

Country progress report - Sudan

Global AIDS Monitoring 2020



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Overall

Fast-track targets

Progress summary

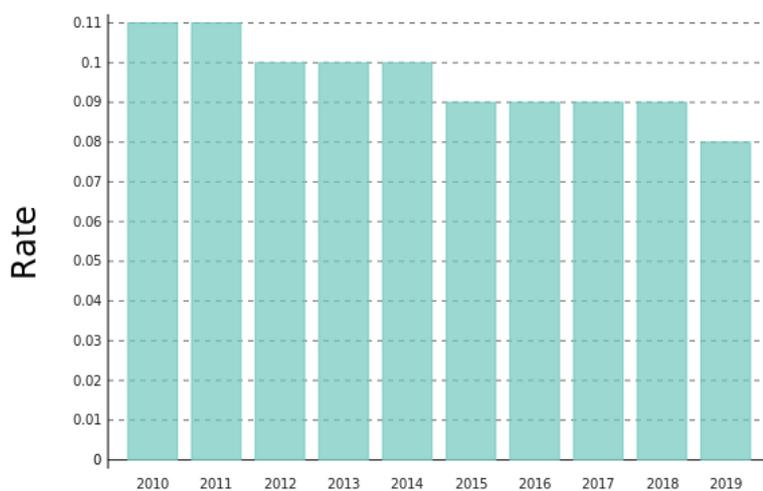
The HIV epidemic in Sudan is classified as a low epidemic with adult (15-49 years) HIV prevalence of around 0.2% as per the 2019 estimates and projections. However, there are remarkable variations in the distribution of the HIV burden between the different regions/ states of the country. The latest prevalence estimate among pregnant women attending ANC clinics was 0.16% mean (0% median). Prevalence among key populations (FSW and MSM) remained far below 5% throughout the two IBBS rounds in 2011 and 2015 besides the PDI programmatic data 2017-2019. However, geographic variations are witnessed among key and general populations with higher positivity yields reported by the eastern and western zones of the country.

Coverage of interventions related to the 90-90-90 targets are still very low. In 2019, only 37% of the estimated number of PLHIV knew their status and about 22% were on ART. Coverage of viral load testing is still very limited with about 10% of PLHIV on ART tested in 2019. 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 2019-2025 is calling for to scaling 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. In general, no tangible improvement in the coverage indicators was achieved in 2019 due to political instability in the country that affected the efforts of scaling up the planned key interventions.

3.1 HIV incidence rate per 1000, Sudan (2010-2019)

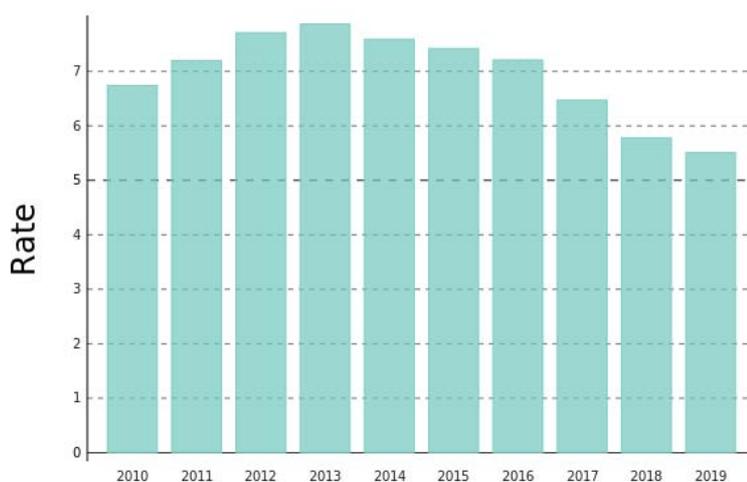
Number of people newly infected with HIV in the reporting period per 1000 uninfected population



