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39th
WORLD
AIDS DAY
2026

ENDING AIDS STARTS WITH ACCESS

सेवामा पहुँच : एड्स अन्त्यको सुरुवात



NATIONAL HIV FACTSHEET 2026

Government of Nepal
Ministry of Health and Food Safety
National Centre for AIDS and STD Control
Teku, Kathmandu

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HIV Epidemic Update

FACT SHEET 1
2026

World AIDS Day 2026

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.

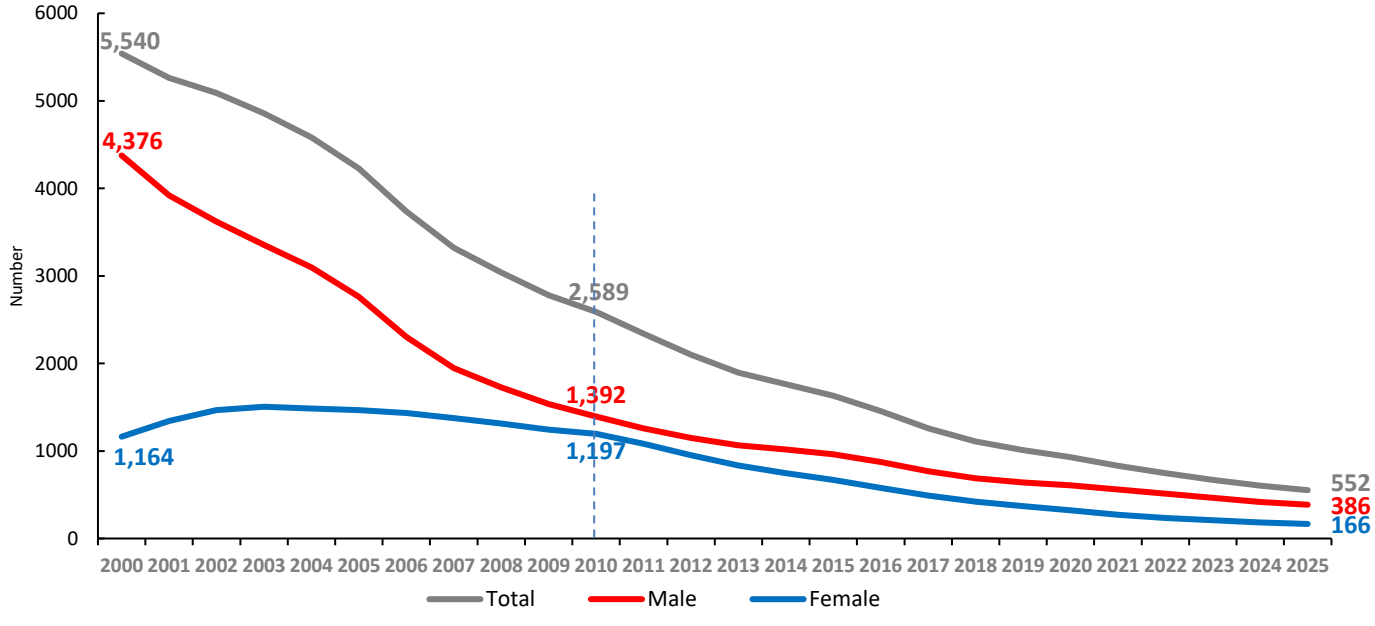
First HIV case was detected in 1988 in Nepal.

Heterosexual transmission is dominant (66%).

Table 1.1 HIV and AIDS Estimates in Nepal	Number (min-max)
Adults and children living with HIV	34,636 (31,084-38,117)
Adults aged 15 and over living with HIV	33,634 (30,121-37,070)
Women aged 15 and over living with HIV	13,984 (12,500-15,459)
Men aged 15 and over living with HIV	19,650 (17,429-21,979)
Children aged 0 to 14 living with HIV	1,002 (844-1,162)
Mothers needing elimination of vertical transmission services	180 (155-206)

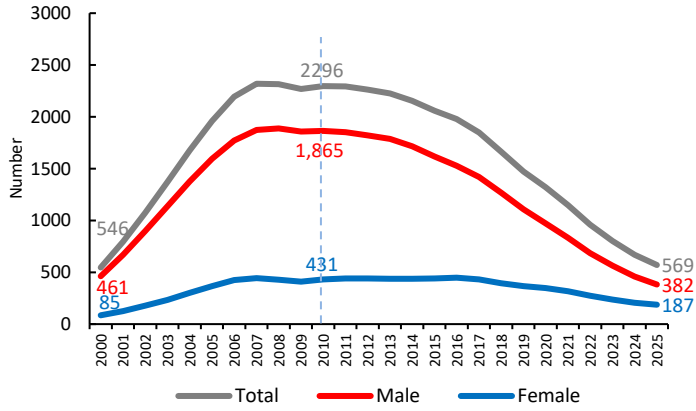
Source: UNAIDS, 2026. Website: https://aidsinfo.unaids.org/

Figure 1.1 Number of new HIV infections in Nepal, 2000-2025



Source: UNAIDS Estimates, 2026. Website: https://aidsinfo.unaids.org/

Figure 1.2 Number of AIDS Deaths in Nepal, 2000-2025

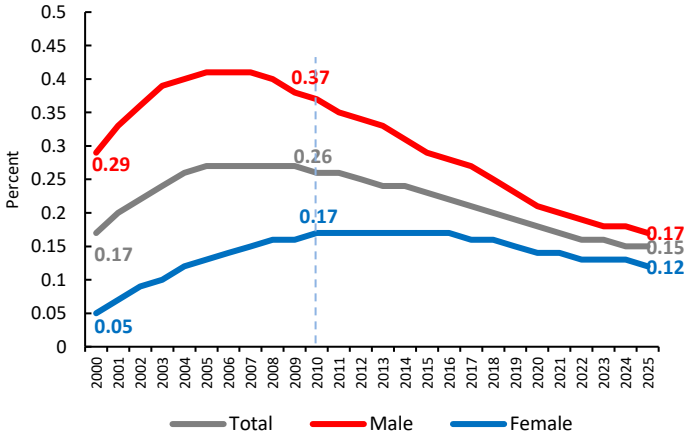


Source: UNAIDS Estimates, 2026. Website: https://aidsinfo.unaids.org/

Table 1.2 Key indicators (Estimated)	Achievement 2025
HIV Incidence per 1000	**0.02%**
Percentage of women 15-49 years living with HIV (of estimated adult PLHIV)	45.4%
New infant HIV infections	**25**
Total new infections among 0-14 years	28
AIDS mortality per 100 thousand	**1.92**

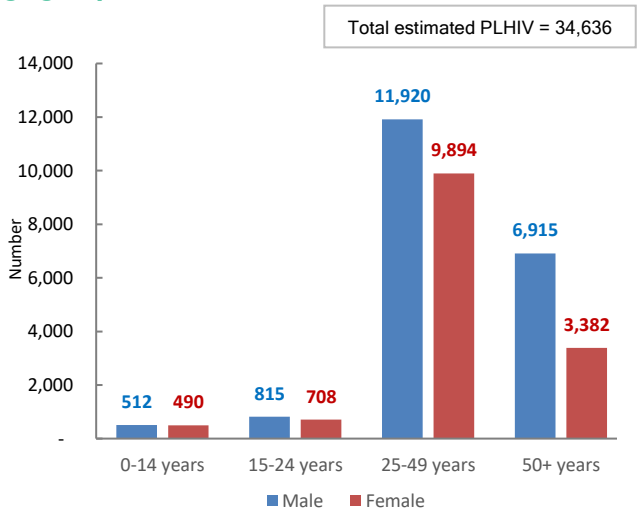
Source: UNAIDS Estimates, 2026. Website: https://aidsinfo.unaids.org/

Figure 1.3 Trend of HIV prevalence among adult population (15-49 Year) 2000-2025



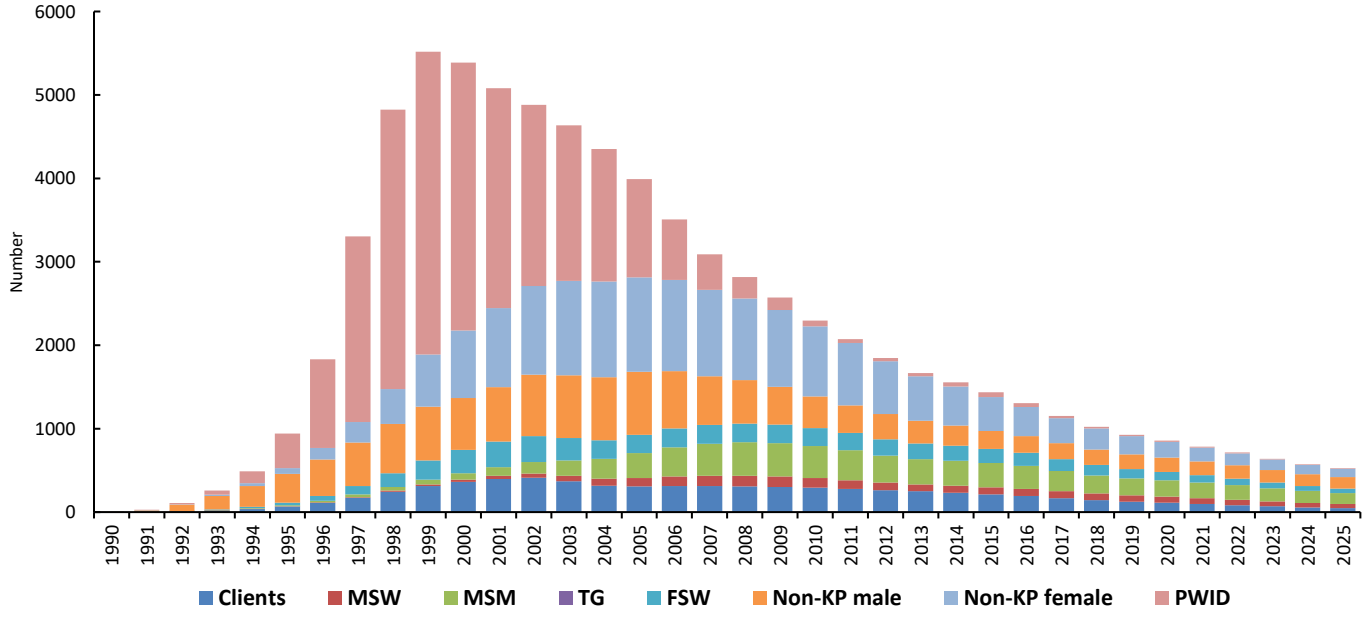
Source: UNAIDS Estimates, 2026. Website: https://aidsinfo.unaids.org/

Figure 1.4 Estimated number of HIV infections by age group, 2025



Source: NCASC, National HIV Estimates, 2026.

Figure 1.5 Trend of number of annual new HIV infections by key population (1990-2025)



Source: UNAIDS, 2026. Website: https://aidsinfo.unaids.org/

HIV Testing and Counselling (HTC)

FACT SHEET 2

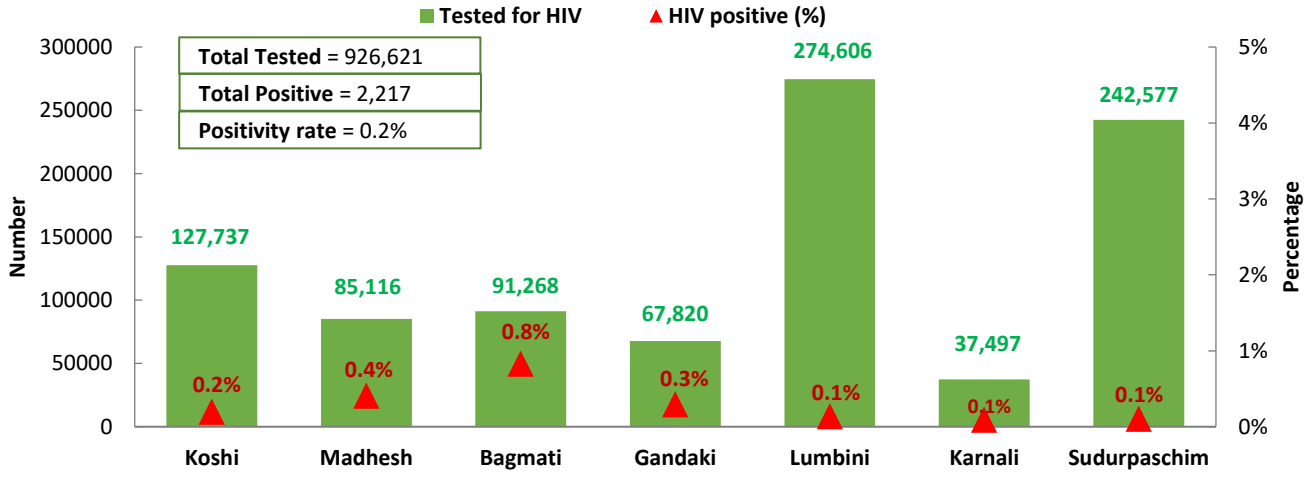
2026

World AIDS Day 2026

Overview

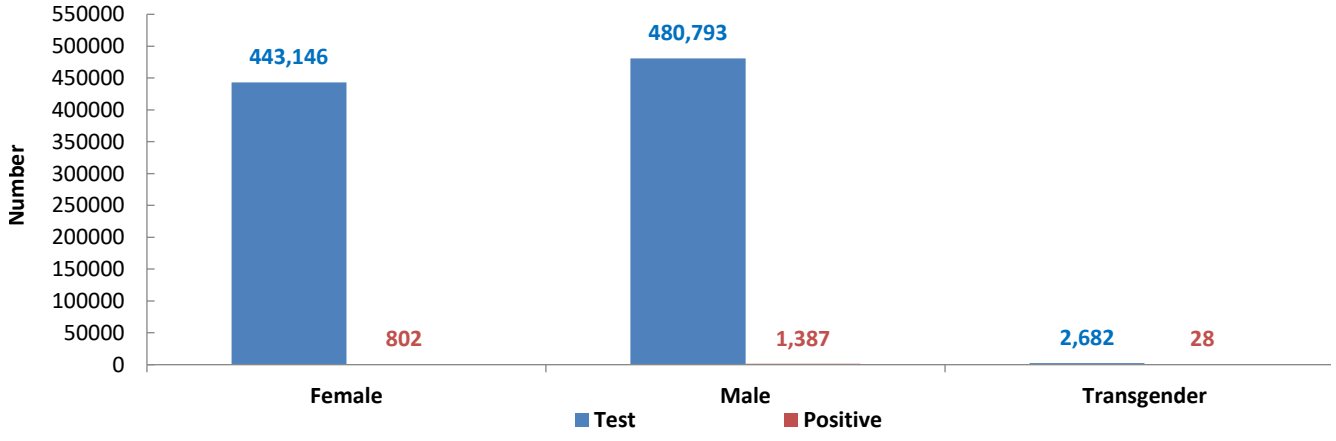
The HIV Testing and Counseling service was initially launched in 1995. This service acts as the gateway to overall HIV care services and is offered free of charge to key populations at higher risk and the general population nationwide. Nepal's HIV testing and counseling services adhere to the National 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 positivity by Province in Nepal, FY 2082/83



