



Commitment for Action:

*Assessing Leadership for Confronting
the HIV/AIDS Epidemic Across Asia*

Focus on Nepal

January 2005



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By

Sundar Man Shrestha



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This report is an assessment study of national political commitment and leadership for confronting the HIV/AIDS epidemic in Nepal. The study was conducted by the POLICY Project for the Asia and the Near East (ANE) Bureau of the U.S. Agency for International Development (USAID). POLICY also conducted similar studies in Bangladesh, India, and Viet Nam.

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● ABBREVIATIONS

ABC	Abstinence, Be Faithful, Use Condoms
AIDS	acquired immune deficiency syndrome
ANE	Asia and the Near East
API	AIDS Program Effort Index
ART	antiretroviral treatment
ARV	antiretroviral
FNCCI	Federation of Nepal Chambers of Commerce and Industries
FWLD	Forum for Women, Law, and Development
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIPA	Greater Involvement of People Living with HIV/AIDS
HAART	highly active antiretroviral treatment
HIV	human immunodeficiency virus
IDU	injection drug user
MSM	men who have sex with men
NACP	National AIDS Control Program
NCASC	National Centre for AIDS and STD Control
NGO	nongovernmental organization
NHSP	Nepal Health Sector Program
NSP	National Strategic Plan
PLHA	person living with HIV or AIDS
PMTCT	prevention of mother-to-child transmission
SAARC	South Asia Association for Regional Cooperation
STD	sexually transmitted disease
STI	sexually transmitted infection
UNAIDS	Joint United Nations Program on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	voluntary counseling and testing
WHO	World Health Organization

● EXECUTIVE SUMMARY

To prevent the further spread of HIV among vulnerable groups and the general population as well as to provide care, support, and treatment for those already affected, Nepal must enact a comprehensive response to the epidemic. Many of the most important features of a strong response—including multisectoral engagement, protection of human rights, civil society participation, meaningful involvement of people living with HIV or AIDS (PLHAs), well-financed programs and well-trained staff, and monitoring and evaluation systems that allow for developing lessons learned—are directly and indirectly influenced by an enabling policy environment and strong national political commitment. However, few attempts have been made to identify key characteristics of or ways to measure strong political commitment for addressing HIV/AIDS, particularly in the context of low HIV prevalence countries. Against such a backdrop, this assessment of national political commitment for confronting the HIV/AIDS epidemic in Nepal not only provides a mechanism for improving in-country responses but also contributes to the international community’s understanding of political commitment and leadership and their impact on strategies to address HIV/AIDS worldwide.

The study involved a literature review of relevant materials and in-depth interviews with 16 key stakeholders representing various sectors of Nepalese society, including government, nongovernmental organizations (NGOs), PLHA groups, international donor organizations, international NGOs, faith-based groups, academia, human rights organizations, and the media. The interviews were structured around a qualitative assessment guide developed by the POLICY Project that covers 13 aspects of national political commitment, including policy environment, resources, organizational structure, and stigma and discrimination.

In terms of defining national political commitment, respondents noted several important characteristics and activities, including expression of support at all levels of government and society; multisectoral engagement across ministries; civil society participation in planning and program implementation; and allocation of the appropriate human and financial resources to HIV/AIDS programs. National leaders can demonstrate their political commitment by delivering speeches and issuing public statements; participating directly in public education campaigns; and formulating and adopting policies, strategic plans, and legislation. However, it is essential to ensure that political commitment goes beyond mere statements of support and is translated into support for the implementation of policies and programs.

According to the respondents’ general impression, national political commitment for addressing HIV/AIDS in Nepal is limited but beginning to increase. On the positive side, Nepal has established a National AIDS Council chaired by the Prime Minister; the country has developed a national HIV/AIDS policy, strategic plan, and operational plan; and the National Centre for AIDS and STD Control (NCASC) has commissioned legal experts to analyze the country’s existing laws pertaining to HIV/AIDS to determine if any steps need to be taken to bring the laws into accord with international human rights guidelines. These efforts are examples of the country’s growing commitment to address HIV/AIDS.

At the same time, Nepal’s national leaders could demonstrate greater political commitment. For example, while the country has attempted to develop a participatory approach to policy development that includes meaningful input from NGOs and PLHAs, some respondents felt that participation, to date, has been limited. HIV/AIDS has also not become a priority for the country in terms of government mobilization of human and financial resources. According to respondents, the government dedicates a small proportion

of its domestic budget to the control of HIV/AIDS and the response lacks adequate manpower. Even though Nepal had applied for funding through the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), release of the funds was delayed while the country developed a mechanism for receiving the foreign assistance. Reducing stigma and discrimination is another critical area where Nepal's national political leaders, according to respondents, must become more involved. Most participants in the study noted that the stigma surrounding HIV/AIDS in Nepal is high and that fear of ostracism prevents people from using voluntary counseling and testing (VCT) services and other programs. While some respondents could provide examples of policymakers' efforts to reduce stigma, nearly all respondents said that the government had done nothing or not enough to address stigma and discrimination.

The study also asked the respondents to comment on the role of NGOs and civil society in relation to Nepal's response to HIV/AIDS. The respondents reported that NGOs, though mainly working in urban areas, have made significant contributions to the country's response, with a few also involved in national policymaking processes. Vulnerable groups, such as sex workers and men who have sex with men (MSM), and other affected communities have begun to organize into advocacy, support, and peer education groups. Commitment to addressing HIV/AIDS is also growing in other sectors, such as faith-based communities, women's groups, the business sector, and, to some degree, political parties.

In terms of strengthening political commitment and thereby improving the country's national response, stakeholders from across Nepalese government and society should work to:

- Foster an enabling policy environment;
- Establish mechanisms that will help translate policies and public statements into action and then monitor implementation to help build on lessons learned;
- Mobilize human and financial resources and use them efficiently while addressing human capacity and infrastructure needs;
- Encourage and support meaningful civil society participation in national policymaking and program implementation;
- Facilitate the collection, analysis, and dissemination of high-quality, accurate information regarding trends in the epidemic; and
- Conduct advocacy to help national and local leaders understand their role as opinion leaders who can help confront HIV/AIDS-related stigma and discrimination.

INTRODUCTION

● INTRODUCTION

● Background

Nepal's first case of AIDS was detected in 1988. Since then, seroprevalence surveys have indicated a gradual increase in HIV prevalence among certain populations, including people seeking treatment for sexually transmitted infections (STIs), sex workers and their clients, and injection drug users (IDUs). Between 1988 and 1995, Nepal counted 345 reported HIV infections and 51 reported AIDS cases. As of April 2003, the National Centre for AIDS and STD Control (NCASC) had documented a cumulative total of 2,782 HIV cases—out of which 638 had cases progressed to AIDS, including the deaths of 155 people affected by the disease. These data, however, are merely indicative; they include only those cases reported to the NCASC. Estimates suggest that the actual number of HIV and AIDS cases in Nepal may be 20 to 30 times greater than the reported number. Table 1 presents the year-wise number of HIV and AIDS cases from 1988 through 2002.

