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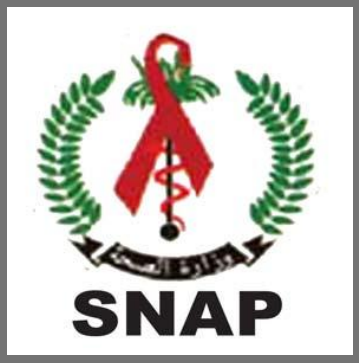

Sudan National AIDS Control Programme

Global AIDS Response Progress Reporting 2010 – 2011

SUDAN

March 2012

FEDERAL MINISTRY OF HEALTH

2012 GLOBAL AIDS REPORT

SUDAN

March 31, 2012
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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal care
ART	Antiretroviral Therapy
CBOs	Community-Based Organizations
BCC	Behaviour Change Communication
CCM	Country Coordination Mechanism
CT	Counselling and Testing
CSOs	Civil Society Organizations
FSW	Female Sex Worker
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
HTC	HIV Testing & Counselling
IBBS	Integrated Biological and Behavioural Survey
IDP	Internally Displaced Persons
IEC	Information, Education and Communication
MDG	Millennium Development Goals
MARPs	Most-at-risk Populations
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MOHE	Ministry of Higher Education
MSM	Men who have sex with men
NAC	National AIDS Council
NASA	National AIDS Spending Assessment
NECHA	National Executive Council on HIV and AIDS
NGO	Non-Governmental Organization
NSP	National Strategic Plan
OAFLA	Organization for African First Ladies against AIDS
OVC	Orphans and other Vulnerable Children
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission of HIV
SAN	Sudan AIDS Network
SHHS	Sudan Household Health Survey
SNAP	Sudan National AIDS Control Programme
STI	Sexually Transmitted Infection(s)
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNHCR	United Nation High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VCT	Voluntary counselling and Testing
WHO	World Health Organization

FOREWORD

We are very pleased to share our National Report on the country progress in the AIDS response. It is worthy to be noted that considerable progress has been made in the area of planning, coordination and generating new evidence while national capacity is also built for guiding the response.

I commend the efforts put by our development partners particularly UNAIDS, UNDP, UNHCR, UNICEF, UNFPA, WHO, Sudan AIDS Network, People Living with HIV and all the relevant governmental sectors to provide much needed support for our combined action to control the epidemic and to maintain HIV prevalence as low as possible. We are committed to help achieve the global vision of zero new HIV infection, zero discrimination and zero AIDS-related deaths.

Dr. Eihab Ali Hassan
Manager
Sudan National HIV/AIDS Control Programme
National Ministry of Health

1 Status at a Glance

This is Sudan's 3rd National report, and the first one after the separation of Southern Sudan, submitted to UNAIDS to facilitate the purpose of Global monitoring and to reflect upon the country's commitment made in the successive UN General Assemblies. The report covers the overall progress made during the reporting period 2010-11 using updated information on a number of indicators generated through the population-based Sudan Health and Household Survey, ANC sentinel sero-surveillance, and integrated bio behavioural surveys among key and at risk populations. While preparing the report, due considerations have been given on the guidelines provided by UNAIDS for the construction of core indicators required for global reporting.

1.1 Stakeholder inclusiveness in the report writing process

Being led by Sudan National HIV/AIDS Control Program (SNAP), and technically supported by the monitoring and evaluation technical working group, the reporting process was meant to involve to the extent possible all key stakeholders in the country relevant to the response. Governmental line ministries and departments, such as the Ministry of Health, Ministry of Defence, and Ministry of labour, Civil Society organizations, PLHIV associations and networks and United Nations Agencies were engaged. Inputs of these stakeholders in terms of achieved progress and encountered challenges were incorporated and their feedback on the narrative report and list of indicators was solicited.

1.2 The status of the epidemic

New data emerging from the ongoing integrated bio-behavioural survey (IBBS) among key populations at higher risk, is expected to shed lights on the size and networking of these populations, their knowledge and behavioural patterns with regard to HIV/AIDS , and moreover, on the prevalence of the disease among them. Incorporating state of the art methodologies of hard to reach populations (Respondents Driven Sampling RDS), IBBS will provide more evidence based description of the epidemic in the country.

