6,634	4,721	6,314	450	1,091
Condom distributed	673,366	39,398	268,308	49,081	64,936	212,440	14,479	24,724
HIV tested and counselled	23,468	2,117	5,981	5,126	4,166	4,678	438	962
Needle/Syringe distributed	2,410,217	247,802	583,913	641,046	301,471	520,137	38,246	77,602
Clients on Methadone*	734	NA	NA	734	NA	NA	NA	NA
Clients on Buprenorphine*	160	NA	NA	160	NA	NA	NA	NA

Source: HIV Care and ART Tracking System, FY 2081/82. *Data only includes 4 NGO run OST sites.

Female Sex Workers (FSWs) and their clients

FSWs are at high risk of HIV and STI transmission due to unsafe sexual contacts with multiple sexual partners. The priority targeted prevention intervention among FSW and their clients are behaviour change intervention, including provision of condoms, HIV testing and counselling, diagnosis and treatment of STI and referral services.

Table 6.3 Targeted Interventions-Female Sex Workers

Indicator	Achievement-FSWs										
	FY 071/72	FY 072/73	FY 073/74	FY 074/75	FY 075/76	FY 076/77	FY 077/78	FY 078/79	FY 079/80	FY 080/81	FY 081/82
Reached through BCC	33,138	32,599	41,134	44,284	33,012	16,668	7,325	7,271	7,395	7,337	4,464
Condom distributed	4,712,296	4,204,696	3,352,293	2,697,692	1,520,951	957,298	941,992	988,906	959,545	1,044,630	333,468
HIV tested and counselled	10,006	9,765	28,715	30,743	23,684	11,228	3,138	4,918	5,191	5,597	3,882
STI diagnosed and treated	10,104	9,847	10,761	10,074	5,311	1,555	926	1,021	1,510	1,813	746

Source: HIV Care and ART Tracking System, FY 2081/82.

Table 6.4 Province wise reach of Targeted Interventions-Female Sex Workers

Indicator	Achievement	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Reached through BCC	4,464	68	680	1,987	231	912	NA	586
Condom distributed	333,468	5,604	66,208	108,188	26,881	79,524	NA	47,063
HIV tested and counselled	3,882	152	506	1,822	251	660	NA	491
STI diagnosed and treated	746	35	77	372	31	170	NA	61

Source: HIV Care and ART Tracking System, FY 2081/82.

Table 6.5 Targeted Interventions-Clients of Female Sex Workers

Indicator	Achievement-Clients of FSWs										
	FY 071/72	FY 072/73	FY 073/74	FY 074/75	FY 075/76	FY 076/77	FY 077/78	FY 078/79	FY 079/80	FY 080/81	FY 081/82
Reached through BCC	88,706	88,706	90,717	81,500	47,633	23,053	5,066	4,587	3,494	4,077	1,238
Condom distributed	2,805,769	2,713,038	2,199,082	1,847,855	1,151,476	7,14,538	351,761	230,705	114,448	208,351	62,785
HIV tested and counselled	12,957	12,621	27,316	31,393	26,639	10,632	1,843	2,669	2,033	2,176	2,024
STI diagnosed and treated	627	626	793	776	629	487	332	473	470	494	247

Source: HIV Care and ART Tracking System, FY 2081/82.

Table 6.6 Province wise reach of Targeted Interventions-Clients of Female Sex Workers

Indicator	Achievement	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Reached through BCC	1,238	67	210	150	169	397	NA	245
Condom distributed	62,785	1,684	10,537	17,915	8,931	11,153	NA	12,565
HIV tested and counselled	2,024	70	255	890	268	319	NA	222
STI diagnosed and treated	247	30	26	117	11	54	NA	9

Source: HIV Care and ART Tracking System, FY 2081/82.

Table 6.7 Province wise reach of targeted interventions-Male Sex Workers

Indicator	Achievement	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Reached through BCC	759	31	137	254	139	123	NA	75
Condom distributed	62,785	1,684	10,537	17,915	8,931	11,153	NA	12,565
HIV tested and counselled	420	16	57	146	83	83	NA	35
STI diagnosed and treated	13	3	4	3	0	3	NA	0

Source: HIV Care and ART Tracking System, FY 2081/82.

Men who have Sex with Men (MSM) and Transgender (TG)

The priority targeted prevention intervention among MSM and TG are behavior change interventions, including provision of condoms and lubricants, HIV testing and counselling, diagnosis and treatment of STIs and referral services. The interventions program is implemented with the support from Government of Nepal and implementing partners.

Table 6.8 Targeted Interventions-MSM and TG

Indicator	Achievement											
	FY 070/71	FY 071/72	FY 072/73	FY 073/74	FY 074/75	FY 075/76	FY 076/77	FY 077/78	FY 078/79	FY 079/80	FY 080/81	FY 081/82
Reached through BCC	34,427	40,230	50,584	73,138	82,559	109,603	89,963	24,149	12,850	10,294	9,699	3,219
Condom distributed	2,046,540	2,385,565	2,110,799	3,323,791	3,592,262	4,483,048	3,437,351	1,533,118	1,456,590	1,207,313	915,364	173,589
HIV tested and counselled	7,574	6,674	21,474	37,250	59,672	73,494	35,407	7,724	6,114	5,590	5,407	2,449
STI diagnosed and treated	5,426	1,909	365	398	660	220	114	328	384	570	710	158

Source: HIV Care and ART Tracking System, FY 2081/82.

