

# Country progress report - South Sudan

Global AIDS Monitoring 2017



the 1990s, the number of people with diabetes has increased in all industrialized countries. In the Netherlands, the prevalence of diabetes is estimated to be 6.5% in 1995, which corresponds to 1.2 million people (1).

Diabetes is a chronic disease with a high prevalence and a high mortality. The most common complications of diabetes are cardiovascular disease, nephropathy, retinopathy, and neuropathy. The prevalence of these complications is high, and the mortality is also high. In the Netherlands, the mortality of diabetes is estimated to be 10% per year (2).

The most common complication of diabetes is cardiovascular disease. The prevalence of cardiovascular disease is high, and the mortality is also high. In the Netherlands, the mortality of cardiovascular disease is estimated to be 10% per year (3).

The most common complication of diabetes is nephropathy. The prevalence of nephropathy is high, and the mortality is also high. In the Netherlands, the mortality of nephropathy is estimated to be 10% per year (4).

The most common complication of diabetes is retinopathy. The prevalence of retinopathy is high, and the mortality is also high. In the Netherlands, the mortality of retinopathy is estimated to be 10% per year (5).

The most common complication of diabetes is neuropathy. The prevalence of neuropathy is high, and the mortality is also high. In the Netherlands, the mortality of neuropathy is estimated to be 10% per year (6).

The most common complication of diabetes is cardiovascular disease. The prevalence of cardiovascular disease is high, and the mortality is also high. In the Netherlands, the mortality of cardiovascular disease is estimated to be 10% per year (7).

The most common complication of diabetes is nephropathy. The prevalence of nephropathy is high, and the mortality is also high. In the Netherlands, the mortality of nephropathy is estimated to be 10% per year (8).

The most common complication of diabetes is retinopathy. The prevalence of retinopathy is high, and the mortality is also high. In the Netherlands, the mortality of retinopathy is estimated to be 10% per year (9).

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# Overall

## **Fast-track targets**

## **Progress summary**

The humanitarian situation in the country has affected the HIV programs by leading to displacement of the population including health care workers. Retention of people on ART during the conflict was a main focus of the health facilities with great support from networks of PLHIV. The Humanitarian response continued to include HIV as a cross cutting theme and ensure that people living in Internally Displaced Camps and Protection of Civilian sites continue to access HIV and reproductive health services. The Government approved implementation of treat all, to be rolled out in 2017 after revision of guidelines.

# Commitment 1

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

### **Progress summary**

The coverage of ART in South Sudan remains very low. About 10% of the PLHIV are currently on treatment. The government approved the treat all strategy to be implemented in 2017. ART coverage is expected to increase. Viral load machines will be procured and distributed to regional hospitals for patient monitoring. A national AIDS indicator survey will be conducted to estimate the national prevalence as well as measure viral load suppression at population level.

