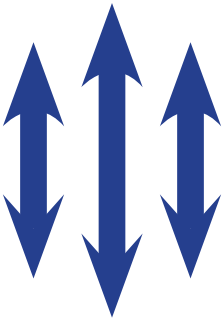
A Quick Assessment of Budget and Program Priorities of Nepal Governmnet for HIV and SRHR of Migrants in Nepal



Status, Interventions, Outcome, Challenges and Recommendations

An Assessment Conducted by
POURAKHI NEPAL
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CARAM ASIA
Co-ordination of Action Research on AIDS and Mobility

POURAKHI NEPAL 2003
An Organization of returnee women migrant
सुरक्षित वैदेशिक रोजगार, हामी सबैको साझा सरोकार

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CABA	Children Affected by Aids
CSO	Civil Society Organization
DOFE	Department of Foreign Employment
HSCB	HIV/AIDS and STI Control Board (HSCB)
MOLESS	Ministry of Labour, Employment and Social Security
MTEF	Mid Term Expenditure Framework (MTEF
NAC	National AIDS Council
NCASC	National Centre for AIDS and STD Control
NGO	Non-Governmental Organization
NPISH	Non-Profit Institutions Serving Households
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
SRHR	Sexual Reproductive Health and Rights
VL	Virol Load

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Thank you.

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Introduction to Report

Health issue particularly HIV and Sexual Reproductive Rights of Migrants requires more attention from the concerned stakeholders considering the gravity of their vulnerable situation. Constitution of Nepal has also guaranteed the fundamental right to access to basic health services free of cost. In the pretext of increasing labour migration and vulnerabilities associated to their health, this report has been prepared with sole purpose of integrating lobby, advocacy and other needful interventions required to minimize the potential risk of HIV infections and those living with HIV. The report gives an overview of HIV related budget from the fiscal year 2016/17 to fiscal year 2020/21 and program priorities of especially Nepal government that are dedicated for the HIV prevention, care, treatment and support services provided by government entities. The report has been prepared based on the primary data collected from Focused Group Discussions, Key Informant Interview, In-depth Interview and supplemented with secondary data collected from review of reports, strategic plan, journals, fact sheets, bulletins, website of the concerned entities etc. This report is limited to its scope hence might not reflect the larger picture of HIV related response from the concerned entities. Further, the narrative summarized in this report is the individual observation and reflection of research team and might differ from the organizational opinion of Pourakhi Nepal.

1.1 Context/Background

Labour Migration: It has been estimated that every year, around half a million Nepali people enter into the labour market.[1] Unfortunately, due to the lack of adequate job opportunities within home country,

1 Ministry of Finance, Economic Survey 2019/20 (Kathmandu, Ministry of Finance, 2020), https://www.mof.gov.np/site/publication-detail/2494

everyday about 1200 to 1600 Nepali youths (excluding migration to India) migrate to overseas countries for work and income opportunities. In the last decade since 2008/09 to 2018/19, the Department of Foreign Employment (DoFE) has issued over 4 million-labor approval to Nepali workers. Labor migration from Nepal is characterized by a time-bound employment contract, concentrated mainly in gulf countries and Malaysia. The five major destination countries include India, Malaysia, Qatar, Saudi Arabia and UAE, which together comprise over 70% of Nepali migrant population working abroad (National Planning Commission [NPC], 2020). Approximately, 3,210,848 Nepalese are believed to be residing across 125 countries for different purposes of work.

Remittance in Nepal: Labor migration has become a common phenomenon for huge section of Nepalese society. The hard earned remittance has become a lifeline for national economy for past many years. The migrant workers in Nepal is said to have made significant contribution in national economy of Nepal with 24 percent in total national GDP (World Bank, 2021). According to the Central Bank of Nepal, the migrant workers sent the total NRs 961.05 remittance in FY 2020/21. Further, remittance has contributed significantly to reducing poverty, household income, and expenditure of 56% of households in Nepal. With the increasing number of labour migrants, their health issues are being unfolded with increased number of HIV cases among the migrant labours.

