

Country progress report - South Sudan

Global AIDS Monitoring 2020



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Overall

Fast-track targets

Progress summary

The Republic of South Sudan is the world's newest nation and became Africa's 55th country in 2011. It is one of the poorest countries in the world, placed at 186 of the 189 countries on the Human Development Index in 2019. While the formation of the Transitional Government of National Unity in February 2020, a major milestone of the Revitalised Agreement on the Resolution of the Conflict in South Sudan (R-ACRSS) signed in 2018, brought optimism for a return to peace and security, the advent of the COVID-19 pandemic, and the resulting global economic shocks, particularly falling of oil prices, has created new challenges for the prosperity. As of March 2020, it was estimated that there were 7.4 million people in need of humanitarian assistance, including food aid, protection, flood relief, and provision of access to safe water sources and basic sanitation.

The HIV program like other development programs and the health system has been affected by the crisis resulting into low retention on ART. The Ministry of Health (MoH) in collaboration with partners working in the HIV program are focusing on improving retention rate by making sure that adherence counselling and patients tracking system with involvement of PLHIV networks and community volunteers are put in place.

In the Republic of South Sudan, HIV continues to be a public health priority with estimated prevalence of 2.5% among adults aged 15-49 years (2020 UNAIDS estimates) with 18% of the estimated PLHIV (190,000) on treatment. However, there is concern about the increasing trend in the number of new HIV infections (19,000) with one in every four persons living with HIV knowing their HIV status. Besides HIV situation among general populations, there are concerns of higher HIV prevalence among key populations (recent study among FSW in two cities found prevalence of 13.6 and 6.7 percent). The PMTCT coverage also remains low at 43% given low ANC attendants among pregnant women. The ART coverage among children as a result also remains low (11%) with a slow progress. In partnership with development partners, the MoH continues to scale up comprehensive HIV prevention, care, treatment, and support services through a multi-sectoral and public health approach. Currently, there are 81 functional health facilities providing ART in the country. The consolidated guidelines were updated in line with the World Health Organization global guidance on HIV treatment using optimized regimens published in July 2019 as well as updated on oral pre-exposure prophylaxis, post-exposure prophylaxis, treatment of latent TB infection, prevention and management of cryptococcal meningitis among people living with HIV and management of people presenting with advanced HIV disease published in 2018.

The HIV programme is heavily dependent on external financing with more than 90% are funded through Global Fund and PEPFAR and contributions from other development partners including the UN.

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

Since 2017, South Sudan adopted the WHO “Treat All” Policy removing all limitations on eligibility for Anti-Retroviral Therapy (ART) among people living with HIV. Currently all populations and age groups are now eligible for treatment, including pregnant women and children. New approaches to scale up HIV testing, treatment and viral suppression were implemented. To improve adherence and retention in care, the country adopted Differentiated Service Delivery models such as fast-track refills, community ART refill groups, family member refill and Outreach refills. These models consider multi-months scripting (3-6 months). New service delivery modalities such as ART providers providing TB treatment in ART settings, ART provided in MNCH clinics, nutrition counseling and support for malnourished PLHIV, ART in PHCCs and patient support were introduced. Consequently, during 2019 the number of HIV positives identified increased, HIV treatment access expanded from 76 to 82 health facilities, and viral load and EID services introduced and scaled up in some parts of the country. The number accessing ART has also risen from 30,726 at the end of 2018 to 35,149 at the end of December 2019. However, the treatment coverage remains at 18 percent, far behind the global fast track target.

MoH with support from partners has embarked on a new process of updating its treatment guideline based on the 2018 WHO “Update on Antiretroviral Regimens for Treating and Preventing HIV Infection including update on Early Infant Diagnosis of HIV”. The guidelines contain recommendations regarding preferred first-line regimens for adults, adolescents and children initiating ART, which now include optimized regimen with Dolutegravir (DTG) and Raltegravir (RAL). This marks a shift from Tenofovir Disoproxil Fumarate (TDF) + Lamivudine (3TC) (or Emtricitabine, FTC) + Efavirenz (EFV) 600 mg as the preferred first-line Antiretroviral Therapy (ART) regimen for adults and adolescents. It also includes the 30-day cut off for the lost to follow up (LTFU) on ART.

In South Sudan, for those on treatment the viral load suppression stands at 80% although based on samples of about half of PLHIV on treatment. The scale up of viral load testing has been undertaken with support from PEPFAR and the Global Fund and the priority is to have all the sites undertake viral load testing for the eligible patients. The Point of care testing will be adopted in some sites using Gene Xpert machines.

With technical assistance from WHO and PEPFAR, the MoH has strengthened the monitoring

of HIV response towards attainment of the 2020 (90-90-90) targets. Quarterly HIV treatment cascade reviews are conducted to analyze HIV programme data and monitor progress. The treatment cascade has helped identify weaknesses at different stages, compare between different regions and facilities and variations between different groups or populations. This has ultimately assisted to improve quality of care, address gaps and increase efficiencies along the continuum for better outcomes of treatment.

The HIV program like other development programs and the health system has been affected by the crisis resulting into low retention on ART. The Ministry of Health in collaboration with partners working in HIV are focusing on how to strengthen retention rate by making sure that adherence counselling and patients tracking system using community volunteers are put in place.

Policy questions (2019)

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

a) Is mandatory before marriage

No

b) Is mandatory to obtain a work or residence permit

No

c) 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?