### **Policy questions**

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**

No

#### **d) Is mandatory for certain groups**

No

**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?**

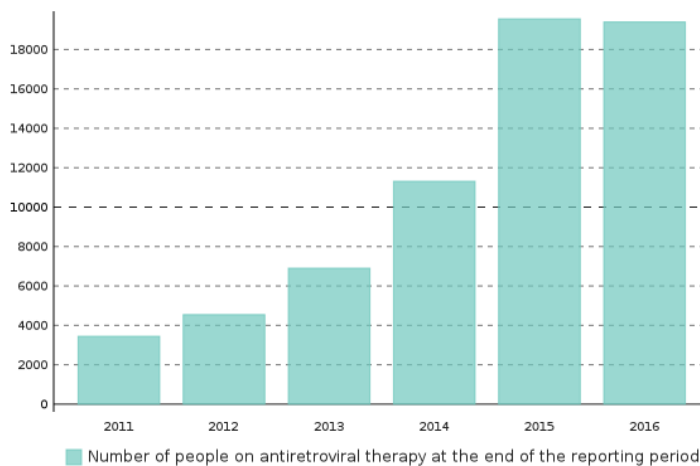
**a) For adults and adolescents**

Yes, but not implemented

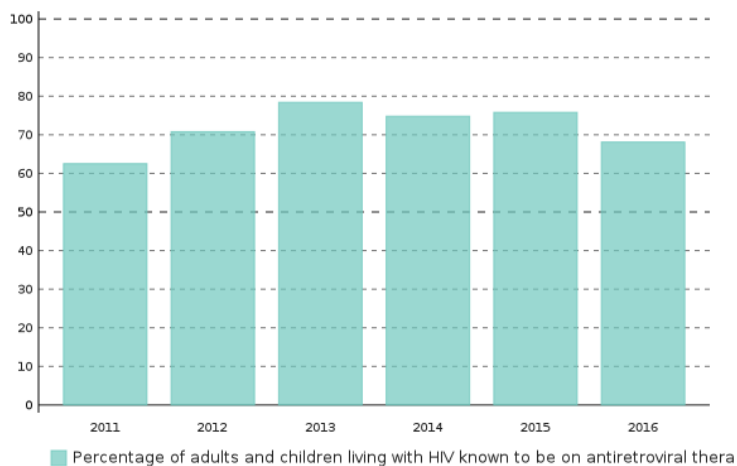
**b) For children**

Yes, but not implemented

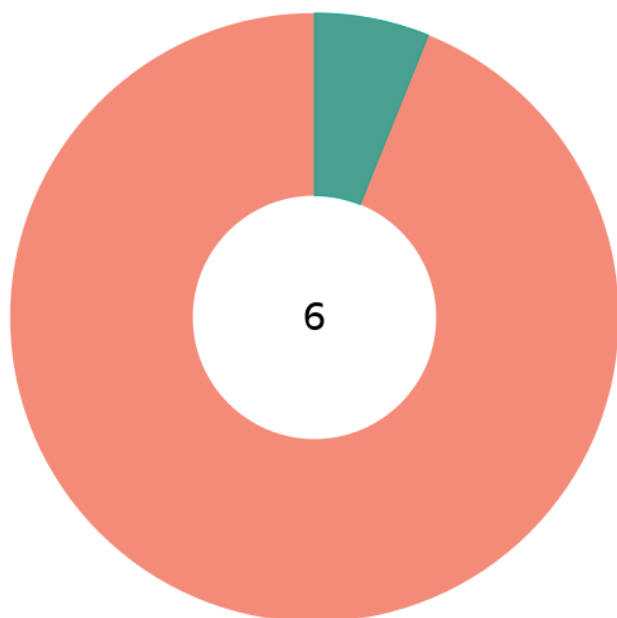
## **1.2 People living with HIV on antiretroviral therapy, South Sudan (2011-2016)**



## **1.3 Retention on antiretroviral therapy at 12 months, South Sudan (2011-2016)**



## 1.6 Antiretroviral medicine stock-outs, South Sudan (2016)



■ Percentage of treatment sites that had a stock-out of one or more required ar



# Commitment 2

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

## **Progress summary**

PMTCT coverage is steadily improving with increase in number of health facilities providing the services. Option B+ was adopted and implemented in all PMTCT sites. Early infant diagnosis is still not available in the country however samples are transported to Kenya. EID machine will be installed in the country in 2017.

