

AIDS Prevention in Nepal Army Issues & Challenges



COL. DR. K. RANA

HOD Medicine, Birendra Army Hospital
Coordinator, Nepal Army AIDS Control Office

1st Health Delivery Management Conference, Phitsanulok

Objectives

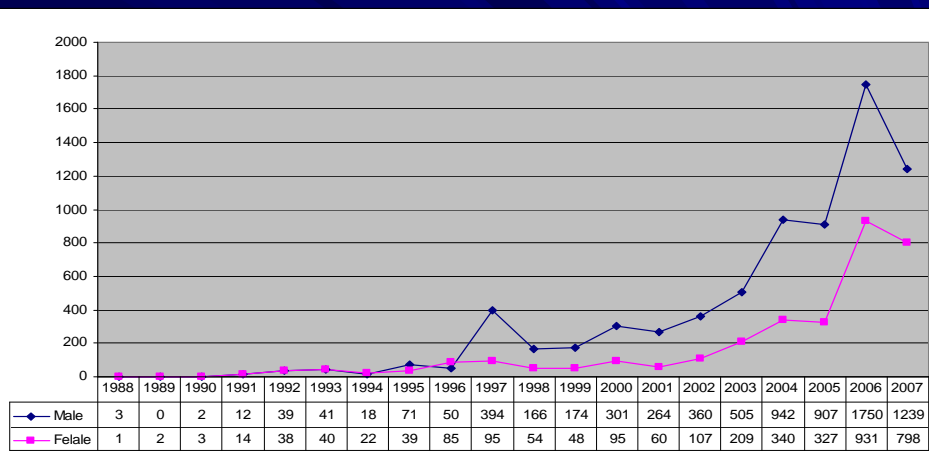
- **Health situation of Nepal**
- **HIV/AIDS situation in Nepal**
- **HIV/AIDS situation in Nepal Army**
- **Prevention programs in Nepal Army**
- **Issues and Challenges**
- **Lessons Learnt**

Health Situation

- Life expectancy at birth 62/63 yrs
- IMR: 48/1000 LB
- MMR: 281/100,000 LB
- 81% Deliveries: home by unskilled personnel
- 20-45% have access to safe drinking water
- 40 % children anemic
- 5.8 % of National budget spent on health

Source: Nepal Center of Bureau Statistics 2008

Reported HIV +ve Cases in Nepal(1988-2007)



Reported HIV+ve: 12,933

AIDS: 2,151

Estimated: 70,000

ARV: 2,280 (13%)

M:F- 2 : 1

PR: 0.49 %

NCASC: Dec 2008

Concentrated Epidemic

High PR among groups involved in high risk behavior

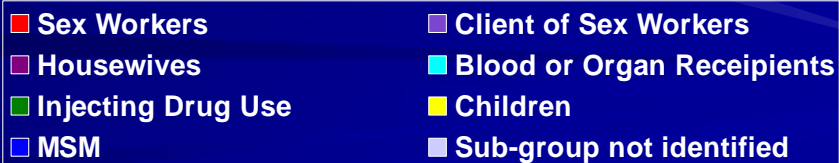
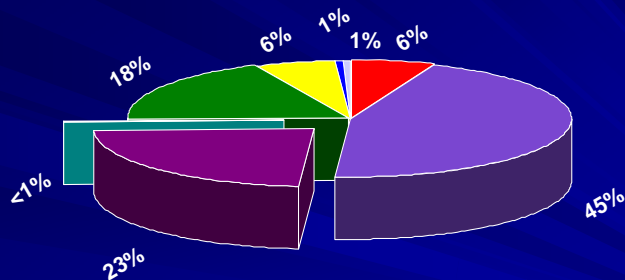
- FSWs and their clients, IDUs, Mobile Pop. :
(Int displaced, Migrant labor, Transport worker, Uniformed Services): 75%

Transmission

- Heterosexual: 85% (FSW)
- Injection: 9.2% (IDU, Syringe)
- Homosexual: 3.6%
- MTCT, Blood & Blood products

NA: Heterosexual

Reported Cumulative HIV/AIDS in Nepal by Sub Group as of Dec 2008



2003: AIDS Control Office Established

Goals:

- Keep army community free of HIV/AIDS
- Treatment care and support of PLWHA
- Prevent HIV spread to and from UNPK
- Implement NA HIV/AIDS Policy
- Collaborate with civil partners to enhance HIV/AIDS prevention in country

Target Pop.:

– NA personnel	93,000
– NA personnel family	350,000
– Retired NA personnel & family	400,000

KABP Survey 2005 (1031 NA Personal)

- All males between 18-45 yrs age
- **59% married and 85% living in barrack**
- All had heard of HIV/AIDS but majority lacked clear knowledge
- **39% had sex with FSW (Av.:2-3 SW/yr)**
- 91% condom in last sex but not consistent
- **60 % had used alcohol at some time and was the commonest factor for visiting FSW**
- **27 % HIV Testing**
- 0.5 % had used injectable drug

