

SUDAN

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

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

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

The Joint Team in Sudan provided critical support to improve HIV prevention and testing services and syphilis screening among key populations, including prisoners, men who have sex with men, and sex workers which were impacted by the COVID-19 pandemic. A formative study was also launched to improve HIV programming for other vulnerable populations, such as clients of sex workers, female vendors of food and beverages, Rhaksa drivers and street children. Antiretroviral treatment (ART) and support services were scaled up to bridge the treatment coverage gap through capacity building of ART adherence supporters, and increased access to ART services among prisoners and the increasing refugee population in the country. The national treatment guidelines were also revised, and several healthcare professionals and clinical mentors were trained to support implementation of the new guidelines, including transitioning of eligible people living with HIV to Dolutegravir-based treatment regimen. The Joint Team's advocacy efforts and technical assistance led to the amendment of a criminal law ending female genital mutilation/cutting (FGMC) and elimination of the mandatory HIV testing for people entering Sudan or applying for residency in the country.

HIV TESTING AND TREATMENT

To improve access to quality antiretroviral treatment services (ART), the Ministry of Health was supported to revise national HIV care and treatment guidelines, which included Dolutegravir-based as first line treatment regimen. Nationwide implementation of the guidelines is well underway. In this view, 80 healthcare professionals from ART centres across the country were trained on the new guidelines in two rounds using the Integrated Management of Adolescent and Adult Illness (IMAI) training package. Capacity building was conducted for 89 pharmacists and focal persons working in ART centres, and decision makers in the national supply chain were also trained on the new guidelines as well as recording and reporting of drug supply. The Joint Team, through Global Fund resources, recruited seven clinical mentors to provide capacity building training and supervisory support for healthcare professionals and implementation of the new guidelines in ART centres.

The COVID-19 pandemic affected the HIV medicines and commodities supply chain resulting in significant decrease in HIV testing and counselling (HTC) services in 2021. In response, the Joint Team together with nongovernmental and civil society organizations serving key populations provided coordinated support to the Federal Ministry of Health resulting in improved

HTC services during the second half of the year, and leading to a 33% increase in uptake of HTC services in the second semester of 2021 compared to the first semester of the year, especially among key populations.

The Sudan National AIDS Programme (SNAP), in collaboration with the Sudanese People Living with HIV Care Association (SPCA) held a review meeting to identify the main concerns of people living with HIV, including access to health insurance, social protection and capacity building activities. Participants put forward recommendations necessary for subsequent financial and technical performance review of SPCA scheduled for 2022. Following the recommendations, back-to-back trainings were also conducted for 90 ART adherence supporters to improve their engagement with people living with HIV and ensure retention in care.

Responding to the impacts of the COVID-19 pandemic, SPCA was assisted to carryout awareness and sensitization initiatives and disseminate tailored information, education, and communication (IEC) materials on COVID-19 infection prevention and control. A total of 3 850 IEC materials were designed, printed, and distributed to people living with or affected by HIV in 18 states across the country. The Joint Team further supported the Search and Rescue campaign to continue tracing people living with HIV who are lost to follow up due to COVID-19 pandemic and other factors and enrolling them back on care and treatment services. Personal protective equipment (PPE) was also procured and distributed to healthcare professionals and people living with HIV ensuring continuity of services in HTC and ART centres.

Through grants from the Global Fund, basic and refresher peer education training was provided by the Joint Team for state peer educators to help them conduct monthly peer education sessions for people living with HIV. They were also trained on provision of support through call centres and the online database used to report and track transgressions. In 2021, trained peer educators reached 2500 people living with or affected by HIV with monthly sessions focussed on various aspects of dignity, and positive living comprised under Know your Right.

HIV RESPONSE IN HUMANITARIAN SETTINGS

The Joint Team supported the Government of Sudan to scale up HIV services in humanitarian settings. For example, in Gadarif state, 912 people residing in Um-Rakuba and Tonidiba refugee camps received HTC services and 48 people tested who positive for HIV were enrolled on ART; and 612 Ethiopian refugees living with HIV (321 women and nine children) residing in these two camps were started on ART.

The Government was further supported to expand integrated antenatal care and prevention of mother-to-child transmission of HIV (PMTCT) services in refugee camps in Gadarif, Kassala, and White Nile states. These included capacity building for healthcare providers and community mobilizers, supervisory visits, and organizing mobile PMTCT campaigns to increase demand, uptake, and delivery of quality services. PPE was also distributed to refugees in these three states. A total of 1498 pregnant women received antenatal and PMTCT care services in the targeted refugee camps.

