

## 2<sup>nd</sup> International Conference on **HIV/AIDS, STDs, & STIs**

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### Community-based anti-retroviral treatment: Opportunities & challenges in Nepal

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**Background:** There are approximately 50,200 people living with HIV in Nepal (NCASC-2013). With a prevalence ratio of 0.28% among adult population HIV is considered as a concentrated epidemic. People who use/inject drugs (PWUD), female sex workers (FSW), migrant workers and men who have sex with men (MSM) are the key population at higher risk of HIV infection.

**Method:** SPARSHA NEPAL a community-led NGO of people living with HIV in Nepal initiated a “Community-based ART” from February 2005 with just 12 patients. In the beginning SPARSHA only had 1 Health Assistant and a weekly visit by Doctor along with basic medication service. With an overall management and implementation by the community of PLHIV, SPARSHA has managed to increase the number of patients on ART along with developing and empowering itself on crucial factors such as medical and technical know-how with the support from various Governmental and non-governmental partners and funding agencies.

**Result:** Till the end of May 2014, SPARSHA NEPAL has a total 172 PLHIV ever enrolled on ART among which 14 are dead, 21 are drop-out and 18 patients are transferred to their home-districts. The major challenges we face during operating a community-based ART is: 1. Lack of treatment knowledge among patients resulting to high drop-out ratio and 2. Inadequate medical and treatment facilities i.e., lack of 3<sup>rd</sup> line drugs for needy people and lack of national treatment monitoring system in case of treatment failure. The patients are bound to afford for expensive diagnosis services to get their genotype test done since most of the crucial diagnostic services like genotype test is not available in the country. Whereas there is also an opportunity for community-based ART such as zero stigma & discrimination resulting into confidential, convenient and open discussion for treatment, timely provisioning of all services, enthusiasm among others.

**Conclusion:** In countries like Nepal, where community-led programs are more successful and feasible too, the concept and implementation of “Community-based ART” has a promising future.

#### Biography

Rajesh Agrawal has completed his graduation, Diploma (DAFE) in HIV/AIDS and Family education at the age of 29 from Indira Gandhi Open University (IGNOU). He is Vice-chair of Recovering Nepal, National Network of people who use Drugs and Drug Service Organization. He has published 10 to 15 articles related with HIV/AIDS and drugs in reputed national news papers and has also actively worked as Chief Editor in HIV POST. He is also well established as HIV/AIDS and DRUGS activist. He has contribution in making national Drug Policy, National Drug Strategy and National HIV bill of Nepal.

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