Vulnerabilities in Migration: Migrant workers especially in informal sector are believed to be facing high occupational risks. The social isolation and discrimination, language barriers are the issues that impede migrant's ability to seek health treatment. Further, the policies and laws governing migration in labour destinations, are disorganized which is therefore putting migrants' health at risk. The unfavourable social, economic, and political factors in both the origin and destination nations increase the risk of HIV infection among labour migrants. Separation from wives, children, discriminatory social and cultural norms, as well as substandard housing and harsh working conditions, are only a few of them. Further, due to lack of adequate awareness, migrant workers may engage in practices that increase their HIV risk as a result of their isolation and stress.

Constitutional Provision: Nepal's Constitution in its Section 35 (1) has guaranteed the fundamental right to access to basic health services free of cost. In line with this, the National HIV Strategic Plan 2016-2021 maintains the ethos of this constitutional mandate to guarantee access to essential health care as a fundamental right of every person. The National Planning Commission has pledged to lead multi-sector HIV coordinating efforts. Nepal's commitment to the global Joint United Nations Programme on HIV/AIDS (UNAIDS) Strategy 2016-2021 and the United Nations General Assembly's Sustainable Development Goals (SDGs) includes a commitment to Fast-Track the HIV response in order to eliminate the AIDS epidemic as a public health threat by 2030.

1.2 HIV Cases in Nepal:

HIV case was diagnosed first time in 1988 and the epidemic increased rapidly afterwards. According to the government report published by NCACE in 2021, the estimated number of people living with HIV in Nepal is 30,300 where the number of male is more with 16,314 (53.8%) than that of female 13,986 (46.2%) where 2.5% HIV positives are from MSM/TGs, 10.7% of HIV positives are from migrant workers and 8% spouse & partners of migrants. Out of total 4573 migrant workers with HIV infection, number of male workers is 4199 which is far more than the number of female migrants which is 374 in total. Similarly, spouse/partner of male is very high with 3177 compared to the that of female which is 274.

Table 1: HIV Infection Rate among Migrant Workers and their Spouses

Infected Migrant workers	No of Infected	% Ratio
Male	4199	92%
Female	374	8%
Total	4573	100%
Spouse/partner of male	3177	92%
Spouse/partner of female	274	8%
Total	3441	100%

The prevalence of HIV within MSM/TG is 8.2 percent. Within MSM/TG, 6.9% have any STIs and 9.4% of them have active syphilis. The prevalence of any STIs was highest in the eastern region (11.1%). Similarly, the prevalence of active syphilis was also highest in MSM/TG from the eastern region (15.8 %) (NCASC, 2016b, p. 2).

Sexual contact with female sex workers was prevalent among MLMs because a total of 17.5 percent of the MLMs had ever had sex with FSWs. Almost 8 percent of the MLMs in Nepal and 11.1 percent in India had sex with FSWs. Furthermore, 13.6 percent MLMs of the Mid to Far Western Region and 8.6 percent MLMs of Western Region had sexual contact with FSWs in India (NCASC, 2015, p.2). The study shows that men are more likely to transmit HIV to their female partners than female does. Although injecting drug use is still an important route of transmission of HIV in Nepal, the current major mode of HIV transmission is sexual, accounting for 85% of new infections.

Target for Treatment: The global target is to reach 90% treatment coverage to HIV-positive people but it is far from the target because only about 30% of people living with HIV in Nepal were enrolled in treatment (NCASC, 2016). NACSC has developed the National HIV Strategic Plan (2016-2021) by accepting the challenges of Fast-Tracking towards ending the AIDS epidemic as a public health threat by 2030, through achieving the 90.90.90 treatment targets by 2020 (NCASC, 2016a). The national HIV strategic plan defines the key populations including transgender people, gay men and other men who have sex with men and migrant populations.

1.3 Key at Risk Population:

The key population of HIV at risk people are sex workers, people who inject drugs, men who have sex with men (MSM), clients of sex workers, migrant workers and their spouse/partners. This population should be made much aware on the risk factors of HIV transmission. The behavioural change interventions including provision of condoms, HIV testing, counselling, diagnosis and treatment of STIs and referral services, could help to minimize risks associated with HIV transmission.

1.4 Common Problems/challenges of people living with HIV:

The biggest problems HIV positive migrants face today are the social stigma due to which they hesitate to go for testing, treatment, counselling and other needful health service. In Nepal many people are still believed to be living with HIV and dying without knowing the cause of their death. Timely response could save the life of many people but the fear of social stigma discourages people to access HIV related health services and openly discuss these issues both in urban and rural socio-cultural set up. The socio-economic hardship and lack of moral support from family and society further pushes them into vulnerable situation. Further, other than medical support, there is no any government support for the social protection system of vulnerable population living with HIV in Nepal.

