

A horizontal graphic consisting of a red bar at the top with the text 'UNAIDS STRATEGY DEVELOPMENT' in white. Below the red bar is a yellow bar, and below that is a blue bar. To the right of these bars is a vertical purple bar.

UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Country: Republic of the Sudan

Organizer: Golda Eid, Patricia Haddad, & UNAIDS Country Office in Sudan

Date: September 1, 2020

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UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Please use the template to organize your feedback from the session. Please keep responses succinct and as clear as possible to ensure our synthesis is a reflection of the focus groups hosted.

You can enter your report directly into a form on SurveyMonkey:

<https://www.surveymonkey.com/r/3HC9Q6M>

If you are not able to enter it on line you can send us a copy via e-mail strategyteam@unaid.org

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Would you accept for UNAIDS to make your report publicly available: Yes / No

SECTION 1: Information about the focus group (to be completed by host of Focus Group)

Organization leading discussion: UNAIDS Country Office - Sudan

Date of discussion: September 1, 2020

Theme to be discussed: Access to treatment: leaving no one behind

Participants (types of organizations participating):

	Name	Organization
1	Amira Elfadil	WHO
2	Fatima Haj Idriss	MOH
3	Rehab Ahmed	MOH
4	Thowiba Khojali	MOH
5	Haitham Taha	UNFPA
6	Abdallah Mohammed Ibrahim	Sudanese PLHIV Care Association
7	Umkulthom Elsiddeeg	Voluntary Women Group
8	Hisham Muzamil	UNDP
9	Stella Gaitano	Sudanese PLHIV Care Association
10	Montasir Mustafa	Cafa Organization
11	Mona Alnoor	Near East Foundation
12	Ibtisam Abdalla	Near East Foundation
13	Elsheikh Ali	UNAIDS

Country, regional or global focus: **Country focus**

Introducing the theme

Please enter the main characteristics of the theme being explored in 5 sentences (please share the presentation if possible by email)

- The theme focuses on “Access to treatment: leaving no one behind”
- Gaps in knowledge, testing, treatment and care of the HIV response
- Barriers to accessing treatment (stigma and discrimination, geographical distribution, funding, political environment, awareness)
- Effects of shortages or decreases in funding environment on services
- Political will and coordination between national stakeholders for ownership of the HIV response

SECTION 2: People-centered response to HIV – key emerging messages

Please enter the main messages coming out, up to 5 points maximum per section

REACHING THE PERSON	
How do we see the current situation?	<ul style="list-style-type: none"> • There are gaps in knowledge of PLHIV of their status, as well as linkage to and retention in treatment • HIV response focuses mainly on KPs, while other vulnerable populations like prisoners, Tuk-tuk drivers, etc. are less exposed to interventions. • The response is currently more toward treatment than toward prevention. • Young people are prioritized (e.g. HIV in school curricula). However, interventions among young people in the general population have decreased especially after new evidence on nature of the epidemic.
What concerns us?	<ul style="list-style-type: none"> • The economic crisis in Sudan is a serious threat to the ability of the response to reach targeted populations. The response is underfunded and mainly dependent on the GF. • Prioritizing certain states and geographical locations with interventions is threatening the reach to people in need in other states. • Inability to integrate HIV services into general health system – standalone services for HIV • Centralization of services and access to treatment and the cost and effort it takes for people to receive their treatment or testing services • Loss of PLHIV along the cascade of care and treatment services (poor linkage and retention) is a threat to the efforts of the response to cover PLHIV with care and treatment services.
What gives us hope?	<ul style="list-style-type: none"> • The recent political change in Sudan after the People's revolution is probably reducing barriers in terms of accessibility to services. • Advocacy work on the policy level: recent Criminal Law amendments that are favoring a more effective reach of prevention and treatment programs to targeted populations. • Initiatives like (clinical mentors and adherence supporters) are promising to enhance the quality of services • The coordination that took place during COVID-19 between the "states" to ensure services
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> • Type of services are not user friendly – after testing, the response needs to be improved. • Services: <ul style="list-style-type: none"> ○ In "silo": not integrated into the overall health services and are delivered as standalone services (although there have been efforts). ○ Centralized and sometimes people have to travel long distances to receive a service (geographical coverage is not adequate especially in rural areas)

	<ul style="list-style-type: none"> ○ Internet and virtual communications not as accessible to all people – this is an infrastructure problem – so online services and awareness are not equally accessible to everyone ● Competing health priorities that are pulling HIV down the top of priority list in Sudan. ● Stigma and discrimination are a main factor in hindering access to services ● The impact of COVID19: all service delivery was interrupted <ul style="list-style-type: none"> ○ Multi-month dispensary of ARVs has been tried; however, accessibility of patients to health facilities is an issue (transportation, curfew). lost to follow up (LTFU) and deaths are unfortunately increased. ○ Testing services are also affected with more than 80% reduction in service uptake. HCPs are reluctant to provide services, patients have limited access to facilities (due to transportation issues). ○ Patients coming to ART centers are only given their medicines, other services like viral load measurement are not delivered.
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THE STRUCTURES THAT RESPOND TO HIV	
How do we see the current situation?	<ul style="list-style-type: none"> ● Key populations are indirectly involved in the planning and implementation of the response through the NGOs working with them. Cultural and social norms do not allow direct representation and involvement of KP. ● There are many NGOs working mainly with KP in the preventive aspects of the response. A network of these organizations called (SAN) no longer exist and is replaced by the wider health network. ● Coordination with other sectors exists but needs to be fostered. The coordination is only one-way direction. Advocacy is needed to encourage non health sectors to be involved and initiate actions. ● UN coordination with government and civil society should be enhanced.
What concerns us?	<ul style="list-style-type: none"> ● The one-way direction of coordination with non-health sectors. ● Role of NGOs is limited, and there is weak coordination of actions among NGOs in the absence of organizations networks. ● Lack of proper implementation of integration policies at federal and state levels. ● Momentum of the HIV response gained in the previous years is now lost. Efforts to regain it through advocacy and capacity building are needed. ● Country ownership and financing of the HIV response is a concern – if GF support ceases, then there will be a problem
What gives us hope?	<ul style="list-style-type: none"> ● The inclusion of youth groups that led the current political change (لجان المقاومة) in health and HIV interventions promises of more community participation in the response

