

Country progress report - South Sudan

Global AIDS Monitoring 2018



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

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

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

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

Overall

Fast-track targets

Progress summary

The Humanitarian situation continued to intensify heavily impacting the ability of South Sudan to provide basic services and respond to humanitarian needs, rendering communities vulnerable to the effects of insecurity, displacement, food shortages, hyper-inflation and outbreaks of disease. The HIV program like many development programs and the health system has been affected by the crisis resulting into low retention on ART. The response continued to focus on emergency delivery of services with limited technical focus on policy dialogue, planning, development of guidelines, surveys to focus on the roll-out critical HIV programs such as HIV treatment. Provision of services continued to expand among the displaced communities in IDP camps and refugee settlements.

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

South Sudan has adopted and rolled out the 2015 WHO Consolidated guidelines on HTS and the 2016 guidelines on Treatment, care and support. Essential technical HIV approaches that scale up treatment such as Provider Initiated Testing and Counseling remains the country focus in the largely resource constrained environment. Treatment access has expanded from 27 to 56 health facilities, however the coverage of testing and treatment remain low due to the crisis.

Based on the adopted WHO 2016 guidelines on use of ARVs for HIV treatment and prevention, the country has implemented the “test and treat all” policy, regardless of CD4 count. In an effort 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 take into account multi-months scripting (3-6 months). There is a plan to implement Club refills.

The current national policy on ART for adults, adolescents and children has included service provision 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.

The preferred first line regimen for adults, adolescent and pregnant women is Fixed dose combination of TDF/3TC (or FTC)/EFV. DTG has been included as an alternative first line regimen and the country is on transition to adopting it as the preferred first line regimen. In addition the preferred second line regimen is AZT/3TC (or FTC)/ATV/r (or LPV/r) for adults and adolescents.

The country started viral load testing in March 2017 in 14 facilities (27%) with samples being sent to Nairobi. Currently there is scaling up process and initiation of in-country testing by second quarter of 2018. It is worth noting that South Sudan currently does not have any on-going systemic effort to monitor the toxicity of ARV medicines.

The 12 months retention on treatment for the year 2016/2017 stands at 68.9%. Some of the reasons for this low retention include: political instability in the country, lack of food security and economic crisis leading to mass movements of people and clients to neighboring countries. However, continuous efforts are being made to retain as much clients as possible.

Policy questions (2017)

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?

No threshold; TREAT ALL regardless of CD4 count; Implemented countrywide

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

The Ministry of Health recommends the use of option B+ to prevent mother to child transmission of HIV in pregnant and breastfeeding women. This means that ALL the newly diagnosed positive mothers are started on lifelong ART care and treatment. The preferred first line regimen for option B+ remains TDF/3TC (or FTC)/EFV. The treat all policy also applies to children of all ages. This is being implemented countrywide.

There are currently 157 facilities offering PMTCT services. Most of the facilities have community accountability mechanisms such as village health committees, 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.

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 a basis of HIV counseling and testing, as well as contraception for women living with HIV. Privacy and confidentiality is 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 that 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 (2016)

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%; 2017

Elimination target(s) (such as the number of cases/population) and year: 7600; 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; Other - Treat all policy is used 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

The Treat All guidelines for South Sudan include PrEP for FSW and sero discordant couples, however the country lacks guidance on practical use of PrEP. Interventions targeting key populations were scaled up in 2017 to 6 towns. Health Facility to initiate Male circumcision was launched in the military and health providers were trained. A study on HIV prevalence among MSM was finalized and programming is to follow.

Policy questions: Key populations (2016)

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 (2017)

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

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 young people living with HIV face challenges due to cultural practices, weak youth friendly facilities, lack of human resource in relation to provision of HIV services (where the PLHIVs are designated particular health workers and whenever the providers are away, they have to wait until they return for them to access the services).

PLHIVs are isolated due to self stigmatization and the perception of others they are of ill morals.

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 instability and food insecurity are highly prioritized.

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, for town dwellers, foreigners etc. especially in the rural regions.

As a result of the above, there is avoidance of seeking health services by different segments of the population.

Sex workers in particular are subjected to stigma with crackdown on sex workers by authorities because the practice is not considered legal.

Men who have sex with men are considered illegal in the laws of South Sudan and therefore, they tend to avoid seeking health services. This affects disclosure to their friends and family; and also adherence to treatment.

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

Policy questions (2016)

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?

No, policies do not exist

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 comprehensive sexuality education curriculum in primary and secondary schools. NGOs and UN Humanitarian actors have also targeted the populations in IDP and refugee settlements. UNFPA have continued to ensure condoms and family planning commodities are procured and distributed widely

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

The economic situation and famine in South Sudan has continued to deteriorate increasing vulnerabilities for the PLHIV and those at risk of HIV. 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 invested in OVC in select urban settings

Policy questions (2016/2017)

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?

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
Lack of information available on the programmes
Complicated procedures
Fear of stigma and discrimination

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

Policy questions (2017)

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

Yes

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

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

South Sudan still faces critical economic challenges hindering sufficient investment in health. However, the government reaffirms its commitment towards increasing investment in health sector and towards ending AIDS 2030. Meanwhile the government is strengthening resource mobilization through other avenues such as PEPFAR, GFATM and supporting integration of HIV into primary health care

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 family have advocated and empowered people living with and at risk of HIV. HIV testing campaign was launched in the uniformed forces by the Minister of Defence, providers trained to expand access to services and reduce stigma in the forces.

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?

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

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

Complaints procedure

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

The Government of South Sudan has adopted integration of Health services at all levels through the national Health Policy, national AIDS Policy and Treat All guidelines to improve cost efficiencies of health care delivery. However due to limited resources, screening of cervical cancer and viral hepatitis is yet to start.

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

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