No threshold; treat all regardless of CD4 count; Implemented countrywide (>95% of 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

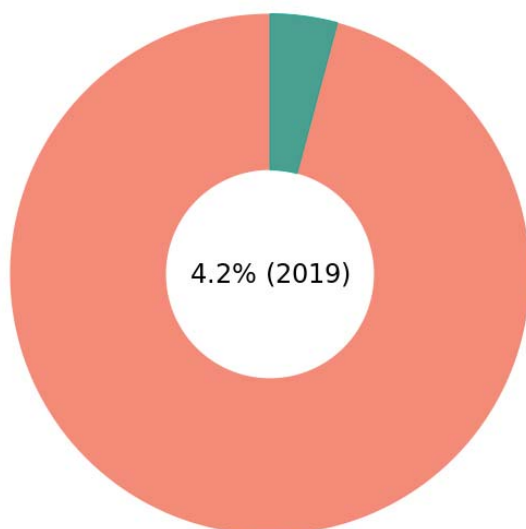
Yes; Implemented in a few (<50%) treatment sites

b) For children

Yes; Implemented in a few (<50%) treatment sites

1.7 HIV testing volume and positivity, South Sudan

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



Number of HIV tests conducted = 437 839

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

With introduction of “Treat All” policy all the newly diagnosed positive mothers are started on lifelong ART which is same for all adults. The preferred first line regimen for Option B+ remains TDF/3TC/EFV for South Sudan.

There are currently 112 facilities offering PMTCT services. Most of the facilities have community accountability mechanisms such as health promoters and mentor mothers. However, these mechanisms have not been properly standardized throughout the country and therefore it becomes difficult to quantify the facilities that have the mechanisms in place. The number of HIV positive mothers receiving PMTCT services was 4,217 pregnant women on ART nationally (December 2019 PEPFAR / MOH data alignment) with a coverage of 43 percent.

South Sudan has implemented interventions that ensure human rights are considered in the offering of PMTCT services. Voluntary and informed consent has always been used as basis of HIV counseling and testing, as well as contraception for women living with HIV. Privacy and confidentiality are applied to all clients who seek the PMTCT services and efforts are made to identify women that undergo any form of human rights abuses such as Sexual and Gender-based Violence.

There have been national level meetings to review the progress of PMTCT program. The meetings involve civil society groups and partners that run the HIV and PMTCT programs. In these sessions, they all contribute in the development of policies, guidelines and strategies relating to PMTCT.

Policy questions (2019)

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: 0.5%; 2019

Elimination target(s) (such as the number of cases/population) and year: 95%; 2022

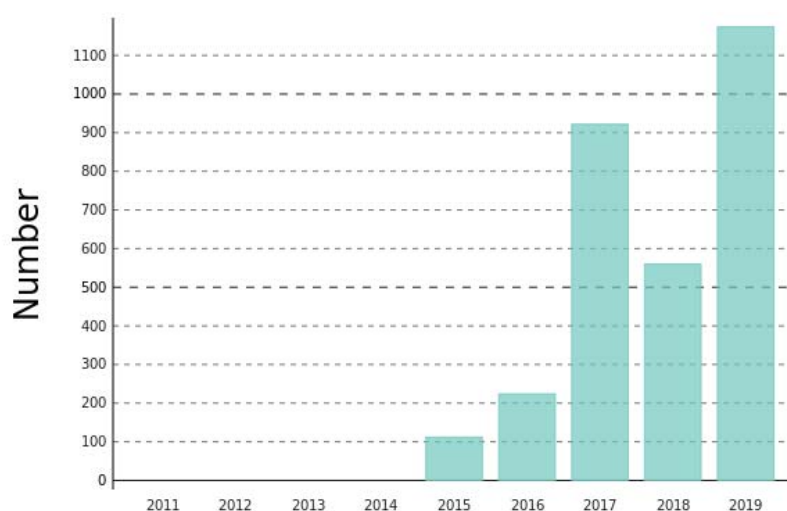
Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?

Treat all, regardless of age

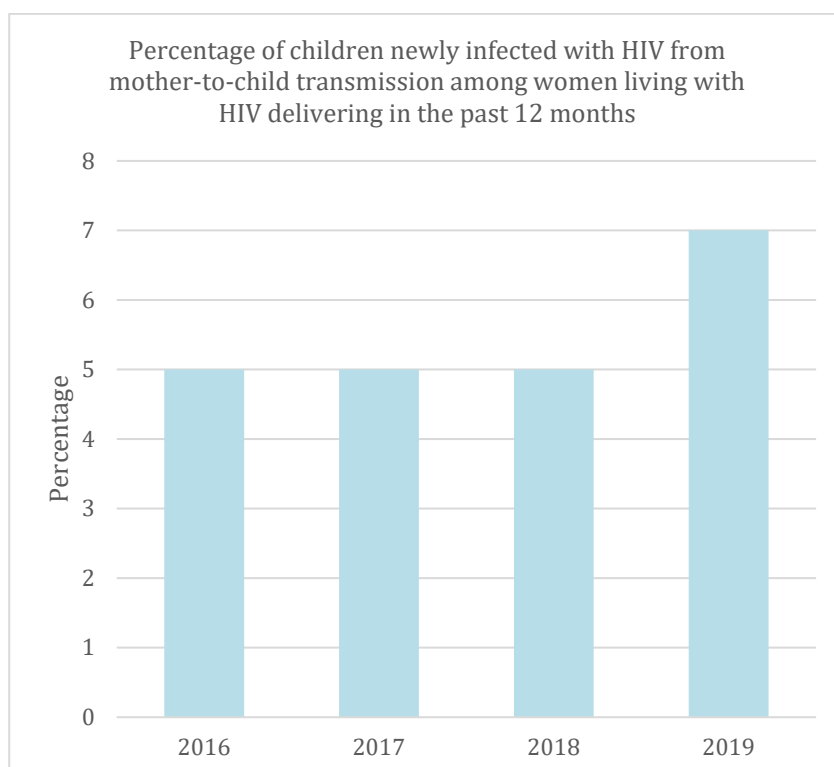
Implemented countrywide (>95% of treatment sites)