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Efforrts in HIV Response

The people living with HIV need access to a range of services, including HIV testing, diagnosis, appropriate treatment and other health related services while in care, on treatment, and retention on treatment. Considering the gravity of situation, the national public health system has been extended with at least one health facility in each village development committee area. As of July, 2021, the Anti-retroviral therapy services are available through 83 sites in 76 districts across the country. Female community health volunteers, health posts, primary health-care centres, district hospitals, zonal hospitals, regional hospitals and central hospitals provide services ranging from basic health services to increasingly specialized diagnosis and treatment and referrals, all free of charge.

2.1 Government Efforts

Since the first case of HIV was identified in 1988, the government has come up with policy guidelines starting from the First National AIDS Prevention and Control program in 1988. The principal policy guidance at present is to respond through an integrated approach by all relevant stakeholders including the government, non-governmental organizations, donors, and infected and affected communities with a common objective. The national response is led by the high-level National AIDS Council (NAC), which is chaired by the Honourable Prime Minister. Nepal's government has a separate entity under the Ministry of Health to address the issues of HIV named the National Centre for AIDS and STD Control.

HIV/AIDS and STI Control Board (HSCB) is envisioned to act as a secretariat of NAC, where the greater policy guidance to the various ministries for a multi-sectoral response to the epidemic and monitoring of national response is designed. However, HSCB is not functional,

and NCASC undertakes all its responsibilities. Similarly, the Ministry of Labour, Employment & Social Security is overlooking the issues of migrant workers. Besides this, there is a department of labour for day-to-day services and address the issues of migrant workers.

Nepal's new constitution promulgated in 2015 has introduced federalism structures with three tiers of governments, i.e. Federal, Provincial and Local level in Nepal. However, there are still challenges to fully implement government structures at province and local level due to lack of robust institutional mechanism, adequate resources. Since republic federal governance is itself a new concept and practice in Nepal, the lack of effective governance and public accountability has slowed the development initiatives to provide better and effective service to the right holders smoothly (NPC, 2019).

2.1.1 Lead Actor in HIV Response: National Centre for AIDS and STD Control is the leading actor in HIV response in Nepal which is primarily responsible for implementing the National HIV Strategic Plan at the national, regional, district, and municipal levels, using public health service infrastructure. HIV services available in the public sector include HIV testing, services for sexually transmitted infections, antiretroviral therapy, elimination of vertical transmission and screening of donated blood, all free of cost.

2.1.2 Initiation of Art Service: ART services started from February 2004 from Sukraraj Tropical and Infectious Disease Hospital Kathmandu. ART is available for free of cost for all People Living with HIV (PLHIV). As of July 2021, there are 83 ART (inclusive of 2 newly established ART sites-Damak Hospital, Jhapa and Rampur Hospital, Palpa) sites and 45 ART Dispensing Centers (ADC) in 76 districts. Nepal has adopted Test and Treat approach since Feb 2017. CD4 count services is available from 33 sites in 27 districts and this service is provided in coordination with District Health Office based in district headquarters of the concerned districts.

2.1.3 Viral Load Testing Services: Viral load (VL) testing services are available from 8 sites in the country. And these services are provided from province level hospital namely National Public Health Laboratory, Kathmandu, Provincial Hospital Kailali, Sukraraj Tropical and Infectious Disease Hospital and Bir hospital Kathmandu, Pokhara Academy of

Health Sciences Kaski, Koshi Hospital, Morang. And two sites Provincial Hospital Surkhet and Bayalpata Hospital Achham are using GeneXpert Machine.

2.1.4 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 services consist of care and support to PLHIV for adherence, nutrition, education, hygiene and sanitation. Family planning, referral, linking with social services, emotional/spiritual support and counselling, infection prevention and end of life care. CHBC are functional in 57 districts, Lumbini province having the highest number (12 CHBE) followed by 10 in Bagmati province, 9 in Sudurpaschim, 8 each in Gandaki and Madhesh province, 6 in province 1 and Karnali province with 4 CHBC. And information about the CHBC services can be accessed through the District Health Office based in district headquarters of the concerned districts.