Table 6.9 Province wise reach of Targeted Interventions-MSM and TG

Indicator	Achievement	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Reached through BCC	3,219	231	455	1,044	429	621	NA	439
Condom distributed	173,589	12,589	27,996	49,750	27,300	29,532	NA	26,422
HIV tested and counselled	2,449	141	273	964	363	437	NA	271
STI diagnosed and treated	158	19	33	48	2	39	NA	17

Source: HIV Care and ART Tracking System, FY 2081/82.

Male Labor Migrants (MLM) and their Spouses

Male labor migrants (particularly to India) and their sexual partners are at risk for HIV. The priority targeted prevention interventions among migrants and their spouse are behavior change interventions, including provision of condoms, HIV testing and counseling, diagnosis and treatment of STIs and referral services. Government of Nepal and its partners have implemented intervention through partner NGOs among migrants and their spouses.

Table 6.10 Targeted Interventions-MLM and their Spouses

Indicator	Achievement											
	FY 070/71	FY 071/72	FY 072/73	FY 073/74	FY 074/75	FY 075/076	FY 076/77	FY 077/78	FY 078/79	FY 079/80	FY 080/81	FY 081/82
Reached through BCC	285,623	119,863	247,696	89,255	306,184	112,393	2,406	131,291	232,576	333,426	329,242	102,867
Condom distributed	2,991,704	1,340,286	1,578,039	418,077	1,068,456	387,351	2,017	411,852	1,015,452	1,294,974	1,292,367	446,511
HIV tested and counselled	42,679	40,623	103,667	17,238	101,202	6,572	797	115,358	192,793	314,662	244,780	111,164

Source: HIV Care and ART Tracking System, FY 2081/82.

Table 6.11 Province wise reach of targeted interventions- MLM and their Spouses

Indicator	Achievement	Koshi*	Madhesh*	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Reached through BCC	102,867	NA	NA	9,480	8,753	46,508	4,315	33,811
Condom distributed	446,511	NA	NA	81,678	11,727	199,591	17,956	135,559
HIV tested and counselled	111,164	NA	NA	13,098	9,013	47,368	4,647	37,038

Source: HIV Care and ART Tracking System, FY 2081/82.

Prison Inmates

Prison Inmates are also at risk of HIV and STI transmission, due to unsafe sexual practice and inadequate level of information regarding risk factors of HIV. The priority targeted prevention intervention among prison inmates are behaviour change intervention, HIV testing and counselling. The intervention program is implemented with the support from federal and provincial government of Nepal and implementing partners.

Table 6.12 Targeted Interventions reach among Prison Inmates

Indicator	Achievement							
	FY 074/75	FY 075/76	FY 076/77	FY 077/78	FY 078/79	FY 079/80	FY 080/81	FY 081/82
Reached through BCC	6,493	17,611	1,290	16,759	8,568	11,527	5,976	8,671
HIV tested and counselled	2,318	6,923	1,223	12,097	8,215	16,132	5,556	8,624

Source: HIV Care and ART Tracking System, FY 2081/82.

Table 6.13 Province wise reach of targeted interventions-Prison Inmates

Indicator	Achievement	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali*	Sudurpaschim*
Reached through BCC	8,671	2,440	1,560	3,533	571	567	NA	NA
HIV tested and counselled	8,624	2,440	1,563	3,483	571	567	NA	NA

Source: HIV Care and ART Tracking System, FY 2081/82.

Table 6.14 HIV prevention, diagnosis and treatment services implemented by AIDS Healthcare Foundation (AHF) Nepal

Indicator	Achievement	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Individuals screened for HIV	5,494	0	506	862	155	1,354	136	2,481
Individuals tested and counselled for HIV	5,494	0	506	862	155	1,354	136	2,481
HIV positive (reactive) cases	188	0	19	86	21	44	3	15
Linked to ART	182	0	19	81	21	43	3	15
Number of condoms (LOVE condoms) distributed	256,068	9,528	24,718	101,482	16,772	35,494	13,929	54,145

Source: AIDS Healthcare Foundation (AHF) Nepal routine program data, FY 2081/82.

Table 6.15 Care and support services implemented by AIDS Healthcare Foundation (AHF) Nepal

Indicator	Achievement	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Number of PLHIV supported with transportation costs	7,008	301	1,088	1,493	931	810	217	2,168
Number of PLHIV supported with lab-investigation (USG, CT Scan, X-Ray etc) costs	2,357	54	110	1,294	492	243	12	152
Number of PLHIV supported with Medicine/Pharmacy	2,584	183	202	900	337	390	166	406
Number of PLHIV received nutritional support	4,001	115	318	1,630	379	356	53	1,150
Number of viral load samples transported to labs	1,494	0	350	1,144	0	0	0	0
Number of PLHIV supported for complicated case management	2,584	183	202	900	337	390	166	406

Source: AIDS Healthcare Foundation (AHF) Nepal routine program data, FY 2081/82.

Table 6.16 Treatment and gender wise total clients on opioid substitution therapy (OST)

Gender	Treatment		Total
	Methadone	Buprenorphine	
Male	1,231	241	1,472
Female	47	3	50
TG	2	1	3
Total	**1,280**	**245**	**1,525**

Source: Routine program data (HMIS/DHIS2), FY 2081/82.