Source: Spectrum file

1.7 AIDS mortality per 100 000, Sudan (2010-2019)

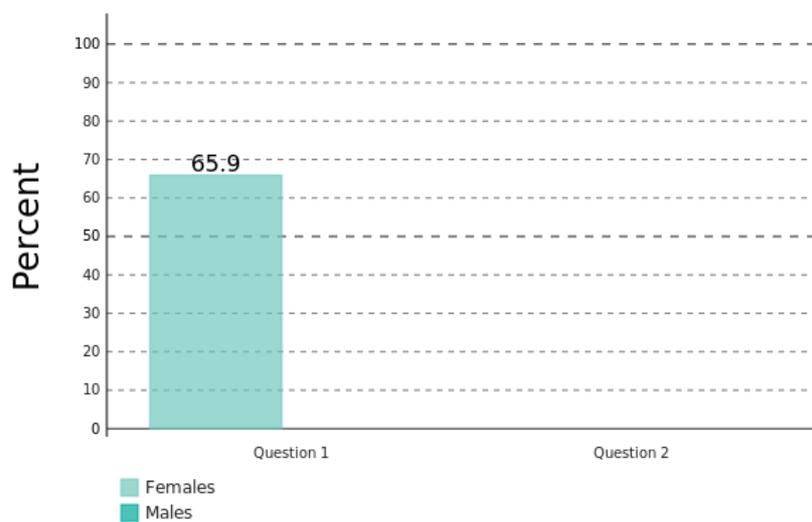
Total number of people who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

4.1 Discriminatory attitudes towards people living with HIV, Sudan (2015)

Percentage of respondents (aged 15-49 years) who respond "No" to: Question 1 - "Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?"; Question 2 - "Do you think that children living with HIV should be able to attend school with children who are HIV negative?"



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 notification 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) has been implemented as one of the major 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. Improving quality of HIV care and treatment and retention are key objectives for the 2019-2025 NSP. Several interventions were planned to be implemented in a larger scale including strengthening clinical mentoring, improving treatment literacy, engaging PLHIV as adherence supporters, LTFU tracing and integrating HIV care and treatment. However, only 22% of the estimated PLHIV are on treatment by end of 2019. Planned efforts were severely affected by the political instability in the country during 2019.

Policy questions (2019)

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

a) Is mandatory before marriage

-

b) Is mandatory to obtain a work or residence permit

-

c) Is mandatory for certain groups

-

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?

No threshold; treat all regardless of CD4 count; Implemented in many (50%–95%) 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?

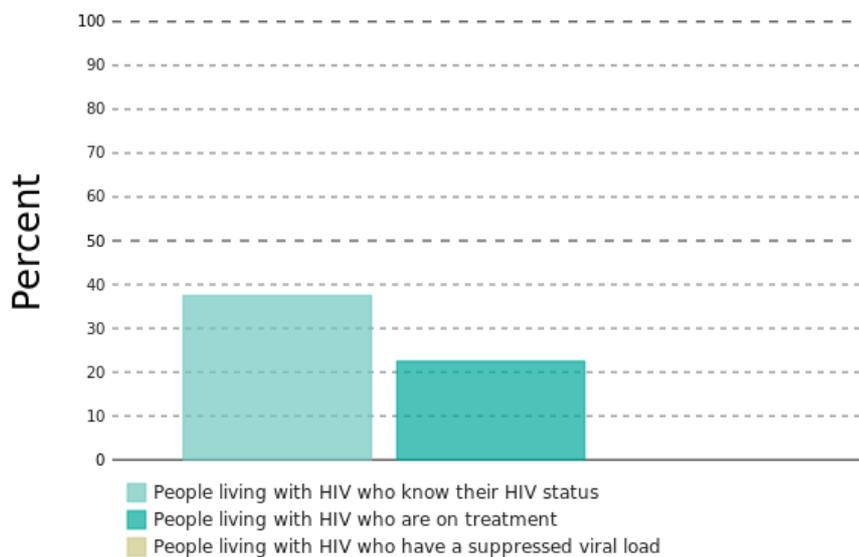
a) For adults and adolescents

Yes; Implemented in many (>50–95%) treatment sites

b) For children

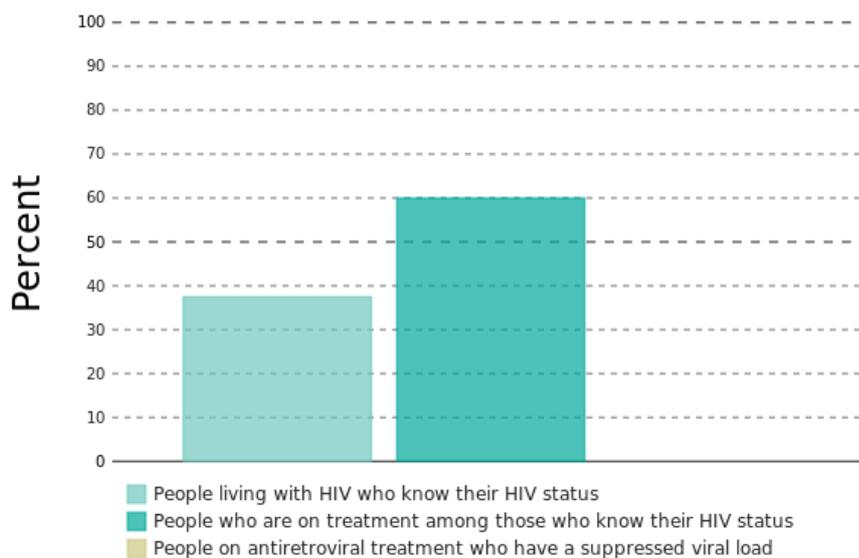
Yes; Implemented in many (>50–95%) treatment sites