## **Policy questions**

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

Yes

Target(s) for the mother-to-child transmission rate and year: 90%

Year: 2017

Elimination target(s) (such as the number of cases/population) and Year: 7600

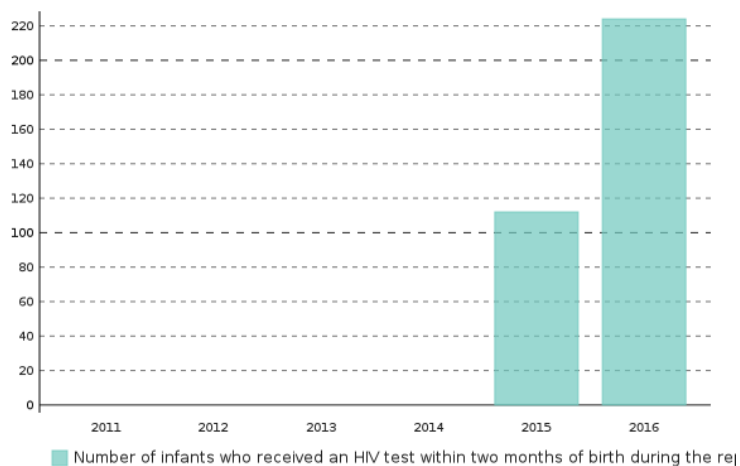
Year: 2017

**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?**

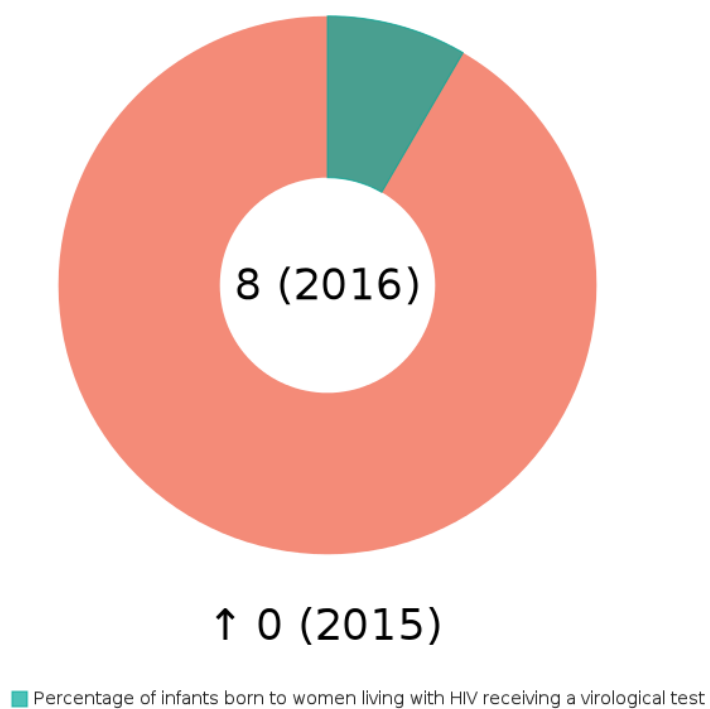
Treat All

Not implemented in practice

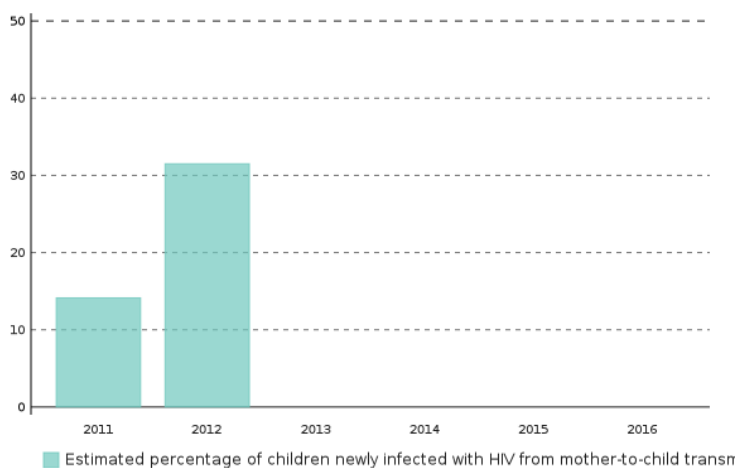
## 2.1 Early infant diagnosis, South Sudan (2011-2016)



## 2.1 Early infant diagnosis, South Sudan (2015-2016)



## 2.2 Mother-to-child transmission of HIV, South Sudan (2016)



## 2.3 Preventing the mother-to-child transmission of HIV, South Sudan (2011-2016)



# Commitment 3

**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**

The new treatment guidelines for South Sudan include PrEP for FSW and sero discordant couples. Interventions targeting key populations were scaled up in 2016. Male circumcision was launched starting with the military. It will continue to be scaled and be part of national HIV prevention strategy.