2.1 Early infant diagnosis, South Sudan (2011-2019)

Number of infants who received an HIV test within two months of birth



2.2 Mother-to-child transmission of HIV, South Sudan (2016-2019)

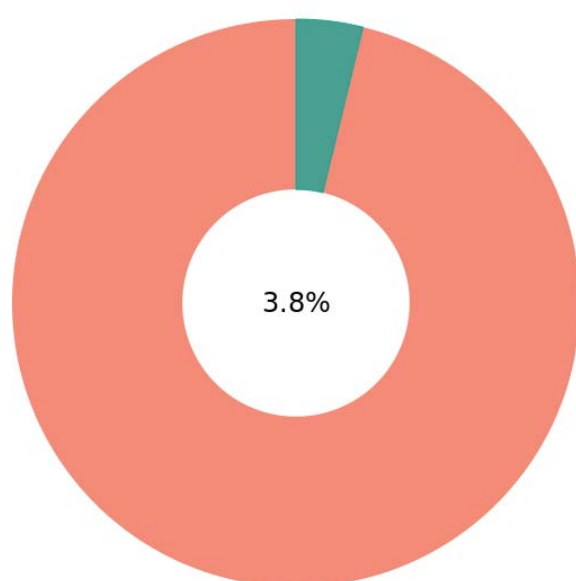


2.3 Preventing mother-to-child transmission of HIV, South Sudan (2010-2019)



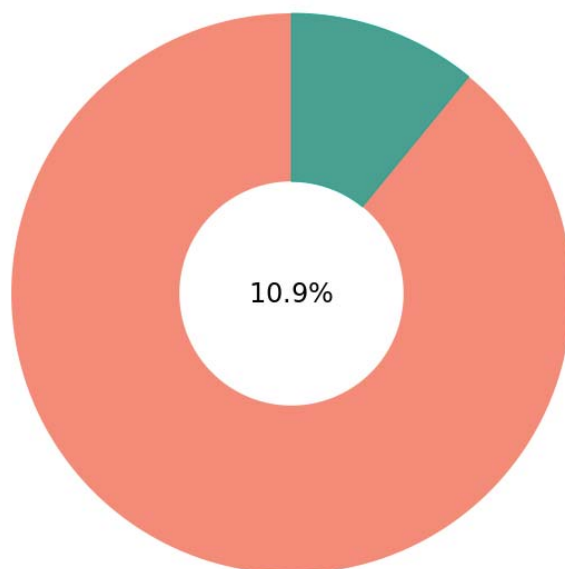
2.4 Syphilis among pregnant women, South Sudan (2019)

Percentage of pregnant women tested for syphilis



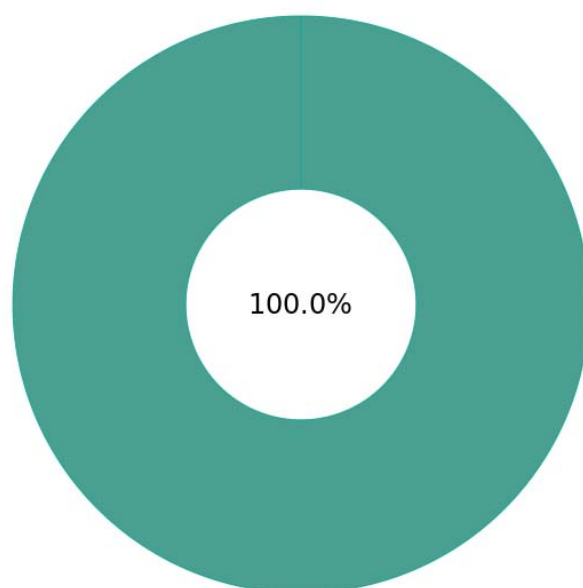
2.4 Syphilis among pregnant women, South Sudan (2019)

Percentage of pregnant women tested positive for syphilis



2.4 Syphilis among pregnant women, South Sudan (2019)

Percentage of pregnant women on treatment among those who tested positive



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

The Treat All guidelines for South Sudan include PrEP for Female Sex Workers (FSW) and sero discordant couples. However, the country lacks commodities as of the time of this report to implement PrEP. Interventions targeting key populations were scaled-up in the towns of Juba, Nimule, Yei, Yambio, Wau, Bor and Torit; and plans are underway to increase the coverage to Rumbek town. The FSWs benefit from a comprehensive package of services that includes among others HIV testing services, Referral and Linkage to care and treatment for HIV positive cases, promotion and distribution of condoms and water-based lubricants, STI screening and treatment, adherence support counselling, Sexual and Gender based Violence screening and management including referral for legal support, medical care including post exposure prophylaxis for the rape victims. About self-testing, pilot implementation will be conducted to inform the national rollout with the timeline yet to be determined by the National HIV program. Oral testing kits are approved for use in children ≥ 2 years of age, when assisted by a caregiver, lay worker or healthcare professional.

The program has been expanded to target the clients of the FSW and other priority populations and they too receive HTS services and referral and linkage to care and treatment for those that are HIV positive. Voluntary Medical Male circumcision (VMMC) was launched in the military at Juba Military Hospital as pilot site and health providers were trained. Uptake of VMMC has been excellent with 1,453 circumcisions performed in 2019 and when resources are available this is one of the interventions that require scale up in the country. Two Bio-behavior Surveys among the FSW was conducted in Yambio and Wau in 2019. The data from these surveys provided more insight into the HIV prevalence among this population with estimated prevalence of 13.6 and 6.7 percent respectively

Policy questions: Key populations (2019)

Criminalization and/or prosecution of key populations

Transgender people

- Neither criminalized nor prosecuted

Sex workers

- Selling sexual services is criminalized
- Buying sexual services is criminalized
- Ancillary activities associated with selling sexual services are criminalized
- Ancillary activities associated with buying sexual services are criminalized
- Profiting from organizing and/or managing sexual services is criminalized

Men who have sex with men

- Yes, imprisonment (up to 14 years)