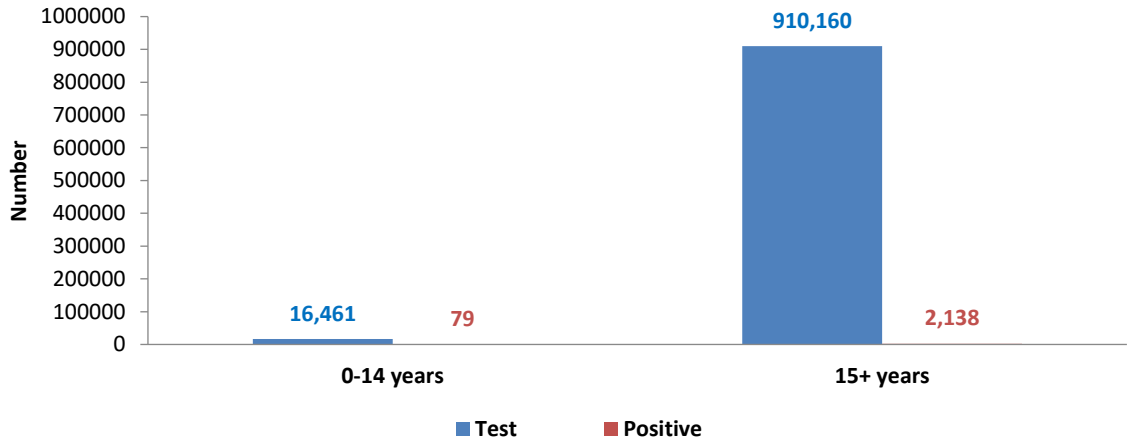
Source: Routine Program Data (HMIS/DHIS2), FY 2082/83.

Figure 2.2 Total HIV Tested and Positive by Gender, FY 2082/83



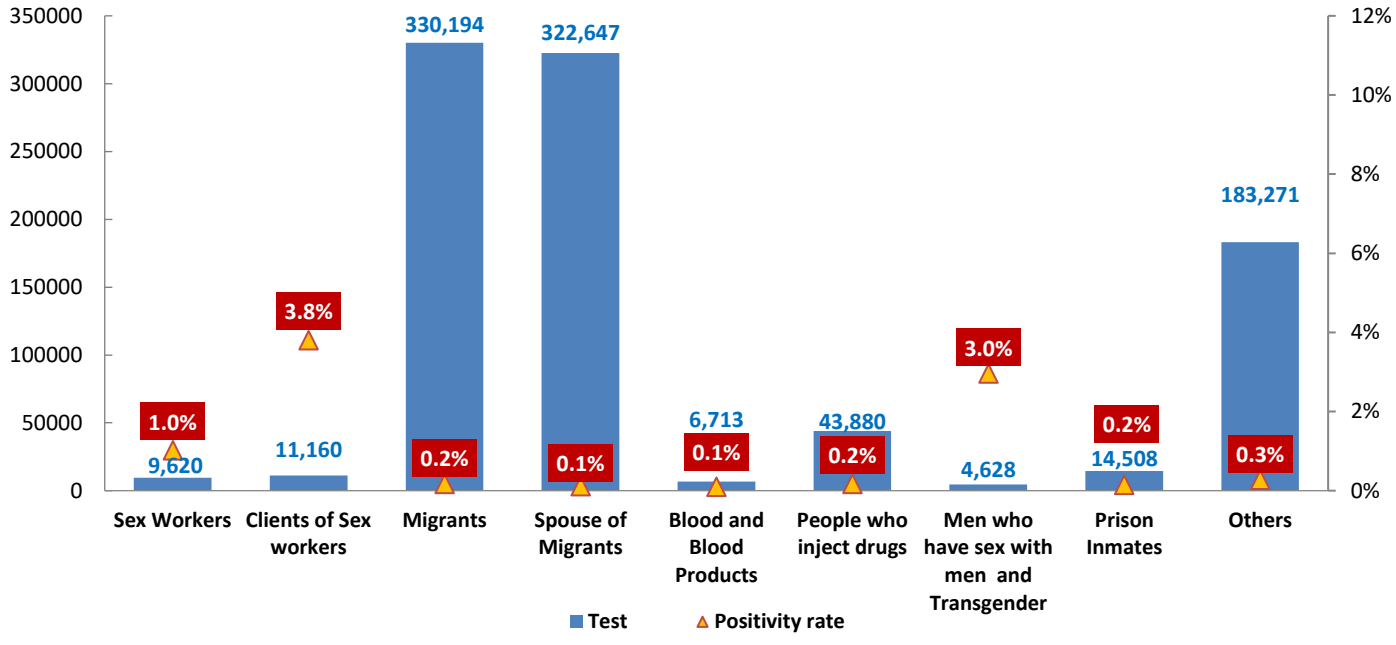
Source: Routine program data (HMIS/DHIS2), FY 2082/83.

Figure 2.3 Total HIV Tested and Positive by Age Group, FY 2082/83



Source: Routine program data (HMIS/DHIS2), FY 2082/83.

Figure 2.4 Total HIV Tested and Positivity by Risk Groups, FY 2082/83



Source: Routine program data (HMIS/DHIS2), FY 2082/83.

FACT SHEET 3

2026

HIV Care and Antiretroviral Therapy (ART) Services

World AIDS Day 2026

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 2026, there are 96 operational ART sites and 18 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 five sites testing through CD4 machines. In addition, CD4 RDT has been initiated at 38 ART centres to support identification and management of individuals suspected of having Advanced HIV Disease.

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 (DHIS2 Tracker, mHealth and Biometric) System

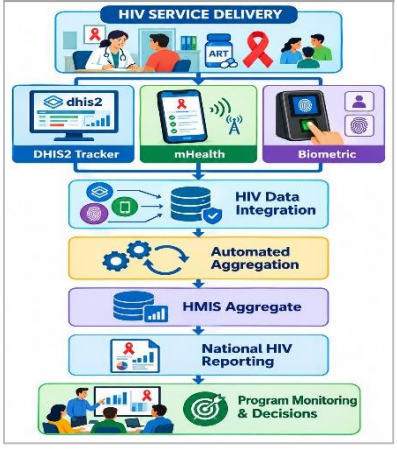
DHIS2 Tracker

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.

Figure 3.1 Automated Synchronization from Tracker system to HMIS



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.

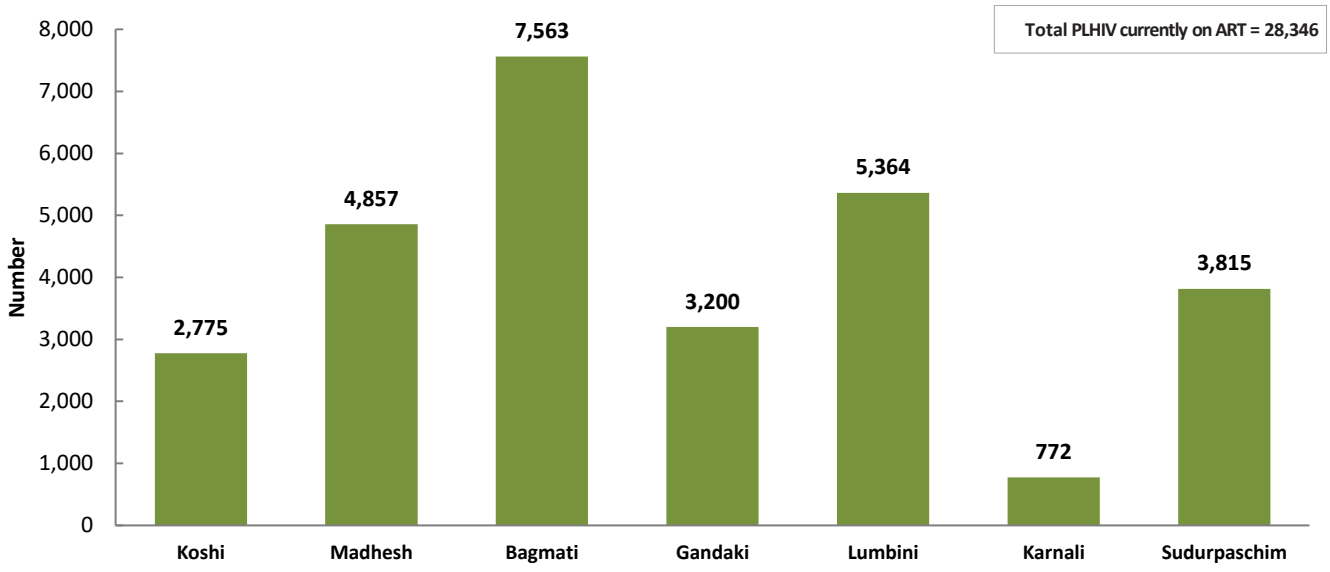
Since July 2026, NCASC, with technical and financial support from AHF Nepal and US Government-funded EpiC Nepal managed by FHI 360, has initiated the automated synchronization of the ART monthly report from the HIV Care and ART Tracking (DHIS2 Tracker, mHealth and Biometric) System to the national HMIS. This initiative enables the automated transfer of aggregated HIV service indicators reporting data generated through the HIV Care and ART Tracking System to the national HMIS platform. Prior to its implementation, the automated synchronization process for the ART monthly report underwent development and testing to ensure interoperability between the HIV Care and ART Tracking System and the national HMIS.

Table 3.1 Facts on ART, FY 2082/83

Indicators	Value
Total PLHIV currently on ART	28,346
Adult Male (15+ years) currently on ART	14,585
Adult Female (15+ years) currently on ART	12,564
Transgender (15+ years) currently on ART	438
Child (0-14 years) currently on ART	759

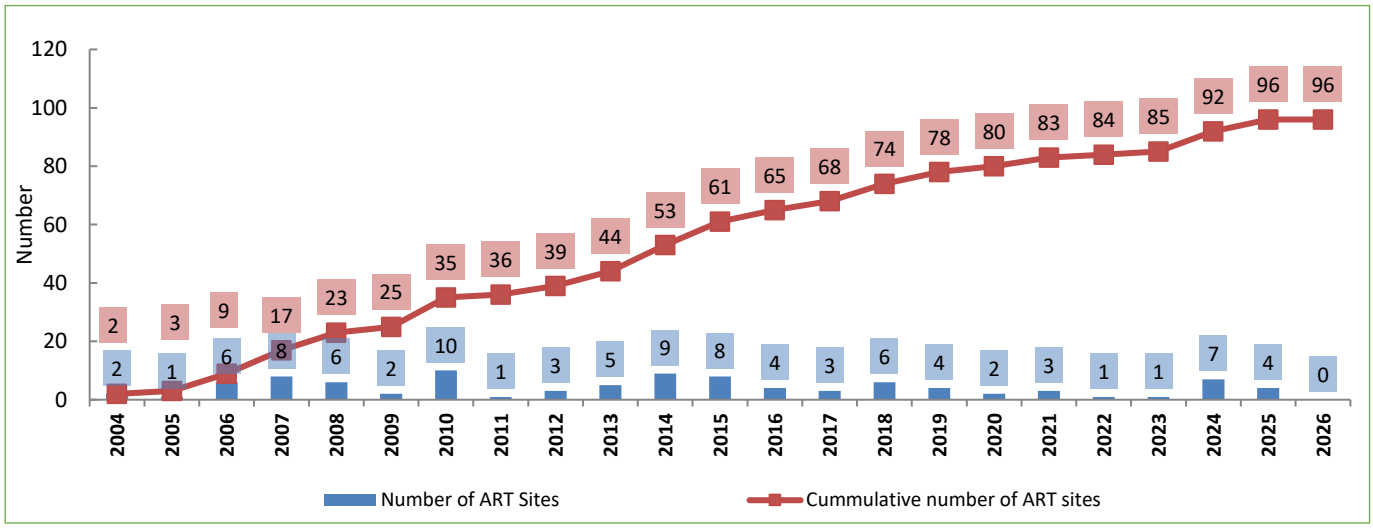
Source: HMIS/DHIS2 Routine program data, FY 2082/83.

Figure 3.2 People on ART by Province as of FY 2082/83



Source: HMIS/DHIS2 Routine program data, FY 2082/83.