## **Policy questions: Key populations**

### **Criminalization and/or prosecution of key populations**

#### **Transgender people**

Neither criminalized nor prosecuted

#### **Sex workers**

Selling and buying sexual services is criminalized

#### **Men who have sex with men**

No penalty specified

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

Possession of drugs for personal use is specified as a criminal offence

### **Legal protections for key populations**

**Transgender people**

No

**Sex workers**

No

**Men who have sex with men**

Other non-discrimination provisions specifying sexual orientation

**People who inject drugs**

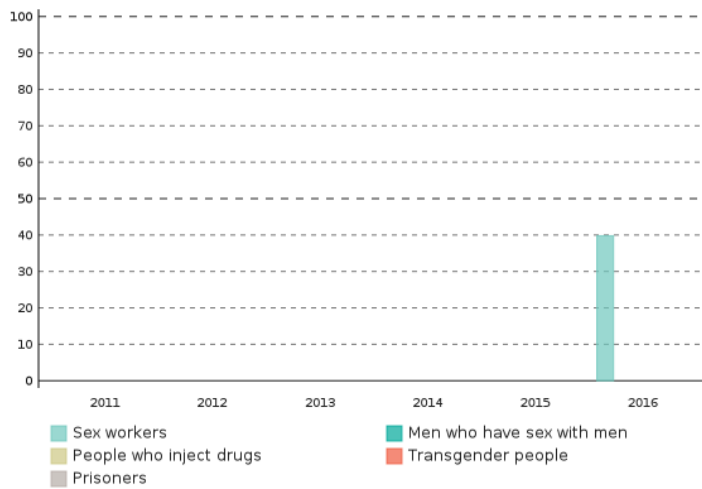
No

**Policy questions: PrEP**

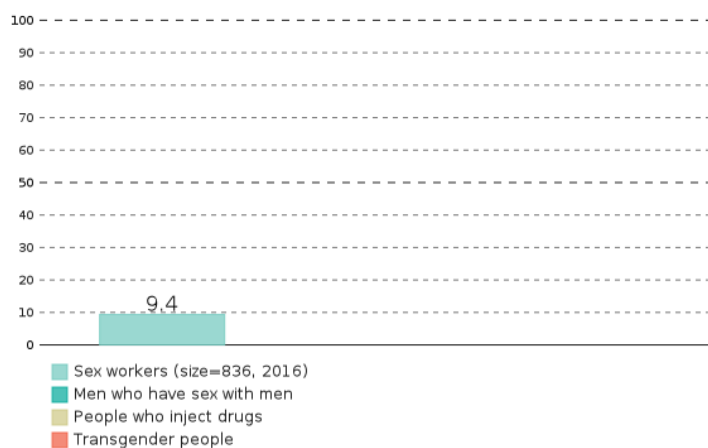
**Is pre-exposure prophylaxis (PrEP) available in your country?**

No

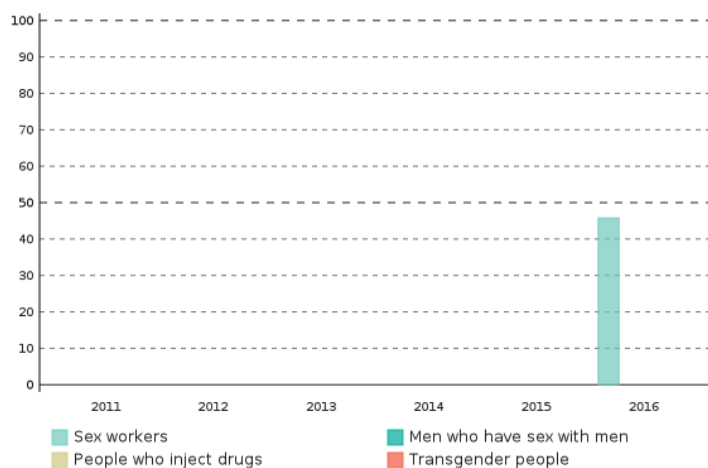
**3.3 HIV prevalence among key populations, South Sudan (2011-2016)**



### 3.5 Antiretroviral therapy coverage among people living with HIV in key populations, South Sudan



### 3.6 Condom use among key populations, South Sudan (2011-2016)



# Commitment 4

## **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**

The Government of south Sudan has reaffirmed its commitment to eliminate GBV. Trainings are conducted for law enforcement agencies to respond to the cases of GBV. The President of Republic of South Sudan has issued instructions to follow up all perpetrators of violence against women. The Members of the national legislative assembly participated in various activities in conjunction with South Sudan AIDS commission aimed at increasing their awareness about the national HIV response and their role in creating an enabling environment for HIV services. Stigma and discrimination remain high but will continue to be addressed through awareness raising and advocacy.

### **Policy questions**

**Does your country have a national plan or strategy to address gender-based violence\* and violence against women that includes HIV**

Yes

**Does your country have legislation on domestic violence\*?**

No

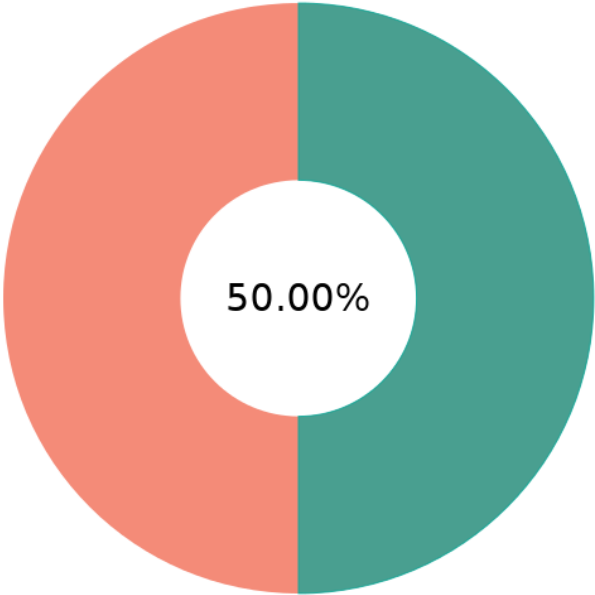
**Does your country have any of the following to protect key populations and people living with HIV from violence?**

General criminal laws prohibiting violence

**Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?**

No, policies do not exist

**Percentage of Global AIDS Monitoring indicators with data disaggregated by gender**



4 / 8



# Commitment 5

**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**

South Sudan education sector adopted and started implementation of comprehensive sexuality education. School curriculum was revised and new material developed and teachers trained to roll out CSE in primary and secondary schools. With this, the knowledge about HIV and reproductive health will increase among young people in schools. Several others programs targeting out of school youth are part of the national response.