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

- Drug use or consumption is specified as a criminal offence

Legal protections for key populations

Transgender people

- Neither criminalized nor prosecuted

Sex workers

- No

Men who have sex with men

- No

People who inject drugs

- No

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

No, guidelines have not been developed

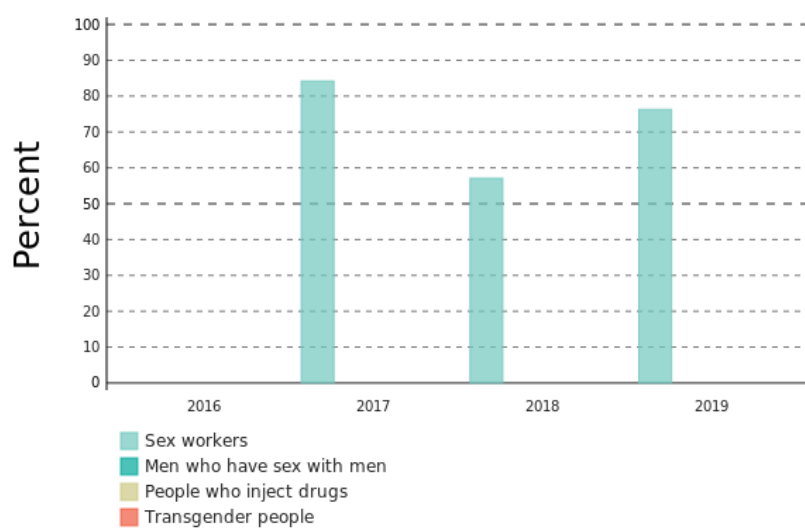
3.3 HIV prevalence among key populations, South Sudan (2011-2019)

Percentage of specific key populations living with HIV



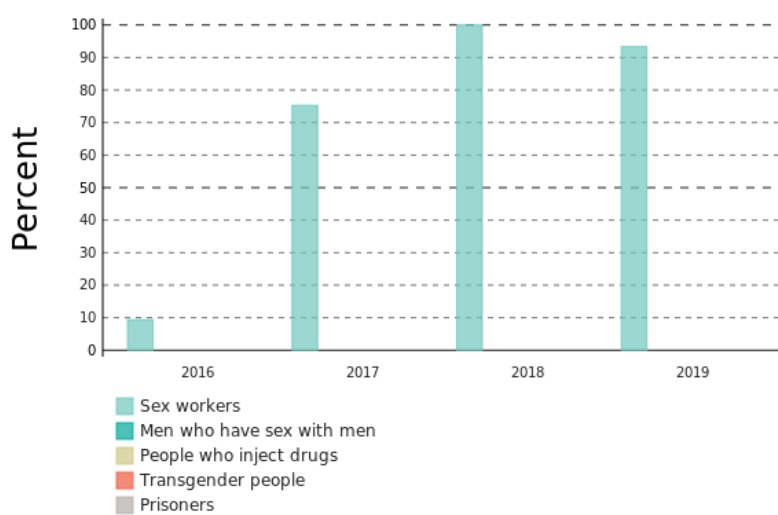
3.4 HIV testing among key populations, South Sudan (2016-2019)

Percentage of people of a key population who tested for HIV in the past 12 months, or who know their current HIV status



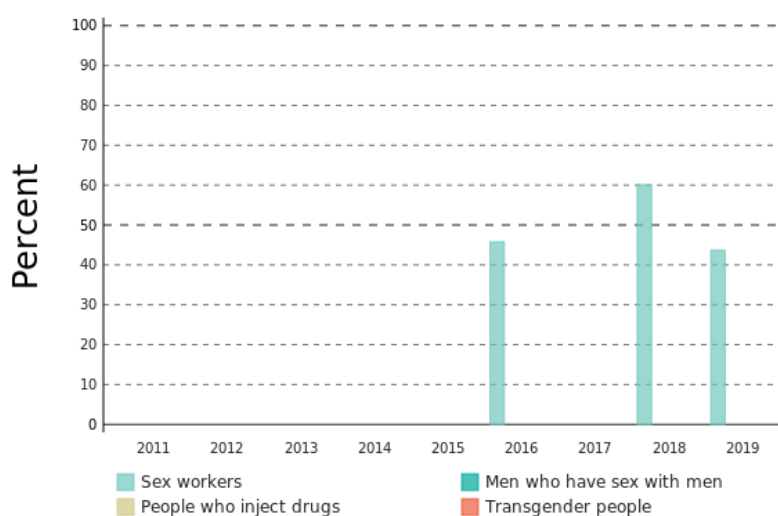
3.5 Antiretroviral therapy coverage among people living with HIV in key populations, South Sudan (2016-2019)

Percentage of the people living with HIV in a key population receiving antiretroviral therapy in the past 12 months



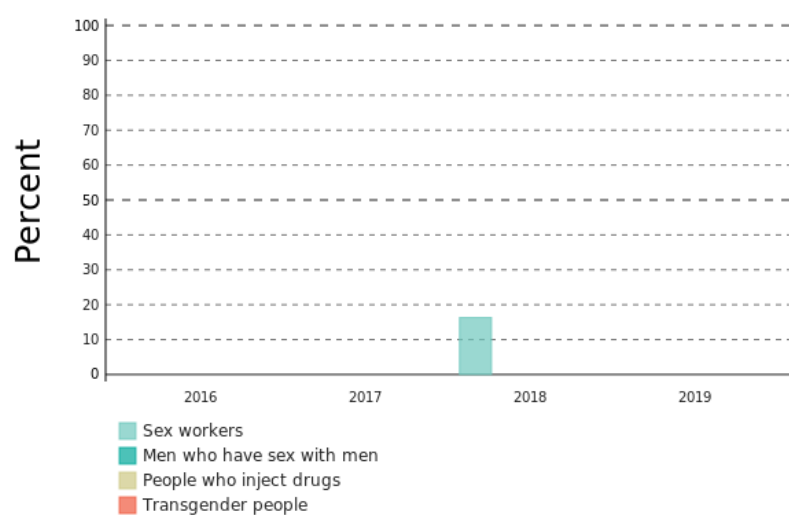
3.6 Condom use among key populations, South Sudan (2011-2019)