Table 1: Year-Wise Detection of HIV and AIDS in Nepal, 1988–2002

Year	Total Sample	HIV Positive			AIDS (out of total HIV)		
		Male	Female	Total	Male	Female	Total
1988	9,016	3	1	4	1	1	2
1989	5,180	0	2	2	0	0	0
1990	8,619	2	3	5	0	2	2
1991	17,000	12	14	26	2	3	5
1992	33,995	39	38	77	1	4	5
1993	38,228	41	40	81	4	6	10
1994	16,523	18	22	40	2	9	11
1995	21,867	71	39	110	12	4	16
1996	10,475	50	85	135	13	18	31
1997	9,475	394	95	489	76	24	100
1998	3,611	166	54	220	38	16	54
1999	5,170	174	48	222	35	19	54
2000	3,039	301	95	396	117	48	165
2001	1,470	264	60	324	62	23	85
2002	5,596	360	107	467	70	14	84
Total	189,246	1,895	703	2,598	433	191	624

Source: NCASC, 2003

While reliable surveillance data in Nepal are scarce, the available data suggest that national adult (age 15 to 49) HIV prevalence is currently around 0.5 percent and is estimated to rise to 2 percent by 2015. National figures, however, can mask increasing prevalence in several subgroups. In fact, the latest epidemiological data show that HIV may be increasing more rapidly in certain subgroups. In other words, Nepal has entered into the stage of a “concentrated epidemic”—a stage in which some groups have an

HIV prevalence rate at or above 5 percent. These subgroups include IDUs nationwide, sex workers in urban centers, sex workers returning from India, and migrant workers who travel between India and Nepal.

Various studies estimate that the HIV prevalence rate among sex workers is 17.3 percent in Kathmandu, 40.4 percent among IDUs nationwide, and 49.2 percent among IDUs in Kathmandu Valley. The prevalence rate among sex workers who also engage in injection drug use is estimated to be as high as 70 percent. One study carried out with 400 sex workers in the Terai found 16 persons (3.9 percent) to be HIV positive. In the same study, half of the women (eight out of 16) who reported working in Mumbai, India, were found to be positive (New ERA and STI/AIDS Counselling and Training Service, 2000).

To prevent the further spread of HIV among vulnerable groups and the general population as well as to provide care, support, and treatment for those already affected, Nepal must enact a comprehensive response to the epidemic. Many of the significant features of a strong response—including multisectoral engagement, protection of human rights, civil society participation, meaningful involvement of people living with HIV or AIDS (PLHAs), well-financed programs and well-trained staff, and monitoring and evaluation systems that allow for developing lessons learned—are directly and indirectly influenced by an enabling policy environment and strong national political commitment. However, few attempts have been made to identify key characteristics of or ways to measure strong political commitment for addressing HIV/AIDS, particularly in the context of low HIV prevalence countries. Against such a backdrop, this assessment of national political commitment for confronting the HIV/AIDS epidemic in Nepal provides not only a mechanism for improving in-country responses but also contributes to the international community’s understanding of political commitment and leadership and their impact on strategies to address HIV/AIDS worldwide.

● Objectives and Methodology

This case study of Nepal is part of a multicountry assessment designed to analyze national political commitment and leadership for confronting HIV/AIDS in low HIV prevalence countries in Asia as well as to develop indicators to measure national political commitment. It is based on the assumption that while experience shows that political commitment can help catalyze a strong response before an epidemic spreads to the general population, political commitment is a term that is often used without a clear sense of what it means, how it affects programs, and how it can be strengthened by advocates and policymakers.

The study was conducted in four countries with low seroprevalence in Asia during mid-2003 by the POLICY Project for the Asia and Near East (ANE) Bureau of the U.S. Agency for International Development (USAID).¹ The study expands and builds on POLICY’s past efforts in the development of methodologies to measure political commitment for confronting the HIV/AIDS epidemic.² The study’s methodology involved two phases:

- **Literature review and assessment guide development.** POLICY Project researchers conducted a review of the literature on political commitment for addressing HIV/AIDS and other relevant health issues, such as reproductive health. The review, coupled with the project’s own experience in assessing and building political commitment, informed the development of a qualitative

¹ The four countries in the study are Bangladesh, India, Nepal, and Viet Nam.

² See *HIV/AIDS Toolkit: Building Political Commitment for Effective HIV/AIDS Policies and Programs* (POLICY Project, 2000), available at <http://www.policyproject.com/pubs/toolkit.cfm>. Also see “Measuring the Level of Effort in the National and International Response to HIV/AIDS: The AIDS Programme Effort Index (API)” (UNAIDS, USAID, and POLICY Project, 2001), available at <http://www.policyproject.com/pubs/Monographs/APIreport.pdf>.

research tool for measuring 13 aspects of national political commitment (see Appendix A). Local consultants and counterparts also reviewed relevant country-specific materials relating to the country's national response and political commitment. The materials included national HIV/AIDS plans; UNAIDS reports; applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); and other relevant documents.

- **Identification of key stakeholders and in-depth interviews.** Key HIV/AIDS stakeholders were identified as interview subjects who would discuss their views on current levels of political commitment evident from the various sectors of Nepalese society. Face-to-face interviews with 16 persons were carried out. The respondents represent various sectors of Nepalese society, including government, nongovernmental organizations (NGOs), PLHA groups, international donor organizations, international NGOs, faith-based groups, academia, human rights organizations, and the media.

● Characteristics of Political Commitment

Strong political commitment for confronting the epidemic is an essential component of a comprehensive and effective strategy for addressing HIV/AIDS at the local, national, regional, and international levels (UNAIDS, 2000; USAID, 2000). The POLICY Project defines political commitment as

[T]he decision of leaders to use their power, influence, and personal involvement to ensure that HIV/AIDS programs receive the visibility, leadership, resources, and ongoing political support that is required to support effective action to limit the spread of HIV and mitigate the impacts of the epidemic (POLICY Project, 2000).

A sizeable body of literature exists on political commitment in general and on political commitment for HIV/AIDS in particular (e.g., Patterson, 2000; POLICY Project, 2000). The review of the literature suggests several concrete actions and events that characterize political commitment. Examples include:

- **Formulating a national HIV/AIDS plan.** The Declaration of Commitment of the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), for example, sets as a goal that all countries should have national strategic plans in place by 2003.
- **Strengthening the public health infrastructure.** Scaling up an HIV/AIDS response requires the development of and investment in necessary infrastructure, including health facilities, related systems, and human capacity. For example, the ability of a country, such as Thailand, to conduct vaccine trials serves as an important indicator of political commitment because clinical trials cannot be conducted without first developing basic utilities and laboratory facilities, training staff, ensuring supply lines and transportation, and so on.
- **Passing public health legislation.** Legislation can take many forms. One example is legislation that identifies HIV/AIDS as a communicable disease and outlines the role of the state in prevention, care, and mitigation. Another example is legislation that makes HIV/AIDS a national priority, such as the Philippines AIDS Law of 1998, which mandated education about HIV-related risks and safer practices and behaviors as well as screening, counseling, and the provision of health services (Stephenson, 2001). A third example is laws that prohibit discrimination against PLHAs.
- **Mobilizing and allocating resources.** Sufficient and cost-effective budget allocations are necessary for the successful implementation of prevention and care programs.

- **Encouraging civil society participation.** NGOs are encouraged to act locally to reduce risk behaviors and slow the spread of the epidemic and to participate broadly in a country's planning and policymaking processes (Parkhurst, 2000).
- **Promoting human rights.** Commitment to international conventions and compliance with international standards, such as the "International Guidelines on HIV/AIDS and Human Rights" (Watchirs, 2000), is essential for creating an enabling policy environment for HIV/AIDS programs and for reducing stigma and discrimination.
- **Serving as an "AIDS policy champion."** Some top-level political leaders have used their status and personal dedication to keep HIV/AIDS high on the agenda in their own countries. Examples include President Yoweri Museveni of Uganda, former President Kenneth Kaunda of Zambia, former President Nelson Mandela of South Africa, and Senator Mechai Viravaidya of Thailand.