HIV testing and treatment cascade, Sudan (2019)



Source: Spectrum file

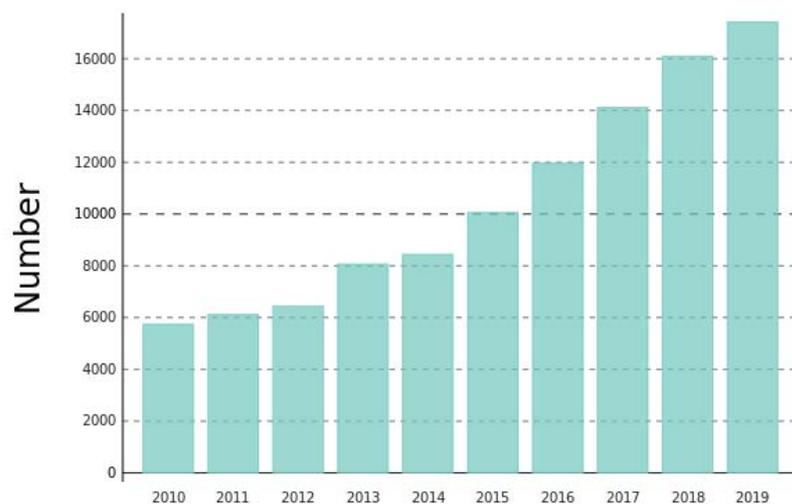
Progress towards 90-90-90 target, Sudan (2019)



Source: Spectrum file

1.1 People living with HIV who know their HIV status, Sudan (2010-2019)

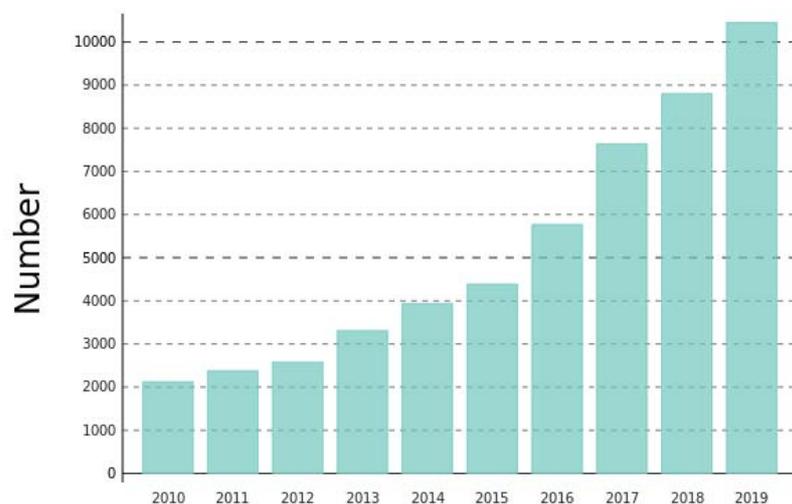
Number of people living with HIV who know their HIV status



Source: Spectrum file

1.2 People living with HIV on antiretroviral therapy, Sudan (2010-2019)

Number of people on antiretroviral therapy



Source: Spectrum file

1.3 People living with HIV on antiretroviral treatment who have suppressed viral load, Sudan (2010-2019)

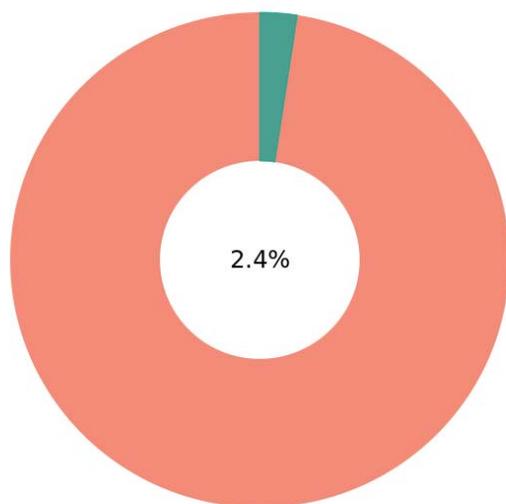
Number of people living with HIV with suppressed viral loads