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



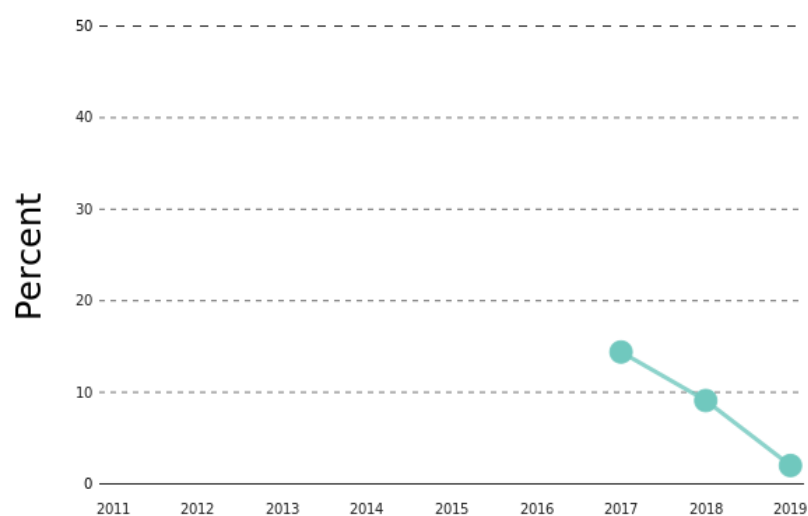
3.7 Coverage of HIV prevention programmes among key populations, South Sudan (2016-2019)

Percentage of people in a key population reporting having received a combined set of HIV prevention interventions



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

Percentage of sex workers with active syphilis



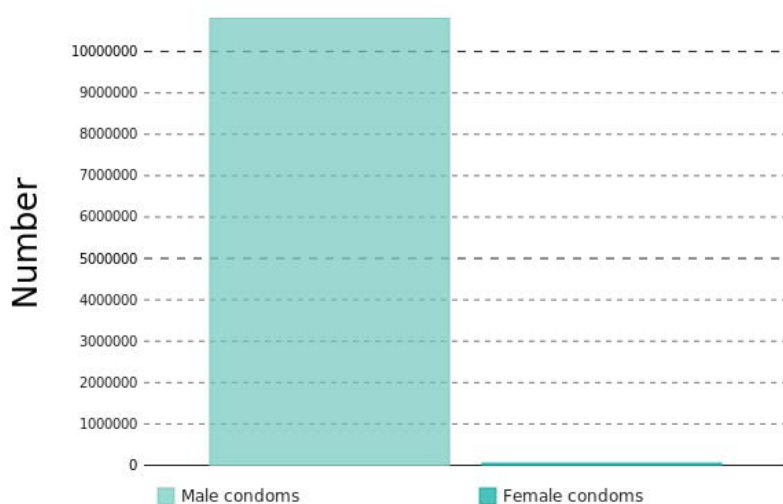
3.17 Annual number of males voluntarily circumcised, South Sudan (2013-2019)

Number of male circumcisions performed according to national standards during the past 12 months



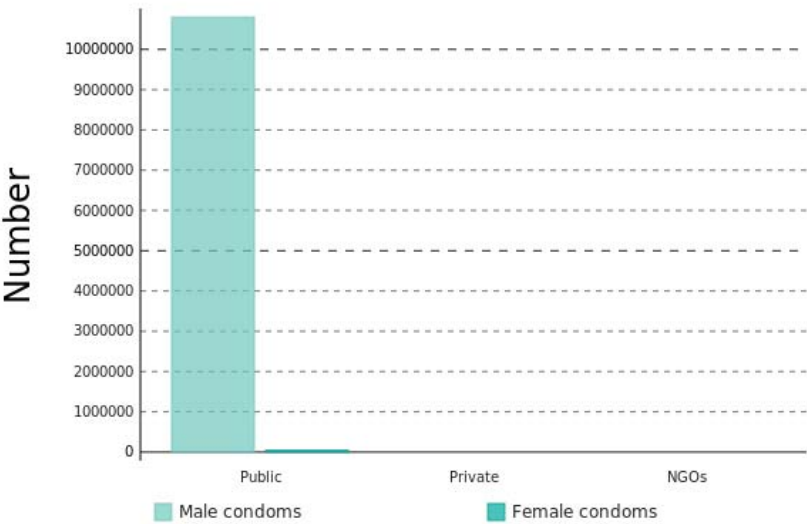
3.19 Annual number of condoms distributed, South Sudan (2019)

Number of condoms distributed during the past 12 months



3.19 Annual number of condoms distributed, South Sudan (2019)

Number of condoms distributed during the past 12 months



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

South Sudan has a National Gender Policy, 2012 which clearly recognizes Sexual and Gender-Based Violence (SGBV) as a major health and human rights challenge in South Sudan and a major impediment to development that is exacerbated by traditional and customary practices and attitudes that stigmatize the victims instead of the perpetrators.

A study conducted in 2017 in South Sudan puts the incidence of GBV in the study areas at 41%; that is, out of every 10 people 4 were reported to have experienced GBV in that one year.

In January 2017, IOM with other international partners undertook a GBV Knowledge, Attitudes and Practice (KAP) survey which indicated among its key findings a high level of Intimate Partner Violence (IPV) perpetuated against women and girls. About 75.2 per cent (n=2,105) of respondents had experienced any kind of IPV ranging from threats to forced sexual acts. FSWs were the most likely to be affected by violence in intimate relationship.

South Sudan young people living with HIV face challenges due to cultural practices and stigma and discrimination. UNFPA through partners supports the delivery of youth-friendly services in limited facilities, some with inadequate human resources in relation to provision of HIV services (where the PLHIV are designated particular health workers and whenever the providers are away, they have to wait until they return for them to access the services).

Female Sex Workers in particular are subjected to stigma with frequent crackdowns that started as early as 2011 in which they are subjected to arbitrary arrests and detention in police cells up to 6 months', followed by bail of up to 25,000 SSP each; looting of their belongings and confiscation of their cash; and sometimes compulsory HIV testing by local authorities because the practice is not considered legal (2018 crackdown in Juba). ** South Sudan Penal Code of 2008-Articles 252-253.

During the NCPI 2019 consultations, FSWs reported discrimination in health-care settings especially towards foreign FSWs in accessing HIV treatment based on nationality.

However, there have been several efforts to address the vice of discrimination towards FSWs

in healthcare setting in the Country through HIV implementing Partners such as IntraHealth International and IOM.

The practice of men having sex with men is considered illegal in the Laws of South Sudan and therefore, MSM tend to avoid seeking health services. This affects disclosure to their friends and family, and adherence to treatment. ** The South Sudan Transitional Constitution clearly mentions that same sex activity is illegal and carries a penalty of up to 10 years' imprisonment, and likewise is indicated in the Penal Code Article 248.