Political commitment is the decision of leaders to use their power, influence, and personal involvement to ensure that HIV/AIDS programs receive the visibility, leadership, resources, and ongoing political support that is required to support effective action to limit the spread of HIV and mitigate the impacts of the epidemic (POLICY Project, 2000).

Patterson (2000) identifies a number of indicators of political commitment drawn from successful national programs, including:

- Key ministries with their own HIV/AIDS plans and budgets, as in the case of Thailand (Sittitrai, 2001);
- Provincial governors playing a lead role in the HIV/AIDS program of their respective provinces, as in the case of Thailand (Sittitrai, 2001);
- Encouraging multisectoral engagement and including businesses, PLHAs, faith-based organizations, and other community leaders in policy dialogue and resource mobilization, as in the case of Thailand (Sittitrai, 2001);
- Government publicly acknowledging the HIV/AIDS epidemic as a national priority and creating a highly placed national HIV/AIDS commission early on, as in the case of Uganda;
- Enabling and promoting NGO involvement in HIV/AIDS activities, as in the case of Senegal;
- Including HIV/AIDS-related topics in health and sex education for school-aged children, as in the case of Senegal;
- Integrating detection of and treatment for STIs into primary health services, as in the case of Senegal; and
- Providing antiretroviral (ARV) drugs and/or adopting a government policy of universal access, as in the case of Brazil.

The next chapter explores the extent to which Nepal's national response to HIV/AIDS has demonstrated strong political commitment for confronting the epidemic.

SALIENT FINDINGS

This section presents significant findings from the in-depth interviews regarding respondents' attitudes toward and opinions about several aspects of national political commitment. The major topics include:

- *Understanding of Political Commitment*
- *Top Leadership*
- *Government Response*
- *Role of NGOs and Civil Society*
- *Research, Monitoring, and Evaluation*
- *Stigma and Discrimination*

Where appropriate, and primarily for providing additional background information, respondents' views are supplemented with information from the literature review of relevant policies, budgets, and strategic plans.

● UNDERSTANDING OF POLITICAL COMMITMENT

Respondents were first asked for their views regarding what constitutes strong political commitment in the context of HIV/AIDS and how that commitment might be measured. Respondents from almost all sectors stated that political commitment is the commitment made by political leaders at high levels—both inside and outside government—to combat the HIV/AIDS epidemic. It involves speeches made by top leaders, adoption of laws and legislation, and formulation of policies, programs, and strategies as well as support for their implementation. Some respondents suggested that allocation of human and financial resources to HIV/AIDS programs is an essential aspect of political commitment. One respondent noted the importance of commitments made at the international level (e.g., as a signatory to an international declaration) while others suggested that political commitment is evident when HIV/AIDS responses involve representatives from a variety of levels and sectors, including government (both national and local), PLHAs, NGOs, and international NGOs, among others. One respondent mentioned that political commitment can have more impact when it comes from those with considerable influence over the political process.

A few respondents, including PLHA and civil society representatives, noted a gap between political commitment as expressed in the public statements of top leaders and political commitment as demonstrated in the implementation of plans and programs. When asked whether political commitment can be measured, respondents provided varying answers. One participant lamented that there is “no scale to measure it.” Others suggested a number of actions that can be seen as indicators of political commitment, including speeches made by political leaders in support of HIV/AIDS programs; efforts by politicians to become directly involved in education campaigns for the general public and at the grassroots level; allocation of resources; and leadership in the formulation and implementation of HIV/AIDS policies and programs.

KEY POINTS: UNDERSTANDING OF POLITICAL COMMITMENT IN NEPAL

- Some characteristics of strong political commitment to address HIV/AIDS include expression of support at all levels of government and society, including among top leaders; multisectoral engagement across ministries; civil society participation in planning and program implementation; and allocation of the appropriate human and financial resources to HIV/AIDS programs.
- National leaders can demonstrate their political commitment by delivering speeches and issuing public statements; participating directly in public education campaigns; and formulating and adopting policies, strategic plans, and legislation.
- It is essential to ensure that political commitment goes beyond mere statements of support and is translated into support for the implementation of policies and programs.

● TOP LEADERSHIP

When considering the degree to which Nepal's top leaders have expressed political commitment, respondents from the government, donor community, and NGOs noted that the late King, the Prime Minister, and the Minister of Health made speeches about or otherwise supported the HIV/AIDS program. Some respondents, however, including PLHA and NGO representatives, did not think that the country's top national leaders had vigorously supported HIV/AIDS programs. Even so, all respondents pointed to an increasing trend in expressing concern regarding HIV/AIDS issues.

Some respondents viewed the Prime Minister's assumption of the chairmanship of the National AIDS Council as a sign of high-level political commitment. One respondent mentioned that Nepal is the first country in the South Asia Association for Regional Cooperation (SAARC) whose HIV/AIDS council is chaired by the Prime Minister. Some respondents also appreciated the contribution of the former Minister of Health, Mr. Sarat Singh Bhandari, and held him as a champion in matters of HIV/AIDS issues. Since the time of this study, the Minister of Health and other senior government officials have participated in and delivered speeches at the XV International AIDS Conference in Bangkok in July 2004, demonstrating their commitment. The Minister of Health was also active during World AIDS Day 2004 events.

Some respondents, however, remarked that the involvement of top leaders in the Nepalese response to HIV/AIDS is often limited to carrying out duties related to their official capacity. One respondent stated that NGOs should be credited for taking the lead in directing the country's HIV/AIDS efforts. Some respondents viewed the establishment of the National AIDS Council as the apex body on the matter of HIV/AIDS as the most important event in Nepal's response to date, for which the credit goes to the former Minister of Health.

KEY POINTS: TOP LEADERSHIP IN NEPAL

- Political commitment to address HIV/AIDS in Nepal is somewhat limited primarily to public statements made by certain key individuals—including the late King, the Prime Minister, and the former Minister of Health.
- Some respondents felt that, while commitment among the top leadership is low, they nonetheless noted growing concern regarding HIV/AIDS issues. For example, even though the council has met infrequently since its inception, respondents noted that Nepal was the first SAARC country whose Prime Minister chaired a national AIDS council.

● GOVERNMENT RESPONSE

This section explores respondents' assessment of specific aspects of the government's response, including policy formulation, national legislature, and regulatory environment; resources; organizational structure; multiministry involvement; program components; foreign technical assistance and foreign experience; and public information and education.

● Policy Formulation, National Legislature, and Regulatory Environment

Policy formulation. While Nepal has not enacted a specific law regarding HIV/AIDS, several respondents noted that the country's Constitution guarantees equal opportunities and rights to all citizens and, hence, should apply to people affected by HIV/AIDS. The NCASC and lawyers are collaborating to identify any gaps in the existing laws pertaining to HIV/AIDS issues. In April 2004, a legislative audit based on international guidelines on HIV/AIDS and human rights was completed and disseminated, leading to the development of various proposed amendments and a proposed HIV/AIDS bill.