Children Affected by AIDS (CABA)

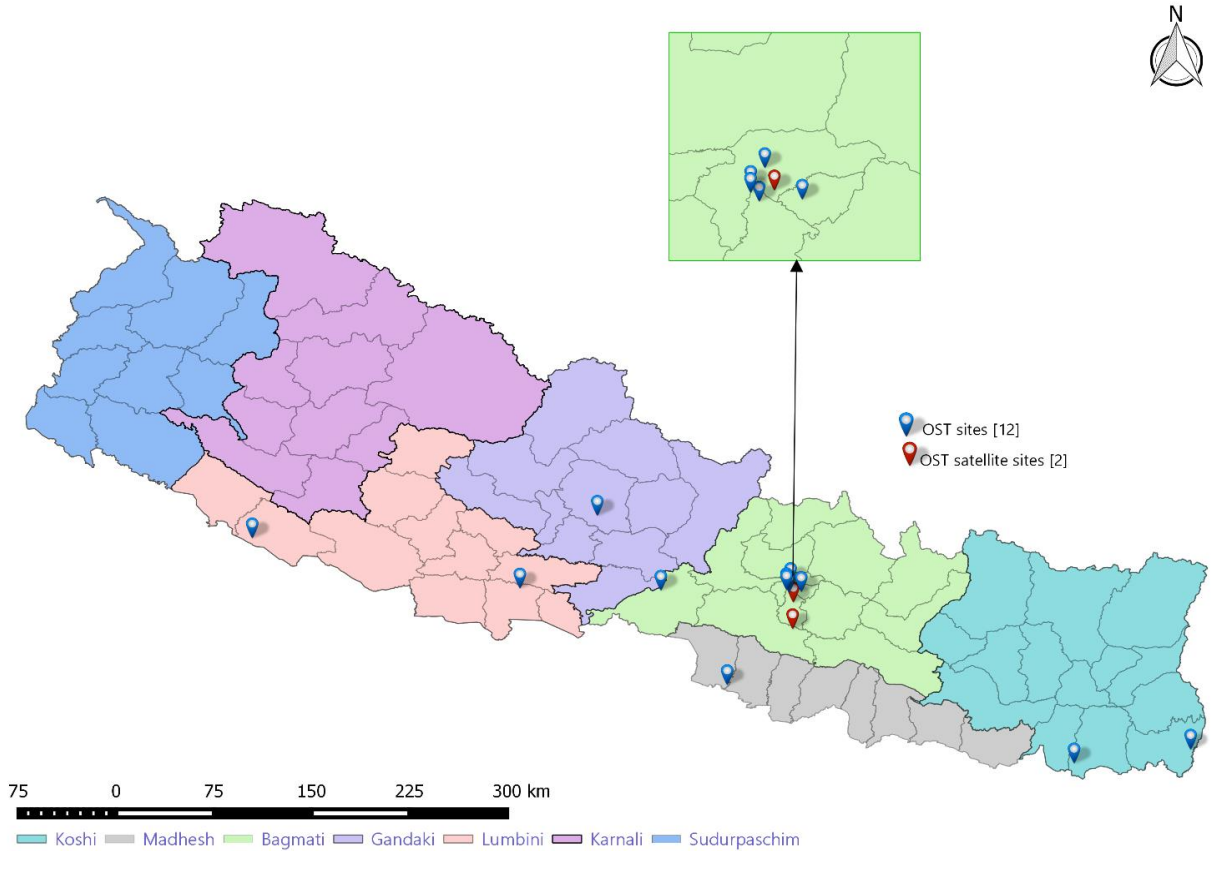
CABA program only targets HIV positive children under 18 years of age. CABA Program is implemented by Government of Nepal in collaboration with implementing partners. Under CABA support, every HIV infected child is provided with NPR 1000 per month (deposited in their bank account) for their education, health, nutrition and livelihood support.

Other Activities Conducted by Partner Organizations

Table 6.17 Other activities conducted by partner organizations under targeted intervention among key populations in Nepal

Indicator	National	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim	Source
Number of people who newly initiated Pre-exposure prophylaxis (PrEP)	1,479	76	181	601	180	259	NA	182	HIV Care and ART Tracking System, FY 2081/82
Number of HIV self test kits distributed	7,178	140	947	2,999	960	1,259	NA	873	
Number of HIV reactive cases identified through self testing	180	21	32	69	27	23	NA	8	
Confirmed HIV diagnosis through ART centers	172	19	32	69	23	23	NA	6	
Number of PLHIVs received income generating support	14	0	0	10	1	1	0	2	AHF Nepal routine program data, FY 2081/82
Number of PLHIVs received Education support	76	0	72	1	3	0	0	0	
Number of PLHIVs received Skill development trainings	11	1	1	2	2	2	1	2	