Apart from the key populations, 2010 Sudan Health and Household Survey (SHHS) revealed causes of concern among the general population as well. Note worthy is that, low comprehensive knowledge of HIV prevention and transmission (6.7% overall; men 11.1% and women 5.3%) continues to prevail in Sudan. Although adult HIV prevalence data from the SHHS 2010 is not yet available, the preliminary estimated figure from Spectrum model suggests that it is 0.53 per cent with 98,922 people living with HIV in Sudan in 2011[1]. In spite of remaining below 1 per cent for quite some time, the prevalence of the disease is prone to rise due to the large scale population movement (refugees, returnees and IDPs) and changing livelihoods which are reflected in high rates of urbanization and changing community structures. . Hence there should not be any cause for complacency in Sudan rather requiring innovative and tailored response guided by local research.

[1] 2011 Draft HIV estimates and projection of Sudan, SNAP and UNAIDS

1.3 The policy and programmatic response

The response to AIDS in Sudan is multi-sectoral and decentralized, coordinated by Sudan National AIDS Control Programme (SNAP) under the national Ministry of Health. In addition to MoH, there is a number of line ministries involved in the national response on specific areas (ministries of Education, Higher Education, Defence, Interior, Justice, Guidance, Youth, Social Welfare, communication and Labour). External resources, mostly from global fund, were mobilized to carry out priority activities. Most recently, the country has been considered eligible to receive a grant of 59 million USD from the tenth round of the global fund.

Following a comprehensive review of HIV epidemic in Sudan, a five years national strategic plan (NSPII) was developed. NSP II prioritized the scaling up of HIV prevention among at-risk and vulnerable population, provision of anti-retroviral treatment for those in need and adoption of provider initiated approaches for the service. The NSPII also incorporated the gender dimension of the epidemic in line with UNAIDS Action Framework on gender and HIV. It also addressed relevant gaps likely to hinder provision of HIV services, and focused in building the capacity of coordination, management and implementation structures to sustain the national response. The strategic plan also underlined the importance of the involvement of all critical sectors to address HIV issues through advocacy and programming. Up to the day eleven line ministries (Ministry of Defence, Higher Education, Education, Labour, Social Affairs, Finance, Youth and Sports, Justice, Interior, and Guidance) have developed their own sectoral strategic plans. However, resource mobilization remains the main challenge facing realization of these strategies.

In order to strengthen accountability and monitoring and evaluation system, the existing M&E Framework that was developed in 2006 has been revised in line with national priorities and goals outlined in the NSP II, particularly the indicator sets, in order to incorporate core indicators as well as programme monitoring indicators based on the existing interventions and programmes. The Framework also contains key national targets and a costed work plan.

SNAP has been coordinating and implementing the National HIV programme in line with the NSP II and in partnership with a number of UN agencies including UNDP, UNICEF, WHO and UNFPA in addition to CSOs. Regular coordination meetings are held at Federal level with all key implementing partners to review progress and identify implementation bottlenecks. Besides, joint advocacy visits were conducted in targeted states to ensure key leadership support for implementation of HIV interventions.

Expansion in HIV services is noticeable, through the availability of HIV testing, counselling and treatment facilities in all the 15 states of Sudan. During the reporting period the country has established increased number of PMTCT sites, condom distribution outlets, and increased production and distribution of BCC/IEC materials. The most-at-risk (FSW and MSM) and vulnerable populations (Tea and Food sellers) were reached through outreach services operated by the CSOs with a view to increase access. With an exception of TB/HIV centres the number of ART centres providing care and treatment did not expand much but much more focus was on improving patient monitoring system and quality of care.

Nutritional support provided for PLHIV and their family members through PLHIV associations. Besides HIV services, mapping, bio-behavioural researches among key population, ANC surveillance among pregnant women, KABP survey among university students and a national stigma index survey were carried out to strengthen the strategic information for guiding the programme. During the reporting period a National AIDS Spending Assessment (NASA) was carried out in order to review the AIDS expenditure pattern in Sudan for the fiscal years 2008 and 2009.

