

TREMbled GLOBAL FUND & SHAKEN COMMUNITY

An Open Letter from the Community of People Living with HIV in Nepal

Dear Global Fund, donors, partners,

For us living with HIV in Nepal, the Global Fund has never been just about numbers or programs—it has been about life. It has been the medicine that kept a mother alive to raise her children. It has been the job that allowed a father to send his daughter to school. It has been the community support that told us, “You are not alone.”

Today, that lifeline feels fragile. The funding is shrinking, priorities are being shuffled, and commitments are delayed. For people in offices, this may look like budget lines being adjusted. For us, it feels like the ground beneath our feet is shaking.



When the money disappears, their lives change overnight. Community outreach workers (many living with HIV themselves) are suddenly without jobs. I know a mother in western Nepal who used to work as a peer supporter. Her small salary bought food, schoolbooks, and dignity. Today, without that support, she worries not just about her treatment but about whether her children will eat tomorrow. A young man in Kathmandu told me he wants to study IT, but now his family faces such uncertainty that even his dream of education feels far away. These are not isolated stories; they are becoming our everyday reality.

We know too well what happens when the HIV response weakens. Interruptions in treatment mean people falling sick again. Fewer prevention programs mean more new infections. Less support means more stigma, more discrimination, and more silence. The cost is not in millions of dollars—it is in lives lost, families torn apart, and futures cut short.

— Shibu Giri



She gets her ARV medicine at her doorstep in Sarumarani Rural Municipality, which is nearly 45Km far from Bijuwar, Pyuthan.



A client from Baddanda, Sarumarani Rural Municipality receiving her ARV medicine for a month.

This is why we are calling not only on the Global Fund but also on our allies—GNP+, APN+, the Seven Alliance, GFAN, APCOM. We need you to rise with us. This is not the moment for quiet emails or waiting for the next funding cycle. This is the moment for visible, in-person advocacy—for standing with us the way you once did during the “3 by 5 Million” campaign. Back then, we marched, we signed, we raised our voices until no one could ignore us. That courage is needed again.

In Nepal, the reality is stark. Community-led organizations are downsizing. Dedicated staff, who carried us through the hardest years of the epidemic, are being forced out. Children of these families are growing up in fear—fear of hunger, fear of losing parents, fear of a future without dignity. How do we explain to a 10-year-old child that funding cuts thousands of miles away are the reason their life feels insecure today?

If this shrinking continues, our future will be empty clinics, broken supply chains, and lost hope. Progress built over decades will unravel before our eyes.

The Global Fund may tremble, but we cannot. We refuse to be silent as our lives and futures shrink. We ask you—donors, decision-makers, allies—stand with us, not in words but in action. When you fund us, you give us more than programs. You give us life, dignity, and the chance to dream for our children.

*With hope and determination,
The Community of People Living with HIV in Nepal*

Editorial

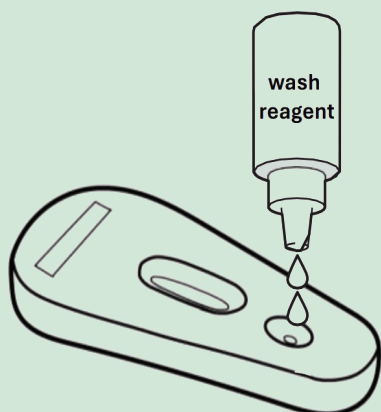


UNAVAILABILITY OF CONFIRMATORY HIV TEST KITS: A GROWING CONCERN IN NEPAL

Kathmandu, Field staff working at the grassroots level are facing a serious dilemma due to the ongoing unavailability of confirmatory HIV test kits, particularly **Unigold**. This issue was strongly raised during an interaction program with field staff, where community-level workers openly shared the challenges they are facing due to the shortage.

As per Nepal's National HIV Testing Guidelines, every ART site must be equipped with confirmatory test kits. These kits are not just essential for accurate diagnosis

1. **Loss to follow-up** – Individuals who remain unconfirmed may disengage from services, increasing the risk of HIV transmission.
2. **Delayed treatment initiation** – Delays in confirmation mean delays in starting ART, which weakens prevention and care efforts.
3. **Severe health and economic consequences** – Some individuals may only re-enter the health system at advanced stages of AIDS, causing catastrophic health and financial impacts.



but also central to the broader mission of **Ending AIDS by 2030**. Without them, efforts to identify new HIV cases and ensure timely treatment are being severely compromised.

Impact on Key Populations

While the shortage is affecting greatly among migrants and their spouses, where NAP+N has already identified twenty cases of reactive in seven districts of Koshi and Lumbini provinces. The impact is not limited to migrant populations alone. It extends to all Key Populations (KPs), including those at the highest risk of HIV transmission. Without confirmatory testing, there is a greater chance of:

A Challenge for Outreach Workers

Outreach Workers, CHBC Case Trackers and ART Counselors, who play a crucial role in linking people to Testing, Treatment, and Care & Support, are now left in a state of dilemma. Without the availability of confirmatory kits, their ability to perform their duties effectively is being hampered, creating frustration and fear among both staff and community members. This not only causes distress among staff but also reduces community trust in the health system.