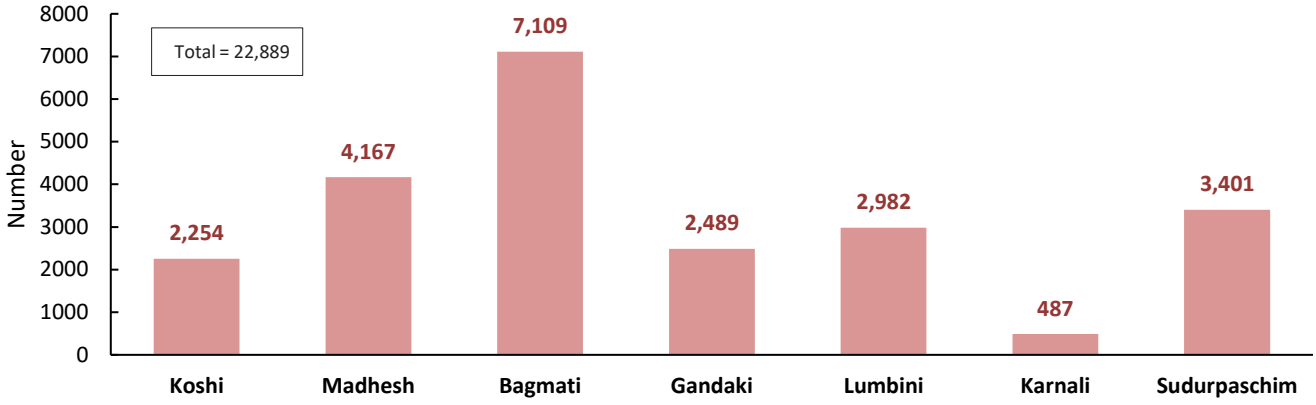
Figure 3.3 Number of ART sites in Nepal by establishment year



Multimonth Dispensing of ARV Drugs (2 months or more)

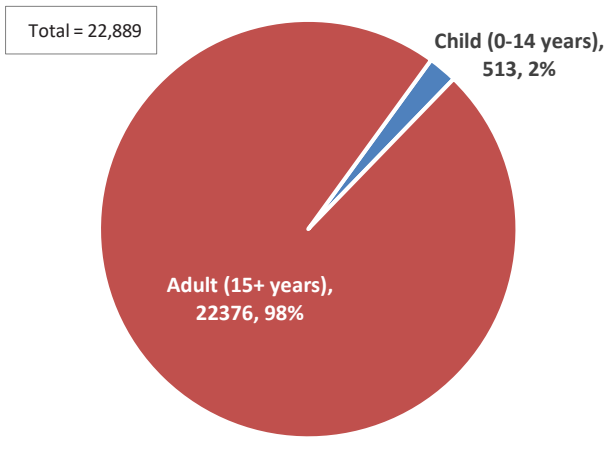
Multimonth dispensing (MMD) of antiretroviral therapy is recommended for clinically well clients. Evidence suggests that increased number of clinical visits by stable clients fuel the burden in health institutions including direct and indirect costs associated not only to the clients but also to service 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 3.4 Province wise distribution of clients receiving MMD of ARV drugs in the end of FY 2082/83



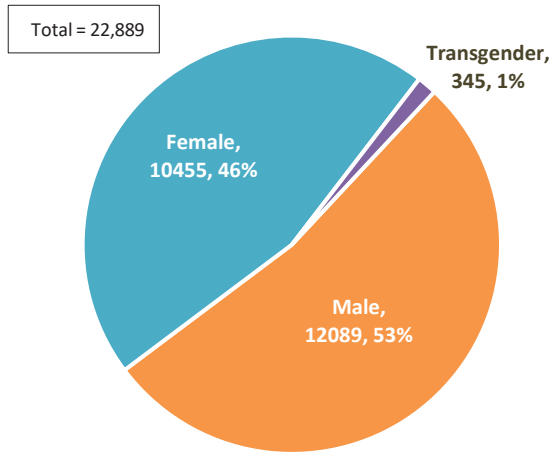
Source: HIV Care and ART Tracking System, FY 2082/83.

Figure 3.5 Age wise distribution of clients receiving MMD of ARV drugs in the end of FY 2082/83



Source: HIV Care and ART Tracking System, FY 2082/83.

Figure 3.6 Gender wise distribution of clients receiving MMD of ARV drugs in the end of FY 2082/83



Source: HIV Care and ART Tracking System, FY 2082/83.

Table 3.2 Number of months clients receiving MMD of ARV drugs as of FY 2082/83

Total	2 months	More than 2 months
22,889	7,949 (34.7%)	14,940 (65.3%)

Source: HIV Care and ART Tracking System, FY 2082/2083.

Figure 3.7 95-95-95 Achievements, FY 2082/83

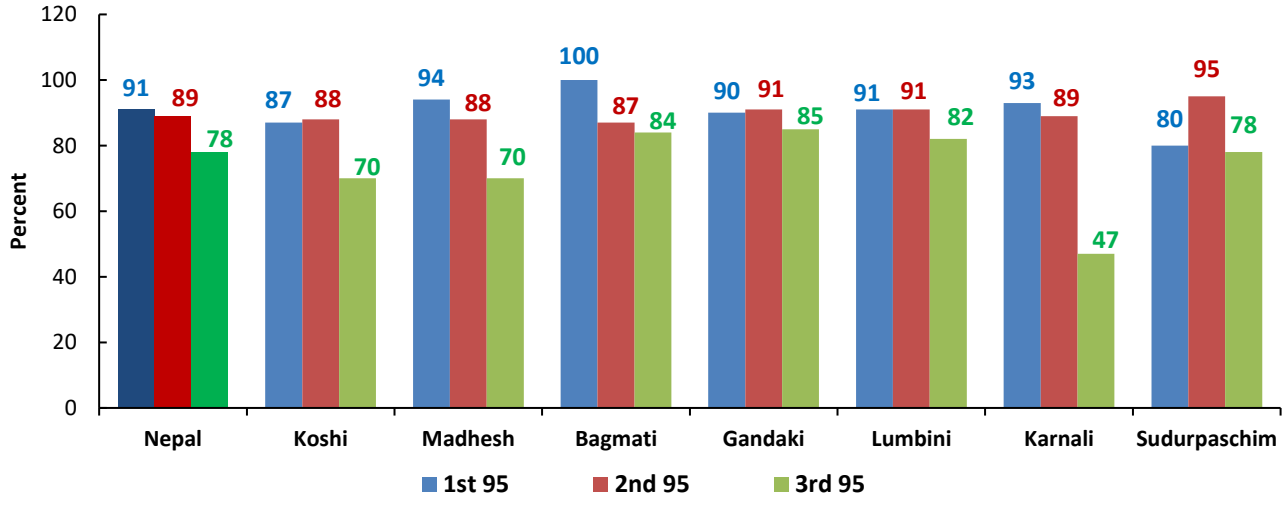


Figure 3.8 HIV Testing and Treatment Cascade, 2023-2025

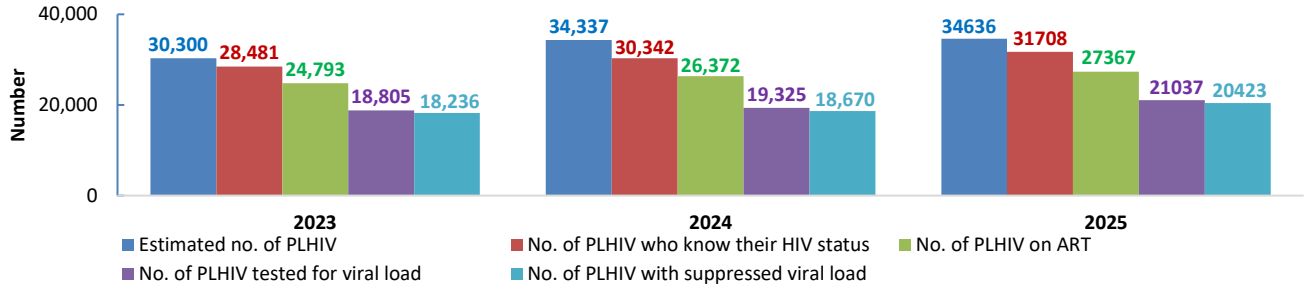
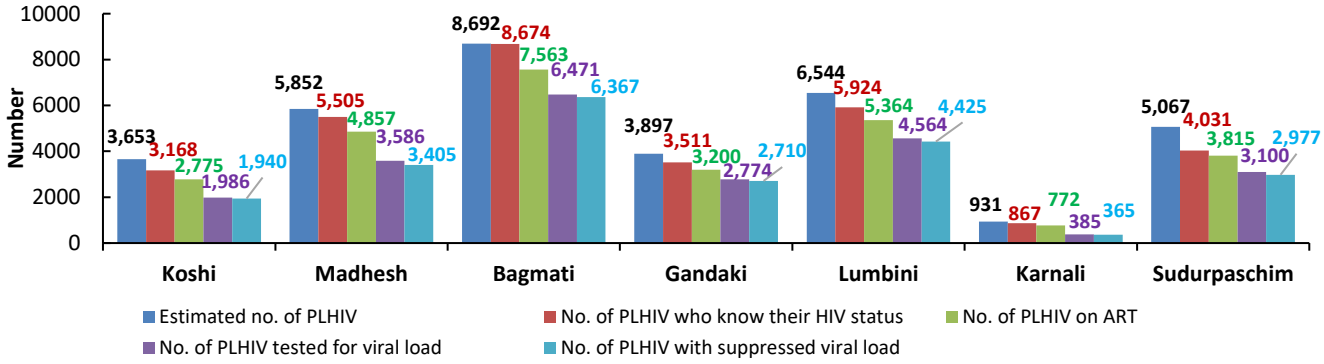


Figure 3.9 Province wise HIV Testing and Treatment Cascade as of FY 2082/83

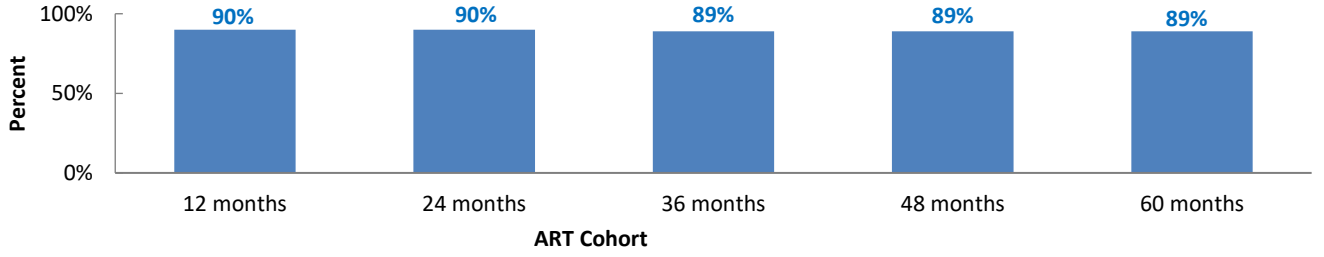


Retention on ART

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 (DHIS2 Tracker, mHealth, and Biometric) system. The retrospective analysis covered the cohort period from January 2020 to December 2025. Methodologically, the cohort group included PLHIV who initiated ART in 2020, with a total of 2,096 clients analyzed.

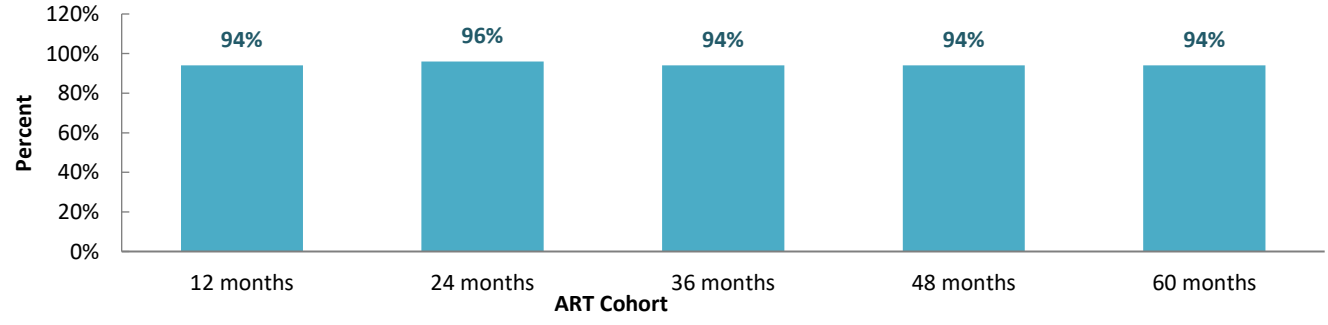
Trend of PLHIV retention on ART (2020-2025)

Figure 3.10 Cohort wise trend of PLHIV retention on ART in all age groups (2020-2025)



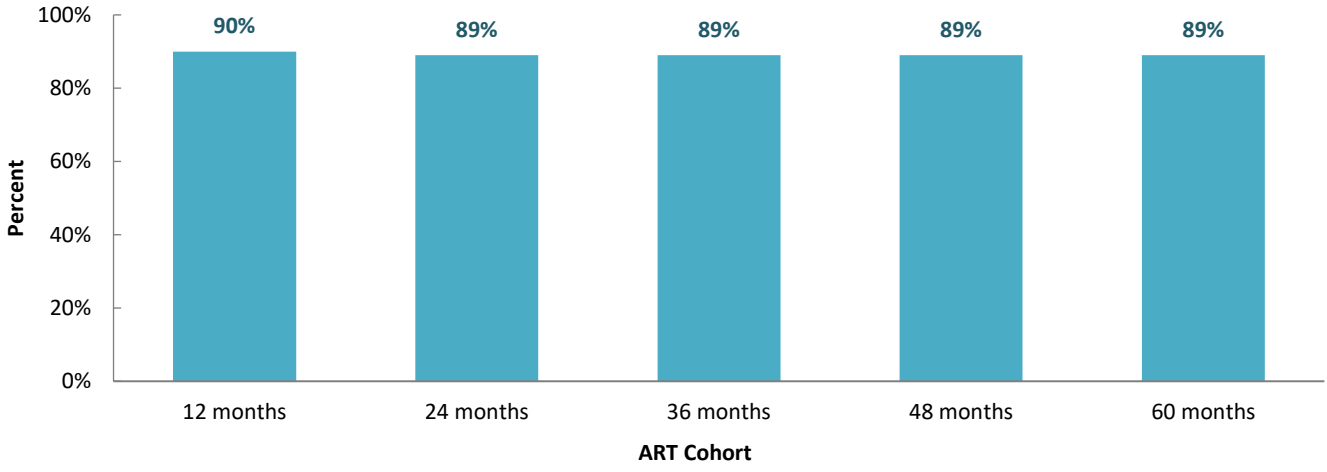
Source: HIV Care and ART Tracking System, 2026.