Figure 6.1 Map of Nepal showing OST sites



Supplementary Data

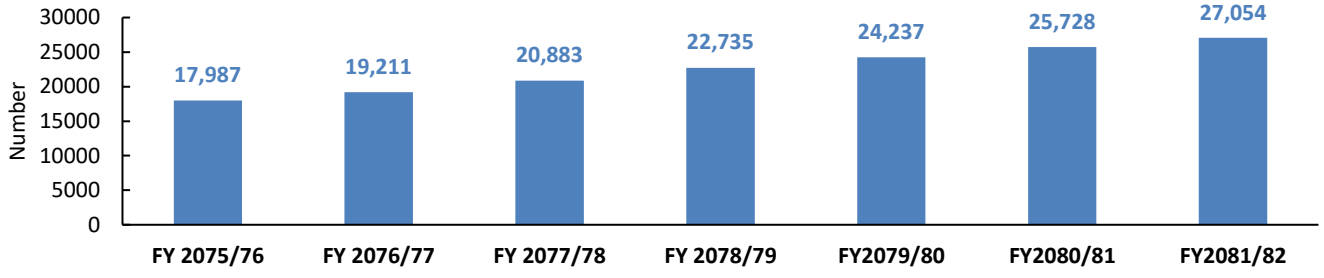
FACT SHEET 7

2025

World AIDS Day 2025

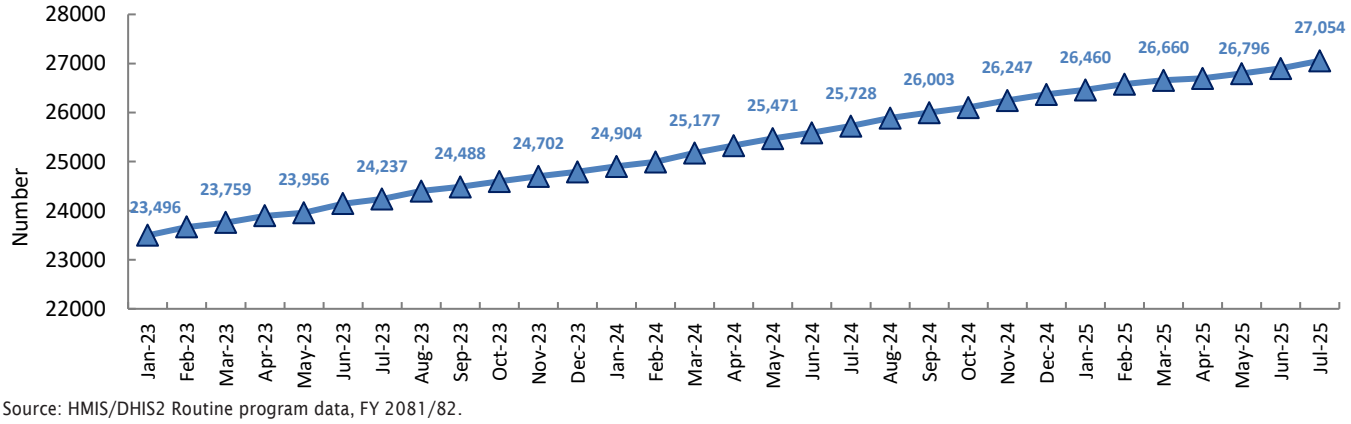
Anti-Retroviral Therapy (ART)

Figure 7.1 Trend of people living with HIV (PLHIV) currently on ART, FY 2075/76-2081/82



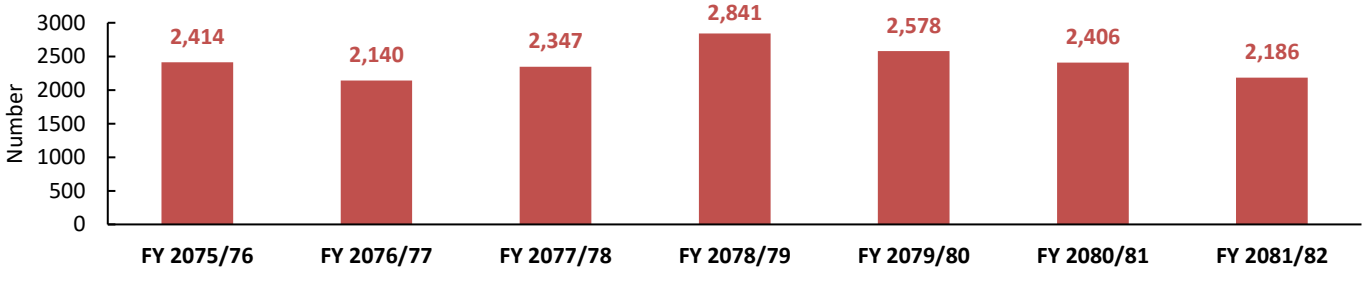
Source: HMIS/DHIS2 Routine program data, FY 2081/82.

Figure 7.2 Month wise trend of people living with HIV (PLHIV) currently on ART, Jan 2023 - July 2025



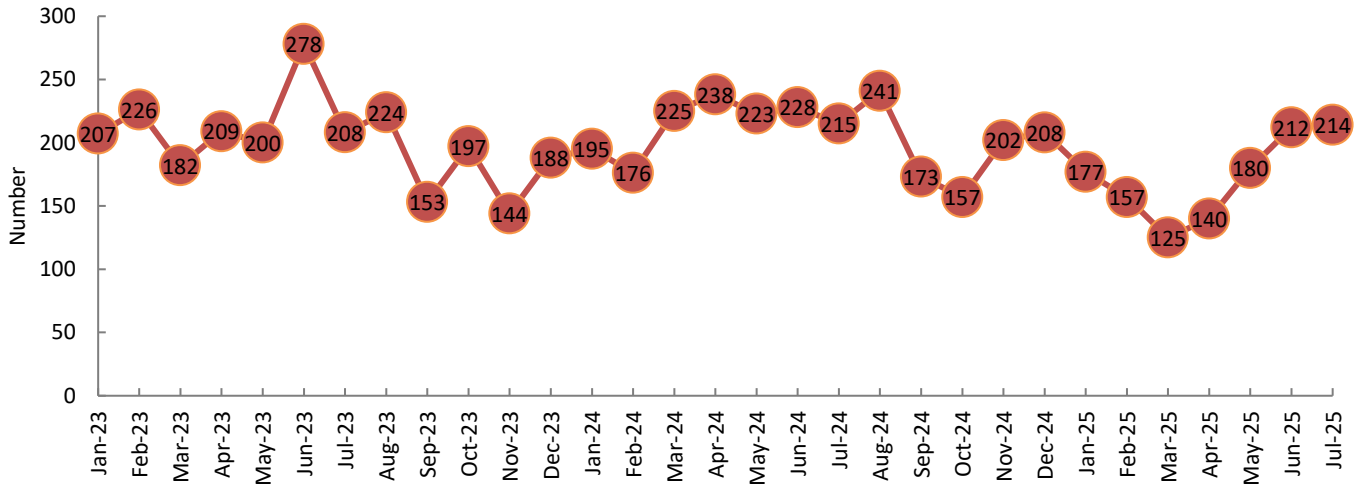
Source: HMIS/DHIS2 Routine program data, FY 2081/82.

