

SUDAN

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
By the end of 2021 the number of people living with HIV who are on anti-retroviral therapy is tripled from 8803 (14.9%) in 2018 to 18 502 (38.3%).	SLOW PROGRESS	12 155 people living with HIV are on ART in 2020, increased from 10 449 in 2019, but far behind the target. HIV testing totalled 122 599 people in 2020, of whom 2525 were positive; 1415 of these started on ART (GAM 2021).
Number of new HIV infections is maintained at less than 0.13 per 1000 uninfected populations.	ACHIEVED	The estimated new HIV infections is 0.09 per 1000 uninfected populations (GAM 2021).
By the end of 2021, 80% of the reported incidences of denial and discriminatory actions in health facilities against people living with HIV are addressed.	SLOW PROGRESS	Reporting mechanisms that can measure this indicator are not functioning yet.
Human rights, punitive laws, stigma and discrimination.	ON TRACK	Legal advances include an amendment outlawing female genital mutilation; the cancelling of a public order law negatively affecting preventive HIV interventions; and a ministerial decree prohibiting the practice of mandatory HIV testing used as pre-requisite for visa entry and residence permit in Sudan.
HIV service delivery, information system and supply management are fully integrated in health systems in eight priority states.	ON TRACK	Supply management is fully integrated in the national supply system; partial integration of HIV data into the information system.

JOINT TEAM

UNHCR, UNICEF, UNDP, UNFPA, UNODC, UN WOMEN, WHO, UNAIDS
SECRETARIAT

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

In Sudan, the Joint Team supported the Ministry of Health and partners sustaining the country's steady reduction of new HIV infections. Although advances in testing and treatment have slowed in 2020 due to the COVID-19 pandemic, technical assistance and community engagement continued to move the country towards wider coverage and better uptake of ART. People lost to follow up are being found and reconnected to treatment, while prevention of mother-to-child transmission (PMTCT) services are strengthened in humanitarian settings. Another area of focus for the Joint Team has been in addressing punitive laws and human rights violations: through capacity building, dialogue and sustained advocacy, legal barriers leading to gender inequalities, gender-based violence, and exclusion for people living with HIV are being tackled, and stigma and discrimination impacting access to HIV services are being reduced.

HIV TESTING AND TREATMENT, AND PMTCT TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT; CAPACITY BUILDING

The national care and treatment guidelines were updated to include dolutegravir (DTG) as preferred first line treatment. 80 healthcare professionals from all 18 states were trained on these new guidelines. Training materials have been developed and delivered on testing and treatment for key populations. The Joint team and the Ministry of Health also provided training on STIs management to 100 health care providers in the states of River Nile, Kassala, West Kurdufan and Khartoum.

With the technical and financial support from the Joint Team, 103 outreach sessions targeting people living with or affected by HIV in priority states reached 2029 people (including 1029 people living with HIV) with a positive-living service package, which includes peer education services provided through support groups (containing PMTCT, condom distribution, family planning, STIs syndromic management, human rights awareness and stigma reduction, HIV testing and counselling, linkage to care, adherence to treatment, follow up and support). 977 people living with or affected by HIV received STI syndromic diagnosis and management services; 240 people living with HIV were provided with family planning services; 680 people affected by HIV were tested, and 73 found to be HIV positive and linked to ART. Through peer outreach sessions tracking people lost to follow up, around 39 people living with HIV returned to treatment.

The Joint Team also supported a 'Search and Rescue' operation, which reviewed the demographic, treatment and regular visiting data of over 2000 patients receiving ART in Omdurman Hospital, to facilitate the tracking and re-engaging of patients lost to follow up in the future.

The Joint Team contributed to advocacy and community mobilization on HIV testing and treatment, training of health service providers, and support to mobile PMTCT services in humanitarian settings, targeting internally displaced persons, South Sudan refugees, and their hosting communities in South Darfur and the White Nile States. 8604 pregnant women visited camp ANC clinics, of whom 5188 were tested for HIV, 43 were found to be positive and 39 are now in treatment. Additionally, seven community social mobilisation sessions were delivered, benefiting around 1716 individuals, to strengthen local authority and community leadership engagement (including women leaders, and representatives of young people) in increased awareness of available HIV/PMTCT services.

With over 60 000 Ethiopian refugees crossing into Sudan in 2020, the Joint team coordinated a response with the government providing basic life needs in newly established camps; 217 refugees (101 men, 114 women, 2 children) living with HIV have been enrolled in ART.

A five-day PMTCT training was conducted for 25 healthcare providers from Alsalam, Kalma and Belail internally displaced persons / refugee camps in South Darfur State. 14 centres providing PMTCT services in South Darfur and White Nile State received quality monitoring and supervisory visits, providing on-the-job training for 43 health service providers.

HIV PREVENTION IN KEY POPULATIONS

TECHNICAL SUPPORT; POLICY ADVICE; COMMUNITY ENGAGEMENT

Supported by the Global Fund investment and through collaboration between the Ministry of Health, the Joint Team and non-governmental organisations (NGOs), an acceleration package was successfully designed and implemented in 2020 to ensure the delivery of quality HIV prevention towards key and vulnerable populations in 10 out of 18 states, despite the challenges of severe weather, state insecurity, and COVID-19 restrictions. Exceeding the national targets, 44 162 members of key populations were reached with these HIV prevention service packages, 40% of whom also received STI services.

