Preventing mother to child transmission of HIV (PMTCT) in Nepal

One in three people living with HIV in Nepal are women, representing the single largest group of all people living with HIV in Nepal.

For HIV-positive women who become pregnant, early detection of HIV and initiation of treatment is the key to preventing the transmission of HIV to her child.

Transmission of HIV from mother to child can occur in utero, during delivery or through breastfeeding. Without any intervention, as many as 45% of children born to HIV-positive mothers will acquire HIV themselves. For children born with HIV, early detection of the virus through virological testing is key to early initiation of HIV treatment – without it, one in three children will die before their first birthday.

When HIV treatment is provided to mothers during pregnancy and continued after delivery, the risk of transmission to their child falls to less than 5%. Despite this, only 32% of pregnant women living with HIV in Nepal reported receiving HIV treatment for PMTCT in 2013. Consequently, an estimated 1968 children aged 0 – 14 years are currently living with HIV in Nepal.

Preventing mother to child transmission relies on pregnant women knowing their HIV status so that can be linked to the necessary services. In Nepal, many health facilities have provided HIV testing for pregnant women during routine antenatal check up (ANC) in Nepal. However, there are still challenges in engaging pregnant women in the health system, and stigma and discrimination is a barrier to HIV-infected mothers accessing the treatment and care they need to ensure their children are born HIV-free.

What is UNICEF doing to help create a HIV-free generation in Nepal?

UNICEF provides technical support to integrate PMTCT services into maternal, newborn and child health (MNCH) services and supports the implementation of community-based prevention programs in six districts throughout Nepal.

UNICEF undertakes various studies such as community –based PMTCT (CB-PMTCT) service evaluations and operational studies on stigma and discrimination in order to reach high risk populations and advocate to address mother to child transmission as part of the national HIV agenda.

The introduction of Community –based PMTCT (CB-PMTCT) encourages access to health care, particularly in remote areas by mobilizing health volunteers to create demand for HIV testing and link pregnant women into ANC services at the community level.

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Health in numbers 2013-2014:

- 40%: The percentage of pregnant women in Nepal who had less than the four recommended antenatal visits during their pregnancies
- 76%: The percentage of pregnant women in Nepal who did not receive any HIV testing and counselling during antenatal care
- 32%: The percentage of pregnant women in Nepal who had no exposure to skilled birth attendants during their deliveries

Source: MICS Nepal, 2014 and NCASC, 2014
What differences have we made?

**Strengthening the national PMTCT system**

We have assisted the government by supporting the revision of national protocol, guidelines and standard operating procedures for PMTCT.

**Scaling up CB-PMTCT and pursuing the elimination agenda**

We have supported the government to pursue Elimination of mother to child transmission through technical and financial support to scale up CB-PMTCT, and enabling rapid testing at community facilities.

**Increasing awareness of PMTCT services and reducing stigma and discrimination**

We have established partnerships with media, NGOs and community-based partners. We have raised awareness among mothers, adolescents, families and communities on preventing MTCT and supported the implementation of the government’s PMTCT communication strategy.

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This program is run in partnership with Ministry of Health and Population (MoPH)/ National Center for AIDS and STD Control (NCASC); Department of Health Services (DoHS)/Family Health Division; Other UN partners including WHO, UNAIDS, UNODC, UNFPA; and NGO partners including FHI 360, Save the Children and PLHIV networks.