

SURVEY HIGHLIGHTS

The respondent reviewed 25 items of information that the government of Nepal reported for the 2013 World Health Organization Global Policy Report on the Prevention and Control of Viral Hepatitis in WHO Member States.

✓ The government information was thought to be accurate for **80.0%** of items.

Survey points marked "accurate":
1.1, 1.2, 2.1, 2.2, 3.1, 3.3, 3.5, 4.1, 4.2, 4.3, 4.4, 4.5, 4.7, 4.8, 4.9, 4.10, 5.1, 5.2, 5.3 and 5.4.

✗ The government information was thought to not be accurate for **16.0%** of items.

Survey points marked "not accurate":
1.3, 3.4, 4.6 and 5.5.

– The respondent took no position on the government information for **4.0%** of items.

Survey points marked "take no position":
3.2.

Union C did not provide any comments about survey items.

Statement from Union C regarding key hepatitis policy issues in Nepal:

National coordination. The government of Nepal should acknowledge the need and express a greater level of commitment to hepatitis screening, diagnosis, treatment, care and support. For that, it should immediately identify the national coordination body which can work in close coordination with national centre for AIDS and STD control.

Viral hepatitis among people who use drugs must be appropriately included in national HIV programmes and drug strategies and programmes, as well as in the Universal Access framework, Global Fund, Pooled Fund programmes and other national platforms.

Increase access to affordable, high quality, effective and safe diagnostic and testing services. Except for a few tests such as antibody and LFT, other diagnostics are carried out by sending blood samples to the Indian laboratories. HIV testing should always be offered to clients with hepatitis, and hepatitis B and hepatitis C testing should likewise be offered to people living with HIV.

Awareness-raising, partnerships and resource mobilisation. Work with community to increase the awareness on viral hepatitis including media.

Evidence-based policy and data for action. People who use drugs and people living with hepatitis B or hepatitis C or HIV coinfection must be involved in the formulation, implementation, monitoring, and evaluation of all strategies and policies that affect their lives.

The United Nations, donors and foreign development agencies supporting HIV prevention and other services targeting people who use drugs must include a hepatitis component in their programme.

Harm reduction programmes must not only be sustained, but urgently scaled up and expanded to provide adequate coverage and a wide range of services including (but not limited to) needle and syringe programmes.

Prevention of transmission. A rapid regimen of hepatitis B vaccination should be made widely available for people who inject drugs as recommended by WHO.

Screening, care and treatment. Currently, no pharmaceutical companies exist in the country. Patients need to go to the Indian cities to bring in even pegylated interferon.

Facilitate to make available the medication for hepatitis B and hepatitis C including pegylated Interferon and new generation direct-acting antiviral agents. Government should start a dialogue with pharmaceutical companies to reduce the price of medication.