Figure 7.3 Trend of PLHIV newly enrolled on ART, FY 2075/76-2081/82



Source: HMIS/DHIS2 Routine program data, FY 2081/82.

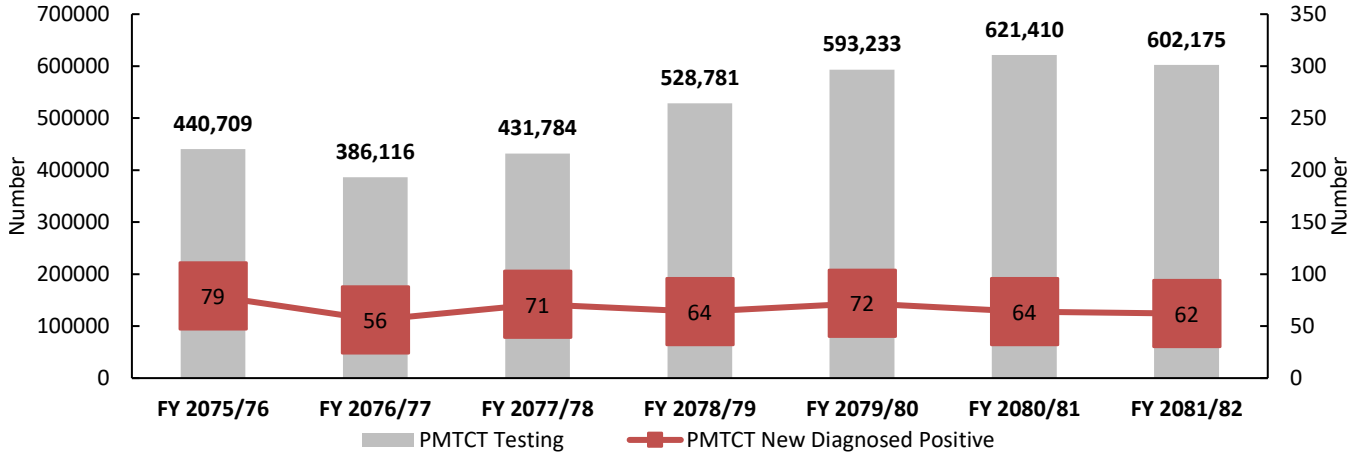
Figure 7.4 Month-wise trend of PLHIV newly enrolled on ART, Jan 2023 - July 2025



Source: HMIS/DHIS2 Routine program data, FY 2081/82.

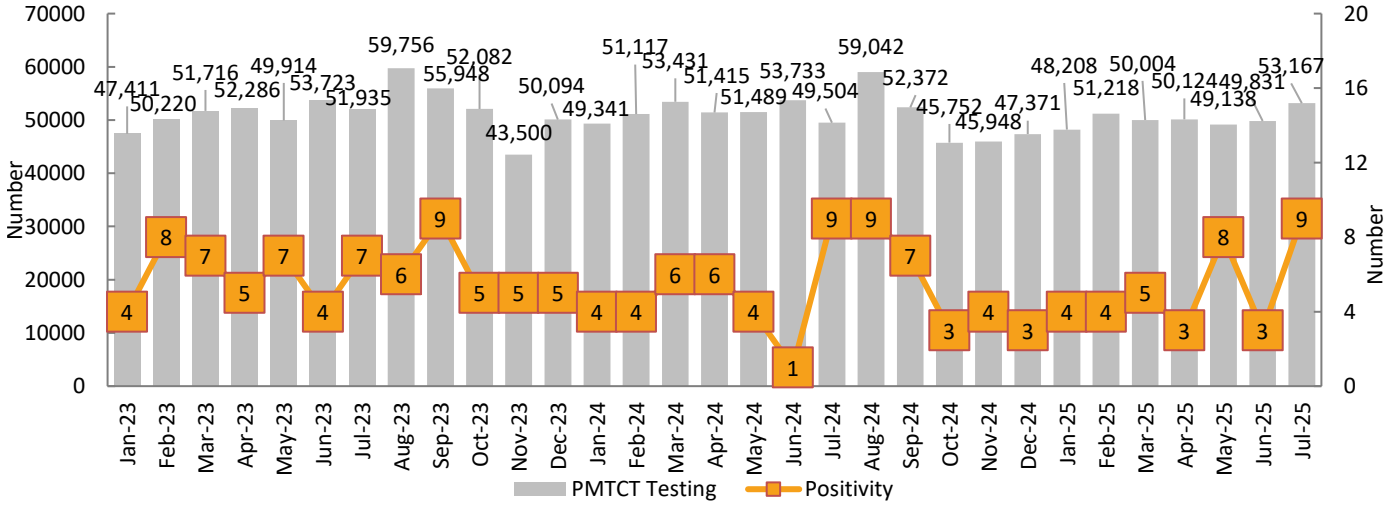
Prevention of Mother-To-Child Transmission (PMTCT)

Figure 7.5 Trend of PMTCT testing vs. positivity, FY 2075/76-2081/82



Source: HMIS/DHIS2 Routine program data, FY 2081/82.

