

# Country progress report - Sudan

Global AIDS Monitoring 2018





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# Overall

## **Fast-track targets**

### **Progress summary**

The HIV epidemic in Sudan is classified as a low epidemic with adult (15-49 years) HIV prevalence of less than 0.3% according to the 2016 estimates and projections. However, there are remarkable variations in the distribution of the HIV burden between the different regions/ states of the country. The two rounds of IBBS in 2011 and 2015 reported higher prevalence rates among key populations (FSW and MSM) in the eastern zone of the country.

Coverage of interventions related to the 90-90-90 targets are still very low; less than 40% of the PLHIV knew their status, less than 15% are on treatment and viral load testing is still on its first steps of implementation. Financing of the HIV response in the country is very dependent on external resources particularly GFATM which has witnessed remarkable reductions in the amounts allocated during the previous and current cycles.

The newly developed NSP for the period 2018-2020 is calling for bold actions to scale up key interventions aiming to increase case detection, linkage to care and treatment, retention on treatment and also improving quality of provided ART services to ensure viral suppression. In addition, the new strategy is focusing on counteracting the stigma, human rights and gender barriers that may influence PLHIV access to HIV related services.

# HIV testing and treatment cascade

**Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020**

## **Progress summary**

Towards the end of 2016, Sudan adopted WHO treat-all policy. The implementation of the new guidelines has contributed to improvement of treatment coverage through decreasing losses that used to occur during the pre-ART period. On the other hand, new interventions are set to enhance diagnosis of PLHIV and to link diagnosed ones to care and treatment facilities. The main two interventions are scaling PITC in clinical settings using the indicator conditions and PLHIV partner testing services. In addition, new approaches are introduced to scale up delivery of services particularly HIV testing to key populations at higher risk for HIV infection. Peer driven intervention (PDI) is planned to be the main approach for reaching and delivering services to key populations and also HIV self-testing is planned to be piloted among MSM. All these new interventions are expected to substantially increase the number of PLHIV who knew their status and decrease the gap in the first 90. Interventions such as active referral of diagnosed person to HIV treatment sites are anticipated to minimize the current attrition in linkage (~30%). Improving quality of HIV care and treatment and retention are key objectives for the 2018-2020 NSP. Several interventions planned to be implemented in a larger scale during the period 2018-2020 including strengthening clinical mentoring, improving treatment literacy, engaging PLHIV as adherence supporters, LTFU tracing and integrating HIV care and treatment.

## **Policy questions (2016)**

Is there a law, regulation or policy specifying that HIV testing:

**a) Is solely performed based on voluntary and informed consent**

Yes

**b) Is mandatory before marriage**

No

**c) Is mandatory to obtain a work or residence permit**

Yes

**d) Is mandatory for certain groups**

Yes

**What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?**

TREAT ALL regardless of CD4 count; Implemented in many (>50%) treatment sites

**Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?**

**a) For adults and adolescents**

Yes, partially implemented

**b) For children**

Yes, partially implemented

# Prevention of mother-to-child transmission

**Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018**

## **Progress summary**

Currently, about 30% of the estimated children living with HIV are on treatment. One of the main interventions is scaling up PMTCT and EID through strengthening integration with RMNCH programmes at all levels. Sudan has adopted and implemented option B+ for several years. Scale up of PMTCT coverage is planned with focus on states with higher burden of HIV. Regarding the EID, this service is planned to be initiated in 2018 as many programmatic obstacles had hampered the initiation of EID during the past years. Introduction of PITC in clinical settings using indicator conditions is also expected to improve the diagnosis of children living with HIV and hence improve the treatment coverage.

## **Policy questions (2016)**

**Does your country have a national plan for the elimination of mother-to-child transmission of HIV?**

No

**Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?**

Treat All; Implemented countrywide

# HIV prevention; Key populations

**Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90%% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners**

## **Progress summary**

Remarkable improvements took place during the past years with regard to increasing coverage with HIV combination prevention services particularly among FSW and MSM. The current programme of key populations is almost covering all the 18 states of the country, led by national NGOs. New approaches such as PDI are introduced to maximize service delivery among these sub-populations with focus on scaling up condom utilization, HIV testing and linkages to HIV-related services (ART) particularly among those with higher intensity of risk. On the other hand, strengthening of surveillance activities such as biological and behavioral surveillance studies and population size estimations are planned to improve our understanding of the epidemic and also for monitoring the provided services.

Currently an ongoing assessment of prisons is taking place aiming to integrate HIV services in prison's settings.



# Gender; Stigma and discrimination

## **Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020**

### **Progress summary**

A number of women empowerment initiatives addressing gender related issues, took place in last 3 three years representing opportunities for integrating some disease control services. A law for protection of rights of women and children was endorsed and is now effective. A police department for protection of rights of women and children and prevention against violence, was established in collaboration with Ministry of Justice. Clear lines of coordination especially with ART centers to access counseling and Post Exposure Prophylaxis (PEP) services in cases of rape were established.

A woman coalition led by First lady and wives of states governors are mobilizing and promoting for improved coverage and access of woman and children to maternal and child health services including PMTCT. Efforts started in 2017 to explore more opportunities for streamlining these initiatives to remove any encountered gender-related and structural barriers to access HIV-related health care services.