Figure 3.11 Trend of retention on ART among children (0-14 Years) (2020-2025)



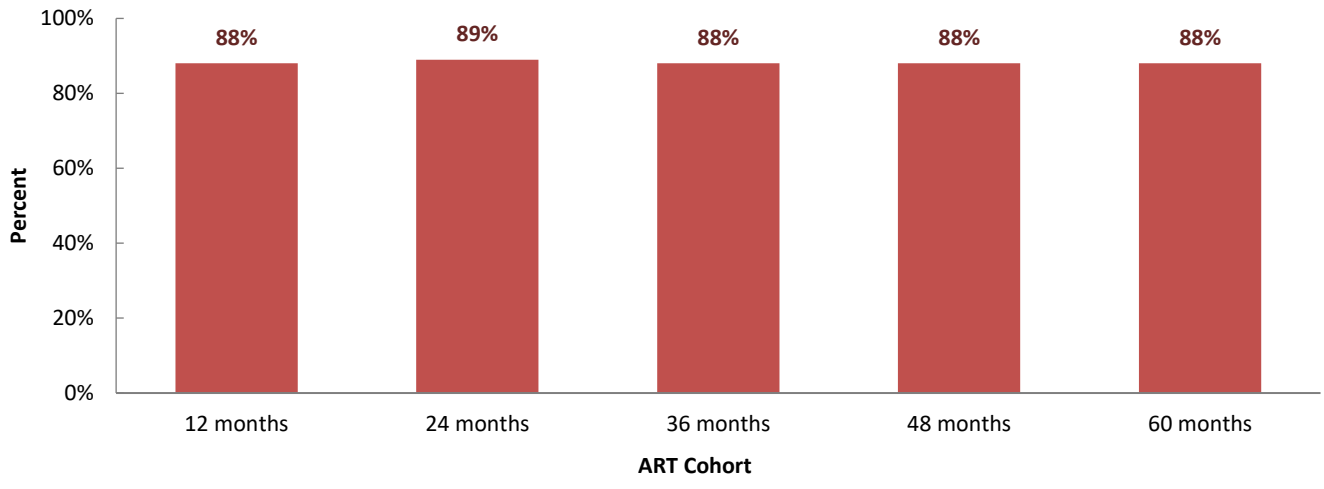
Source: HIV Care and ART Tracking System, 2026.

Figure 3.12 Trend of retention on ART among adult (15+ Years) (2020-2025)



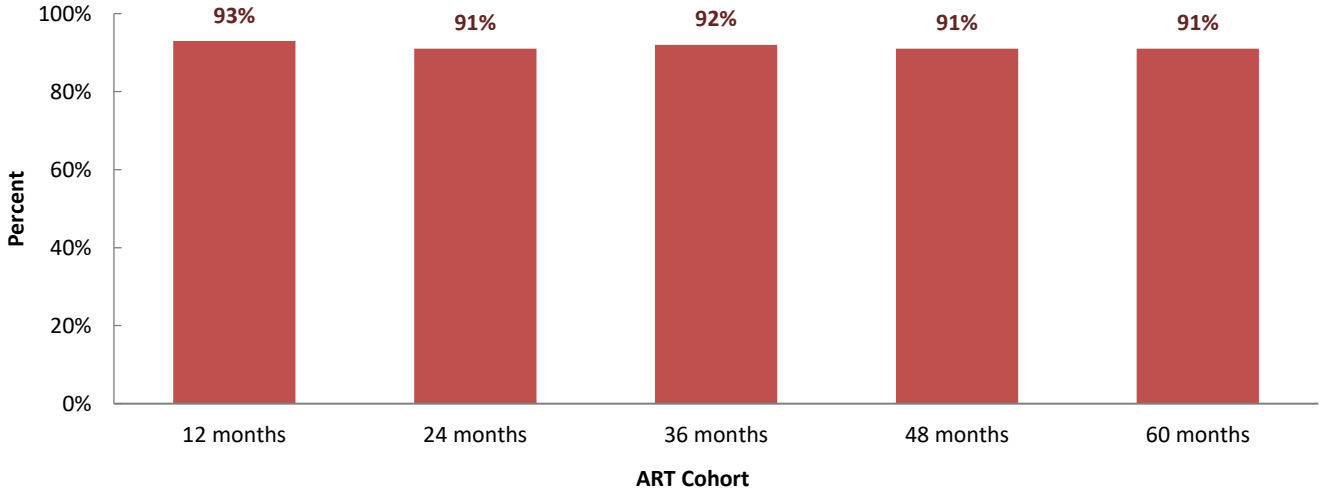
Source: HIV Care and ART Tracking System, 2026.

Figure 3.13 Trend of retention on ART among male PLHIV (2020-2025)



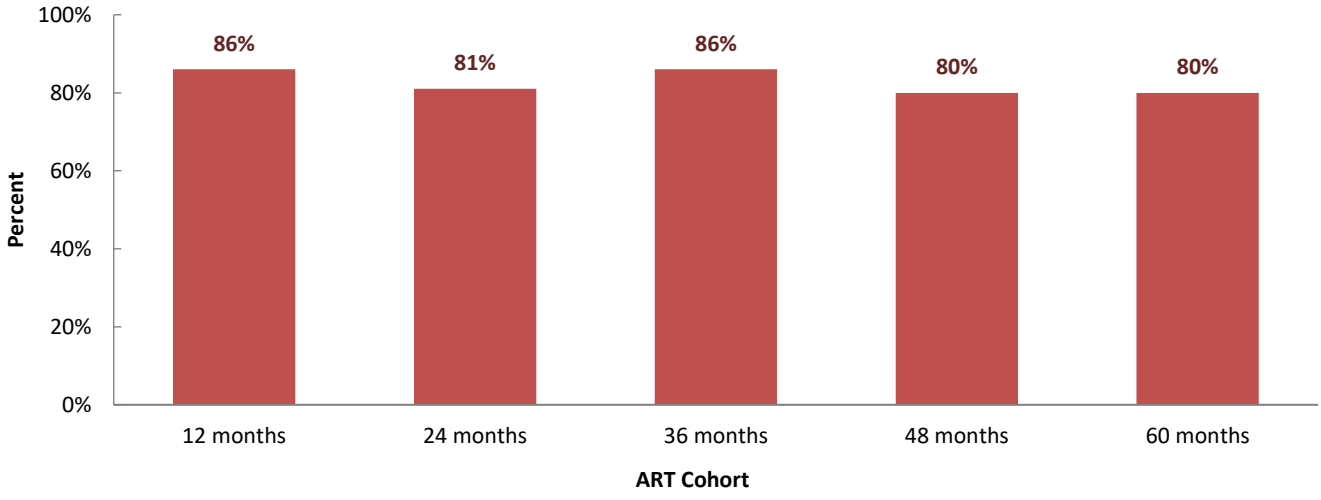
Source: HIV Care and ART Tracking System, 2026.

Figure 3.14 Trend of retention on ART among female PLHIV (2020-2025)



Source: HIV Care and ART Tracking System, 2026.

Figure 3.15 Trend of retention on ART among Transgender people living with HIV (2020-2025)



Source: HIV Care and ART Tracking System, 2026.

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 2082/83

Facts on CHBC	Total	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Number of new PLHIV who received CHBC services	1,479	147	314	525	139	176	22	156
Number of PLHIV (new and old) who received CHBC services	19,811	1,278	3,535	5,096	2,414	3,668	581	3,239

Source: HIV Care and ART Tracking System, FY 2082/83.

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 2082/83

Facts on CCC	Total	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Number of new PLHIV receiving services from CCC	311	71	57	19	18	85	17	44
Number of PLHIV admitted to CCC to start ART	970	1	141	18	15	421	0	374
Number of PLHIV received counselling service	2,571	417	408	100	29	1,374	14	229
Number of samples collected for viral load testing supported by CBOs	1,442	10	74	102	22	871	36	327

Source: HIV Care and ART Tracking System, FY 2082/83.

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 2082/83

Achievements	Total	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Screened for HIV	438,137	2,679	8,302	69,913	9,250	151,928	32,471	163,594
Reactive for HIV	1,321	21	147	392	121	355	14	271

Source: HIV Care and ART Tracking System, FY 2082/83.

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 3.16 Annual trend of death, loss to follow-up and missing of ART clients, 2004-2025



Source: HIV Care and ART Tracking System, 2026.

Note: Year-wise data have been updated from previous factsheets following a targeted data-cleaning initiative undertaken by NCASC this year.

Figure 3.17 Map of Nepal showing antiretroviral treatment centres and ARV dispensing sites

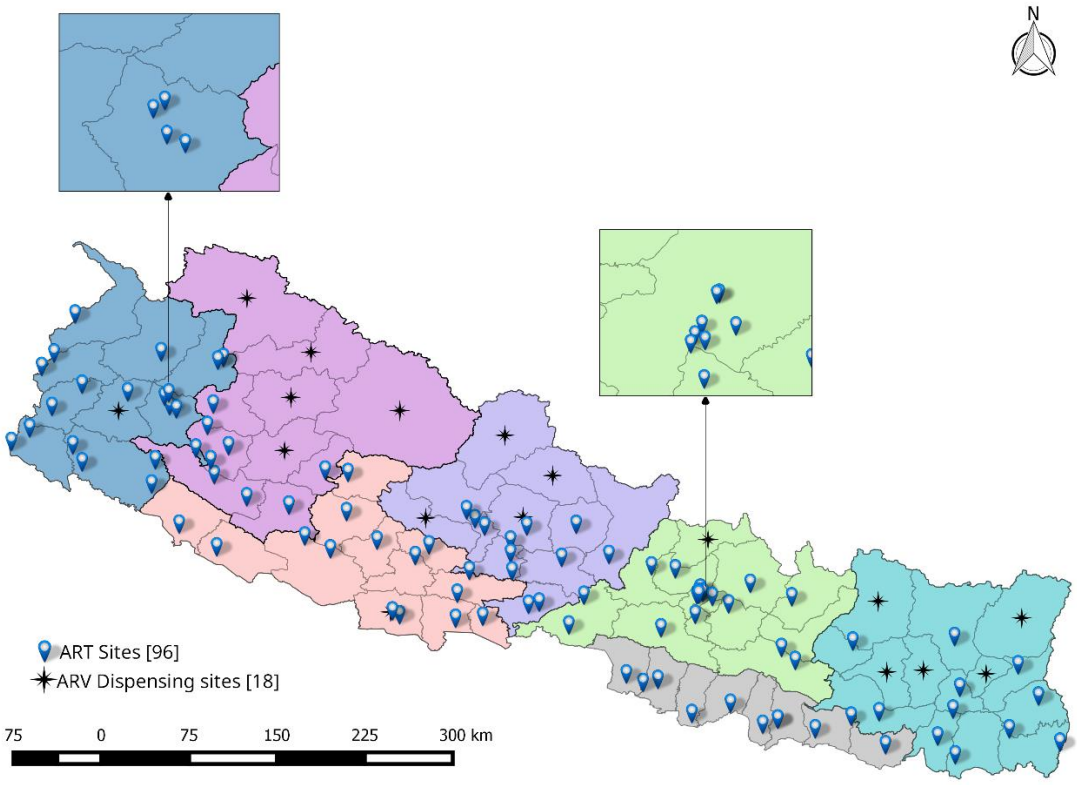
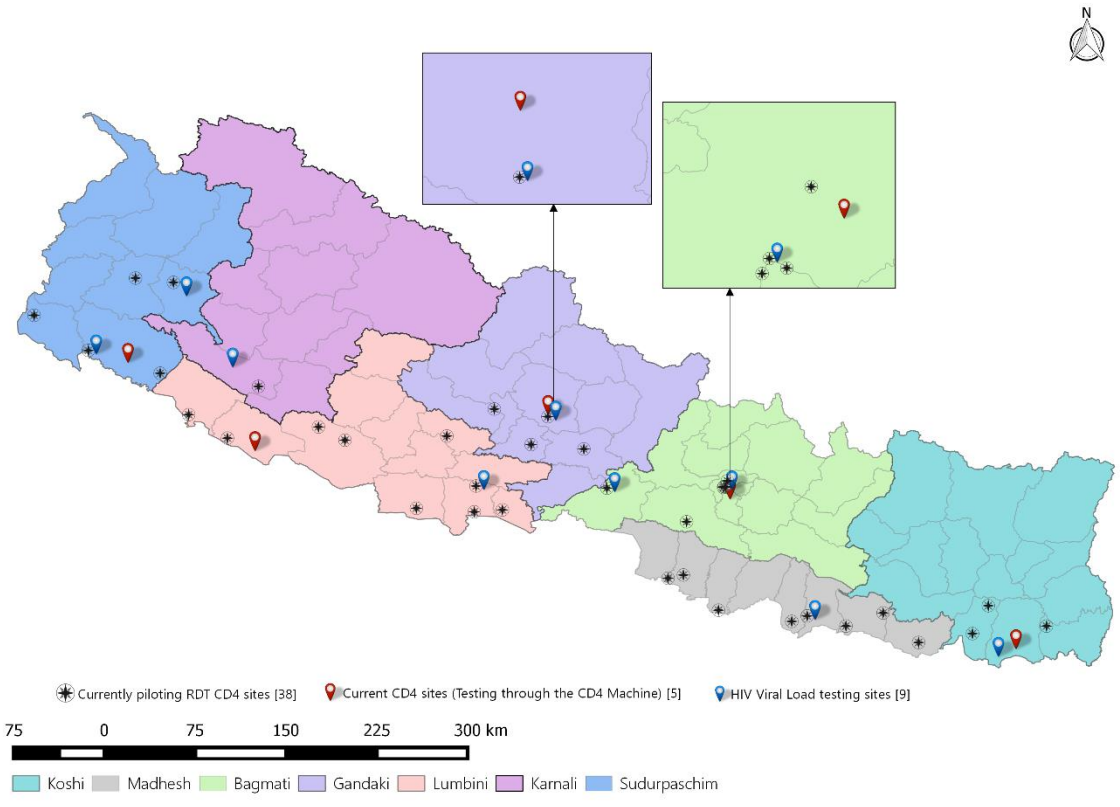