1.4 The Indicator Data Overview Table

Table 1: Core Indicators for 2012 Global AIDS response progress reporting

Indicators	Indicator value reported in (2010)	Indicator value (2012)	Comments
Target 1: Reduce sexual transmission of HIV by 50 per cent by 2012 [General Population related indicators]			
1.1 Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*	7.3% [SHHS 2006]	6.7% 11.1 (Male) 5.3 (Female) N=9,027 [SHHS 2010]	The value of the indicator is not comparable as SHHS 2006 and SHHS 2010 used different set of questions to measure comprehensive knowledge. SHHS 2010 uses standard definition as per UNAIDS guideline for 2012 Global Reporting
1.2 Percentage of young women and men aged 15-24 who have had sexual intercourse before the age 15	No data	3.2% N=2146 [SHHS 2010]	2010 UNGASS report only included data from Southern Sudan. Recent data is available among men only.
1.3 Percentage of adults aged 15-49 who have had sexual intercourse with more than one partner in the last 12 months	No data	4.49% N=5,573 [SHHS 2010]	2010 UNGASS report only included data from Southern Sudan. Recent data is available among men only.
1.4 Percentage of adults aged 15-49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse*	No data	5.2% N=250 [SHHS 2010]	No data was reported in 2010 UNGASS report. Recent data is available among men only.
1.5 Percentage of women and men aged 15-49 who received and HIV test in the past 12 months and know their results	No data	1.0 N=22,747 [SHHS 2010]	No data was reported in 2010 UNGASS report. Recent data is available for both men and women (Male 2.7%, Female 0.5%).
1.6 Percentage of young people aged 15-24 who are living with HIV*	0.31% N=3,524 [2007]	0.13% N=4,733 [2009]	Estimated from 2009 ANC surveillance in Sudan. Spectrum estimate of Adult HIV prevalence for 2011 is 0.53%.
[Sex workers related indicators]			
1.7 Percentage of sex workers reached with HIV prevention programme	1.5% N=321	No update	Need further analysis of data. The previous estimate reported in 2010 was from a RDS study in Khartoum.
1.8 Percentage of sex workers reporting the use of a condom with their most recent client	45% N=321 [2008]	4.7%-55.1% [IBBS]	The range indicates indicator value from six independent study locations of IBBS .
1.9 Percentage of sex workers who have received an HIV test in the past 12 months and know their results	6.5% N=321 [2008]	4.4%-23.9% [IBBS]	The range indicates indicator value from six independent study locations of IBBS.
1.10 Percentage of sex workers who are living with HIV		2.27% [spectrum	2011 Spectrum estimate including new IBBS data from 6 sites; The IBBS

Indicators	Indicator value reported in (2010)	Indicator value (2012)	Comments
		2011]	however has range of HIV prevalence 0.6%-7.7%.
[Men who have sex with Men related indicators]			
1.11 Percentage of men who have sex with men reached with HIV prevention programme	No data	No data	Need further analysis of IBBS data
1.12 Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	No data	8%-25.8%	The range indicates indicator value from five independent study locations of IBBS.
1.13 Percentage of men who have sex with men who received an HIV test in the past 12 months and know their results	No data	3.3%-15.4%	The range indicates indicator value from five independent study locations of IBBS .
1.14 Percentage of men who have sex with men are living with HIV	No data	3.57% [spectrum 2011]	2011 Spectrum estimate including new IBBS data from 5 sites; The IBBS however, has range of HIV prevalence 1.5%-6.3%.
Target 2: Reduce transmission of HIV among IDU by 50% by 2015			
Given injecting drug use is not a known behaviour in Sudan and not a prioritized risk group for intervention, no data is reported as such.			
Target 3: Eliminate mother-to-child transmission of HIV by 2015 and substantially reduce AIDS-related maternal deaths			
3.1 Percentage of HIV+ pregnant women who received anti-retrovirals to reduce the risk of mother-child transmission	1.72% [N=14,263] 2009 Estimates	1.49% [N=5,095] 2011 Estimates	The denominator is estimated using Spectrum. Previous estimate (2009) applied generalized model using ANC data including Southern Sudan.
3.2 Percentage of infants born to HIV+ women receiving a virological test for HIV within 2 months of birth	New indicator added	No data	Currently no intervention due to unavailability of testing (PCR)
3.3 Estimated percentage of child HIV infections from HIV+ women delivering in the past 12 months	29.75% [N=14,263] 2009 Estimates	35.74% [N=5,095] 2011 Estimates	Both denominator and numerator are estimated using Spectrum. Previous estimate (2009) applied generalized module using ANC data including Southern Sudan.
Target 4: Have 15 million people living with HIV on antiretroviral treatment by 2015			
4.1 Percentage of eligible adults and children currently receiving antiretroviral therapy*	8.41% [N=45,466] 2009 Estimates	9.46% [N=26,426] 2011 Estimates	Previous estimate (2009) included Southern Sudan.
4.2 Percentage of adults and children with HIV known to be on treatment 12 months after initiation of anti-retrovirals	56.54% N=428 [2008]	62.16%	
Target 5: Reduce tuberculosis deaths in people living with HIV by 50 per cent			
5.1 Percentage of estimated	8.29%	1.29%	2010 reported data was estimated