HIV/AIDS Prevention Program

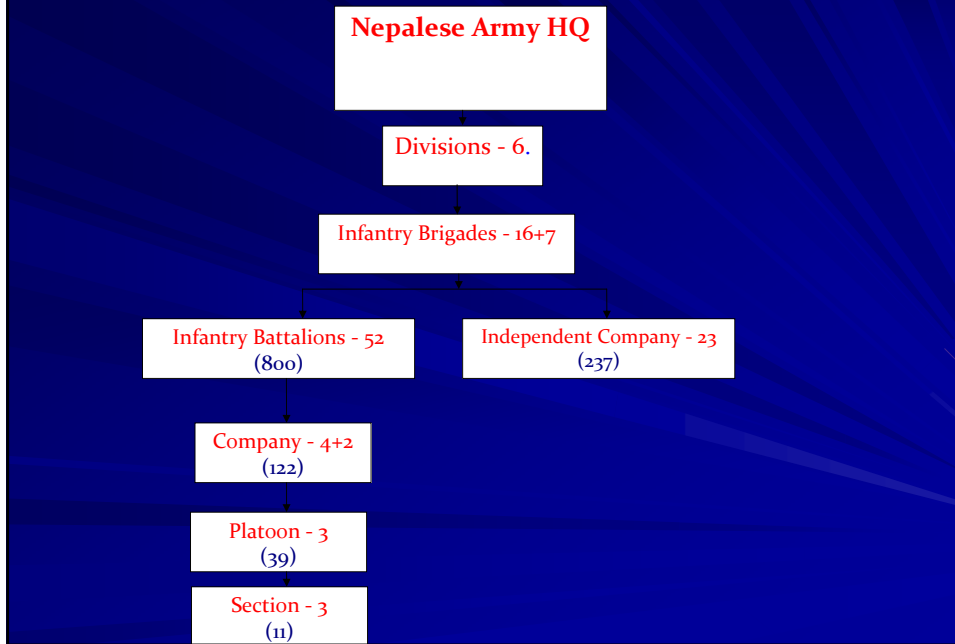
Main Focus

- *Education & Awareness : PE, Mass awareness*
- *VCT*
- Head office at BH and 5 RRCs. HO & 2 RRCs established
- 3 VCT Centers (30%)
 - 2007: SBH-Counseled 1,960 and tested 1,150 (7+ve)
 - 2008: SBH-Counseled 4,500 and tested 2,200 (7+ve)
 - 2009 sept: SBH-Counseled 3,696 and tested 1850 (5+ve)
- NA HIV/AIDS Policy developed and implemented
 - Testing: Mandatory-new recruits, UNPKs, blood donors, pre surgery, medical reasons, legal issues
 - Reporting Procedures:
 - Confidentiality: Information of HIV status known only to doctor, unit commander, spouse, health authority
 - Discrimination:

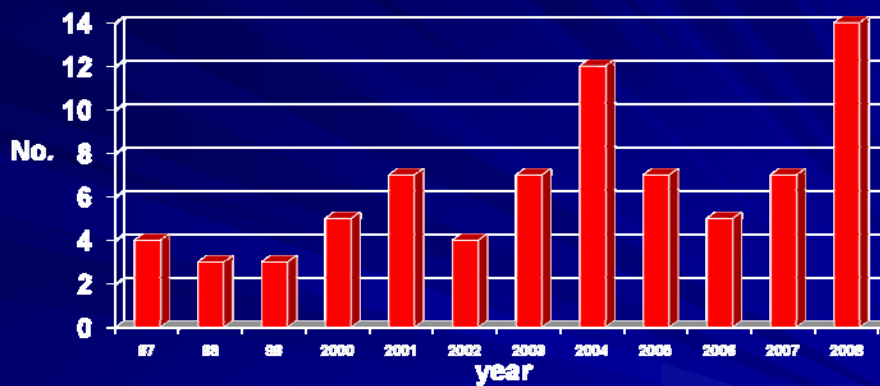
HIV/AIDS Prevention Program

- Capacity Building
- Peer Education, 1PE/platoon. 676 PEs trained (33%)
- Mass Awareness & Education
 - Talk, IEC, Documentary, TV, Radio, Integration in training curriculum
- Pre deployment education to UNPK
- Pre and post deployment testing (1989&2003)
- Provide treatment, care and support
- Removal of stigma and discrimination