2.1.5 Community Care Centre (CCC) Services: Community Care Centre Service is a short term care home catering to the needs of PLHIV and service 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. Community based testing services are provided to at risk population by health workers and trained lay providers at a workplace, entertainment sites, hot spots, border check points, educational facilities or at home in coordination to district health office across the country.

2.1.6 PMTCT Services: Prevention of Mother to Child Transmission (PMTCT) services started in Nepal in February 2005 and this Community based program has been expanded in all 77 districts of Nepal where HIV screening and counselling is done in every Antenetal Care (ANC) visits that usually take places on quarterly basis at the local health check post. ARV medicines are made available in local health facilities however, life-long ART services is only provided through 83 ART sites and 45 Dispensing Centres throughout the country.

2.1.7 Social Protection to the Children Affected by Aids (CABA): CABA program targets only HIV positive children under 18 years of Age and

it is implemented by Government of Nepal in collaboration of Save the Children in 45 districts. Under CABA support, every HIV infected child is provided with NPR 1000 per month for their education, health, nutrition and livelihood support. The NCASE report as of July 2021 shows that as many as 686 male and 562 female HIV infected children have been supported with the this financial package. The HIV infected children if not received this package, can be linked to this CABA program with the help of Community and Home Based Care Centres, Local Health Post, District Health Post and hospitals that provide HIV related services.

2.2 CSOs in HIV Response

Non-governmental organizations are believed to have played significant role on HIV response providing range of services that include prevention, care and shelter support, counselling, awareness raising, capacity building, livelihood support and improving access to the healthcare and legal services. NAP+N, Shakti Milan Samaj, Sparsha Nepal, Shanti Foundation, Blue Diamond Society, Jiban Rekha Samaj are some of the key non-governmental organizations working on the core HIV issues whereas Shakti Samuha, Maiti Nepal, Koshis Nepal, Nari Chetana Samaj and Pourakhi Nepal etc. are some of the leading NGOs engaging in lobby, advocacy and rescue efforts for the victims of human trafficking and HIV issues. NCASE report shows that out of total 263 HIV testing service sites, 133 are operated by nongovernmental organizations that provide the first entry point to treatment, care and support, as they conduct HIV testing and counselling and maintain linkages with key populations, antiretroviral therapy, TB services and services for elimination of vertical transmission. The migrants' networks are working effectively towards migrants' health care and SRHR services in case of HIV infection as well as towards prevention of HIV AIDS. By interlinking different programs, they are organizing HIV testing program promoting HIV control and prevention. In addition, HIV-positive patients are looked after by Community Care Center program and different helpful links that aids in providing HIV treatment like ART centres are also supervised.

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Budget Priorities of Nepal Government

3.1 Budget Target

The tenth plan (2002-2007) set a target to send up to 550,000 youth for foreign employment. The recent periodic plans, especially from the thirteenth plan, have evolved to prioritize domestic employment creation and the need to retain and mobilize youth in the country while emphasizing safe, dignified and productive foreign employment opportunities NPC, 2020). Similarly, the Fifteenth Plan (2019-2024) emphasizes access to quality health and social transformation and the development plan in line with a sustainable development plan (2016-2030) (NPC, 2020). Sustainable Development Goals (SDGs), goal 2 is related to nutrition, goal 3 is related to health, goals 5, 10 and 16 on achieving gender equality, reducing inequality, and securing peace, access to justice, inclusive institutions (NPC, 2017).

National Health Account (2012/13–2015/16) estimated current health expenditure (CHE) in the current price was NPR 141.46 billion (6.3% of Gross Domestic Product (GDP)) and the capital expenditure was NPR 9.70 billion (0.4% of GDP) in the year 2015/16. Households Out-of-Pocket (OOP) payment at 55.4% of all the current funds for health care services and goods was the major source of funding the health system of the country in the year 2015/16. Next to the household, the government-funded 18.6% of CHE from its domestic revenues, followed by Non-Profit Institutions Serving Households NPISH (12.0%) and direct foreign transfers were 8.6%. Among the multilateral and bilateral donors, the major funds were from the USAID (2.4%), GAVI (1.9%), DFID (1.5%), UNICEF (1.4%) and WHO (0.9%) (NCASC, 2018, p. 6).