Policymakers formulated the present National HIV/AIDS Policy in 1995. The government adopted a strategic plan, covering 2002–2006, and a five-year operational plan and is laying the groundwork for the full implementation. Respondents from government, the donor community, and international NGOs reported that the policies and plans grew out of a fairly participatory process following consultations with line ministries and the involvement of all segments of the population, including PLHAs and sex workers. Respondents representing PLHAs and some NGOs felt, however, that participation was somewhat limited and that only a couple of NGOs were involved in the planning processes. Over the past year, the government has adopted national policies in specific topic areas, including a national policy for STIs, an ARV protocol, and national guidelines for antiretroviral treatment (ART).

While some respondents noted that the national policy provides clear directives, they also felt that it needs to be expanded and updated to cover various issues, such as stigma and discrimination. According to respondents representing the government, implementation of the operational plan may face a serious financial hurdle owing to resource constraints. They noted that, given existing resources, the operational plan is overly broad and ambitious (estimated at US\$65.7 million for five years).

National legislature and regulatory environment. While the Constitution of Nepal prohibits discrimination against any citizen, most respondents reported the absence of both special legislation and a parliamentary committee for HIV/AIDS. The Population Committee has jurisdiction over matters concerning HIV/AIDS. The Member of Parliament interviewed for this study reported that some amendments to the existing laws to incorporate HIV/AIDS have been drafted but that dissolution of the Parliament has halted further progress. In addition, most respondents noted the absence of antidiscrimination laws or special laws to protect the human rights of vulnerable populations. A government representative mentioned that the NCASC is consulting with lawyers to determine if steps need to be taken to ensure that Nepal's laws are in accord with international human rights guidelines.

● Resources

Government respondents noted the portion of the health budget devoted to HIV/AIDS in fiscal year 2003–2004 as evidence of the government’s political commitment. One component of the funding is attributable to the grant provided by the GFATM. About one-third of respondents felt that the government’s earmark from its internal resources for HIV/AIDS was insufficient to reflect a high level of political commitment from the government. Some respondents also mentioned that other organizations provide financial assistance, including USAID and the World Health Organization (WHO). A few respondents representing government and the donor community said that funds are used efficiently, that most resources are disbursed to NGOs, and that the government has taken steps to establish additional hospitals to meet the increased needs caused by the epidemic. However, a number of respondents, including those representing PLHAs, donors, NGOs, international NGOs, and the media, indicated that there is no transparency in the disbursement process—highlighting that budget transparency is an important indicator when measuring the government’s political commitment. Other matters of concern were that funds do not reach the local level and are allocated primarily to prevention programs and not treatment, care, and support services. In addition, at the time of the study, some participants said that funds provided by GFATM would not be released until Nepal developed a suitable mechanism for receiving the funds and an operational plan for allocating them. The country has since developed a mechanism to receive GFATM funds, a portion of which is now used to provide ARVs to 75 people through government hospitals. Respondents also expressed concern about the existing resource gap and the need for human resource development at the NCASC and other partner organizations in various technical and management aspects for the implementation of HIV/AIDS-related programs.

● Organizational Structure

Nepal’s national HIV/AIDS program operates with a high-level National AIDS Council chaired by the Prime Minister; the council includes representatives from various ministries, donor communities, civil society groups, and NGOs. At the ministerial level, the Health Ministry chairs meetings of the Steering Committee (National Coordination Committee). The NCASC functions as the secretariat of the Steering Committee. The Head of the NCASC is placed highly in the administrative structure of the Department of Health Services. Operationally, he is directly under the Secretary of the Ministry of Health and can talk directly to the donor partners and approach the highest authority (the Minister) in the ministry. In addition, he has the authority to make decisions on his own.

One government respondent was of the opinion that human resource capacity at the NCASC is sufficient, especially when compared with other divisions of the Department of Health Services. However, another government respondent feels that 20 more staff members and technical support are needed for full implementation of the operational plan. According to these government representatives, the present NCASC staff members are knowledgeable and fairly well trained, but frequent turnover of staff is creating a problem. Donors, PLHA groups, and NGOs suggested that the NCASC does not have adequate personnel resources, both in number of staff and type of training. These respondents also mentioned the need to improve multisectoral engagement, particularly through more PLHA and NGO participation on the National Steering Committee.

In September 2004, to implement the national strategy and operational plan, the Ministry of Health made a commitment to establish an independent, autonomous entity to manage national programs no later than July 2005; to develop a national coordination mechanism for HIV/AIDS to foster and facilitate

public/private partnership; and to maintain greater continuity in program management. The Ministry of Finance is currently reviewing the programs.

● **Multiministry Involvement**

All respondents noted that various ministries are involved to one degree or another in the government's HIV/AIDS response. In addition to the Ministry of Health, at least 18 ministries are represented by their respective ministers and secretaries on the National AIDS Council, which is chaired by the Prime Minister. Some of the ministries include Education and Sports; Finance; Labor; Information; and Women, Children, and Social Welfare. In addition, the Ministry of Health and the NCASC regularly collaborate with the Ministry of Home, Ministry of Local Development, and Ministry of Law and Justice. Some of these ministries have budgets and staff assigned to their HIV/AIDS programs and provide technical support to the NCASC.

● **Program Components**

At the time of the study, the government had not yet publicly released the National Operational Plan for HIV/AIDS Control, 2003–2007. Many respondents, therefore, were unaware of specific interventions and approaches listed in the plan. Government respondents reported that the plan would include voluntary counseling and testing (VCT), prevention of mother-to-child (PMTCT) transmission programs, and provision of highly active antiretroviral treatment (HAART) as well as some projects focused on vulnerable groups. With recent funding from GFATM, the government has started providing ARVs to 75 patients. A few respondents mentioned that NGOs had been undertaking activities for vulnerable populations and that the projects would be helped by greater support from the government's plan. Orphans and vulnerable children, migrant workers, men who have sex with men (MSM), and IDUs were among the groups listed as needing specific prevention and care programs. Respondents from government, the donor community, and NGOs confirmed that there are provisions for independent review of the HIV/AIDS program. The Nepal Initiative was noted as the group that would conduct the independent evaluation.

● **Foreign Technical Assistance and Foreign Experience**

Most respondents agreed that Nepal is in need of foreign technical assistance in order to improve its HIV/AIDS response. A few respondents suggested that assistance is needed with respect to all aspects of the HIV/AIDS response. Others noted specific topics areas where assistance is needed, including VCT, ARVs, condom distribution, PMTCT, and programs for sex workers and IDUs. A government respondent noted that study tours to date have focused primarily on prevention activities but are gradually shifting to an emphasis on treatment, care, and support efforts. The resource gap pertained to VCT, ARV provision, and STI treatment and monitoring.

While the government has sent out study teams to learn from the experiences of foreign countries in combating HIV/AIDS, only the Ministry of Health monitors the study teams' work. Some respondents representing government, donors, NGOs, and PLHAs raised concerns that the study trips might be viewed as tourist visits rather than as learning opportunities. Opinions varied as to whether respondents believed that the information gathered from other countries is shared and used effectively to improve Nepal's

HIV/AIDS programs. A few respondents, including those representing government, donors, and NGOs, suggested that the information is used properly while others—representing PLHAs, international NGOs, academia, and other NGOs—suggested otherwise.

In September 2004, the Ministry of Health requested assistance from the United Nations system in supporting implementation of the national strategy and operational plan, including activities funded by GFATM.