NAPN's Call to Action

As a national network of people living with HIV, NAPN strongly believes it is our responsibility to raise this issue. We, as survivors of HIV, understand the importance of timely testing and early treatment. Ensuring the continuous supply of confirmatory HIV test kits at all ART sites is not just a technical requirement—it is a life-saving necessity.

If Nepal is truly committed to Ending AIDS by 2030, addressing this gap with urgency is non-negotiable. NAPN calls upon all stakeholders—Government agencies, Partners, and International supporters—to ensure uninterrupted availability of Unigold across the country.

Ending HIV starts with testing. Without confirmatory kits, we risk losing the progress we have made so far.

COMMUNITY-LED MONITORING (CLM) STARTS AGAIN IN NEPAL

Community-Led Monitoring (CLM) has started again after a pause earlier this year. CLM had stopped on 28th January 2025 because of changes in PEPFAR/USAID funding, which created gaps in monitoring services and made it harder for communities to share their voices.

To restart the program, NAP+N signed a contract with UNAIDS on 7th August 2025. Soon after, on 10th August, contracts were signed with all consortium partners (RN and BDS) and co-consortium partners (Sparsha, DPG, and CSWF). These agreements will help all partners work together to improve HIV services, support communities, and make sure services reach those who need them.



With CLM now back, training, toolkit finalization, and close coordination with local stakeholders will begin, helping communities have a stronger voice and better access to health services.

— Rajeshwari

ACTIVITIES OF HUMAN RIGHTS GRANTS:

The National Association of People Living with HIV (NAP+N) implemented a one-day workshop on IPT/TPT in 15th August, 2025. This workshop was conducted to provide orientation on IPT/TPT to stakeholders, considering their important role in HIV/TB-related programs. The objective of this activity was to enhance the knowledge and understanding of stakeholders about IPT/TPT so that they can support its implementation effectively.



The 2days 'National-Level Training of Trainers (TOT) on Integrated HTM Services & Human Rights', organized under the project Strengthening Health Resilience in Nepal: HIV, TB, & Malaria with the support of the United Nations Development Program (UNDP) Nepal, was successfully completed on Aug. 22-23, 2025. The training was attended by participants from all 7 provinces & 18 districts, representing TB & ART centers, national networks & community-based organizations (CBOs).

— Pooja Ghale





International News

NEW OPTION IN HIV TREATMENT: LONG-ACTING INJECTABLE CABOTEGRAVIR/RILPIVIRINE (CAB/ RPV LA)

The guideline published on July 23, 2025, has introduced an important new option in HIV treatment — the long-acting injectable Cabotegravir/Rilpivirine (CAB/RPV LA). This guideline was developed by the New York State Department of Health AIDS Institute (NYSDOH AI), which provides evidence-based recommendations to clinicians. Its main aim is to offer an alternative antiretroviral therapy (ART) to individuals who face challenges with daily oral medication adherence.

Why is Long-Acting Injectable Therapy Needed?

For many people living with HIV, taking daily oral medications regularly is difficult. A high number of pills, pill size, issues of privacy, stigma, mental health conditions, and work- or travel-related barriers can all affect treatment continuity. Such obstacles may lead to treatment failure. Therefore, long-acting injectable therapy has shown potential to reduce the burden of adherence for weeks or even months, thereby improving quality of life.

FDA Approval and Use

The U.S. Food and Drug Administration (FDA) approved CAB/RPV LA in 2022. It can be used in adults aged 18 years or older who are virologically suppressed (HIV RNA <50 copies/mL). The treatment is available as intramuscular injections either monthly (every 4 weeks) or bimonthly (every 8 weeks).

Clinical Trial Results

Two large phase 3 trials, FLAIR and ATLAS, confirmed the effectiveness of CAB/RPV LA:

- FLAIR trial: Newly diagnosed patients first received oral therapy and later switched to injectables. At 48 weeks, 93.6% of participants on injectables maintained viral suppression, almost identical to the oral therapy group (93.3%).



- ATLAS trial: Patients stable on oral therapy for at least 6 months were included. At 48 weeks, 92.5% on injectables and 95.5% on oral therapy had suppressed viral loads.

These results demonstrate that injectable therapy is not inferior to oral therapy.

Additionally, the ATLAS-2M trial showed that both monthly (4 weeks) and bimonthly (8 weeks) injections were equally effective. In follow-up up to 96 weeks, viral suppression was maintained in 87–91% of participants.

Benefits and Potential Risks

Key benefits of long-acting injectable therapy include:

- Reduced burden of taking daily pills.
- Easier privacy and stigma management.
- A treatment option that aligns better with lifestyle.

Potential side effects reported include: injection site pain, mild nausea, sleep-related issues, dizziness, or minor effects on mental health. These are generally not severe and rarely require discontinuation of treatment.

Conclusion

CAB/RPV LA has emerged as a revolutionary option in HIV treatment. It is particularly beneficial for individuals who struggle with daily oral medication adherence. Clinical trials have already confirmed its safety and efficacy. Looking ahead, it is expected to further improve the quality of life of people living with HIV.

Source: World Health Organization