The National HIV Strategic Plan (2016-2021) prioritizes the strategic allocation of resources for Fast-Tracking the HIV response over the next five years. The investments required for the five years as allocated as follows (NCASC, 2016. p. 34).

Table 2. Allocation of Resources

Targeted Investment Areas	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Reach, recommend and test	23,009,480	27,334,805	28,036,365	28,732,844	29,443,337
Treatment and retention	4,079,939	4,523,319	5,012,196	5,492,376	5,952,482
Program enablers & social enablers	1,145,175	1,586,356	1,576,394	2,017,145	2,029,201
Systems for health	1,148,697	1,172,647	1,207,043	1,164,357	1,066,330
Strategic information	743,012	928,929	862,409	1,005,104	1,040,678
Total NRs	**30,126,303**	**35,546,056**	**36,694,407**	**38,411,826**	**39,532,028**

The total investment is allocated to identify and reach key populations for prevention and case-finding and ensuring linkages to testing and treatment. However, the budget is allocated for treatment and care so ART cost is higher than other preventive and testing costs. The investment plan also shows that there are resources gap by USD 12,518,362 in 2014, USD 17,592,080 in 2015 and USD 44,099,597 in 2016. In 2016, there is a huge amount gap due to the uncertainty of the Global Fund new program.

3.2 Budget for HIV Response

Since the fiscal year 2011-2012, the Nepalese government has provided a dual stream of resources to the national HIV response: regular financing to the National Centre for AIDS and STD Control and a pool fund. The pool fund is a health-sector-wide approach that combines funds from the Nepali government and external sources such as the World Bank, KFW (a German financial cooperation), AusAID (Australian Agency for International Development), and the Department for International Development of the United Kingdom (DFID). The proportion of external resources to total resources in the pool fund has changed from year to year, but has consistently

remained around a 20 percent yearly on an average. However, the pool fund's specific HIV financing stopped in 2015, and domestic HIV funding is now provided to National Centre for AIDS and STD Control through regular Ministry of Health allocations.

3.3 Budget in NCASE:

The National Centre for AIDS and STD Control (NCASC), which is part of the Ministry of Health, spends money on HIV prevention, care, and treatment programs in Nepal. The National Centre for AIDS and STD Control is given an allotted budget about 550 Million (Approximately NPR. 55,00,00,000) on annual basis that covers practically all of the Nepalese government's HIV and STD expenses. This comprises human resource costs, training and skills development, program expenses, central, regional, and district monitoring, travel, and medicine procurement. According to NCASC, around 18% of the total annual budget is spent for human resource cost whereas rest around 82% is spent for treatment, test kits, medicines, viral load, awareness, capacity building and training to health technicians, doctors and volunteers.

3.4 Local Budget:

Regarding budgetary part at province level, around 3 million (NPR. 30,00,000) is allocated for HIV related response through Social Development Ministry in each province and implemented in coordination with district health offices, local municipalities and NGOs. The local municipalities could also allocate certain budget from its social development programs considering the gravity of situation at local level but it largely depends on how much sensitive the local authority is for HIV response. The NGO working in HIV sector reiterate that domestic HIV resources are inadequate and has not been increased significantly in recent years despite their lobby and advocacy initiatives.

3.5 Budgetary Gaps:

The review of available documents shows that budget has been allocated for HIV prevention, treatment & care HIV for people from all rank and file but it has not specified the special budget portion

for the HIV response for Sexual & Reproductive Health and Rights (SRHR) of migrants (including MSM migrants). The red book also has not separately mentioned the budget for migrants and HIV program. Further, Nepal government is spending for migrants' health care and SRHR services in case of HIV infection as well as towards prevention of HIV & AIDS. However, this contribution is only for documented migrants and not for undocumented. As undocumented migrants also contribute to GDP of Nepal, they should also get equal attention in health care and SRHR services in case of HIV infection as well as towards the prevention of HIV & AIDS-FG.

According to the new constitutional system in Nepal, federal, provincial and local governments are supposed to prepare the Five-year Development Plan and Mid-Term Expenditure Framework (MTEF) which was only prepared by the federal government before the new constitutional system. However, the 15th development plan did not mention the policy strategy and program, which directly affect MTEF because the MTEF is prepared, based on the development plan and MTEF always forecasts the budget for every next three years. Therefore, both documents did not mention the migrant-related program and budget.