● Public Information and Education

All respondents noted that the government has taken steps to raise awareness of HIV/AIDS issues by, for example, conducting public information campaigns, supporting social marketing efforts, and developing life skills curricula. For public information campaigns, the government is using a variety of media (e.g., radio, television, and print) for disseminating messages on controlling the HIV/AIDS epidemic. Respondents raised a number of issues regarding the effectiveness and impact of the public information campaigns. Some respondents said that the information provided by the campaigns was accurate, though campaigns need to be evaluated to determine their impact. A few respondents questioned the accuracy of the information, with one NGO representative saying that the messages make HIV/AIDS seem more “dangerous” than it is. A government respondent noted the importance of properly pretesting messages with target groups.

In addition, respondents pointed to several barriers to the effectiveness of public information messages, including low literacy levels, the diversity of languages spoken by the general public, complicated or technical language used in the messages, and individuals’ perceptions depending on their cultural and traditional beliefs. In particular, given that HIV/AIDS is associated with injection drug use and unprotected sex, society and individuals’ perceptions as well as cultural taboos will affect how people interpret public education information. One message will not likely be able to address all aspects of HIV/AIDS. When considering topics covered in the campaigns, a few participants noted that more needs to be done to educate the public about VCT services.

A few respondents mentioned the recent launch of social marketing activities involving musicians, singers, and artists and tended to believe that the activities were effective in improving condom distribution for HIV prevention purposes. They did suggest, however, that the programs need to be pretested with target audiences and evaluated to determine their impact. HIV/AIDS was introduced into the secondary education curricula in 1996–1997 (classes 6 through 10). Most respondents were aware that the government had begun to deliver life skills education around HIV/AIDS. NSASC is working with the Council for Technical Education and Vocational Training and the United Nations Children’s Fund (UNICEF) to promote such education. Life skills education is still a relatively new phenomenon, and respondents were concerned as to whether the education has been provided adequately and whether it has been tested and evaluated. One PLHA representative was concerned that curricula do not address certain important topics, such as sexual health and drug use, while a member of an international NGO noted that teachers are still reluctant to talk about HIV/AIDS and prevention methods.

KEY POINTS: GOVERNMENT RESPONSE IN NEPAL

- Nepal has established the National AIDS Council, headed by the Prime Minister, as well as the National Centre for AIDS and STD Control (NCASC), whose director is highly placed in the Department of Health Services.
- While Nepal does not have a specific law regarding HIV/AIDS, the Constitution guarantees equal opportunities and rights to all citizens and should apply to those affected by HIV/AIDS. The NCASC commissioned legal experts to analyze the country's existing laws that are relevant in the context of HIV/AIDS and to determine if any steps need to be taken to bring the laws in accord with international human rights guidelines.
- Nepal has adopted a national HIV/AIDS policy, national strategic plan, and national operational plan. While some felt that the government used a participatory approach to develop these policies and plans, others suggested that PLHA and NGO involvement was limited.
- Some respondents raised concerns that the country's policies and plans focus on prevention activities rather than take a balanced approach that promotes care, support, treatment, and mitigation efforts and programs for vulnerable populations.
- While a variety of ministries participate in the National AIDS Council, many do not have their own budgets and personnel dedicated to HIV/AIDS activities. Nepal does receive external financial assistance, including the award of funds from GFATM. Some respondents said that the country's budget and resource allocation process lacks transparency, which they felt is a critical component of political commitment.
- Nepal's National Operational Plan for HIV/AIDS Control includes provisions for VCT, PMTCT, and HAART as well as independent review of the HIV/AIDS program by an external evaluation team. Some respondents, however, expressed the need for government to develop prevention and care programs specifically for vulnerable populations.
- The government has endeavored to learn from the experiences of other countries in the region. However, respondents reported the need to ensure that the information gained from study tours is used effectively and disseminated to all levels.
- The government has sought to improve public awareness of HIV/AIDS issues and prevention methods through public education campaigns, social marketing programs, and life skills curricula in schools. Respondents suggested that any educational messages must be pretested and evaluated to ensure accuracy, appropriateness, and impact and thus account for Nepal's cultural and linguistic diversity.

● ROLE OF NGOs AND CIVIL SOCIETY

In an enabling environment supported by a strong political commitment from a country's top leaders, NGOs and other civil society groups that are addressing HIV/AIDS might reasonably be expected to flourish and to demonstrate involvement in helping to plan and implement the country's HIV/AIDS efforts. At the same time, NGOs and civil society must demonstrate leadership and commitment and can play a role in encouraging greater commitment from government leaders at all levels.

Respondents noted that many NGOs, including international NGOs, are working in the field of HIV/AIDS in Nepal. Their number, size, roles, and contributions have grown over time. Thirty-three organizations working in the field of HIV/AIDS have officially registered with the National NGO Network Against AIDS in Nepal, but one respondent estimated that over 60 HIV/AIDS-related organizations are at work. NGO and civil society respondents both noted that a lack of resources and technical know-how can hinder the work of NGOs. One respondent from an international NGO pointed to the importance of assessing the impact of NGOs and determining the reach of NGOs in rural areas.

Respondents from government, NGOs, PLHA groups, and donors all noted that NGOs have made significant contributions to Nepal's HIV/AIDS response and that a few have been involved in national policymaking processes. In particular, respondents perceived that NGOs were mainly involved with HIV prevention activities. A few organizations are advocating for programs to address the needs of vulnerable groups. For example, the Blue Diamond Society works with MSM and seeks to protect against their criminalization. Sex workers have begun to organize themselves; the Forum for Women, Law, and Development (FWLD) is one organization that works with them. FLWD is also involved in policy interventions and is drafting laws for protection from stigma and discrimination. In addition, Rural Reconstruction Nepal is working on the issues of stigma and discrimination. The Nepal Red Cross Society is involved in condom promotion. During the past year, the government involved two PLHAs, including one woman, in the country coordinating mechanism (CCM) for the GFATM (previously, only one male PLHA had participated).

Two respondents suggested that the motives of some NGOs are unclear and that some are perceived as working in HIV/AIDS only to attract donor funds instead of implementing meaningful interventions. In terms of other groups, political parties were said to have not yet incorporated HIV/AIDS issues into their political manifestos, though a few respondents noted that interest from political parties is growing. One respondent, from academia, suggested that lack of accurate knowledge about HIV/AIDS is one reason that political parties have yet to act on the issue. Respondents from government, NGOs, PLHA groups, and the donor community suggested that faith-based organizations have yet to take up HIV/AIDS issues; however, these respondents noted that faith-based organizations could have an enormous impact in addressing stigma and discrimination, providing care and support, and promoting safer sex and abstinence. The respondent from a faith-based group reported that faith-based organizations do have a plan to launch an HIV prevention campaign.

PLHA groups are also beginning to organize themselves and are involved in advocacy, stigma reduction, and peer education. According to one respondent, some women have organized themselves and are working to promote safer sex. With growing concerns regarding HIV/AIDS among the business community, the Federation of Nepalese Chambers of Commerce and Industries (FNCCI) is preparing an HIV/AIDS program for its workers. While some businesses are beginning to develop programs, a few

respondents noted that such programs often target awareness raising and HIV prevention and do not tackle issues surrounding care and treatment.

The government is also using local celebrities and sports personalities for support of HIV/AIDS programs, but such efforts are limited to cities. In addition, respondents suggested that appropriate mechanisms for talking about safe sex and HIV/AIDS have not yet been developed.