Gender and vulnerability lens was used to investigate findings, which will be utilized for more tailored quality services in the coming period. De-stigmatizing interventions building on Sudanese constitution and laws were implemented and some are in the pipeline.

# Knowledge of HIV and access to sexual reproductive health services

**Ensure that 90%% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year**

## **Progress summary**

This commitment is address through the effective implementation of multi-sectoral response against HIV in Sudan. Key line ministries such as ministries of general education, higher education, endowment, justice and interior as well as the different civil society organizations are playing great role towards materializing this commitment through reaching wider spectrum of young people in all the country's states.

On the other hand, new arrangements are underway to facilitate provision of HIV-related services to young people and adolescent at higher risk for HIV infection.

## **Policy questions (2016)**

**Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:**

### **a) Primary school**

Yes

### **b) Secondary school**

Yes

**c) Teacher training**

Yes

# Social protection

## **Ensure that 75%% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020**

### **Progress summary**

Ongoing and new arrangements are in place to ensure HIV-sensitive social protection. Ministries such as Ministry of social welfare and Ministry of Justice have been key players. Agreement with Ministry of Social Welfare has been reached to cover all PLHIV on ART with medical insurance. In addition, several projects including nutritional support and vocational training are provided at states' level by the Ministry of Social Welfare and other Semi-governmental civil organization such as Women Union to support PLHIV and their families.

### **Policy questions (2016)**

Yes and it is being implemented

#### **a) Does it refer to HIV?**

Yes

#### **b) Does it recognize people living with HIV as key beneficiaries?**

Yes

#### **c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?**

No

#### **d) Does it recognize adolescent girls and young women as key beneficiaries?**

Yes

#### **e) Does it recognize people affected by HIV (children and families) as key beneficiaries?**

Yes

#### **f) Does it address the issue of unpaid care work in the context of HIV?**

Yes

**What barriers, if any, limit access to social protection programmes in your country?**

People living with HIV, key populations and/or people affected by HIV are covered by another programme

# Community-led service delivery

## Ensure that at least 30%% of all service delivery is community-led by 2020

### Progress summary

Sudan is one of the countries with greater involvement of communities and community organizations. More than 30 local NGOs are currently providing services to key populations in almost all the county's states. In addition, several NGOs are directly involved in the provision of HIV-related services such as HIV education, PMTCT, STIs and to some extent ART services. PLHIV associations were established in all states and are increasingly engaged in provision of services to PLHIV and also to communities. Several community initiatives are seen in different states and are leading HIV prevention services to their communities. Current plans (2018-2020) are advocating for and targeting greater engagement of communities in service delivery.

### Policy questions (2016)

**Does your country have a national policy promoting community delivery of antiretroviral therapy?**

No

**What safeguards in laws, regulations and policies, if any, provide for the operation of CSOs/CBOs in your country?**

Registration of HIV CSOs is possible

Registration of CSOs/CBOs working with key populations is possible

HIV services can be provided by CSOs/CBOs

Services to key populations can be provided by CSOs/CBOs

Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

**Number of condoms and lubricants distributed by NGOs in the previous year**

**a) Male condoms:**

-

**b) Female condoms:**

-

**c) Lubricants:**

-

# HIV expenditure

**Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6%% for social enablers**

## **Progress summary**

As the greater part of resources available for HIV response in Sudan is external, namely from the GFATM, the government of Sudan represented in the Ministry of Finance has expressed commitment to allocate more domestic resource in the coming years. Ministry of Finance has expressed their commitment to even cover the cost of ARVs and other HIV diagnostics.



# Empowerment and access to justice

**Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights**

## **Progress summary**

The Sudanese People living with HIV care association as a full fledged body with federal and state level branches has a continuous training session on human rights and the rights for PLHIV , with access to legal advisers who assist PLHIV in case there were any violations or discrimination.

## **Policy questions (2016)**

**In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?**

Yes, at scale at the national level

**Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?**

The Sudanese PLHIV care association monitors and documents cases of HIV related discrimination specially to the members of the association which is covers both national and state level.

**What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?**

-

**What barriers in accessing accountability mechanisms does your country have, if any?**

Awareness or knowledge of how to use such mechanisms is limited

# AIDS out of isolation

**Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C**

## **Progress summary**

TB and HIV are fully integrated in Sudan as PLHIV in care and ART are regularly assessed for TB and referred for treatment and TB patients are tested for HIV with active referral to ART centers when needed. Currently FMOH is establishing a new programme for viral hepatitis (B and C) and it will be fully integrated with the HIV programme as part of the integrated communicable and non-communicable disease control directorate.

## **Policy questions (2016)**

**Is cervical cancer screening and treatment for women living with HIV recommended in:**

**a) The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)**

No

**b) The national strategic plan governing the AIDS response**

No

**c) National HIV-treatment guidelines**

No

**What coinfection policies are in place in the country for adults, adolescents and children?**

Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV

Intensified TB case finding among people living with HIV

TB infection control in HIV health-care settings

Co-trimoxazole prophylaxis