Source: Spectrum file

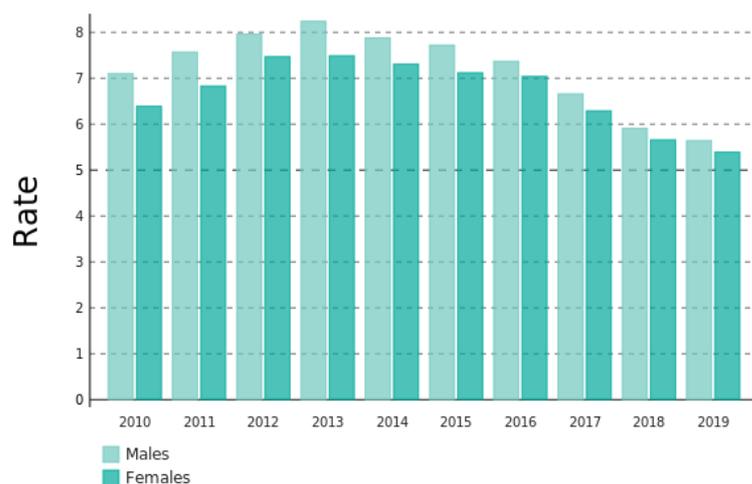
1.5 Antiretroviral medicine stock-outs, Sudan (2019)

Percentage of treatment sites that had a stock-out of one or more required antiretroviral medicines during a defined period



1.6 AIDS mortality rate per 100 000, Sudan (2010-2019)

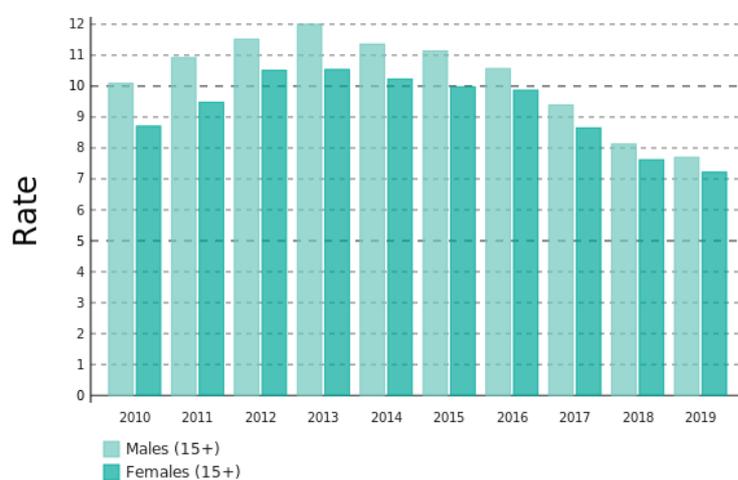
Total number of people who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

1.6 AIDS mortality rate per 100 000 among adults, Sudan (2010-2019)

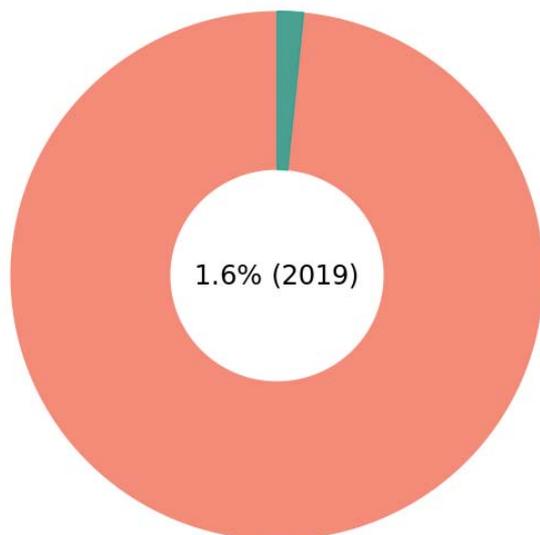
Total number of adults who have died from AIDS-related causes per 100 000 population



Source: Spectrum file

1.7 HIV testing volume and positivity, Sudan

Percentage of HIV -positive results returned to people (positivity) in the calendar year



Number of HIV tests conducted = 208 229

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, only 17% 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 RMCH 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 was planned to be initiated in 2019, yet due to several programmatic obstacles and the political instability in the country, no implementation took place in 2019. 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 (2019)