People who inject drugs are considered illegal and the practice is considered anti-social behavior. Currently there is no data that links this group of people to HIV services. This also applies to the Transgender population. There is no program that specifically focuses on this population and therefore no data is available.

Deliberate transmission or infection of another carries an imprisonment sentence term of not exceeding 14 yrs.** Penal Code Article 262-263.

Social stigma is high among the PLHIVs due to cultural practice, myths and limited knowledge. In addition, HIV is still viewed as a foreign disease among town dwellers and foreigners.

PLHIVs are isolated due to self-stigmatization and the perception of others that they are of ill morals. As a result of the above, there is avoidance of seeking health services by different segments of this population. There are conflicting priorities in the national agenda. This means that HIV is not prioritized as an immediate concern. Instead, other issues such as political stability and food security are highly prioritized, leading to poor indigenous funding of the HIV response.

Policy questions (2018)

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

• -

What protections, if any, does your country have for 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?

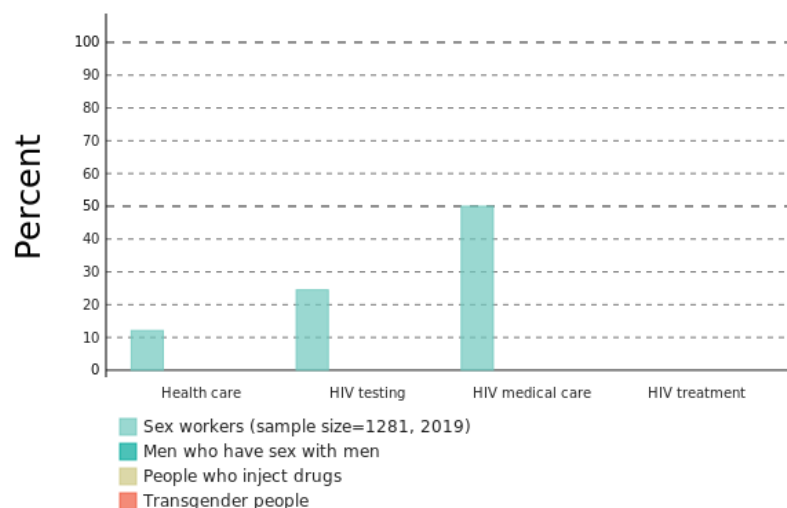
Yes, policies exist but are not consistently implemented

Does your country have laws criminalizing the transmission of, non-disclosure of or exposure to HIV transmission?

Yes

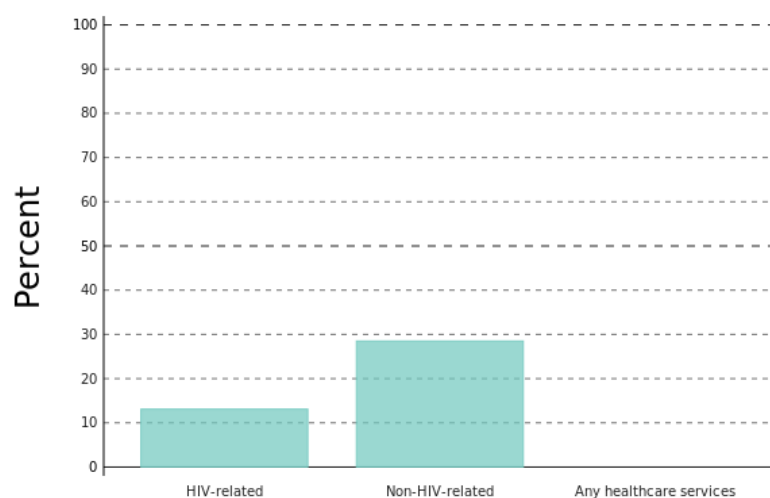
4.2 Avoidance of health care among key populations because of stigma and discrimination, South Sudan

Avoidance of health care among key populations because of stigma and discrimination

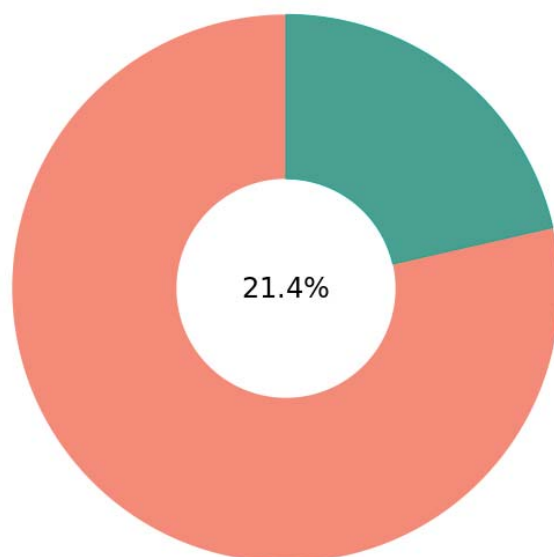


4.4 Experience of HIV-related stigma and discrimination in healthcare settings, South Sudan (2019)

Percentage of people living with HIV who report experiences of HIV-related discrimination in health-care settings - disaggregated by type of health service



Percentage of Global AIDS Monitoring indicators with data disaggregated by gender



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

South Sudan education sector has continued to roll-out the newly adopted curriculum which has integrated Comprehensive Sexuality Education (CSE) into all subjects especially in Life Skills and Peace Building Education. The curriculum is also adapted for out of school youth. NGOs and UN Humanitarian actors have also targeted the Internally Displaced Populations (IDPs), populations in POCs and refugee settlements. To date, in collaboration with UNESCO, the education sector has trained over 700 in-service teachers and teacher educators on how to deliver age appropriate CSE. UNFPA has continued to ensure provision of adolescent and youth-friendly sexual and reproductive health services and information, awareness raising outreaches and campaigns, condoms and family planning commodities procurement and distribution. In addition, integrated SRH/HIV/GBV services and information have been provided in both stable and humanitarian settings targeting vulnerable adolescent girls and young women.