Figure 3.18 Map of Nepal showing HIV viral load and CD4 testing sites



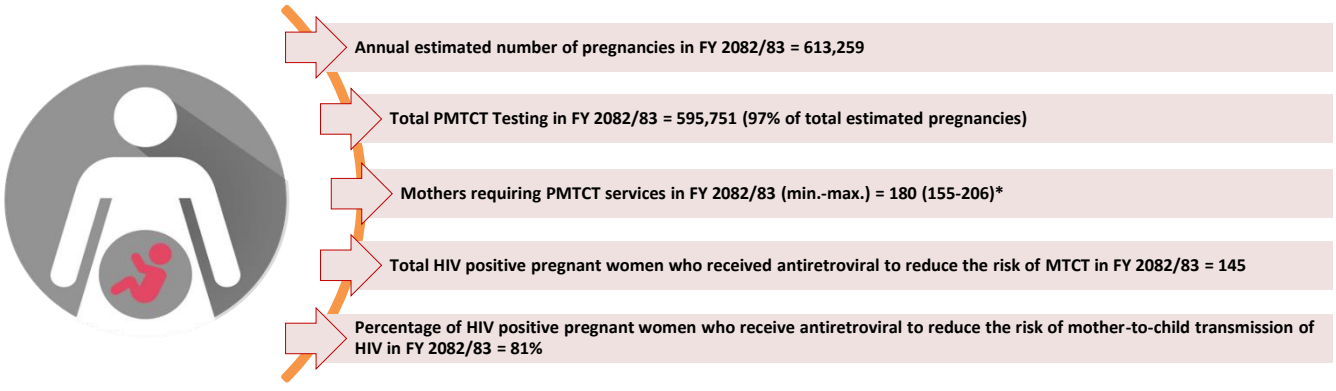
Prevention of Mother to Child Transmission (PMTCT)

FACT SHEET 4
2026

World AIDS Day 2026

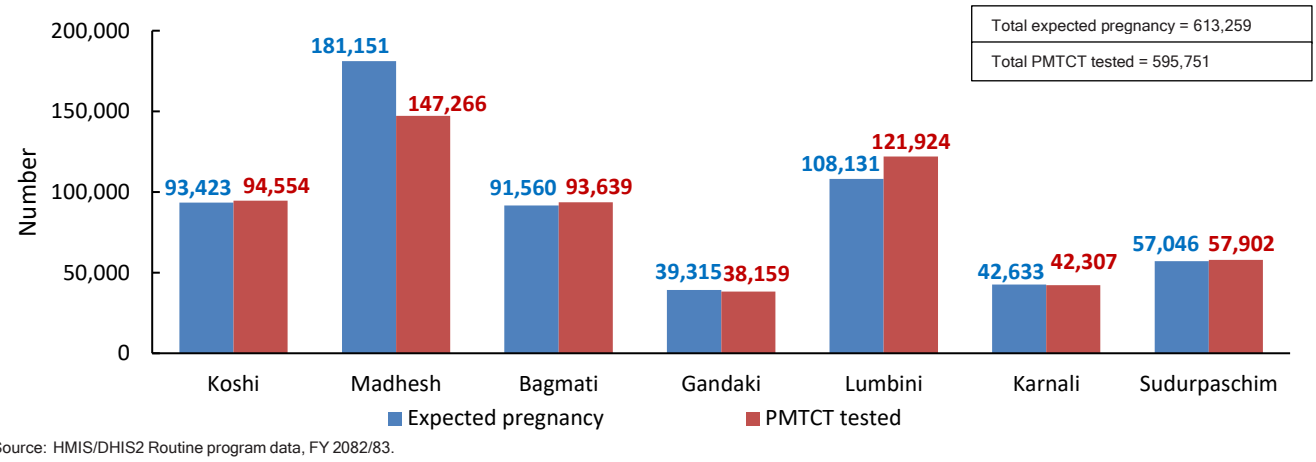
Overview

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 18 ARV dispensing centers throughout the country.



Source: HMIS/DHIS2, FY 2082/83. *NCASC, National HIV Estimates, 2026.

Figure 4.1 Province wise expected pregnancy vs. PMTCT Testing

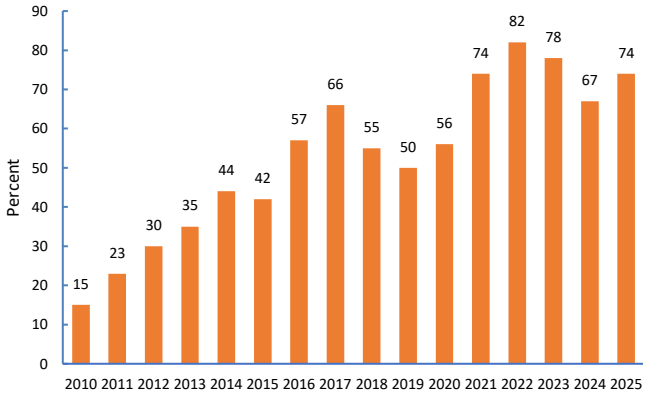


Source: HMIS/DHIS2 Routine program data, FY 2082/83.

Table 4.1 Services statistics on PMTCT in Nepal, 2010 – July 2026

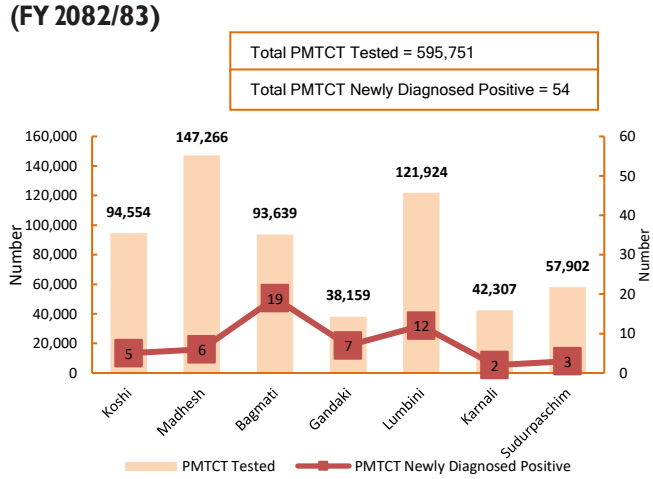
Indicators	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026 Jan-July
Tested for HIV (PMTCT)	94,511	124,025	129,131	142,043	158,146	187,552	306,872	394,867	467,930	431,912	411,074	453,993	553,796	618,609	610,515	587,357	360,084
HIV Positive pregnant women	138	169	175	125	162	88	154	106	81	73	54	76	65	73	60	60	30
Mothers received ART (Already on ART became pregnant+ Newly diagnosed, and enrolled in treatment during reporting period)	96	117	126	142	162	145	181	192	146	123	121	178	189	167	151	134	81

Figure 4.2 Coverage of PMTCT Program in Nepal (2010 – 2025)



Source: HMIS/DHIS2 Routine program data, FY 2082/83. *National HIV Estimates, 2026.

Figure 4.3 PMTCT tested vs positive-Province wise (FY 2082/83)



Source: HMIS/DHIS2 Routine program data, FY 2082/83

Early Infant Diagnosis (EID)

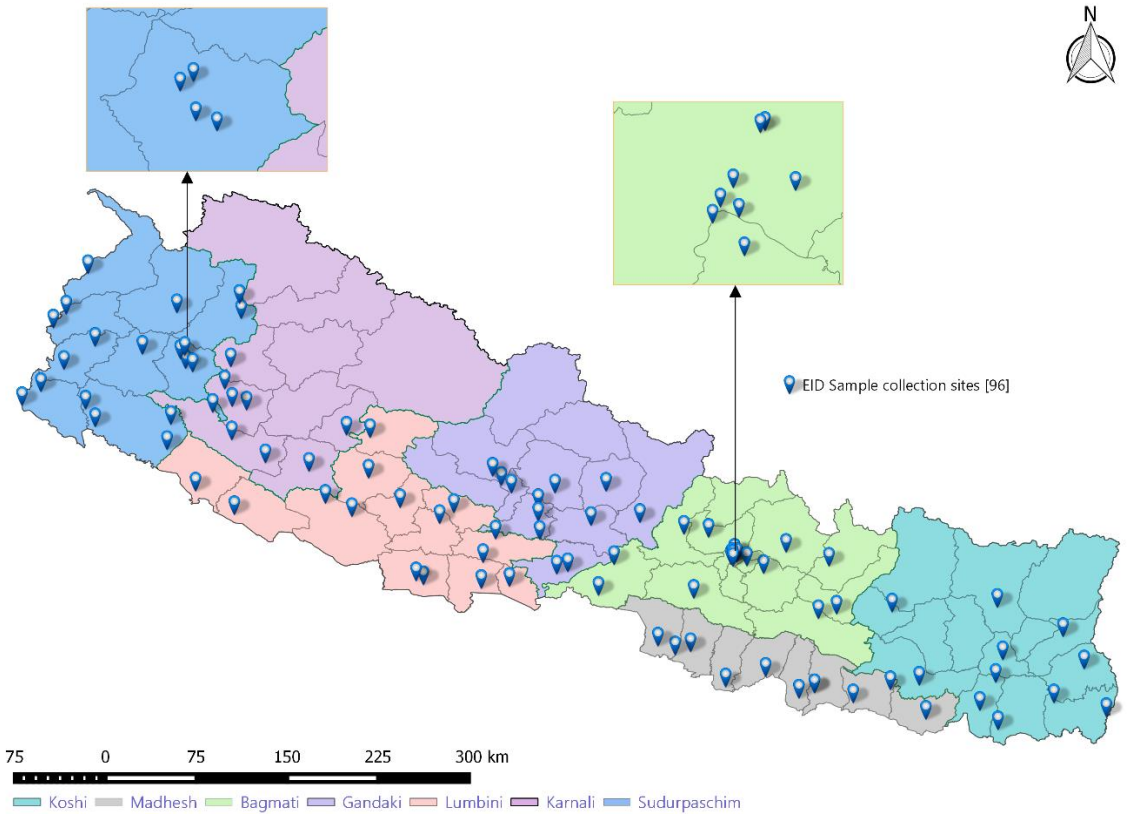
Early Infant Diagnosis (EID) service is available for babies born to HIV-positive mothers to detect HIV status among exposed baby at the earliest. DNA PCR test is done for EID and conducted among children below 18 months. EID through DNA PCR technology is available at National Public Health Laboratory (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
132	117	5

Source: HIV Care and ART Tracking System, FY 2082/83.

Figure 4.4 Map of Nepal showing EID sample collection sites



HIV and STI Surveillance

FACT SHEET 5

2026

World AIDS Day 2026

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. In 2026, national level surveillance survey was accomplished among people who inject drugs, and ongoing among MSM and TG, and FSW.

Monitoring of HIV and STI Drug Resistance

Country is monitoring drug resistance of HIV and STI on an ad hoc 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, US Government-funded EpiC Nepal managed by FHI 360 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 national 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/

Following the findings and recommendations of the Data Quality Assessment (DQA) conducted at ART sites, NCASC launched a targeted data cleaning initiative at selected ART facilities with support from the US Government-funded EpiC Nepal project, implemented by FHI 360, and AHF Nepal. As of now, the exercise has been completed at Sukraraj Tropical and Infectious Disease Hospital (STIDH), Kathmandu, and Tikapur Hospital, Kailali.

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

Cases		Male										Female		
		Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpashchim	<25 years	≥25 years	National	<25 years	≥25 years	National
HIV Positive		4.09	0.58	4.21	0.0	2.36	0.0	1.90	0.7	2.60	2.2	3.0	2.10	2.6
Syphilis	Past/treated Cases Low titer (1:2–1:4)	85.7	75.0	0.0	46.2	0.0	0.0	66.7	63.6	44.8	50.0	15.4	21.4	17.0
	Active infection High titer (1:8–1:16)	14.3	25.0	100.0	53.8	0.0	0.0	33.3	36.4	55.2	50.0	84.6	78.6	83.0
HBV Positive		2.0	0.6	0.0	0.0	1.4	0.5	0.5	0.2	0.8	0.7	0.8	0.0	0.4
HCV Positive		17.0	9.8	26.0	24.0	18.0	0.0	16.0	6.0	23.0	17.3	10.5	17.0	13.6
HIV and HCV co-infection		29.0	13.0	64.0	0.0	94.0	0.0	100.0	50.0	73.0	59.0	75.0	100.0	83.3
HIV and HBV co-infection		40.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.7	7.7	25.0	0.0	16.7

Source: National Level Integrated Biological and Behavioral Surveillance (IBBS) Survey Among People Who Inject Drugs in Nepal, 2026.

Table 5.2 Prevalence of HIV and Syphilis among Prison Inmates

Cases	Male										Female		
	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpashchim	<25 years	≥25 years	National	<25 years	≥25 years	National
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: Assessment of HIV Prevalence among Prison Population in Nepal, 2021; * For Bagmati province only.

Table 5.3 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

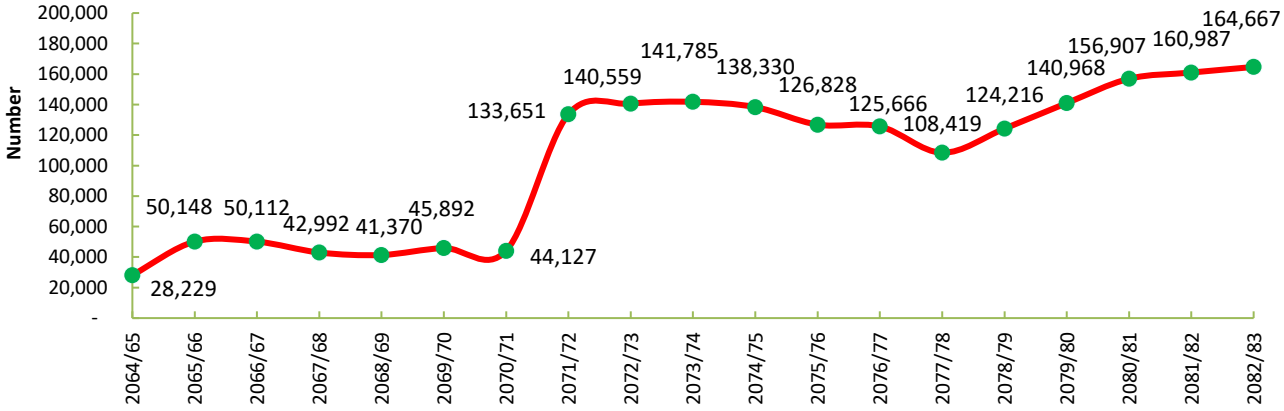
Source: Integrated Biological and Behavioral Surveillance Survey Report, 2024.