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

No

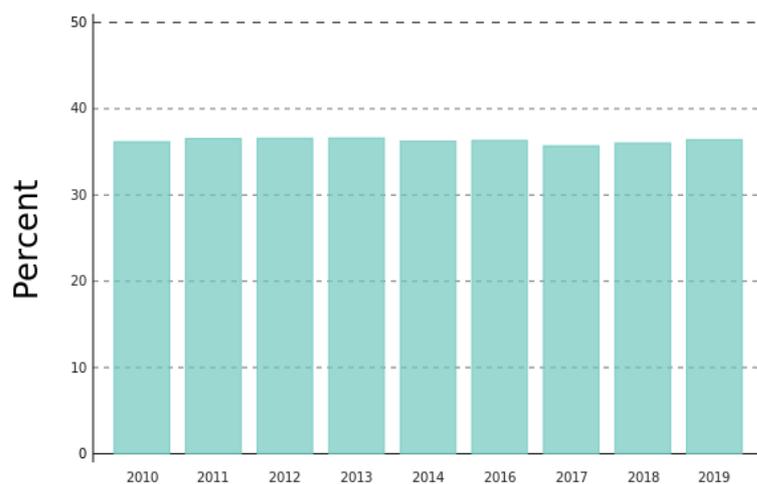
Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?

Treat all, regardless of age

Implemented in many (>50–95%) treatment sites

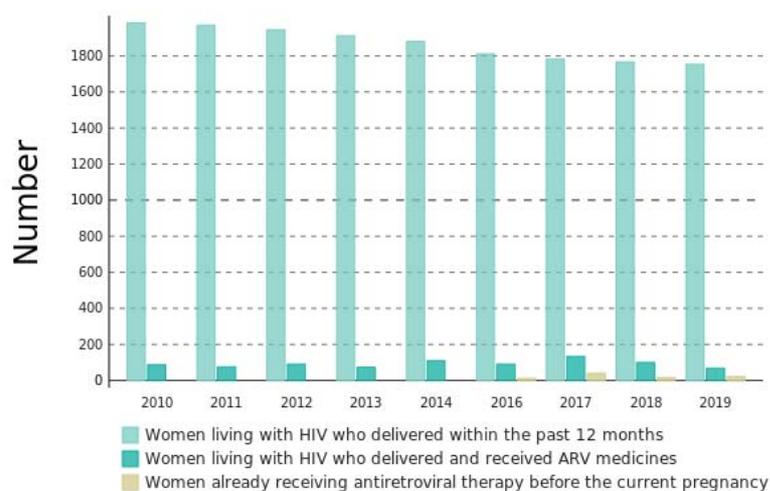
2.2 Mother-to-child transmission of HIV, Sudan (2010-2019)

Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months



Source: Spectrum file

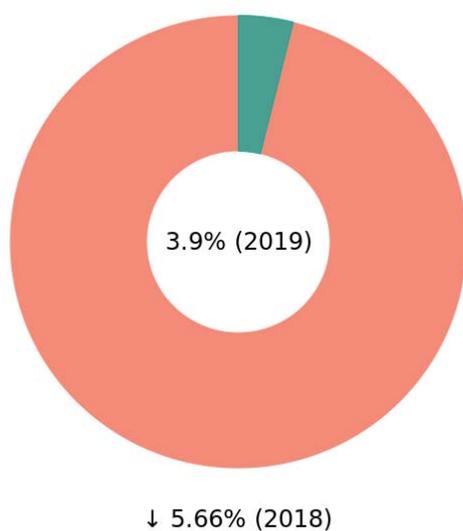
2.3 Preventing mother-to-child transmission of HIV, Sudan (2010-2019)



Source: Spectrum file

2.3 Preventing mother-to-child transmission of HIV, Sudan (2018-2019)

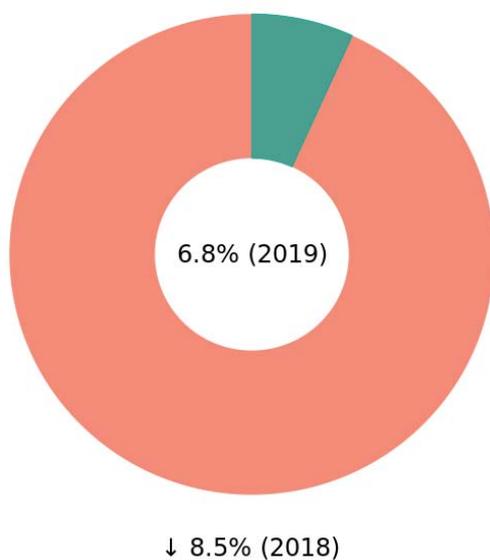
Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV