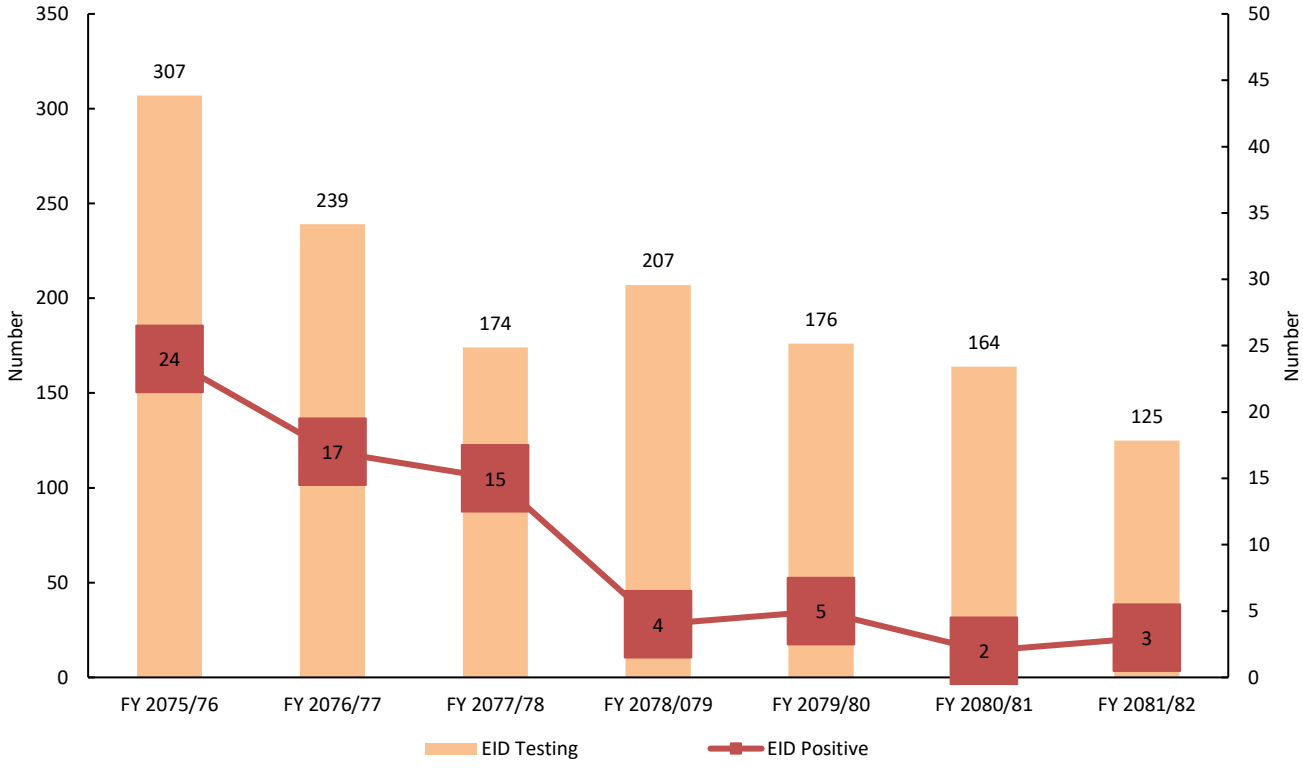
Figure 7.6 Month-wise trend of PMTCT testing vs. positivity, Jan 2023 - July 2025



Source: HMIS/DHIS2 Routine program data, FY 2081/82.