Supported by Global Fund investments, the Joint Team engaged financial and technical resources to deliver HIV prevention packages through hotspot outreach sessions to 16 895 people from vulnerable groups; 7521 of those reached were counselled, tested for HIV, and received their results, and 2445 of these received STI syndromic management.

A national hotline call centre was established to deliver information and assistance for people living with HIV. A total of 760 people living with HIV were reached through this service in 2020.

In coordination with the Ministries of Interior and Health, the Joint Team promoted and improved women's health and wellbeing in prisons, including access to HIV testing services and primary health care services. This new initiative benefitted more than 1000 female prisoners and their families in Omdurman.

HUMAN RIGHTS, STIGMA AND DISCRIMINATION

POLICY DIALOGUE; ADVOCACY; CAPACITY BUILDING

Through advocacy with the Ministry of Justice, people living with HIV gained access to legal aid, and a legal counsellor will be deployed for all branches of the Sudanese People Living with HIV Care Association to raise awareness on legal issues, the rule of law and the right to a fair trial. Also through Joint Team advocacy, mandatory HIV testing for those entering the country or applying for residency is no longer lawful, mitigating the negative impact the law previously had on voluntary HIV testing at facility and community levels.

Working with the Ministry of Health, three rounds of stigma reduction training were delivered for 75 health service providers in the Blue Nile, Sinnar and South Kordofan states.

Supported by Joint Team advocacy, in July 2020, Sudan ratified an amendment in the criminal code regarding the long-practiced female genital mutilation (FGM) practice. The amendment criminalizes FGM and punishes those who perform this practice (including healthcare practitioners) with up to three years in prison.

Support was provided to an NGO in training a group of women living with HIV on how to access legal aid organisations in instances of discrimination and rights violations; this group then trained and empowered a further 60 women.

CONTRIBUTION TO THE COVID-19 RESPONSE

TECHNICAL SUPPORT

The Joint Team supported the mobilisation of US\$ 682 000 from the Global Fund for the procurement and distribution of personal protective equipment (PPE) for all health facilities delivering HIV/AIDS services. 24 808 people from key populations were also provided with PPE during HIV prevention sessions, and additional PPE was distributed to over 4000 people living with HIV. In addition, 6000 items of PPE were procured and distributed to healthcare providers in internally displaced people and refugee camps in White Nile and Darfur states. Omdurman Women's prison received 2000 surgical masks, 70 PPE sets, 1240 hand sanitizers, and 300 solid soaps.

Global Fund resources were also utilized to decentralize COVID-19 testing through using Gen-Expert diagnosis, and supplying Gen-Expert machines and cartridges for all states. The Joint Team provided technical advice and assistance on the use of Gen-Expert for diagnosing COVID-19, and facilitating the utilisation of machines and procurement of testing cartridges.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

Joint Team advocacy to access legal aid and remove harmful legislation such as mandatory HIV testing has supported a new positive direction for the government towards a rights-based HIV/health approach, empowering people living with HIV and vulnerable populations. Legal aid training for women has provided the opportunity for community engagement, empowerment, and incidences of violations to rights to education and health to be raised with NGOs delivering legal aid to vulnerable groups. In addition, the Joint Team worked in strengthening partnerships with civil society through engagement with NGOs in HIV prevention and delivering rights-based interventions, and through networking with governmental sectors other than health, including justice and law enforcement sectors.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>All aspects of the HIV response were impacted by the COVID-19 restrictions and proved to be a burden on health provision, delaying implementation of activities, including prevention among key populations, testing, care and treatment services at both facility and community levels, and the HIV response in humanitarian settings and prisons.</p>	<p>Strengthen quality of HIV testing and treatment services, including enhanced targeted testing in Tuberculosis management units, among admitted patients and partners of people living with HIV through the intensified case-finding component of the Search and Rescue initiative.</p> <p>Assess, pilot and roll out innovative approaches to continue HIV/AIDS care and treatment in the context of COVID-19, including replicating the Search and Rescue initiative in other centres where people living with HIV who are lost to follow up due to COVID-19 or other causes are actively tracked and returned to services.</p>
<p>Linking and tracking pregnant women, mothers, and infants to care and treatment services is still a challenge, mainly due to transitional status of integrating the PMTCT services into the reproductive health/maternal health care programme.</p>	<p>Strengthen technical capacity among the reproductive health professionals at state level to implement and follow up PMTCT services.</p> <p>Continue expanding PMTCT services to the general population and to internally displaced persons and refugees through integrating PMTCT into reproductive health service packages.</p>
<p>The existing stigma, discrimination and criminalization against people living with, affected by and at risk of HIV are detrimental to the HIV response. Prevention interventions need to target behaviour-change packages through people-centred and key population-led projects.</p>	<p>Strengthen community-led programmes for HIV prevention services in priority states, tailoring to specific needs of key and vulnerable population groups.</p> <p>Mobilize resources to support the gaps in HIV prevention interventions and build capacity and stability in associations for people living with HIV.</p> <p>Update hotspot mapping of key and vulnerable populations in the capital city and rural settings.</p>
<p>Limited funds for the expansion of prison health work.</p>	<p>Mobilize resources to assess health situations in prisons; advocate for health and HIV interventions in prisons; design intervention packages, train healthcare providers on these packages and implement them on the ground.</p>
<p>Instabilities associated with transitional periods, in addition to stigma and discrimination have negatively impacted the delivery of HIV services.</p>	<p>Work closely with government bodies to ensure uninterrupted access to equitable and rights-based services for people living with HIV.</p>

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