Meaningful engagement and participation of young people (age 15–24 years) in the development of national policies, guidelines and strategies relating to their health is an area that still needs improvement, although a National Youth Policy was revised and tabled for endorsement in the Parliament in 2018, but activities such as establishment of youth coordination forums has been implemented in some.

Policy questions (2018)

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

The economic situation and famine in South Sudan have continued to deteriorate increasing vulnerabilities for the PLHIV and those at risk of HIV infection. The needs are vast and have escalated making prioritization very difficult. Among other services for the general population, PLHIV have been specifically targeted with food rations by WFP and PEPFAR has currently invested in activities to support OVCs in Juba County.

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
- Prisoners

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?

No

What barriers, if any, 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
- High out-of-pocket expenses

Community-led service delivery

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

Progress summary

The Ministry of Health launched the Boma Health Initiative (BHI) in March 2017 aimed to ensure service delivery at community level. Policy instruments, guidelines and training materials have correspondingly been developed as well as Training of Trainers conducted. The package that integrates HIV has been taken up by key donors and implementing NGOs to scale up services at community level. The BHI complements implementation for expansion of ART and PMTCT by mother to mother groups and ART community follow up groups.

Donors like PEPFAR are working with the government to ensure that the HIV services implementing partners bring the civil society on board from the planning through to implementation of the HIV services. Community-led initiatives are stressed and the use of Community Based Organization to deliver services at the community level. Reporting on community health workers involved in the HIV service delivery is mandatory.

Policy questions (2019)

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
- Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

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

South Sudan still faces critical economic challenges hindering enough investment in health. However, the government reaffirms its commitment towards increasing investment in health sector and towards ending HIV/AIDS by 2030. Meanwhile the government is strengthening resource mobilization through other avenues such as PEPFAR, GFATM and supporting integration of HIV services into Primary Health Care. The country has conducted National AIDS Spending Assessment (NASA) during the last quarter of 2019 and the results were validated early 2020. The main recommendations includes: SSAC in collaboration with development partners funding the national response should consider institutionalizing NASA processes with a view to sharing of expenditure data on HIV/AIDS by all key stakeholders involved in the national response. SSAC and other agencies should agree on the institution to host the NASA process. The Government of South Sudan should consider including ARV drugs in the essential list of drugs. To achieve this, the government need to make both political and monetary commitments to treating HIV. SSAC in collaboration with development partners funding HIV/AIDS response need to develop an investment case for the country's national HIV responses. The investment case should help the government establish the most cost-effective mix of interventions against HIV/AIDS for the country over the couple of years, considering both current and future levels of technical efficiency.

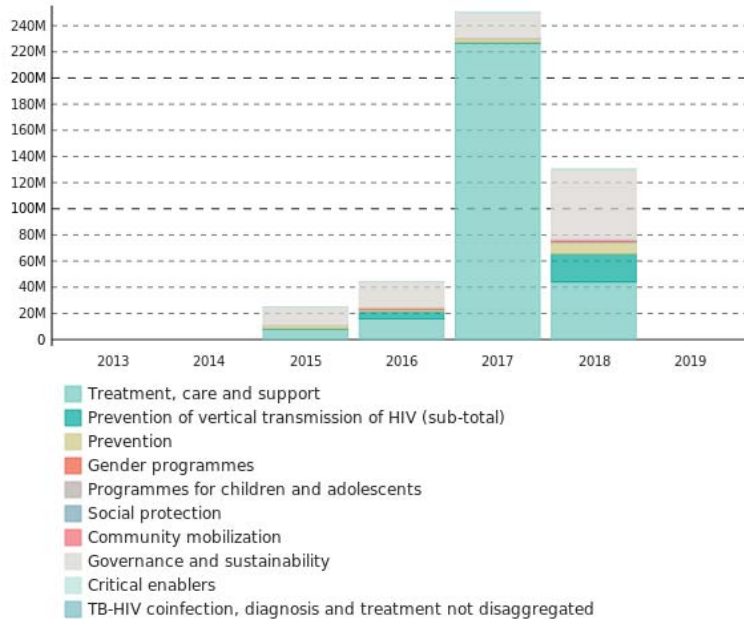
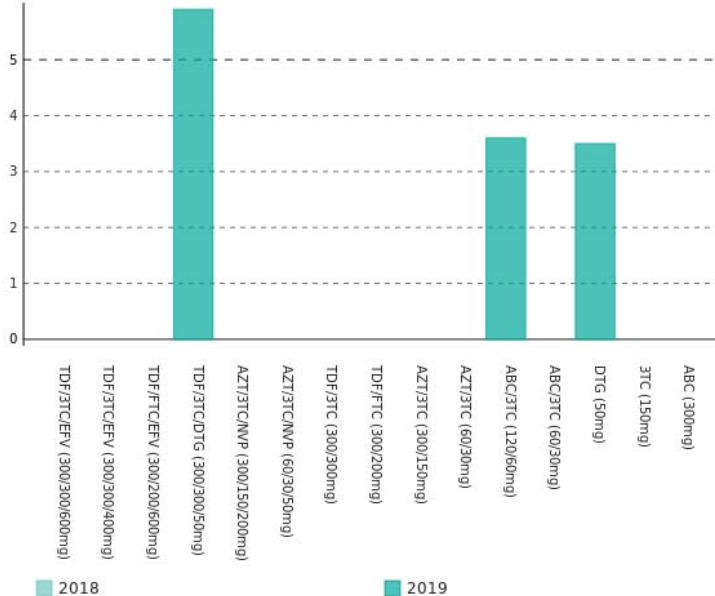
Establish a national steering committee whose mandate will be to: (i) Guide in the implementation of the next generation of National AIDS Spending Assessment (ii) provide the NASA team with the key policy questions for the next NASA to focus on, (iii) facilitated data collection when NASA team members encounter non-response, and (iii) provide feedback on the preliminary analysis and direct the NASA team where to focus revisions, (iv) mobilize and sensitize stakeholders on the need to submit regularly expenditure data on HIV/AIDS spending.