	<ul style="list-style-type: none"> • The political will and commitment are expected to be stronger after the current political change with hopes of ownership of HIV response to be reflected in promised increase in health financing • Youth groups are more enthusiastic to work in the new political environment which they see as positive. And these can be engaged to be part of the HIV response. • Communication and coordination taking place between CSOs and governmental institutions
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> • Services are concentrated only in capital cities of the states. Less services are delivered in rural areas and in peripheral localities. However, accessibility to services in rural areas is affected by the fear of stigma and being known as HIV client in small societies. • Weak infrastructure, staffing and logistic capacities. • Services are vertical, little focus on quality of services delivered. • Strategic planning does not allow proper time frames for intervention to take place. This hinders proper quality achievement of goals.

CONTEXTUAL ENVIRONMENT	
How do we see the current situation?	<ul style="list-style-type: none"> • At national level, integrating HIV within broader sexual and reproductive health interventions can enhance efficiency and attract resources. • The response is underfunded and is largely dependent on Global Fund resources • Living with COVID – a plan that is specific to COVID has been developed in order to adapt to providing services in this context and ensure that people access them
What concerns us?	<ul style="list-style-type: none"> • The transitional period (related to GF grant) taking place in Sudan, although carries hope of better future, is also characterized by instability in structures and policies. Advocacy for the HIV response in such times is highly needed to establish the principles of the response and to avoid losing the gains we have during the last decade. • Protect the response against the global funding fatigue that is affecting resource mobilization, particularly within the context of the emerging pandemics (COVID-19), health emergencies and competing priorities.
What gives us hope?	<ul style="list-style-type: none"> • CAFA organization successfully tried an innovative approach called (6*6) to enhance reaching of targeted population during COVID-19 situation through networking. • Ending the American sanctions against Sudan is expected to open new doors of international support to HIV and health issues. Make use of the positive environment created by the new political situation regarding funding opportunities • New government, new political will, league that is engaged in the HIV response

	<ul style="list-style-type: none"> Some policies have been modified and is more favorable for the response
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> Internet connectivity is weak especially in remote areas, limiting the value of virtual communication during COVID-19 External donor orientations – HIV is no longer a priority American sanctions on Sudan

EMERGING PATTERNS:

- Emphasis on the role of civil society in ensuring accountability to and evaluation of results
- Enhance mobilization of resources and sustainability of the response interventions
- Laws and legislations that protect the rights of PLHIV
- Building a resilient HIV response that can better respond to health, and other, emergencies (like COVID-19)
- Enhancing communication, education, information sharing and advocacy for HIV response.
- Review the structures of the MOH in charge of the HIV response.

SECTION 3: RECOMMENDATIONS World Café

Please enter the main messages coming out, up to 5 points maximum per section

What are the key recommendations back to UNAIDS in terms of the strategy specifically?	
CONTINUE	<p><i>What is working that we must continue to do?</i></p> <ul style="list-style-type: none"> Supporting greater involvement of civil society (communities and organizations) in the response planning and implementation. Supporting countries to lead effective interventions through needs-based planning that is less influenced by donors' interest. Advocating for laws and legislations that protect the rights of PLHIV Enhancing communication, education, information sharing and advocacy for HIV response. Consolidating strategic information tools, definitions, and platforms Supporting and advocating for enhanced country ownership through increased domestic financing of HIV interventions.
STOP	<p><i>What must we stop doing, that if we don't stop will ensure failure?</i></p> <ul style="list-style-type: none"> Setting ambitious targets and deadlines: deadlines set for achieving goals is not realistic. Timing of interventions in planning is to be reviewed.
START	<p><i>What are we not doing that we have to start doing?</i></p> <ul style="list-style-type: none"> Supporting the development of resilient HIV responses that are responsive to current and anticipated health and other emergencies (such as COVID-19). i.e Adapt HIV interventions to the new norms enforced by COVID-19 situation. That will require allocating

	<p>resources to insure social distancing, sanitization, infection prevention and better utilization of the internet for virtual communication.</p> <ul style="list-style-type: none"> • Efficient use of resources through the better understanding of the epidemic. • Advocating for better systems, structures and leadership governing the HIV response in the MOH • Taking into consideration different country needs: defining HIV epidemics in Sudan at sub-national levels • Employ efforts to protect the response against the global funding fatigue that is affecting resource mobilization. • Emphasize more on prevention component as the response is more focused toward treatment
What is the one key recommendation you want to reiterate for strong consideration?	UNAIDS to continue supporting and empowering people living with HIV

Please share with us any references you think would be useful for the Strategy Development, such as examples of case studies that illustrate the challenges or recommendations you outlined in the discussion report.

Please also share a list of names and email addresses of participants who would wish to continue to be informed of the Strategy development process. Note names and contacts will not be shared publicly or with any third party.

You can send us additional documents via e-mail strategyteam@unaid.org

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