Table 5.4 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 2064/65-2082/83



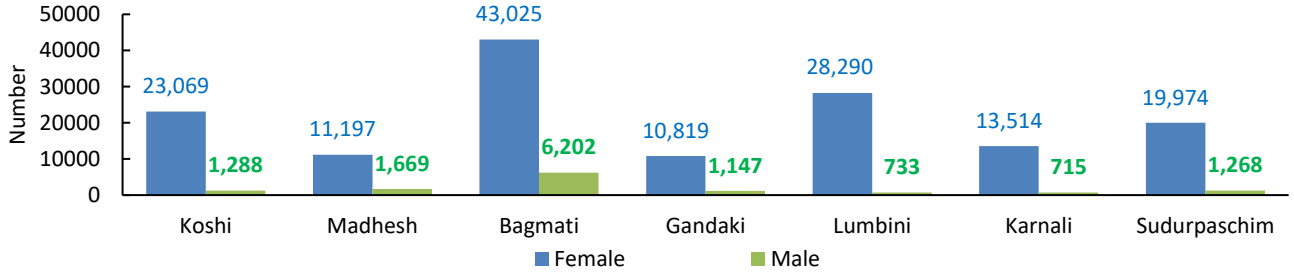
Source: Annual Report, Department of Health Services (DoHS); and HMIS/DHIS2 Routine Program Data, FY 2082/83

Table 5.5 Distribution of sexually transmitted infections (STIs) in Nepal*

STI Cases	Total	Female	Male
Urethral Discharge Syndrome (UDS) Gonococcal	2,587	-	2,587
Scrotal Swelling Syndrome (SSS)	3,191	-	3,191
Vaginal Discharge Syndrome (VDS)	76,703	76,703	-
Lower Abdominal Pain Syndrome (LAPS)	65,834	65,834	-
Neonatal Conjunctivitis Syndrome (NCS)	1,228	743	485
Genital Ulcer Disease Syndrome (GUDS)	2,516	1,514	1,002
Inguinal Bubo Syndrome (IBS)	281	-	281
Syphilis	10,570	5,094	5,476

Source: HMIS/DHIS2 Routine Program Data, FY 2082/83
*Excluding HIV infections

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

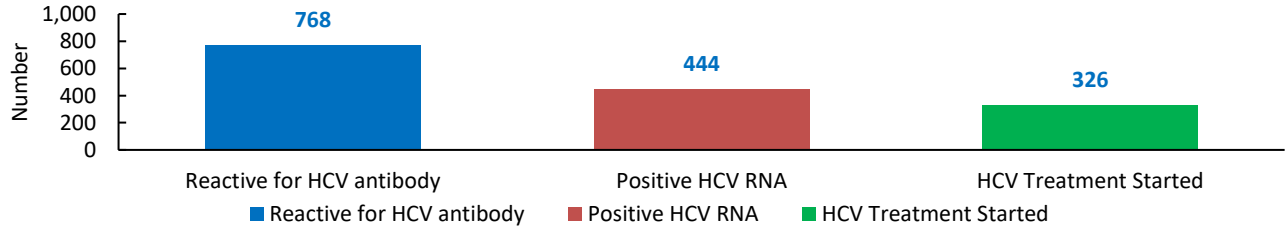


Source: HMIS/DHIS2 Routine Program Data, FY 2082/83. Note: Excluding HIV infections

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 2026



Source: HIV Care and ART Tracking System, 2026.

Targeted Interventions among Key Populations

FACT SHEET 6

2026

World AIDS Day 2026

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 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	FY 082/83
Reached through BCC	31,144	15,249	22,201	27,080	27,067	27,741	29,135	29,274	29,569	29,946	29,036
Condom distributed	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	312,880
HIV tested and counselled	15,897	11,478	19,992	25,832	17,613	29,905	27,117	25,922	25,019	23,468	27,173
Needle/Syringe distributed	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	2,670,410
Clients on Methadone*	819	909	740	906	672	328	339	405	497	734	844
Clients on Buprenorphine*	528	145	176	292	216	92	204	162	176	160	177

Source: HIV Care and ART Tracking System, FY 2082/83. *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	29,036	2,449	7,180	6,230	4,871	6.661	446	1,199
Condom distributed	312,880	12,839	92,207	23,401	55,039	109,723	560	19,111
HIV tested and counselled	27,173	2,277	6,830	5,662	4,816	6,211	176	1,201
Needle/Syringe distributed	2,670,410	270,021	604,785	672,763	437,444	559,046	8,229	118,122
Clients on Methadone*	844	NA	NA	844	NA	NA	NA	NA
Clients on Buprenorphine*	177	NA	NA	177	NA	NA	NA	NA

Source: HIV Care and ART Tracking System, FY 2082/83. *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 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	FY 082/83*
Reached through BCC	41,134	44,284	33,012	16,668	7,325	7,271	7,395	7,337	4,464	193
Condom distributed	3,352,293	2,697,692	1,520,951	957,298	941,992	988,906	959,545	1,044,630	333,468	10,544
HIV tested and counselled	28,715	30,743	23,684	11,228	3,138	4,918	5,191	5,597	3,882	3,432
STI diagnosed and treated	10,761	10,074	5,311	1,555	926	1,021	1,510	1,813	746	9

Source: HIV Care and ART Tracking System, FY 2082/83. *The significant decline in service coverage is attributable to the suspension of targeted interventions under US Government (USG)-funded programmes following the issuance of stop-work orders in 2025.

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

Indicator	Achievement	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Reached through BCC	193	19	40	55	0	61	0	18
Condom distributed	10,544	1,172	1,972	3,645	0	3,195	0	560
HIV tested and counselled	3,432	9	407	1,474	353	763	5	421
STI diagnosed and treated	9	1	0	7	0	1	0	0

Source: HIV Care and ART Tracking System, FY 2082/83.

Table 6.5 Targeted Interventions-Clients of Female Sex Workers

Indicator	Achievement-Clients of FSWs									
	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	FY 082/83*
Reached through BCC	90,717	81,500	47,633	23,053	5,066	4,587	3,494	4,077	1,238	158
Condom distributed	2,199,082	1,847,855	1,151,476	7,14,538	351,761	230,705	114,448	208,351	62,785	18,018
HIV tested and counselled	27,316	31,393	26,639	10,632	1,843	2,669	2,033	2,176	2,024	2,665
STI diagnosed and treated	793	776	629	487	332	473	470	494	247	22

Source: HIV Care and ART Tracking System, FY 2082/83. *The significant decline in service coverage is attributable to the suspension of targeted interventions under US Government (USG)-funded programmes following the issuance of stop-work orders in 2025.

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	158	8	87	33	0	22	0	8
Condom distributed	18,018	1,601	7,785	3,999	360	2,937	848	488
HIV tested and counselled	2,665	75	306	908	699	444	19	214
STI diagnosed and treated	22	5	1	16	0	0	0	0

Source: HIV Care and ART Tracking System, FY 2082/83.

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

Indicator	Achievement	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Reached through BCC	259	38	62	109	0	45	0	5
Condom distributed	21,469	4,364	2,167	12,417	60	2,022	179	260
HIV tested and counselled	122	2	0	83	6	16	0	15
STI diagnosed and treated	1	0	0	1	0	0	0	0

Source: HIV Care and ART Tracking System, FY 2082/83.

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 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	FY 082/83*
Reached through BCC	50,584	73,138	82,559	109,603	89,963	24,149	12,850	10,294	9,699	3,219	1,296
Condom distributed	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	140,691
HIV tested and counselled	21,474	37,250	59,672	73,494	35,407	7,724	6,114	5,590	5,407	2,449	2,184
STI diagnosed and treated	365	398	660	220	114	328	384	570	710	158	18

Source: HIV Care and ART Tracking System, FY 2082/83. *The significant decline in service coverage is attributable to the suspension of targeted interventions under US Government (USG)-funded programmes following the issuance of stop-work orders in 2025.

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

Indicator	Achievement	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Reached through BCC	1,296	144	522	199	2	352	0	77
Condom distributed	140,691	22,266	39,209	48,325	5	25,340	60	5,486
HIV tested and counselled	2,184	18	41	948	433	403	2	339
STI diagnosed and treated	18	1	0	17	0	0	0	0

Source: HIV Care and ART Tracking System, FY 2082/83.

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 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	FY 082/83
Reached through BCC	247,696	89,255	306,184	112,393	2,406	131,291	232,576	333,426	329,242	102,867	479,836
Condom distributed	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	428,576
HIV tested and counselled	103,667	17,238	101,202	6,572	797	115,358	192,793	314,662	244,780	111,164	393,435

Source: HIV Care and ART Tracking System, FY 2082/83.

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	479,836	0	0	64,647	1,860	193,011	40,925	179,393
Condom distributed	428,576	1,374	5,439	40,277	28,512	187,874	26,256	138,844
HIV tested and counselled	393,435	149	319	55,511	1,644	143,467	31,733	160,612

Source: HIV Care and ART Tracking System, FY 2082/83.

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	FY 082/83*
Reached through BCC	6,493	17,611	1,290	16,759	8,568	11,527	5,976	8,671	13
HIV tested and counselled	2,318	6,923	1,223	12,097	8,215	16,132	5,556	8,624	4,922

Source: HIV Care and ART Tracking System, FY 2082/83. *Data represents individual-level data captured in the HIV Care and ART Tracking System among prison inmates.

Table 6.13 Province wise reach of targeted interventions-Prison Inmates

Indicator	Achievement	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Reached through BCC	13	0	0	0	0	6	2	5
HIV tested and counselled	4,922	57	0	4,099	690	12	60	4

Source: HIV Care and ART Tracking System, FY 2082/83.

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	7,583	53	436	2,828	144	956	53	3,113
Individuals tested and counselled for HIV	7,583	53	436	2,828	144	956	53	3,113
HIV positive (reactive) cases	183	4	24	72	16	39	6	22
Linked to ART	145	4	23	61	14	29	4	10
Number of condoms (LOVE condoms) distributed	390,288	23,396	31,871	157,842	14,100	60,127	36,055	66,897

Source: AIDS Healthcare Foundation (AHF) Nepal routine program data, FY 2082/83.

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	7,085	356	1,018	1,543	1,053	812	201	2,102
Number of PLHIV supported with lab-investigation (USG, CT Scan, X-Ray etc) costs	2,871	112	128	1,610	242	625	9	145
Number of PLHIV supported with Medicine/Pharmacy	5,018	207	374	2,131	1,281	402	144	479
Number of PLHIV received nutritional support	4,892	154	417	1,933	627	445	83	1,233
Number of viral load samples transported to laboratories	9,790	839	1,447	638	2,001	2,713	324	1,828
Number of PLHIV supported for complicated case management	225	13	26	82	20	5	11	68

Source: AIDS Healthcare Foundation (AHF) Nepal routine program data, FY 2082/83.

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

Gender	Treatment		Total
	Methadone	Buprenorphine	
Male	1,571	317	**1,888**
Female	75	8	**83**
TG	3	1	**4**
Total	**1,649**	**326**	**1,975**

Source: Routine program data (HMIS/DHIS2), FY 2082/83.

Children Affected by AIDS (CABA)

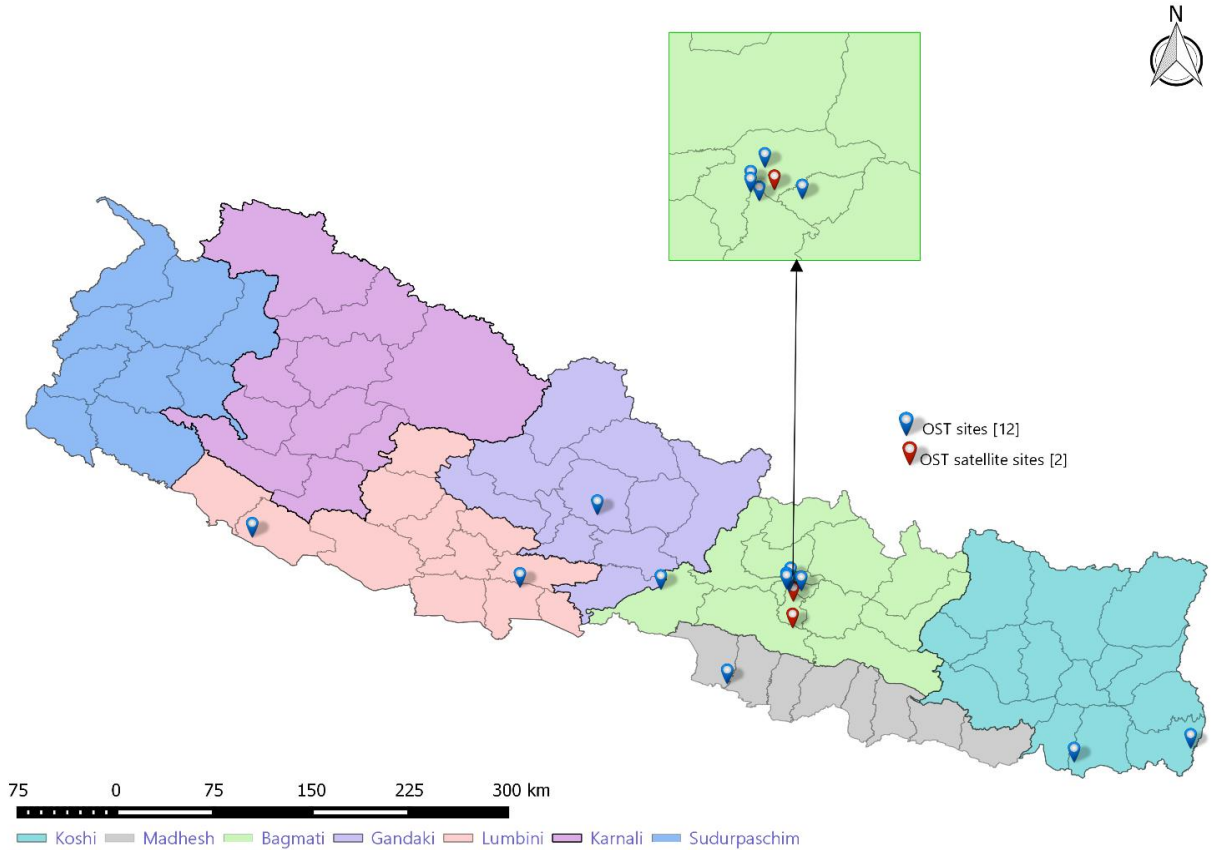
CABA program only targets HIV positive children under 18 years of age. CABA Program is implemented by Government of Nepal in collaboration with implementing partners. Under CABA support, every HIV infected child is provided with NPR 1,500 per month (deposited in their bank account) for their education, 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)	2,140	0	229	756	382	419	0	354	HIV Care and ART Tracking System, FY 2082/83
Number of HIV self test kits distributed	10,051	21	1,013	3,376	1,661	2,352	0	1,628	
Number of HIV reactive cases identified through self testing	220	4	67	77	33	30	0	9	
Confirmed HIV diagnosis through ART centers	196	1	56	73	30	27	0	9	
Number of PLHIVs received income generating support	15	2	0	4	1	5	1	2	AHF Nepal routine program data, FY 2082/83
Number of PLHIVs received Education support	25	2	0	13	8	1	0	1	
Number of PLHIVs received Skill development trainings	7	1	1	1	1	1	1	1	