HIV PREVENTION AMONG KEY POPULATIONS AND OTHER VULNERABLE GROUPS

Through Global Fund resources, the Joint Team made significant contributions in 2020-2021 for scaling up HIV prevention services among key populations. A total of 67 665 people from key population groups, including female sex workers and men who have sex with men accessed HIV prevention services through peer-driven interventions and peer education outreach. HIV and syphilis testing services were also provided to 36 965 people from key populations, of whom 136 people tested positive for HIV, and syphilis cases were detected among 309 people.

The Ministries of Health and Internal Affairs were supported to provide HIV, sexually transmitted infections (STIs), and tuberculosis services to more than 4000 prisoners (500 women) in four prisons in Khartoum state. Standard operating procedures and health service packages for prisons were developed and healthcare providers in prisons were trained on delivery of these services, including HIV prevention, testing, and treatment. The Joint Team also supported the rapid assessment of health facility infrastructure inside prisons, and HIV-related knowledge and behaviours among prison inmates. Following the assessment, the renovation of health clinics in those four prisons is scheduled to commence early 2022.

In response to the heightened risk of COVID-19 infection among inmates, the Joint Team procured and distributed PPE, including 160 boxes of N95 masks, 10 000 gloves, 5000 white gowns, 1000 disinfectants and sanitizers in five selected prisons in Khartoum.

Access to HIV prevention services remains limited for vulnerable populations, such as clients of sex workers, female vendors of beverage and food items, Raksha drivers, and street children in Sudan. In this view, the Joint Team supported the Ministry of Health to rollout a formative study among these groups in North Darfur, South Darfur, and White Nile states which will inform planning of HIV programmes for these populations once completed in 2022. Behavioural change communication packages targeting vulnerable populations were developed to raise awareness and promote uptake of HIV prevention services. Pilot implementation of these packages will start in the first quarter of 2022.

HUMAN RIGHTS AND GENDER INEQUALITY

Through a joint committee with the Ministry of Social Affairs, the Ministry of Health, and other partners, concerted advocacy and technical support by the Joint Team resulted in critical breakthroughs in rights to health. In July 2020, the Sovereign and Ministerial Councils ratified an amendment to the Criminal Law Article 141 to end the long-practiced female genital mutilation/cutting (FGM/C) in Sudan. The amended criminal code will punish anyone who performs FGM/C, including healthcare practitioners with up to three years in prison.

Joint advocacy and technical support also led to the Ministry of Interior circulating a decree prohibiting practices that mandates HIV testing for people entering the country or applying for residency in the country.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

In 2020-2021, the Joint Team provided critical support to national HIV response directly contributing to the third Sustainable Development Goal (SDG 3)—good health and wellbeing. Prioritizing young people, women, vulnerable and key populations in HIV programmes also brought positive developments towards SDG 5 (gender equality) and SDG 10 (reducing inequalities), and in line with the ‘leaving no one behind’ principle.

Persistent advocacy by the Joint Team helped remove harmful legislations and practices, empowering vulnerable populations, including girls, young women, and people living with, at risk of, and affected HIV. Legal aid training entitled *Women living with HIV, know your rights* was conducted for 40 women living with HIV improving their knowledge of their rights. The training was also used to link them to community-based legal aid services and brought opportunities for active community engagement. Partnerships with NGOs, judicial and law enforcement institutions was established to increase community outreach, rights-based service delivery, and legal assistance for incidences of human rights violations against women living with HIV in the education and health systems.

CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic and prioritization of COVID-19 programmes continued to challenge the HIV response. Major interruption in the supply chain and repeated stockouts of HIV testing commodities resulted in 60% decrease in HTC services in 2021.

The country also witnessed periods of instability and civil unrest; and several strikes and demonstrations affected the access to essential health services for vulnerable populations, including people living with HIV, and diminished international and donor support to health and development programmes. Lessons from these events underscored the need to invest around decentralization of HIV services to lower-level health facilities to ensure continuity of services in times of unrest or changes in leadership.

Previous experiences have proven that better involvement of civil society helps improve the availability, accessibility, and acceptability of HIV services among communities in case of emergencies and civil unrest. For example, HIV testing campaigns organized by a nongovernmental organization during the 2021 World AIDS Day commemoration mobilized 3000 people for HIV testing through 125 outreach sessions conducted just under a month.

Similarly, vertical programmes are often neglected during emergencies and instability and as such, integration of HIV services into health systems must also be prioritized to take HIV out of isolation. Integrating HIV prevention, testing, and treatment services, information systems, and supply management into wider health and social protection systems will safeguard effective HIV implementation during emergencies.

Finally, monitoring of HIV care and treatment services in Sudan do not yet allow disaggregation of treatment data by populations group.

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