Indicators	Indicator value reported in (2010)	Indicator value (2012)	Comments
HIV+ incident TB cases that received treatment for both TB and HIV	N=9,927 [2009]		including Southern Sudan.
Target 6:Reach a significant level of annual global expenditure (between $22-$24 billion) in low- and middle income countries			
6.1 Domestic and international AIDS spending by categories and financing sources	Not reported	Reported	Attached
7.1 National commitment and policy instruments	Reported	Reported	Attached
7.2 Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	New indicator	No data	No study available to reflect this indicator in Sudan.
7.3 Current school attendance among orphans and non-orphans (10-14 years old, primary school age, secondary school age)*	53.5% (part A) [Male 55.1%, Female 53.2%] 66.8% (part B) [Male 71.1%, Female 65.2%]	78.38% (part A) [Male 85%, Female 69.3%] 81.76% (part B) [Male 85%, Female 78.5%]	Part A is orphan while Part B is non-orphans. Recent data is from SHHS 2010.
7.4 Proportion of the poorest households who received external economic support in the last 3 months	No data	No data	No study available to reflect this indicator in Sudan.

*Millennium Development Goals indicator

General Notes to the data:

Sudan Household Health Survey (SHHS) is a population-based survey conducted among 15-49 years men and women and is a DHS type of survey. SHHS 2010 included an HIV module with testing of blood samples among a subset of the enumerated population to measure HIV prevalence. However, certain behavioural questions of the HIV module were administered only among men considering the sensitivity of the issue.

Given injecting drug use is not a known behaviour in Sudan and not a prioritized risk group for intervention, no data is reported as such.

To generate some of the indicators above, Spectrum estimates were updated (version 4.47) for Sudan and as such reported.

2. Overview of the AIDS Epidemic

2.1 Country Context: Socio-demographic profile

The republic of Sudan which was considered for a long time as the largest country in Africa underwent a peaceful separation of its southern part in July 9, 2011 following a self determination referendum conducted six months prior earlier. The referendum was an essential item in the comprehensive peace agreement (CPA) that was signed in 2005 terminating decades of civil war in the country.

According to Sudan's 5th population and housing census data, total population of Sudan in 2008 stands at 30,504,166 of multiple ethnic and linguistic groups, distributed in an area of 1.45 million square kilometres. Administratively, the country is divided into 15 states and corresponding local governance systems. These states are: Khartoum, Northern, River Nile, Red Sea, Gedaref, Kassala, North Darfur, West Darfur, South Darfur, North Kordofan, South Kordofan, White Nile, Blue Nile, Gezira and Sinnar. Recently Darfur region is further sub-divided to create additional two states (Central Darfur & East Darfur) making a total of 17 states.

2.2 The AIDS Epidemic

Until the implementation of country-wide IBBS studies among FSW and MSM in 2011-2012, data from ANC surveillance and sporadic bio-behavioural studies were the main sources of HIV-related strategic information in Sudan. Although a larger survey was carried out in 2002, it was inconclusive largely due to study limitations and mixing of samples that included both general and at-risk population. After implementation of two rounds of HIV surveillance in 2004 and 2005 in few selected sites, the number of sites was increased in subsequent two rounds (26 sites in 2007 and36 sites in 2009) covering a wide geographical area with improved quality of data. HIV prevalence among pregnant women was found to be 0.16 per cent in 2009 ANC surveillance compared to 0.19 per cent in 2007.