Source: Spectrum file

2.6 HIV testing in pregnant women, Sudan (2018-2019)

Percentage of pregnant women with known HIV status



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

Although remarkable improvements took place during the past years with regard to increasing coverage with HIV combination prevention services particularly among FSW and MSM, this was declined in 2019 due to several reasons including the political instability and the reduction in allocated resources for key populations interventions. The current programme of key populations is covering 10 states out of the 18 states of the country. Interventions among key populations are led by national NGOs. New approaches for reaching and delivering services to key populations such as PDI were introduced to maximize delivery of service packages that include promotion, counseling and distribution of condoms, risk reduction counseling, HIV education, HIV testing services, STI diagnosis and management linkages to HIV-related services (ART) particularly among those with higher intensity of risk. New services related to TB and viral hepatitis co-morbidity are planned to be started in the 2020. 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.

Policy questions: Key populations (2019)

Criminalization and/or prosecution of key populations

Transgender people

• -

Sex workers

• -

Men who have sex with men

• -

Is drug use or possession for personal use an offence in your country?

• -

Legal protections for key populations

Transgender people

• -

Sex workers

• -

Men who have sex with men

• -

People who inject drugs

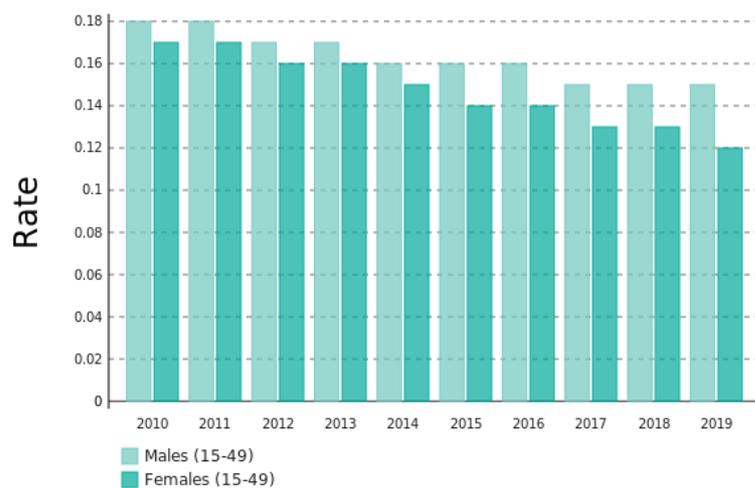
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Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?

Yes, PrEP guidelines have been developed but are not yet being implemented

3.1 HIV incidence rate per 1000, Sudan (2010-2019)

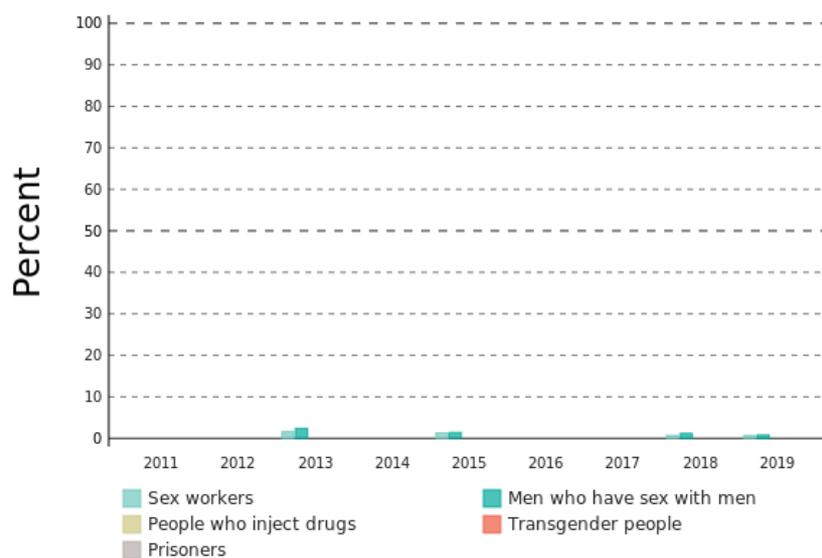
New HIV-infections in the reporting period per 1000 uninfected population (Adults, ages 15-49)