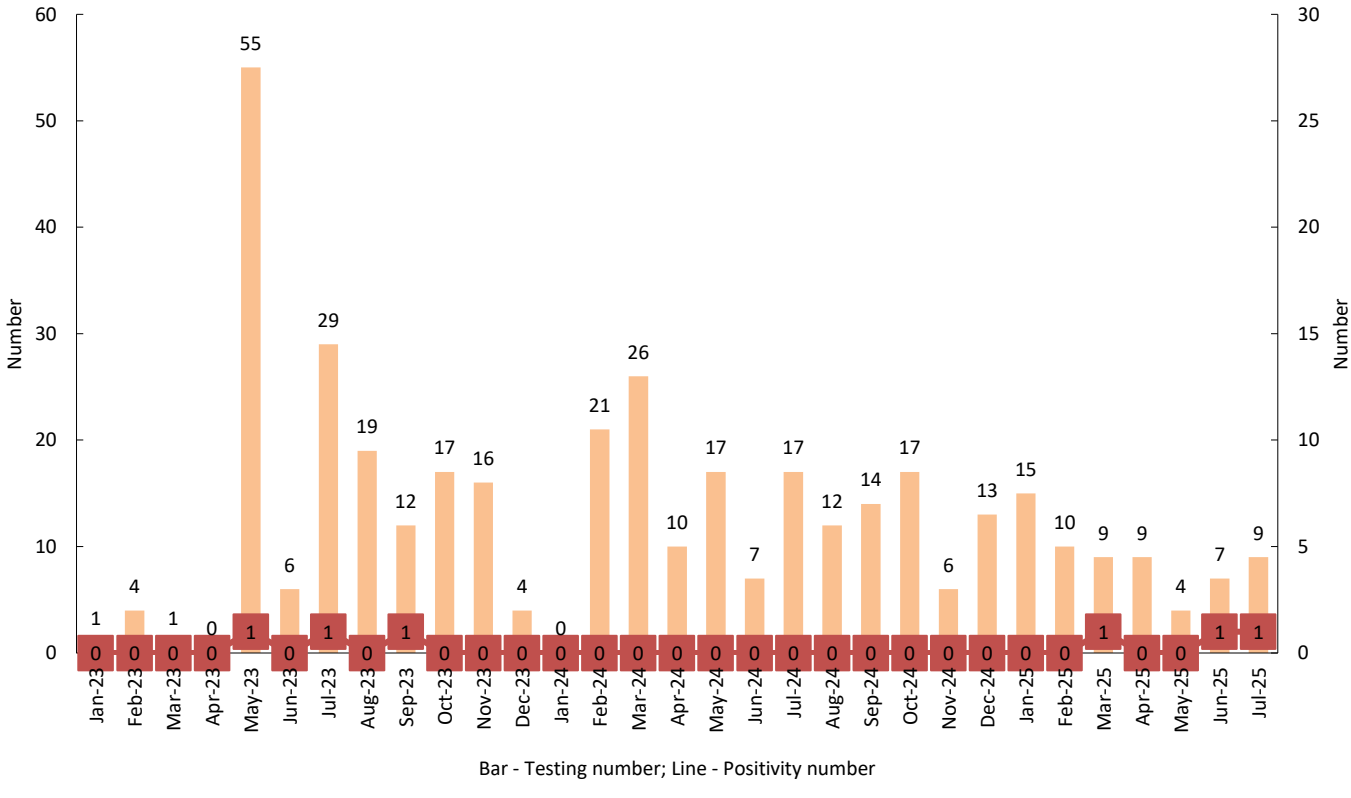
Early Infant Diagnosis (EID)

Figure 7.7 Trend of EID testing vs. positivity, FY 2075/76-2081/82



Source: HMIS/DHIS2 Routine Program Data; HIV Care and ART Tracking System, FY 2081/82.

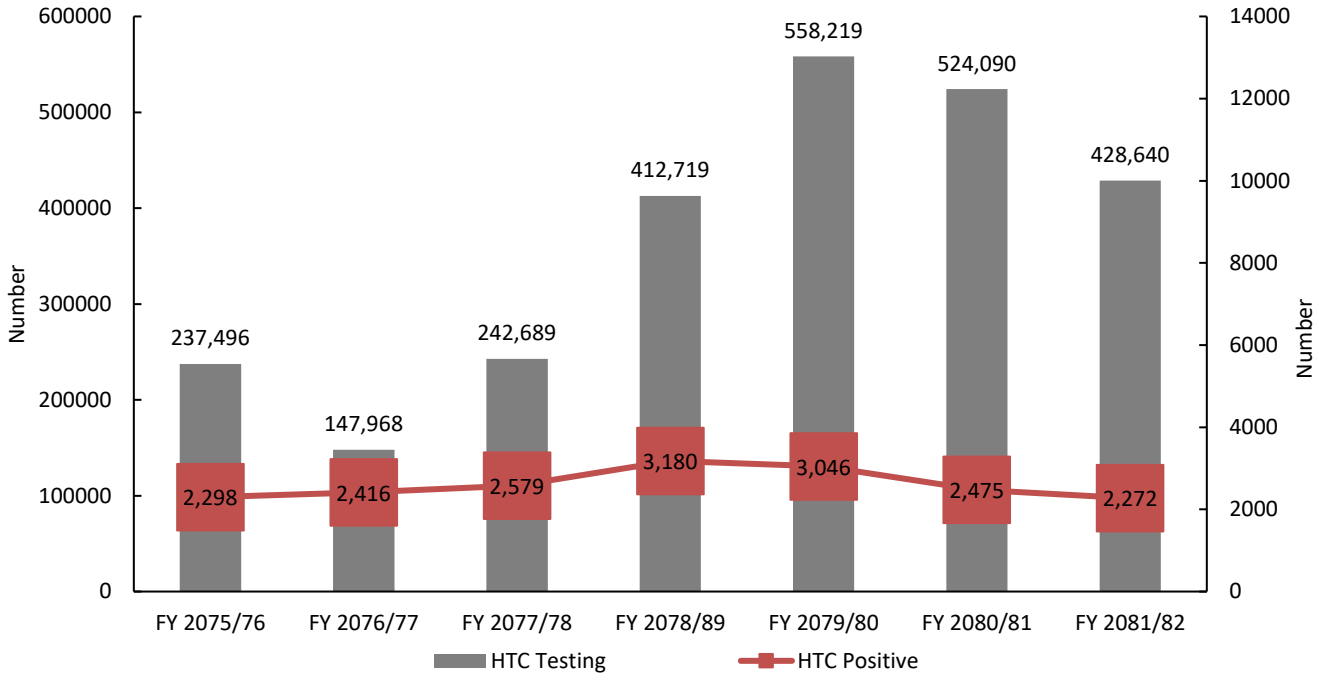
Figure 7.8 Month-wise trend of EID testing vs. positivity, Jan 2023 - July 2025



Source: HMIS/DHIS2 Routine Program Data; NCASC HIV Care and ART Tracking System, FY 2081/82.