## **Policy questions**

**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

# Commitment 6

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

### **Progress summary**

The humanitarian and economic situation in the country has created many causes of vulnerabilities among young females. Support for girls to remain in school through school feeding and giving them rations to take home is aimed at ensuring young girls are not married off at young ages. The need is too much and continues to increase. Resources mobilization will continue to ensure this interventions reach more schools

### **Policy questions**

No

### **Do any of the following barriers limit access to social protection\* programmes in your country**

Social protection programmes do not include people living with HIV, key populations and/or people affected by HIV  
Lack of information available on the programmes  
Complicated procedures  
Fear of stigma and discrimination

# Commitment 7

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

## **Progress summary**

The South Sudan National Ministry of Health has developed a new National Health Policy 2016-2026 that emphasizes implementation of a community system called 'Boma Health Initiative' aiming to improve provision of community led services at grassroots across the country. In line with this, the South Sudan AIDS Commission and the Ministry of Health are currently in the process of reviewing the National HIV Strategic Plan 2013-2017 to extend it to 2017-2021 with emphasis on using the 'Boma Health initiative' approach. This will help improve community involvement in service delivery at all levels.

## **Policy questions**

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

Yes

**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

HIV services can be provided by CSOs/CBOs

Services to key populations can be provided by CSOs/CBOs

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

**a) Male condoms:**

-

**b) Female condoms:**

-

**c) Lubricants:**

# Commitment 8

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

## **Progress summary**

The Government of the Republic of South Sudan reaffirms its commitment towards increasing investment in health sector and towards ending AIDS 2030. Resource mobilization through the Global Fund and PEPFAR will continue as well as advocacy for increased allocation by Government of South Sudan is a priority. Other sources of funds will be explored.

# Commitment 9

## **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 South Sudan HIV/AIDS Commission has revised the national HIV Policy in 2015 to ensure protection of rights of persons living positive including addressing HIV related stigma and discrimination. The AIDS Commission, Ministry of Health and key partners are currently working in close collaboration with law enforcers to sensitise them on HIV/AIDS and on their role to protect persons living positive.

### **Policy questions**

**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?**

No

**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)?**

No

**Does your country have any of the following accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings?**

Complaints procedure

**Does your country have any of the following barriers to accessing accountability mechanisms present?**

Awareness or knowledge of how to use such mechanisms is limited

# Commitment 10

**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**

The Government of South Sudan has adopted integration of Health services at all levels through the national Health Policy and draft national AIDS Policy, to support elimination of parallel services as well as for purposes of improving access by all to health centres. This effort is also helping to reduce stigma and discrimination against persons living positive.

## **Policy questions**

**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**

Yes

**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

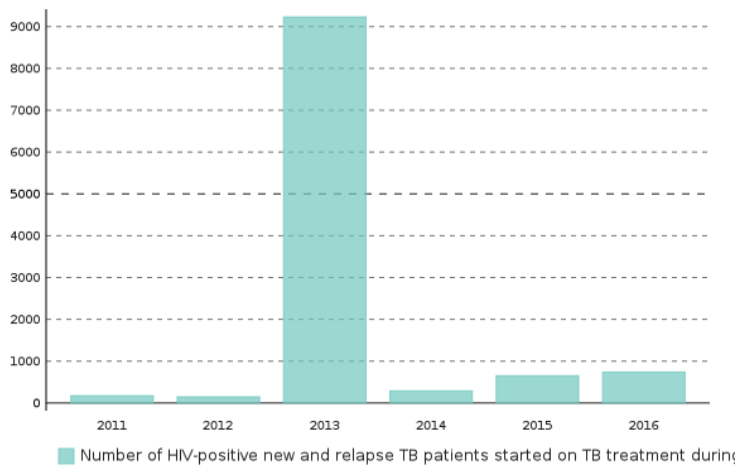
Co-trimoxazole prophylaxis

Hepatitis B screening and management in antiretroviral therapy clinics

Hepatitis C screening and management in antiretroviral therapy clinics

Hepatitis C treatment (direct-acting antiviral agents) provided in antiretroviral therapy clinics

### 10.1 Co-managing TB and HIV treatment, South Sudan (2011-2016)



### 10.2 Proportion of people living with HIV newly enrolled in HIV care with active TB disease, South Sudan (2015-2016)