KEY POINTS: NGO AND CIVIL SOCIETY INVOLVEMENT IN NEPAL

- NGOs, though working mainly in urban areas, have made significant contributions to the country's HIV/AIDS response, with a few involved in national policymaking processes.
- Vulnerable groups (e.g., MSM and sex workers) and those already affected by the disease have begun to organize themselves into advocacy, support, and peer education groups.
- Commitment to addressing HIV/AIDS is limited though growing in faith-based communities, the business sector, political parties, and women's groups.
- Groups in the NGO and civil society sector have mainly focused on prevention and awareness-raising activities. Some groups are addressing stigma and discrimination, but few seem to be working in the areas of care, support, and treatment access.

● RESEARCH, MONITORING, AND EVALUATION

Nepal's HIV surveillance system began in 1993, with surveys conducted annually. Although a few respondents were not aware of the existence of the sentinel surveillance system, the respondents from government and the donor community confirmed that the system is in place. The data generated by the system are processed at the central level and then disseminated to the districts. Based on the best available information, priorities are given and benchmarks or goals are set for each component of the National Operational Plan for HIV/AIDS Control.

While some respondents, including PLHA and NGO representatives, said that surveillance information does not reach local policymakers and stakeholders, others mentioned that they receive monthly reports from the NCASC regarding the HIV/AIDS situation. One NGO respondent who receives the reports mentioned that the data do not reflect the local situation, as community workers are aware of more PLHAs than reported in the official statistics. Others also raised questions about the accuracy of the data generated from the existing surveillance system. HIV testing is voluntary and therefore cannot capture information on those who do not go to the hospital or laboratory for testing. A government representative reiterated the need to assess and improve monitoring systems.

KEY POINTS: RESEARCH, MONITORING, AND EVALUATION IN NEPAL

- Nepal initiated an HIV sentinel surveillance system in 1993. Based on the best available information, benchmarks and goals have been established for each component of the operational plan.
- While the NCASC sends out monthly reports, some respondents expressed concern that surveillance data do not reach the local level. In addition, some respondents questioned the validity of the data, which pertain only to individuals who visit hospitals or clinics for testing.

● STIGMA AND DISCRIMINATION

Both the fear and experience of stigma and discrimination have been recognized as significant barriers to the success of programs to prevent HIV transmission and meet the needs of people affected by the disease. Due to stigmatization and the prospect of rejection by families and community members, individuals fear testing, deny their level of risk, or refuse to seek treatment. Given their position in society, national leaders from all sectors can play an important role in efforts to reduce stigma and change attitudes toward PLHAs.

Most respondents reported that stigma surrounding HIV/AIDS in Nepal is high. One government respondent disagreed with this assessment, and a respondent from the donor community explained that the level of stigma differs from place to place. Some respondents identified social exclusion as the root cause of stigma, although the majority stated that ignorance regarding HIV/AIDS in general and HIV transmission in particular are the root causes of stigma. Respondents also noted that the general public may not realize that PLHAs can continue to work and contribute to society, just as would an HIV-negative person. One respondent, from academia, held Nepalese tradition and cultural practices, which may view HIV/AIDS as a curse, responsible for stigma.

A number of respondents from various sectors discussed some of the impacts of stigma and discrimination. While the expansion and use of VCT services is a key component of a country's prevention and care efforts, many respondents noted that, because of fear of ostracism from family and society, many Nepalese do not take advantage of available services. Those who do submit to HIV testing do not reveal their status as they fear the consequences of doing so.

Two government respondents said that policymakers and government officials had been working to reduce stigma. As one example, they cited the involvement of former ministers of health in a media campaign designed to show that PLHAs can live as productive members of society. However, most respondents believed that government leaders and policymakers had done nothing—or not enough—to address issues surrounding stigma. One respondent noted that policymakers have done little except acknowledge that HIV/AIDS is a problem in Nepal. A few respondents urged political leaders to do more to educate the public about HIV/AIDS and the need to treat PLHAs with compassion and respect.

KEY POINTS: STIGMA AND DISCRIMINATION IN NEPAL

- Most participants believed that the stigma surrounding HIV/AIDS in Nepal is high. Some of the causes of stigma are social exclusion, fear and denial, and lack of knowledge regarding HIV/AIDS and transmission of HIV. Respondents also stated that people do not realize that PLHAs can continue to lead productive lives and contribute to society.
- Many respondents said that stigma and fear of ostracism prevents people from using VCT services as well as disclosing their HIV status.
- While some respondents could provide examples of policymakers' efforts to reduce stigma, nearly all respondents said that government had done nothing or not enough to address issues surrounding stigma.

RECOMMENDATIONS AND CONCLUSIONS

● RECOMMENDATIONS AND CONCLUSIONS

In its 2000 update on the global HIV/AIDS epidemic, UNAIDS identified nine common features of effective national responses (see box). “Political will and leadership” was the first item on the list. What attests to the importance of national political commitment is the fact that political will plays a critical role in promoting the other eight common features of effective responses. For example, strong political commitment from a country’s top leaders can help mobilize resources, facilitate buy-in across sectors, encourage community-based involvement, ensure the wherewithal to support a sustained response, and promote openness in terms of addressing HIV/AIDS and caring for those affected by the disease. Therefore, understanding and strengthening national political commitment is essential for confronting the HIV/AIDS epidemic—particularly in low prevalence countries where there is still time to act before the epidemic spreads. These are the countries where political commitment early on can make a difference—but the time to act is now.

UNAIDS: Common Features of Effective National Responses

1. Political will and leadership
2. Societal openness and determination to fight stigma
3. A strategic response
4. Multisectoral and multilevel action
5. Community-based responses
6. Social policy reform to reduce vulnerability
7. Longer-term and sustained response
8. Learning from experience
9. Adequate resources

Source: UNAIDS (2000)

This study considered various aspects of national political commitment in Nepal. Respondents’ general impression was that national political commitment for addressing HIV/AIDS is limited but is beginning to gather momentum. On the positive side, Nepal has established a National AIDS Council chaired by the Prime Minister; the country has developed a national HIV/AIDS policy, strategic plan, and operational plan; and the NCASC has commissioned legal experts to analyze the country’s existing laws pertaining to HIV/AIDS to determine if any steps need to be taken to bring them in accord with international human rights guidelines. In a number of areas, however, Nepal’s national leaders could demonstrate greater political commitment. In light of the findings of the study and the views of the respondents, this study proposes the following sector-specific recommendations for strengthening the country’s political commitment and the national response to HIV/AIDS.

● Top Leadership

- Work at all levels and sectors to establish mechanisms that will help translate policies and public statements into action. Monitor implementation to help build on lessons learned.
- Orient high-level political leaders for their moral support and active involvement to advocate for mobilizing domestic resources as well as for foreign grant assistance for the cause of HIV/AIDS in Nepal.

- Orient high-level political leaders on various aspects of HIV/AIDS to ensure that they can help disseminate accurate, nonstigmatizing information. In addition, launch orientation sessions for mass awareness at the local level through District and Village Development Committees.
- Foster partnerships among civil society and leaders who have already demonstrated political commitment. Work with them to ensure that political commitment is not sporadic and that it builds broad-based support throughout the government and society.