Nepal Army Organization

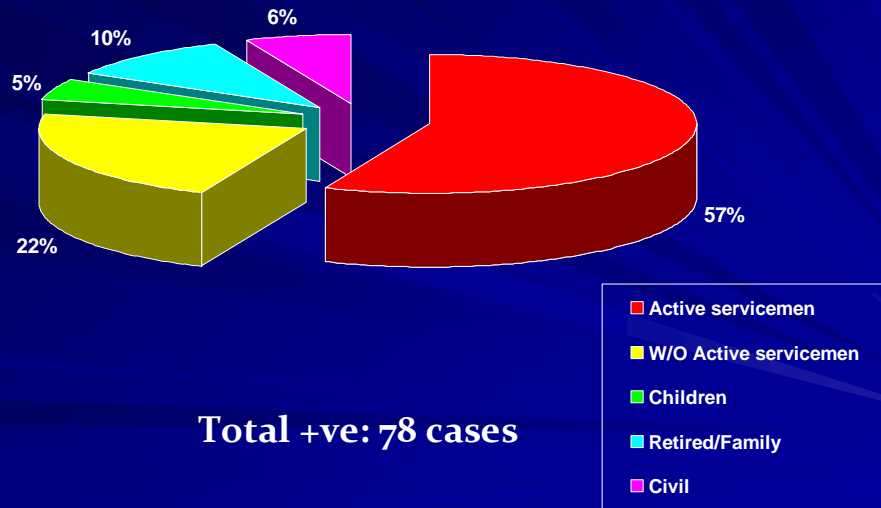


Reported HIV +ve Cases in NA (1997-2008)



	No of tests	+ve	No of tests	+ve	
UN Mission:	44,595	10	Blood donation:	3359	3
Sick, preoperative:	27,064	48	VCT(07-08):	3448	16
		Total No. of Tests:		78,466	78 +ve

NA HIV +ve Cases Distribution (1997-2008)



HIV and Blue Helmets

- Contributed 69,854 soldiers in 34 PKM
- Currently contributing 3,110 soldiers in 13 PKM
- HIV Testing Post D : 1989 & Pre and Post:2003
- Total Tests: 44595, HIV+ve:10
- Second largest cause of death in some mission
- NA PK: 4.7% had sex (3.1% more than 2X)
- NA policy: Pre and post deployment testing
Pre and in deployment awareness

Issues and Challenges

- Limited coverage

National:

US	IDUs	FSW	Migrant Labor	ART
6%	0.5%	36.2%	27.5%	4.5%
<i>NA:</i>	PE	VCT		
	33%	30%		

- Donor driven and short term programs
- Poverty, illiteracy, gender inequality, political instability
- Lack of political will and commitment

Issues and Challenges

- Stigma and Discrimination

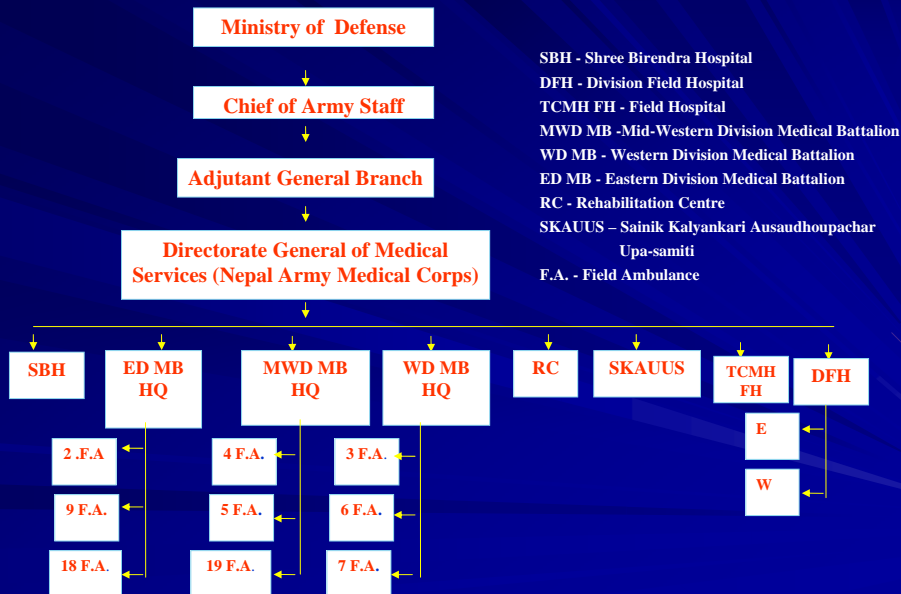
- Seen in barracks and also in hospital setting
- Mainly due to lack of clear knowledge and social beliefs
- To minimize: workshops on S&D to unit commanders and health providers, awareness programs, policy adherence

- HIV policy implemented but adherence is a problem
- Treatment, Care & Support
- M & E is a problem due to lack of communications & remoteness of places

Lessons Learnt

- Stake holders - HWs and Children. Need for Programs targeting spouses and Communities
- Need for more Co-ordination and Collaboration between Stakeholders
 - Helps us to share knowledge from experiences and make programs cost effective
- Community involvement is a necessity for the success of program
 - Mobilized community leaders & groups to create awareness
 - Remove brothels close to the barrack
 - Provide VCT facility to civilians in the community
- Strong Leadership is Key to Success

Nepal Army Medical Corps Organization



Nepal Army Medical Corps

	<u>SBH</u>	<u>Others</u>	<u>Total</u>
Doctors	105	79	184
Officer Nurses	46	-	46
Technical Officers	20	4	24
JCO Nurses	74	28	102
Other Paramedics -	331	351	682

Total: 1,038



THANK YOU

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