One major constraint of the study was the inability to obtain comprehensive expenditure from all the organizations funding the national response, those managing funds for HIV/AIDS and those implementing HIV/AIDS activities in the country. The NASA team was also not able to obtain disaggregated data as per the revised NASA classifications, leading to a significant number of interventions be classified as non-targeted. Under the zero cash policy arrangement existing in South Sudan, sub-recipients of HIV/AIDS funds do not receive grant funding in advance; instead, disbursement is either made (i) on a reimbursement-basis against submission of appropriate invoices and (ii) directly to the suppliers by the Principal Recipients. Because of this arrangement, the organizations are required to submit a budget;

however they did not have detailed information on expenditure. Most of the national NGOs included in the exercise did not provide data either because they were no longer implementing HIV/AIDS activities or had stopped their operation in the country.

Data accuracy and credibility of the data collection process needs to be improved. Based on the experience of 2015/16-2017/18 survey, some the proposed measures include conducting workshop(s) for all organizations funding, managing or providing HIV/AIDS services. SSAC and MOH are expected to lead this activity. This action can be followed by collecting a detailed data as the basis for disaggregation as per the NASA classification. Some of the organizations had expenditure data for only one year, while others did not have records of HIV/AIDS spending.

The revised NASA classification includes Health care financing schemes (SCH), the main types of financing arrangements through which people obtain health services. In South Sudan, most of the financing arrangements are not available, so the analysis was limited to central government schemes, foreign development agencies schemes and schemes of enclaves (e.g. international organizations or embassies).



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 national authorities in the South Sudan HIV/AIDS Commission and Ministry of Health with support from UNAIDS have advocated and empowered people living with and at risk of HIV infection. HIV testing campaign among the organized forces was launched by the Minister of Defense. The campaign was aimed at expanding access to services and reduce stigma in the organized forces. In addition, the Network of PLHIV has been supported to spearhead efforts of increasing awareness among the PLHIV about their rights and issues of human rights in general. However, the scale up of these efforts and integration into the general awareness campaigns need to be strengthened.

Policy questions (2018)

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 a small scale

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)?

Yes

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

- Complaints procedure
- Procedures or systems to protect and respect patient privacy or confidentiality

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

- Mechanisms do not function
- Affordability constraints for people from marginalized and affected groups
- 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

The Government of South Sudan has adopted integration of health services at all levels through the National Health Policy, National AIDS Policy, National HIV/AIDS Strategic Plan, National HIV Treatment Guidelines (Treat All) guidelines and the Boma Health Initiative (community component) to improve cost efficiencies of health services delivery. The government is also implementing the HIV/TB collaborative activities and strengthening the National TB Program to be able to integrate HIV activities. However due to limited resources, screening and treatment of cervical cancer and viral hepatitis is yet to start at national level. At the individual patient care level this is conducted at facilities where clinicians are trained to look out for these diseases among the HIV patients. There are also efforts of integration at the Health Management Information System (HMIS) level where all the data including the HIV data are collected through one national system of the District Health Information System (DHIS2). This encourages that integration of HIV data collection reporting in the national HMIS system.

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

Yes

c) National HIV-treatment guidelines

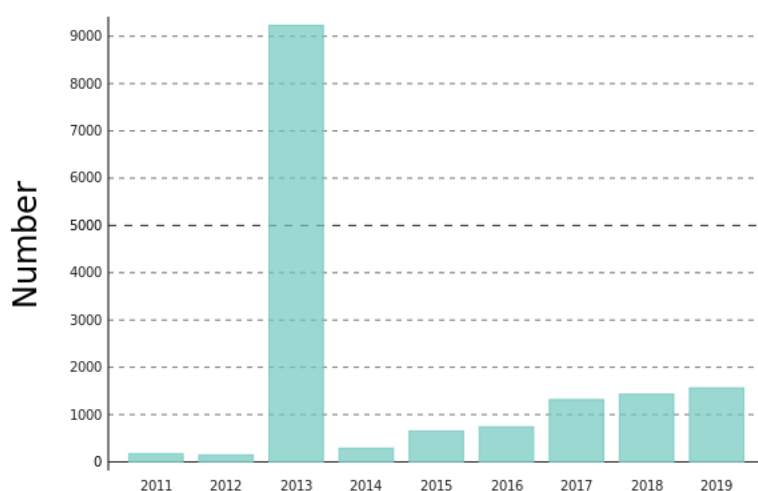
Yes

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

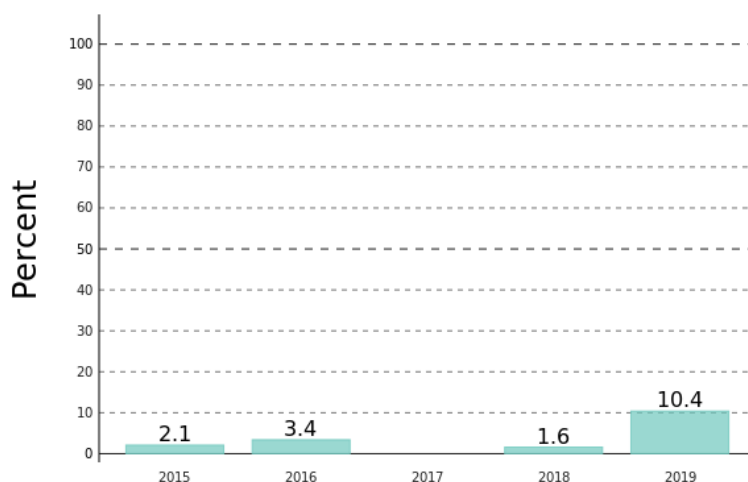
10.1 Co-managing TB and HIV treatment, South Sudan (2011-2019)

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, South 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



10.3 Proportion of people living with HIV newly enrolled in HIV care started on TB preventive therapy, South Sudan (2015-2019)

Number of patients started on treatment for latent TB infection, expressed as a percentage of the total number newly enrolled in HIV care during the reporting period. This was a pilot started in Juba teaching hospital and Yambio state hospital which might not be a good representative of the entire country.