With the available data, attempt was made in 2009 to produce the first estimate using Spectrum Model. The 2009 estimate was based on three rounds of HIV surveillance in the North and 2006 surveillance in the South. The estimated HIV prevalence was 1.1% including Southern Sudan and 0.67% for North Sudan. Earlier in 2008 UNAIDS estimated HIV prevalence of Sudan at 1.4%. In 2011 with all the available data from four rounds of ANC, six independent IBBS studies conducted in six sites for FSW and MSM and limited data from blood donors the second estimation has been produced using Spectrum model applying assumptions of concentrated epidemic. According to the new estimate of 2011, the adult HIV prevalence of Sudan is 0.53%. The Spectrum also produced HIV estimates for FSW (3.16%) and MSM (3.64%) included in the Model as two key population groups.

Estimates of number of PLHIV, number of deaths, number of new HIV infection and other parameters were also derived from the Spectrum model. In 2011 the overall estimated number of people living with HIV 98,922 with 10,751 new HIV infections annually. The annual AIDS related deaths are estimated to be 8,034. As for the estimated number of people who are in need of ART, it is 20,282 for adults and 6,144 for children while the number of mothers needing PMTCT is estimated at 5,095.

However, it is extremely important to clearly state that these spectrum estimates are not final. IBBS data used in these estimates have been collected from 6 sites which represent only one third of the targeted number of sites. Studies involving all the remaining sites are expected to be finalized by August 2012, when spectrum will be updated with new data that gives better insight about the epidemic. By that time, final estimates are to be released.

3 National Response to the AIDS Epidemic

3.1 Planning and Coordination

National AIDS Council (NAC) represents the highest level policy and advisory body on all issues related to HIV/AIDS. This council is headed by H.E minister of health. Counterpart bodies are also available in the states with the name of State AIDS Council headed by the ***Wali*** (Governor) of the state. On the other hand, the National Executive Council on HIV/AIDS (NECHA) chaired by the Undersecretary of the Federal Ministry of Health is the body responsible for execution, coordination and overall management of the national response. Its membership includes public and private sector representatives and other national and international stakeholders. Sub-committees were established within the NECHA to support interventions in specific areas.

The Sudan National AIDS Control Programme (SNAP) is the technical body with the responsibility for national level policy, planning and coordination. It liaises and works with the different sectors, including the Ministries of Defence, Interior, Ministry of Guidance and Endowment, Education, Higher Education, Information and Communication, Ministry of Labour, Ministry of Culture, Youth and Sports; and Ministry of Social Welfare, Women and Child Affairs.

3.2 Review of the National Response

During 2010-11, there were a number of national reviews conducted. The most notable and comprehensive among them was the review that was conducted while developing NSP II. It has identified achievements made in the last four years and gaps in HIV programme implementation. In addition, there were also reviews conducted while developing National Ownership report, grant proposal development for R10 also included review and consultation with various partners. Besides, the National AIDS Spending Assessment (NASA) was carried out to review the expenditure pattern and source of HIV financing for the two- year period 2008 and 2009.

3.3 HIV Prevention

HIV prevention programmes in Sudan targeting both general and key populations were implemented during the reporting period. The following is a brief description of progress made in this area:

HIV Testing and Counselling (HTC)

During the reporting period the number of VCT sites increased to 144, compared to 132 in 2009 (*Table 2*). In addition to that, HTC is currently provided through Provider Initiated Testing & Counseling (PITC) in 75 TB Management Units (TBMUs) in 9 states. Scale up of PITC among PHC centers providing STI management is expected to be launched in early 2012. Responding the current understanding of the epidemic (low/concentrated epidemic), SNAP has adopted outreach strategy to deliver HTC to the key populations at risk and the vulnerable groups. This is expected to increase service uptake and reduce stigma.

A total of 31,222 and 32,329 people were tested in all the HTCs in 2010 and 2011 respectively. The SHHS 2010 surveyed 22,747 men and women and showed that the HIV testing coverage is 1% (The survey was conducted in 2010; hence the coverage figure is for 2009).