Source: Spectrum file

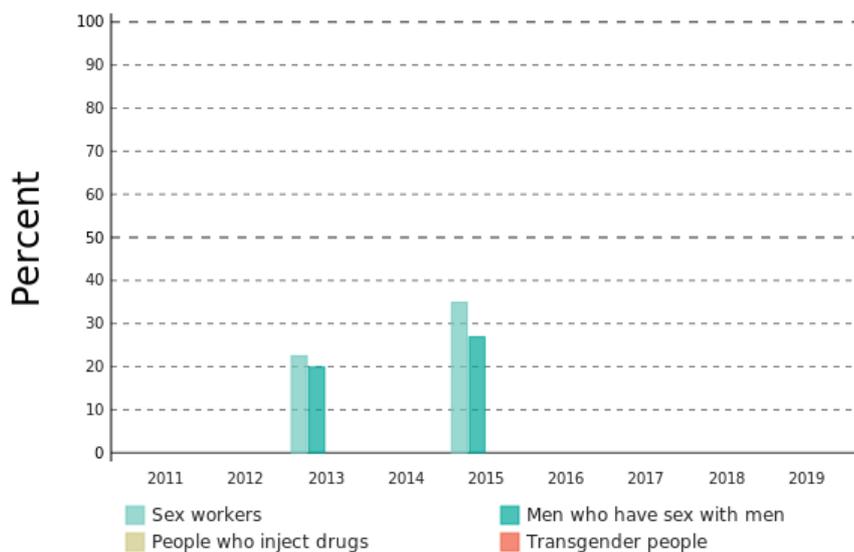
3.3 HIV prevalence among key populations, Sudan (2011-2019)

Percentage of specific key populations living with HIV



3.6 Condom use among key populations, Sudan (2011-2019)

Percentage of people in a key population reporting using a condom the last time they had sexual intercourse



3.11 Active syphilis among sex workers, Sudan (2011-2019)

Percentage of sex workers with active syphilis



3.12 Active syphilis among men who have sex with men, Sudan (2011-2019)

Percentage of men who have sex with men with active syphilis



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

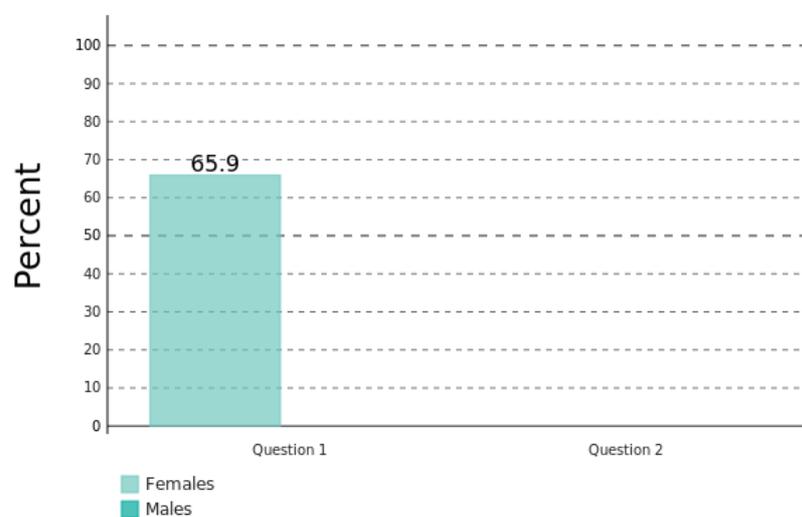
A number of women empowerment initiatives addressing gender related issues, took place in last 3 three years representing opportunities for integrating some disease control services. A law for protection of rights of women and children was endorsed and is now effective. A police department for protection 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.

4.1 Discriminatory attitudes towards people living with HIV, Sudan (2015)

Percentage of respondents (aged 15-49 years) who respond "No" to: Question 1 - "Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?"; Question 2 - "Do you think that children living with HIV should be able to attend school with children who are HIV negative?"



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.

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. National health insurance has included several initiatives targeting PLHIV in their essential package of services.

Policy questions (2019)

Does the country have an approved social protection strategy, policy or framework?

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?

Yes

- Sex workers

- Gay men and other men who have sex with men

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

Yes

e) Does it recognize children affected by HIV as key beneficiaries?

Yes

f) Does it recognize families affected by HIV as key beneficiaries?

Yes

g) 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?

- -

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 (2019-2025) are advocating for and targeting greater engagement of communities in service delivery.