Figure 6.1 Map of Nepal showing OST sites



Supplementary Data

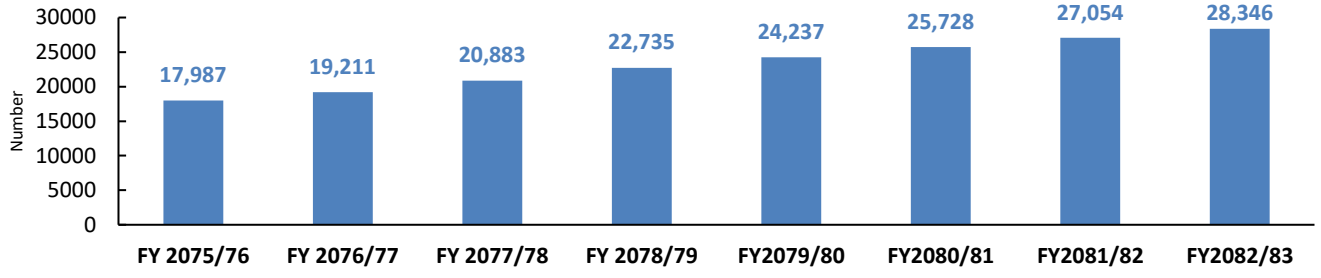
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World AIDS Day 2026

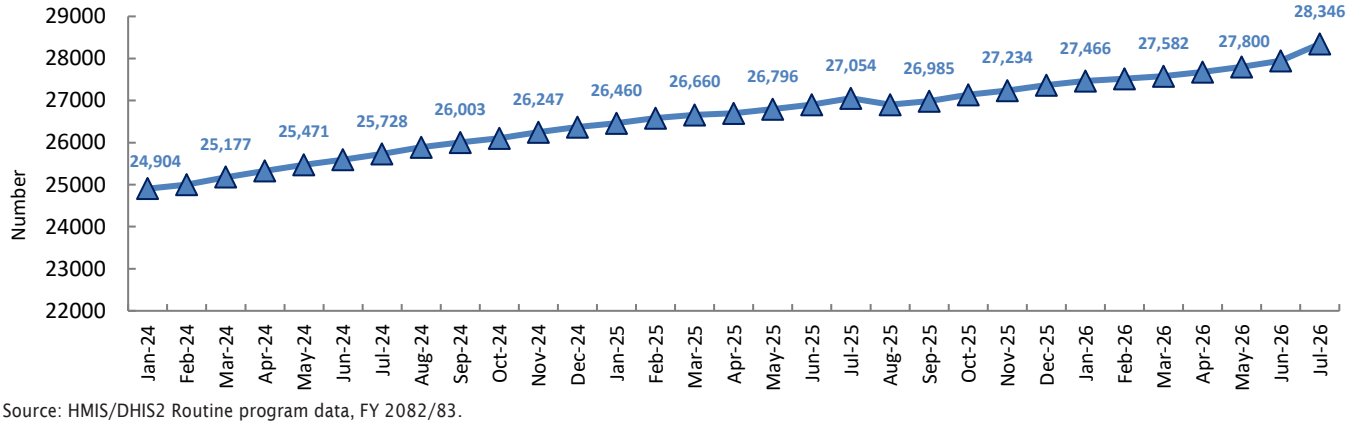
Anti-Retroviral Therapy (ART)

Figure 7.1 Trend of people living with HIV (PLHIV) currently on ART, FY 2075/76-2082/83



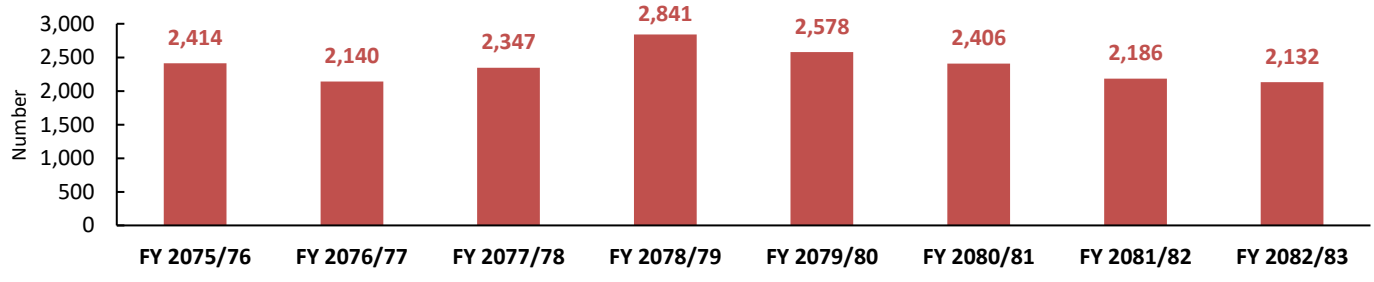
Source: HMIS/DHIS2 Routine program data, FY 2082/83.

Figure 7.2 Month wise trend of people living with HIV (PLHIV) currently on ART, Jan 2024 - July 2026



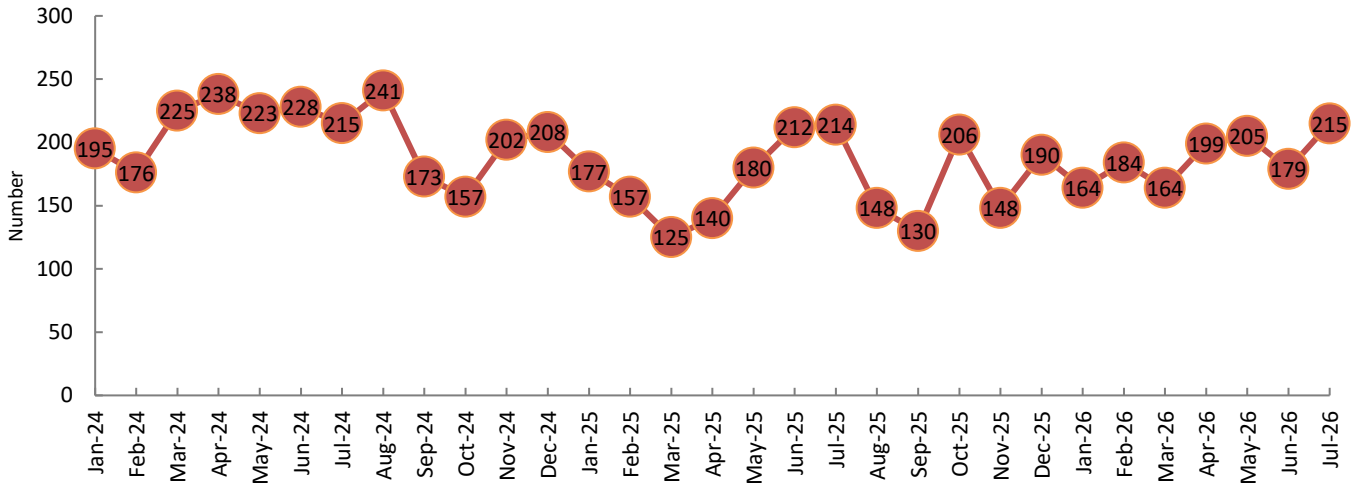
Source: HMIS/DHIS2 Routine program data, FY 2082/83.

Figure 7.3 Trend of PLHIV newly enrolled on ART, FY 2075/76-2082/83



Source: HMIS/DHIS2 Routine program data, FY 2082/83.

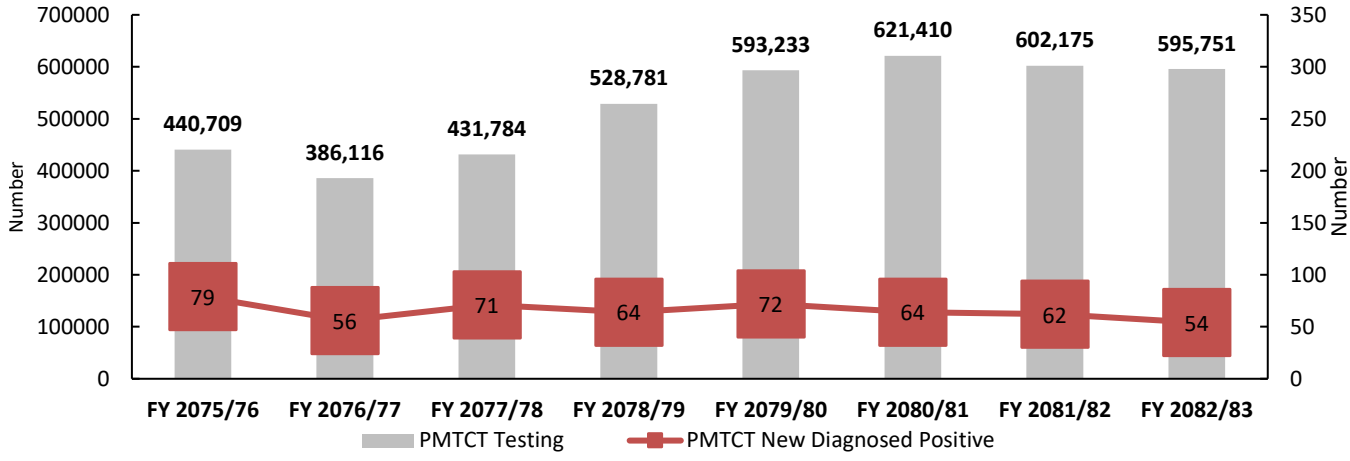
Figure 7.4 Month-wise trend of PLHIV newly enrolled on ART, Jan 2024 - July 2026



Source: HMIS/DHIS2 Routine program data, FY 2082/83.

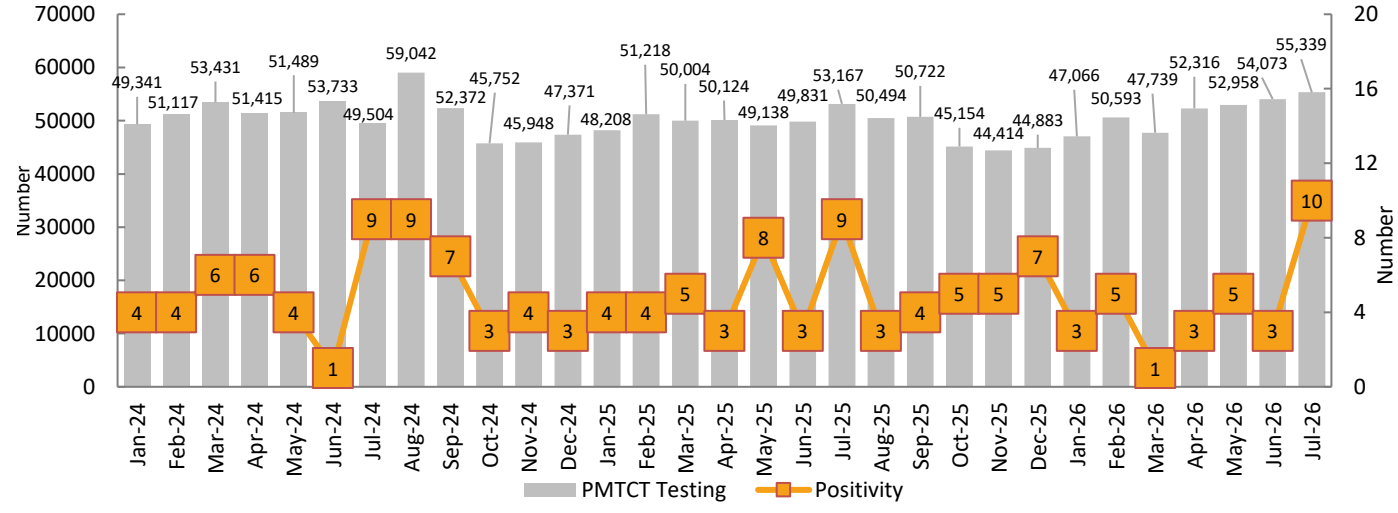
Prevention of Mother-To-Child Transmission (PMTCT)

Figure 7.5 Trend of PMTCT testing vs. positivity, FY 2075/76-2082/83



Source: HMIS/DHIS2 Routine program data, FY 2082/83.