Table 2: Expansion of HIV services in Sudan, 2007-11

Services	*2007*	*2008*	*2009*	*2010*	*2011*
#VCT centres	55	113	132	138	144
#ART centres	21	30	32	29	30
#PMTCT sites	7	20	27	29	70
#people tested in HTC	14,000	28,376	52,770	31,222	32,329
#pregnant women tested	1,608	7,515	19,980	17,263	28,551
#PLHIV currently on treatment	-	1,151	1,996	2,185	2,500

Source: SNAP Database 2011

Prevention of Mother to Child Transmission of HIV (PMTCT) services

During the reporting period, the total number of facilities providing PMTCT services have more than doubled reaching 70 sites all over Sudan, also contributing to the increase in number of pregnant women tested (table 2). However, the PMTCT coverage continued to be low with only 76 pregnant women on ART while the estimated number of mothers who are in need of ART is 5,095 in Sudan (Spectrum Modelling).

Behaviour Change and Communication (BCC)

The Sudan Household Health Survey 2010 showed that there is no marked improvement in the comprehensive knowledge of young people (15-24) on HIV transmission and misconception which continues to be below par. According to SHHS 2010, only 6.7 per cent answered correctly to all the five questions asked to assess comprehensive knowledge in the general population, although this figure is not comparable with the SHHS 2006 due to change in definition and also due to the fact that the 2006 survey included women only. The SHHS 2010 also asked sexual behaviour related questions indicating low condom use in higher-risk sex (5.1%, only men) and low coverage of HIV testing and counselling (1%).

BCC programmes are targeted to improve awareness of HIV among general population including youth. With technical assistance from UNICEF HIV life-skills training continued for teachers covering 9,106 teachers in 7,081 schools. Besides, approximately 360,000 out-of-school youth (IDP camp and street corner vulnerable children) were reached with comprehensive message to prevent HIV. Key HIV messages were also broadcasted through 130 radio and TV spots in addition to public awareness sessions targeting young people.

Considering the importance and relevance of influence of religious leaders for addressing key issues of HIV/AIDS, efforts continued to engage them in the overall response. Refresher Training in coordination with SNAP and Ministry of Guidance was conducted in Kassala covering for 5 states (Khartoum, Red Sea, Kassala, Gadarif and North Kordofan) and was attended by 33 participants all of whom received *Basic Training* in 2007 and 2008. Besides, *Basic Training* to 31 Participants was carried out in River Nile State covering 9 States (N. Darfur, S. Darfur, W. Darfur, River Nile, Northern, S. Kordofan, Blue Nile, Sinnar, and Gezira).

Special initiative has been undertaken to raise awareness among students of 8 universities in close collaboration with the Ministry of Higher Education and Scientific Research and UNFPA. As part of the initiative about 400 peer educators will be trained and 8 VCT centres (one in each university) will be established with staffing to be provided by Ministry of Higher Education (2 counsellors, 2 social

workers and 2 lab technicians for each VCT). So far 500 students received voluntary counselling and testing through mobile VCT services within the eight universities.

Focus is also provided to strengthening HIV interventions among street children, orphans and displaced children. A KABP study has been conducted to understand HIV risk behaviour among them in three states (Khartoum, Kassala, and South Darfur).

STI Prevention and Control

The management of STI has been integrated in the primary health care service delivery points in all the States to ensure wider coverage using the syndromic approach. There was an increase in the number of STI cases treated from 35,263 in 2009 to 42,080 in 2010 and 89,625 in 2011. This was possible largely due to increased number of sites (more than 390) as well as improvement in the reporting.

Condom distribution

Although in 2009 an initiative was taken to implement a national comprehensive condom programming, the effort was delayed and little progress has been made. Considering the priority, during the reporting period a high-level multi-sectoral steering committee has been formed to guide the rapid assessment for the development of strategy through better understanding of the dynamics of facilitative and obstructive factors. Currently the assessment is on-going in all the 15 states. Condoms are distributed free of charges from VCT, PMTCT, ART, STIs, family planning and TB facilities and outreach interventions for MARPs. In 2010, more than 1.3 million pieces of condoms were distributed however, there was dramatic reduction in the distribution in 2011 (only 362,263) largely due to condom stock-out.