Policy questions (2019)

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

No

Are there any of the following safeguards in laws, regulations and policies that 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
- Services to key populations can be provided by CSOs/CBOs
- Reporting requirements for CSOs/CBOs delivering HIV services are streamlined
- There are no safeguards in laws, regulations or policies that provide for the operation of CSOs/CBOs in the country

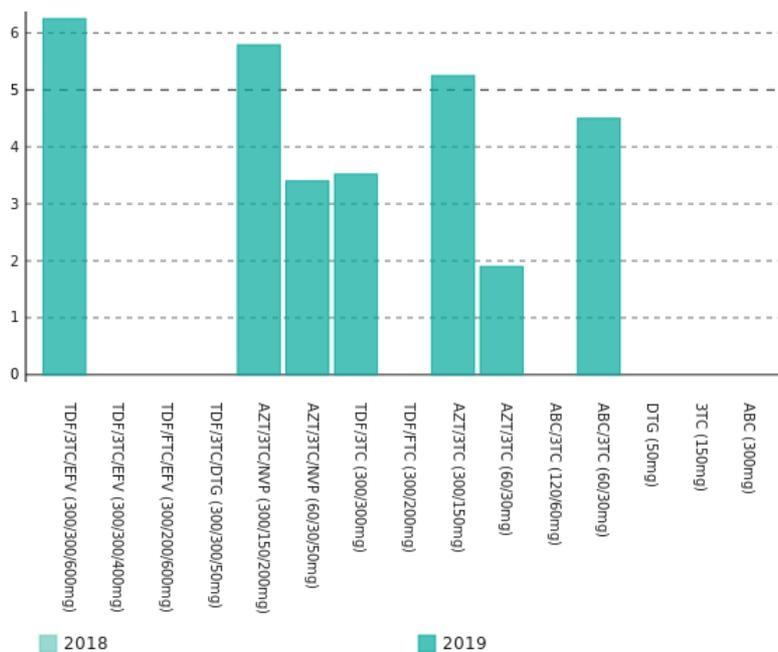
HIV expenditure

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. Government allocations for health was increased considerably by the new government. It is expected that HIV response will positively benefit from government allocations for services whether through the ministry of health or the ministry of social welfare.

8.2 The average unit prices of antiretroviral regimens (in US\$), Sudan (2018-2019)



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.

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 endorsed the strategic plan 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 (2019)

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

-

c) National HIV-treatment guidelines

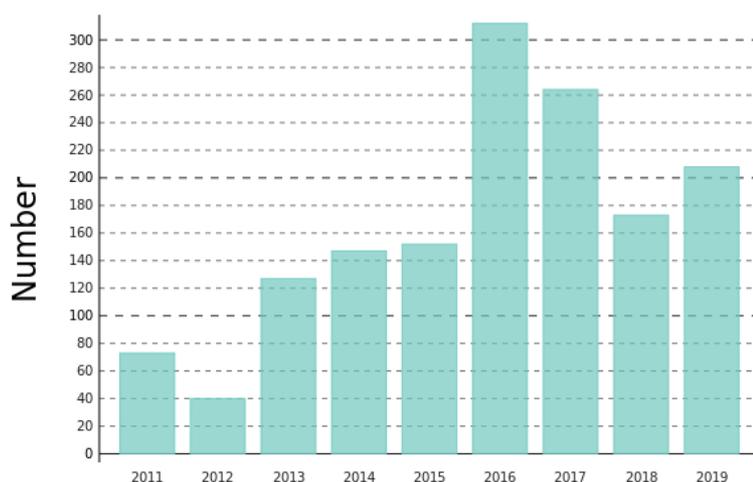
-

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
- Hepatitis B screening and management in antiretroviral therapy clinics
- Hepatitis C screening and management in antiretroviral therapy clinics
- Hepatitis B vaccination provided at antiretroviral therapy clinics
- Hepatitis C treatment (direct-acting antiviral agents) provided in antiretroviral therapy clinics

10.1 Co-managing TB and HIV treatment, Sudan (2011-2019)

Number of HIV-positive new and relapse TB patients started on TB treatment during the reporting period who were already on antiretroviral therapy or started on antiretroviral therapy during TB treatment within the reporting year



10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, Sudan (2015-2019)

Total number of people living with HIV with active TB expressed as a percentage of those who are newly enrolled in HIV care (pre-antiretroviral therapy or antiretroviral therapy) during the reporting period



10.4/10.5 Sexually transmitted infections, Sudan (2013-2019)

Number of men reporting urethral discharge in the past 12 months; number of men reported with laboratory-diagnosed gonorrhoea in the past 12 months