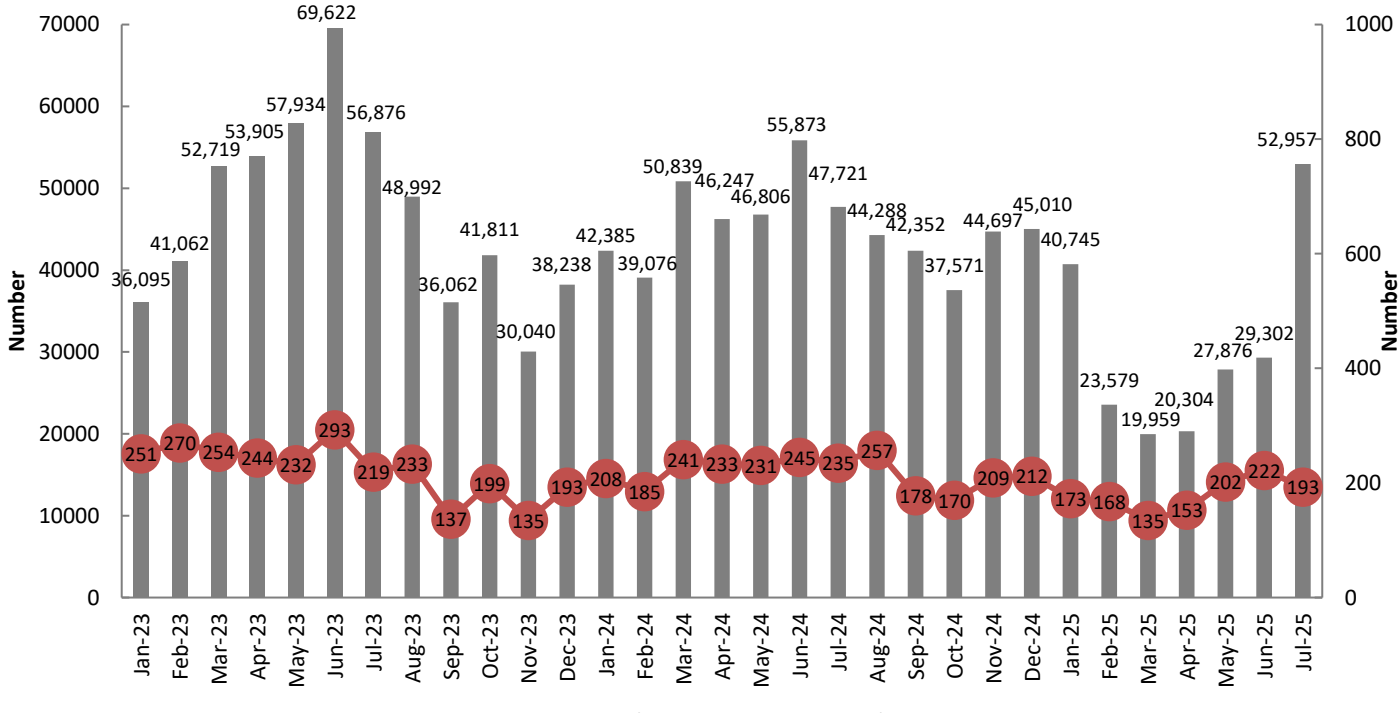
HIV Testing and Counseling (HTC)

Figure 7.9 Trend of HIV testing and positivity, FY 2075/76-2081/82



Source: Routine program data (HMIS/DHIS2 and Partner organizations reporting system), FY 2081/82.

Figure 7.10 Month-wise trend of HIV testing and positivity, Jan 2023 – July 2025



Source: Routine program data (HMIS/DHIS2 and Partner organizations reporting system), FY 2081/82.

WHAT IS WORLD AIDS DAY?

Each year, on 1 December, the world commemorates World AIDS Day. People around the world unite to show support for people living with HIV and to remember those who have died from AIDS-related illnesses.
Each World AIDS Day focuses on a specific theme, which this year will be Overcoming disruption, transforming the AIDS response.
This year's theme joins a growing list of challenges that World AIDS Day has alerted people to globally. Founded in 1988, World AIDS Day was the first ever international day for global health. Every year, United Nations agencies, governments and civil society join together to campaign around specific themes related to HIV.

- Awareness-raising activities take place around the globe.
- Many people wear a red ribbon, the universal symbol of awareness of, support for and solidarity with people living with HIV.
- People living with HIV make their voice heard on issues important in their lives.
- Groups of people living with HIV and other civil society organizations involved in the AIDS response mobilize in support of the communities they serve and to raise funds.
- Events highlight the current state of the epidemic.

World AIDS Day remains as relevant today as it's always been, reminding people and governments that HIV has not gone away. There is still a critical need for increased funding for the AIDS response, to increase awareness of the impact of HIV on people's lives, to end stigma and discrimination and to improve the quality of life of people living with HIV.

Source: https://www.unaids.org

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