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Outcome of the previous interventions

Due to collective interventions of government in coordination with civil society organizations, private sectors, the prevalence of HIV infection among male labor migrants (MLM) is in decreasing trend because HIV among MLMs of the Western region was 1.1 percent in 2006 and it was 0.3 percent in 2015. In the meantime, HIV prevalence among MLMs of the Mid to Far Western region was 4.3 percent in 2010, 1.3 percent in 2012 and 0.6 percent in 2015 (NCASC, 2015, p.2). Regarding new infection of HIV, it is reduced by 43% and AIDS-related deaths reduced by 12% and new infection among children reduced by 57% (NCASC, 2016). The National HIV Strategic Plan (2016-2021) target 75% reduction of new infections between 2010 and 2020 and achieving zero discrimination y 2020 (NCASC, 2016). Additionally, the collective efforts made in coordination with the concerned stakeholders, government entities, civil society organizations, private sectors, community volunteers have resulted not only in the reduction of the HIV transmission but also impacted in the increased awareness on HIV among the general people and effectiveness is also in the testing, treatment, care, support, livelihood services that has ultimately reduced the vulnerabilities of the people living with HIV.

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Key Programs and Challenges

- The biggest the HIV positive migrants today face are the social stigma due to which they hesitate to go for testing, treatment, counselling and other needful health service. The fear of social stigma discourages people to access HIV related health services and openly discuss these issues both in urban and rural socio-cultural set up.
- The HIV migrants mostly come from poor family and socio-economic hardship and lack of moral support from family and society further pushes them into vulnerable situation. Due to lack of government social protection system, even the most vulnerable population living with HIV in Nepal are bound to find their livelihood options on their own.
- Lack of formal education and adequate awareness on HIV health, have pushed many migrants at the potential risk of HIV infection thereby increasing the vertical transmission within their family and horizontal transmission among their spouse or sex partners.
- HIV-positive migrants are given access to medicine for one month only which is more difficult for the migrants going India. Because, they have to come back to Nepal from India after a month to get their medicine. This is a big issue; as migrant workers have to spend most of their income on transportation only.
- The NGOs efforts dedicated to HIV response are yet to bring visible changes due to inadequate fund and their fragmented efforts are not integrated to achieve greater results. Hence the progress in prevention seems slow.
- The budget allocated by Nepal government seems focused only on the test, treatment and institutional capacity building of government HIV response unit but no programs seem to have been formulated to link the HIV migrants into income, skill training that can help them with livelihood options.

- The budget allocated at province level is far less than what is required to meet the minimum response to HIV issues and local municipalities do not seem much concerned to the HIV health of migrants.
- There is no separate budget provision to ensure the migrant's health care and social services. Further, Nepal's government policy and laws does not recognize and address the social protection issues of undocumented migrants in case of any difficulties although they contribute in the overall national economy of the country.

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Recommendations:

- NGOs in coordination with government stakeholders should intensify mass education, treatment literacy and awareness programs on HIV health of migrants and against social stigma.
- Government has to allocate special budget at central, province and local level to focusing on the skill training, livelihood support, health insurance of the migrant community and implement them in coordination with local NGOs.
- Meaningful involvement and participation of the target population from the planning to the implementation process has to be ensure at all tiers of government units.
- Government has to introduce social protection system focusing on the HIV health of migrants providing them subsidy in accessing other needful services form government.
- The database of the HIV migrants has to be maintained from central to local level and support programs has to be introduced to empower psychologically, technically and financially so that they could survive on their own.
- Expansion of the multi- dispensary and tailored ART services including the routine viral load testing with the ownership and participation of the local community.
- Establishment of the effective and sustainable referral mechanism not only in urban but also at local level has to be ensured.
- Formation of specialized committee to look at the HIV policy reform, surveillance of service efficiency coupled with effective monitoring system.
- Government has to establish effective and sustainable referral mechanism expansion of the multi- dispensary and tailored ART services including the routine viral load testing.
- The curriculum made by Foreign Employment Department for the Pre-departure orientation to the aspirant migrants should

include the HIV awareness session for the out-going migrants.

- HIV-positive migrants are missing to continue ARV medicine and other needful HIV related services due to their movement in the neighbouring country and abroad. Considering gravity of situation, Nepal government needs to manage the cross-border ARV and SRHR services free of cost in coordination concerned departments.

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