● Government Response

- Review the prevailing HIV/AIDS policy environment. Some considerations follow: Do the current strategic plans establish an appropriate mix of prevention, treatment, support, and mitigation efforts? Do current laws and guidelines uphold the human rights of PLHAs and affected communities? Do current policy processes promote the active participation of civil society groups and other stakeholders? Has HIV/AIDS been recognized as a multisectoral development issue that must be addressed by all government ministries and sectors of society?
- Mobilize adequate technical, financial, and human resources to ensure effective implementation of the National Strategic Plan and the five-year operational plan.
- As government ministry/agency and NGO involvement in the country's HIV/AIDS program expands, make certain that the NCASC puts in place a strong coordination mechanism for facilitating and tracking the progress of implementation. Review the existing organizational structure of the NCASC for this purpose.
- Make the budget process transparent to key stakeholders (e.g., ministries, NGOs, PLHAs, and so forth) and the general public. Government must also work with partners across all sectors to raise the aid absorptive capacity.
- Review health and population education in schools, with the aim of improving the HIV/AIDS curricula and integrating HIV/AIDS into the teacher training package.
- Develop life skills education for the prevention of HIV for youth and integrate it into school curricula. Establish youth-friendly information centers that include VCT and other prevention and care services.

● Role of NGOs and Civil Society

- Make certain that government places a priority on encouraging meaningful civil society participation in national policymaking and program implementation. Seek ways to increase collaboration with NGOs and affected communities, particularly in areas where NGOs and communities have expertise, such as outreach to vulnerable populations.
- Encourage both government and NGOs to establish programs and activities (e.g., training, resource mobilization, network formation, identification of best practices, information sharing, and so forth) to build capacity of the civil society organizations operating in the HIV/AIDS arena.
- For those organizations not yet involved in HIV/AIDS work (e.g., businesses, faith-based groups, political parties, and so forth), encourage advocacy and training in the near term to show how

HIV/AIDS is a development issue that affects all aspects of the country's social and economic development and therefore requires inputs from all sectors.

● Research, Monitoring, and Evaluation

- Facilitate the collection, analysis, and dissemination of high-quality, accurate information regarding trends in the epidemic. Highlight both the social and economic impacts of the epidemic. Encourage multisectoral collaboration in these processes to promote quality, validity, and use of the data.
- Ensure that HIV sentinel surveillance and behavioral surveillance systems are as representative as possible. Work with community-based groups and others to identify gaps in the existing research and to supplement quantitative data with field-based, qualitative data where available and appropriate.
- Encourage dynamism in the program and use the best available data for continually developing, incorporating, and building on lessons learned.

● Stigma and Discrimination

- Conduct advocacy to help national and local leaders understand their role as opinion leaders who can help confront HIV/AIDS-related stigma and discrimination. Orient high-level political leaders to various aspects of HIV/AIDS so that they can disseminate accurate, non-stigmatizing information. Launch orientation sessions for mass awareness at the local level through District and Village Development Committees.
- Conduct training to build capacity of PLHAs and affected communities to understand and support their human rights.
- Ensure that the findings of the review undertaken by the NCASC and others are used to bring Nepal's HIV/AIDS-related laws and legislation in accord with international human rights guidelines.
- Encourage the meaningful involvement of PLHAs and affected communities in policy development and program implementation and monitoring.
- Review existing public education campaigns and develop prevention messages that are both non-stigmatizing and culturally appropriate.

APPENDICES

● APPENDIX A: QUESTIONNAIRE

1. What Do You Understand Political Commitment to Mean?

- How would you measure it?
- How would you know it when you see it?

2. Top Leadership

- Does the president or prime minister regularly make strong statements in support of HIV/AIDS programs?
- Is the president or prime minister seen as leading the effort against HIV/AIDS? Why or why not?
- In what ways, if any, does the president or prime minister indicate concern or commitment?
- How has this changed over time, if at all?
- Are there any personal connections to the HIV/AIDS epidemic by top leadership? E.g., a family member is affected by the disease. If so, is this openly disclosed or discussed?
- Does the top leadership contribute toward reduction of stigma? If so, in what ways?
- What has been the biggest success in the battle against HIV/AIDS? Who would you credit for this success?
- What has been a failure or shortcoming in the leadership's actions (now or before?)
- Is there a broad-based leadership for political commitment or is it largely driven by one or two individuals?

3. Policy Formulation

- Is there a national HIV/AIDS policy? Please describe. What are its strengths/weaknesses? Was it developed in a participatory manner? If so, how? Who participated?
- Is there a national HIV/AIDS law? Please describe. What are its strengths/weaknesses? Was it developed in a participatory manner? If so, how? Who participated?
- Is there a national HIV/AIDS strategic plan (NSP)? What are its strengths/weaknesses? Was it developed in a participatory manner? If so how? Who participated?
- Is there commitment to the GIPA (greater involvement of people living with HIV/AIDS) principle? E.g., People living with HIV/AIDS (PLHAs) are included in a meaningful way in the policy formulation processes of the country. Has this commitment been codified into national policies or law?
- Has the NSP been fully implemented?
- Has the NSP been costed?
- Are there policies/laws that focus upon human rights? Of PLHAs? Are these HIV specific or included in other laws/policies?
- Are there specific policies to address stigma and discrimination related to HIV/AIDS?

4. Resources

- Does the country commit a significant amount of its own budget to the national HIV/AIDS program? How about ministries other than the Ministry of Health? If so, which?
- Is the national HIV/AIDS budget transparent? Is it published and/or available for public review?

- If budget process is centralized, are funds allocated to the provincial budgets for HIV/AIDS?
- If budget process is decentralized, do provincial budgets allocate funds for HIV/AIDS activities?
- Do resources get from the national to the local level?
- Has there been a recent increase in government funding for HIV/AIDS?
- Has the country submitted an application to the Global Fund for AIDS, Tuberculosis and Malaria (GFATM)?
- Is the Country Coordinating Mechanism multisectoral in nature? Does it include PLHAs and other affected populations?
- How do you think international donors view the adequacy of funding by the government for the HIV/AIDS program?
- Is the country pursuing donor support for HIV/AIDS? To what extent?
- Is the available funding actually spent?
- Is available funding used efficiently?
- Is AIDS a priority for debt relief funds?
- How would you characterize resource availability? Lots? Not enough? OK?
- Is funding targeted to vulnerable groups most affected by the epidemic or to general population and/or low-risk populations?
- How are resources allocated according to prevention, treatment and care, and mitigation—is the allocation level balanced?

5. Organizational Structure/National AIDS Control Program

- Is there a central command structure or Steering Committee for the National AIDS Control Program (NACP)? If so:
 - How significant is it: Strengths? Weaknesses? Actions needed?
 - Is the head of the NACP highly placed within the government structure? Is he/she seen as having access to the top leadership of the country?
 - Are there sufficient personnel resources in the NACP?
 - Is the NACP multisectoral in focus? In its planning/prioritizing function or in program implementation?
 - Who are its members?
 - Are the members adequately trained and knowledgeable of the issues?
 - Does the HIV/AIDS program have a set of specific goals and targets?
 - Is there a specific mechanism to monitor the implementation of the NACP?

6. Multi-Ministry Involvement

- Which ministries, besides health, are significantly involved in the HIV/AIDS program? In what ways?
- Are implementation activities strongly supported by these ministries?
- Do ministries have their own dedicated HIV/AIDS budgets? Personnel?

7. Role of NGOs and Civil Society in Implementation

- To what extent are local NGOs involved in addressing the HIV/AIDS epidemic?
- Name the major NGOs that have HIV/AIDS programs.
- How are NGOs involved in the planning and implementation of the NACP?
- Do any organizations actively pursue issues related to stigma and discrimination? If so, which? How are they doing this?
- How supportive is each political party in addressing HIV/AIDS issues? What specific actions have they taken?