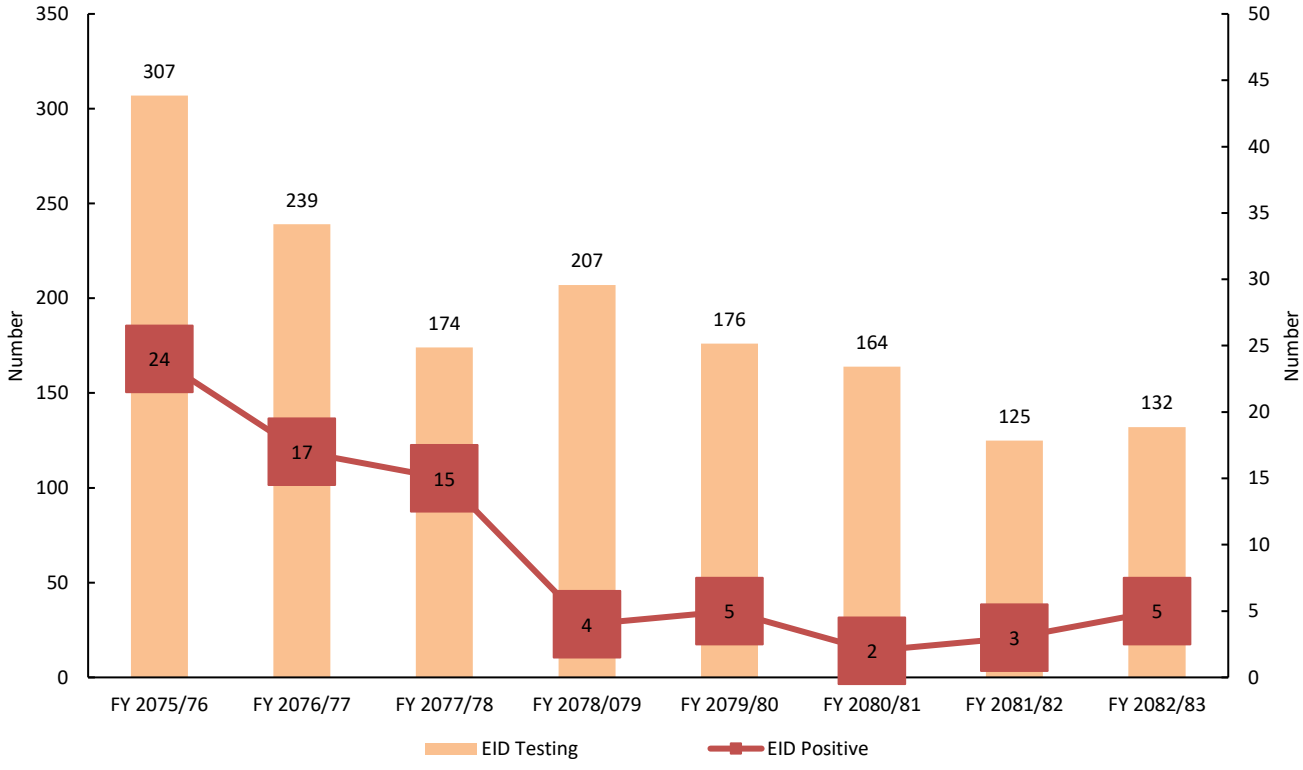
Figure 7.6 Month-wise trend of PMTCT testing vs. positivity, Jan 2024 - July 2026



Source: HMIS/DHIS2 Routine program data, FY 2082/83.

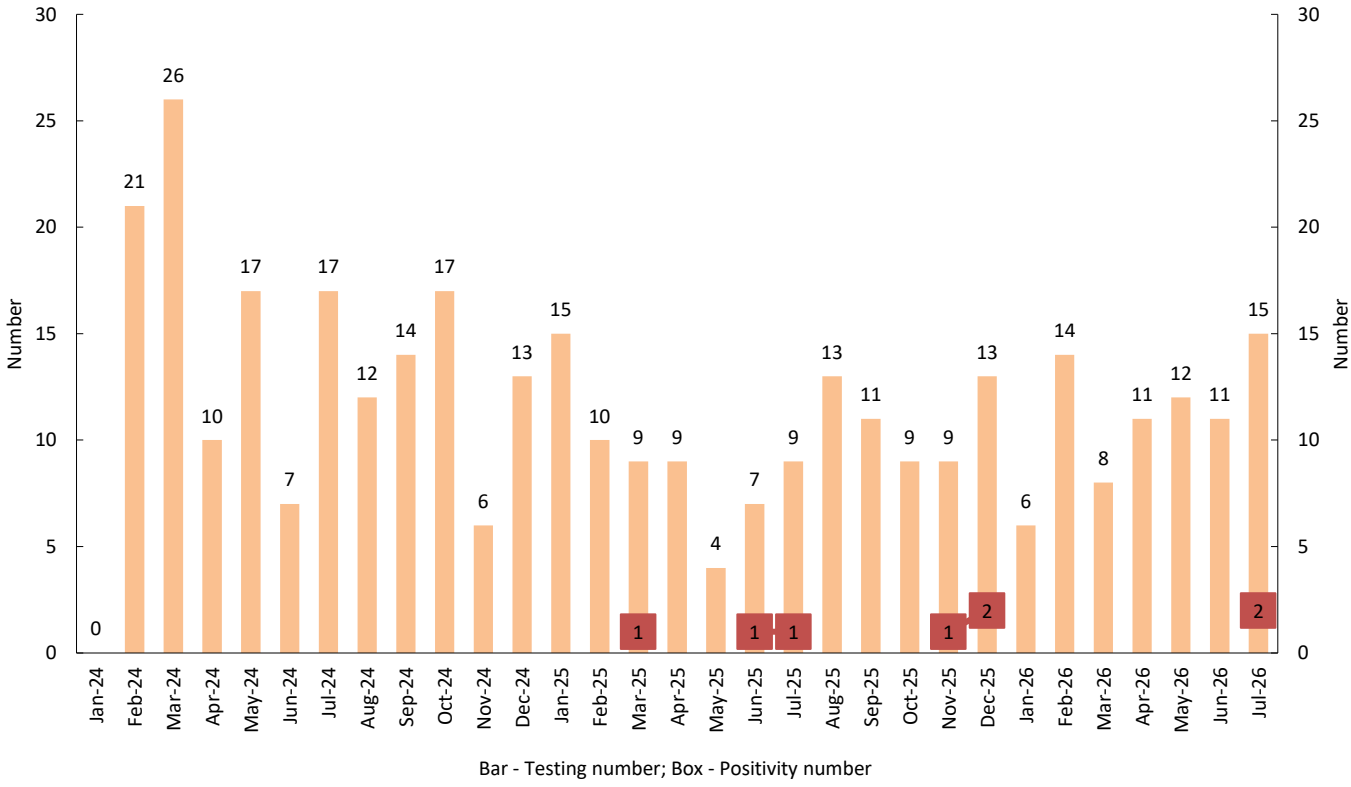
Early Infant Diagnosis (EID)

Figure 7.7 Trend of EID testing vs. positivity, FY 2075/76-2082/83



Source: HMIS/DHIS2 Routine Program Data; HIV Care and ART Tracking System, FY 2082/83.

Figure 7.8 Month-wise trend of EID testing vs. positivity, Jan 2024 - July 2026

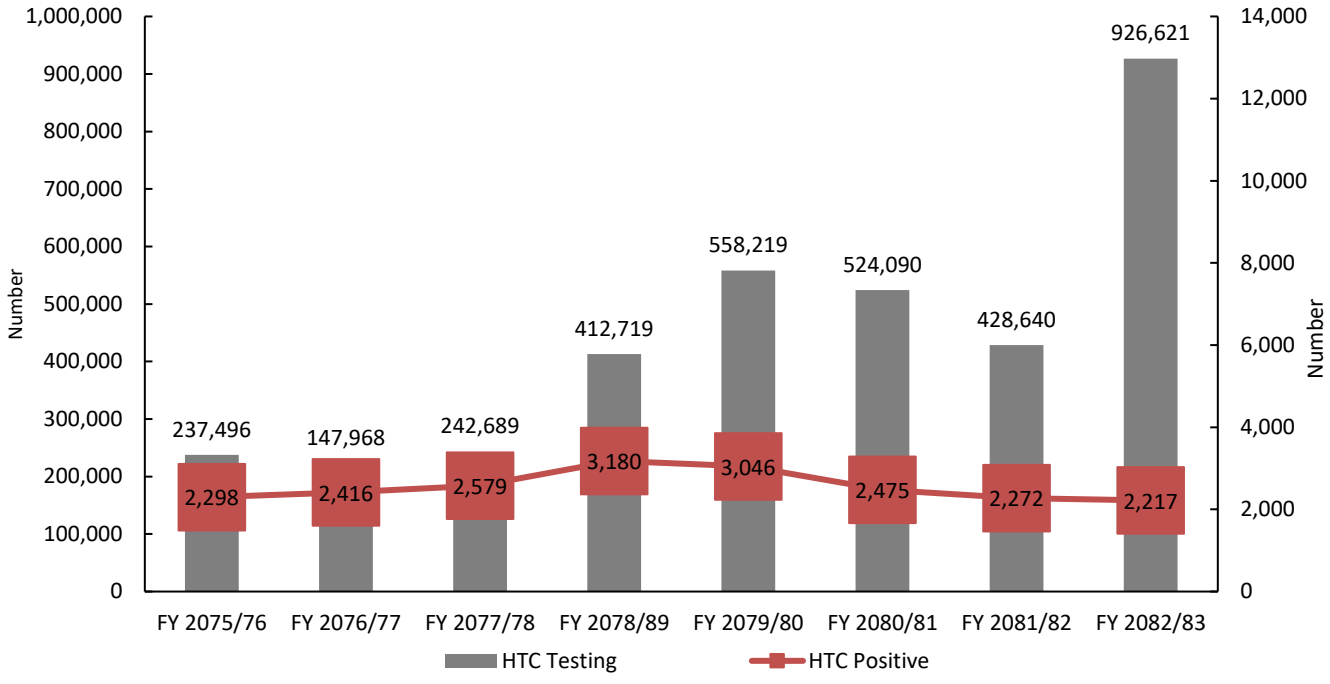


Bar - Testing number; Box - Positivity number

Source: HMIS/DHIS2 Routine Program Data; NCASC HIV Care and ART Tracking System, FY 2082/83.

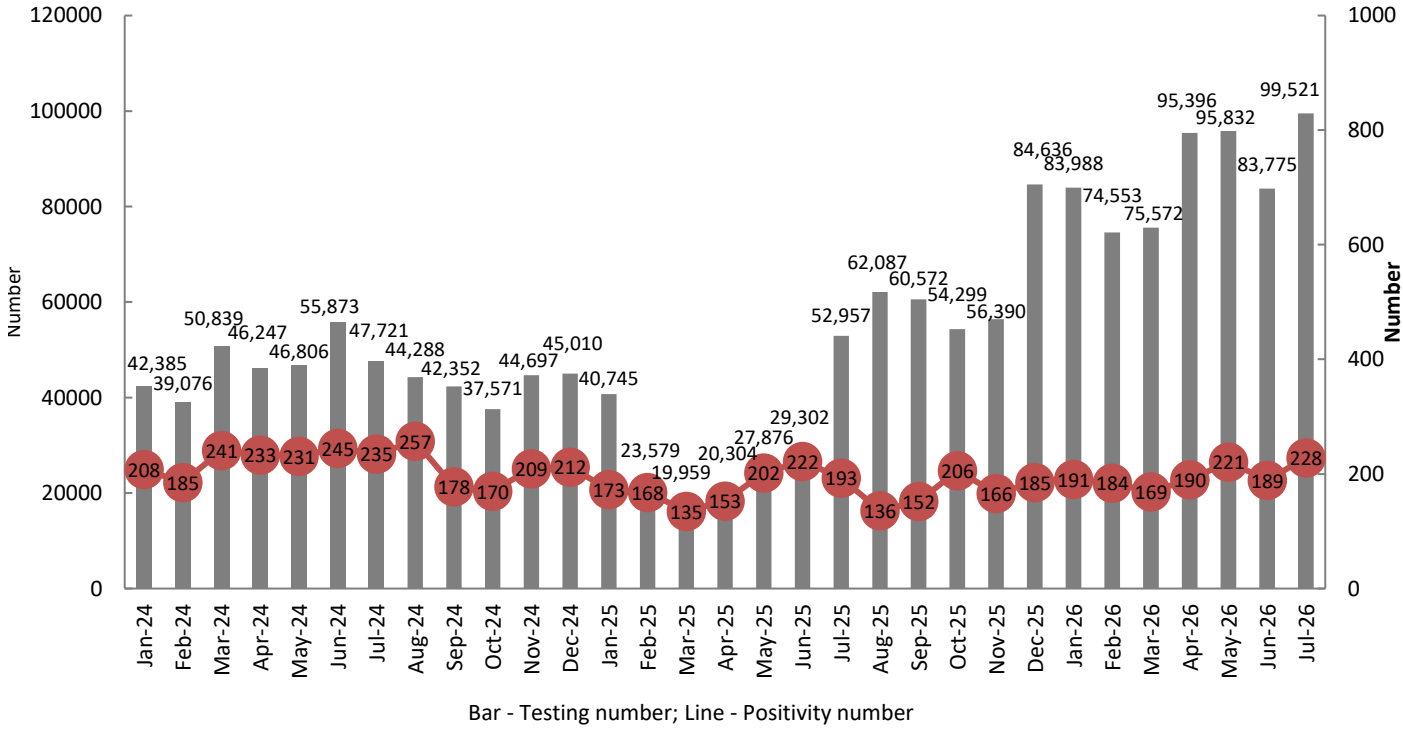
HIV Testing and Counseling (HTC)

Figure 7.9 Trend of HIV testing and positivity, FY 2075/76-2082/83



Source: Routine program data (HMIS/DHIS2 and Partner organizations reporting system), FY 2082/83.

Figure 7.10 Month-wise trend of HIV testing and positivity, Jan 2024 – July 2026



Source: Routine program data (HMIS/DHIS2 and Partner organizations reporting system), FY 2082/83.

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.

The theme of this year's World AIDS Day is access. Access to services, rights, resources and political leadership. Without access, the world will not end AIDS.

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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