- Comment on the commitment of the following:
 - Faith-based groups?
 - PLHA groups?
 - Academia?
 - Health care professionals?
 - Women's groups and other human rights groups?
 - Business?
- Are there advocacy organizations made up of individuals from target groups? E.g., sex workers? Men who have sex with men (MSM)? Injecting drug users (IDUs)?
- Are local celebrities and/or sports figures involved in open support of AIDS programs? Does the government encourage this?
- Has there been an increase in the number, size, and quality of roles played by civil society?

8. Foreign Technical Assistance and Foreign Experience

- Does the government analyze and study the experience of neighboring countries? E.g., Mekong region drawing on the experience of Thailand.
- Does the government send delegations to visit countries with effective HIV/AIDS programs?
- What specific programs/populations are of concern requiring increased technical assistance?

Programs	Populations
Voluntary counseling and testing (VCT)	IDUs
Prevention of mother-to-child transmission (PMTCT)	Sex workers
Access to highly active antiretroviral treatment (HAART)	MSM
Public information and education	Youth
Monitoring and evaluation	Women
Condom distribution	Heterosexual men
Other	Other

- Is available foreign technical assistance used to its maximum capacity?

9. Public Information/Education/Use of Media

- Does the government use the media to address the HIV/AIDS problem? In what ways? If not, what other mechanisms are used to address the HIV/AIDS problem and reach the public with information?
- Does the government give accurate information to the public about:
 - Preventing HIV?
 - ABC (Abstinence, Be Faithful, Use Condoms) campaign? Correct and consistent use of condoms?
 - VCT?
- How is this information distributed/disseminated? Is there a national social marketing campaign addressing these issues?
- Is life skills education incorporated into the school curricula? What does it include? At what school levels?

10. Legal/Regulatory Environment

- Is there a special HIV/AIDS committee in the legislature?

- Is anti-discrimination legislation in place and enforced? Describe (e.g., employment testing, access to insurance).
- Has there been an effort to improve laws pertaining to HIV? If so, how? If not, why not?
- Have any HIV/AIDS-related constitutional amendments been passed or considered?
- Are the country's HIV/AIDS laws in accordance with international human rights guidelines?
- Are there laws safeguarding the human rights of vulnerable populations?
- Do businesses have clear and mandatory requirements regarding their policies and services for employees living with HIV/AIDS?

11. Monitoring and Evaluation

- Is there an effective HIV surveillance system? Describe.
- Does information reach local-level policymakers or remain only among the highest-level policymakers?
- Are priorities established systematically and based on the best available information?
- Are there specific benchmarks/goals for each of the main components of the NACP?

12. Program Components as Indicators of Political Commitment

- Does the NACP program implementation include components on:
 - VCT
 - PMTCT
 - HAART
- If not, is the program working to include each one?
- Are there specific prevention and care programs focused on vulnerable populations (e.g., sex workers, truck drivers, migrant workers, MSM, IDUs, orphans)? Describe.
- Are these programs reviewed and evaluated regularly by independent experts?

13. Stigma and Discrimination

- Is there a high level of stigma? For example, are people afraid to get tested? Are people afraid to disclose their HIV status because of violence, job loss, and ostracism?
- In your opinion, what are the root causes of stigma in this country?
- Are policymakers doing anything to address stigma? If yes, please describe what specific actions are being taken.

● APPENDIX B: REFERENCES

Devkota, S., and P. Chhetri. 2002. “HIV/AIDS Assessment: Nepal.” Kathmandu, Nepal: Royal Danish Embassy. Unpublished report.

His Majesty’s Government of Nepal, UNICEF, and European Commission. 2003. “An Assessment of the Impact of HIV/AIDS on the Education Sector in Nepal.” Kathmandu, Nepal: His Majesty’s Government of Nepal, UNICEF, and European Commission.

His Majesty’s Government of Nepal, United National Country Team. 2002. “Progress Report 2002: Millennium Development Goals—Nepal.” Kathmandu, Nepal: His Majesty’s Government of Nepal, United National Country Team.

Ministry of Finance. 2002. “Statement of Expenditure Estimate, Fiscal Year 2002/03.” (Nepali language.) Kathmandu, Nepal: Ministry of Finance.

Ministry of Health. 2003. “Nepal Health Sector Programme: Implementation Plan (NHSP-IP). 2003–2007, Part I. Kathmandu, Nepal: Ministry of Health.

National Centre for AIDS and STD Control (NCASC)/Ministry of Health. 2003. *National HIV/AIDS Strategy, 2002–2006*. Kathmandu, Nepal: NCASC/Ministry of Health.

New ERA and STI/AIDS Counselling and Training Service. 2000. “STD and HIV Prevalence Survey among Female Sex Workers and Truckers on Highway Routes in the Terai, Nepal.” Lalitpur, Nepal: Family Health International/Nepal.

Parkhurst, J. 2000. “HIV Prevention Policy in Uganda: Lessons for Africa and Beyond.” Presented at the *XIII International AIDS Conference* in Durban, South Africa, 2000 (TuPeD3502).

Patterson, D. 2000. “Political Commitment, Governance, and AIDS: A Discussion Paper.” Ottawa, Canada: Interagency Coalition on AIDS and Development. Available at http://www.icad-cisd.com/pdf/publications/e_politic.pdf.

POLICY Project. 2000. *HIV/AIDS Toolkit: Building Political Commitment for Effective HIV/AIDS Policies and Programs*. Washington, DC: Futures Group/POLICY Project. Available at <http://www.policyproject.com/pubs/toolkit.cfm>.

Sittitrai, W. 2001. “HIV Prevention Needs and Successes: A Tale of Three Countries An update on HIV prevention success in Senegal, Thailand, and Uganda.” Geneva: UNAIDS. Available at <http://www.unaids.org/publications/documents/epidemiology/determinants/Jc535-hi.pdf>.

Stephenson, J. 2001. “Swift Action Needed to Prevent Explosive HIV/AIDS Epidemics in Asia.” *Journal of the American Medical Association* 286 (16): 1,959–1,960.

UNAIDS. 2000. *Report on the Global HIV/AIDS Epidemic—June 2000*. Geneva: UNAIDS.

UNAIDS and NCASC. 2003. "Country Profile: The HIV/AIDS/STD Situation and the National Response in Nepal." Geneva: UNAIDS.

UNAIDS, UNICEF, and World Health Organization (WHO). 2002. "Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections: Nepal." Geneva: UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance.

UNAIDS, United States Agency for International Development (USAID), and POLICY Project. 2001. "Measuring the Level of Effort in the National and International Response to HIV/AIDS: The AIDS Programme Effort Index (API)." Geneva: UNAIDS. Available at <http://www.policyproject.com/pubs/Monographs/APIreport.pdf>.

United Nations General Assembly Special Session on HIV/AIDS (UNGASS). 2001. "Declaration of Commitment on HIV/AIDS." Geneva: UNGASS.

USAID. 2000. *Handbook of Indicators for HIV/AIDS/STI Programs*. Washington, DC: USAID.

Watchirs, H. 2000. "A Rights Analysis Instrument to Measure Compliance with the International Guidelines on HIV/AIDS and Human Rights." Canberra, Australia: Australian National Council on AIDS, Hepatitis C, and Related Diseases.

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