Blood Safety

There are 3 stand-alone and 312 hospital based blood banks in Sudan. Data from 252 blood banks showed that 100% of blood units are screened for HIV while the issue of quality assurance needs further assessment. Sudan collects about 225,000 units of blood annually. Regarding quality assurance system, SOPs were developed and implemented. Establishment of external quality assurance scheme is underway.

Key Populations and Vulnerable Groups

Key and vulnerable population interventions continued to be a priority in Sudan with an increased focus to FSW and MSM. Considering the priority, the country submitted for a MARP focused proposal to GFATM R10 and was successful in mobilizing resources which implementation will start in the second quarter of 2012. During the reporting period SNAP also built its capacity in coordinating the MARP interventions by establishing a new unit at Federal level while MARP focal persons were also assigned by the state level programmes. Regular quarterly coordination meetings are organized with all key stakeholders implementing the MARP interventions in Sudan.

A comprehensive package of services (BCC, mobile VCT, condom, distribution of IEC material, referral) are offered through outreach activities (mostly by peer educators) targeting Tea and food sellers in addition to FSW and MSM. According to service statistics approximately 11,000 FSW/MSM/Tea & food sellers were reached in 13 out of the 15 states of Sudan. During the reporting period efforts were made to build the capacity of NGOs in the specific area focusing on prevention (basic MARP prevention package, management including M&E) in partnership with

UNFPA and Blue Nile National Institute for Communicable Diseases (BNNICD). Besides, a total of 1,218 peer educators were trained to reach target population (330 for MSM, 418 for FSW and 470 for Tea/Food sellers

Stigma reduction

Efforts are directed to address stigma around HIV/AIDS. There has been high political support on the issue of stigma. The key theme of 2011 World AIDS Day was 'zero stigma' and special message in Arabic (*Basma badal wasma* – a *smile instead of stigma*) was produced and launched publicly by MoH and SNAP. Besides, one documentary film and TV drama were produced by SNAP with support from UNFPA focusing key HIV messages to address stigma. Both the film and drama were broadcasted in all the national TV channels. Leading national personalities and celebrities in sports, media, academia and religion were also engaged in support of delivering key HIV prevention messages. A national stigma index survey was conducted in 2011 to better understand the level of stigma and discrimination among PLHIV in Sudan.

3.4 Treatment, Care and Support

The national policy on HIV and AIDS as well as the national strategic plan highlight treatment, care and support as priority interventions in the national AIDS response. The HIV/AIDS treatment, care and support services have been introduced in all the 15 States of Sudan. Total number of ART centres remains 30 with more emphasis on quality of services provided. In 2010-2011, notable efforts were exerted to improve access to CD4 testing, HIV monitoring drug resistance and patient adherence. A total number of 6,780 people, compared to 5,710 in 2009, were put on cotrimoxazole prophylaxis. Although more than 5,159 PLHIVs have ever started on treatment there are currently 2,500 PLHIV on ART compared to 1,996 in 2009.

Integrating ART clinics into the health system is still a challenge. Not only that, but also the treatment programme is dependent on external resources and there is a need to increase the government contribution.

Marked improvement in TB/HIV collaborative activities occurred during 2010-2011. The Provider Initiated Testing & Counselling (PITC) approach was adopted in more than 75 TBMUs in an attempt to increase HIV case finding. A total of 2,245 TB/HIV patients, compared to 648 in 2009, were started on ART.

During the reporting period, the National Adult ART Guidelines & the National Paediatric ART Guidelines were finalized and awaiting endorsement.

HIV services in emergency setting were also strengthened during the reporting period. With support from UNHCR the number of facilities providing comprehensive HIV services in emergency setting jumped from one to four centres. UNHCR supported the trainings and appointment of 8 counsellors in these four facilities. It also supplied condoms in all its 16 PHC facilities within the refugee camps mostly in the Eastern Sudan. During 2011 a total of 35,450 condoms were distributed from the four refugee camps in Eastern Sudan. On another note, SNAP in collaboration with UNESCO developed HIV&AIDS Gender Sensitive Booklets for Internally Displaced Youth (IDP) in IDPs Camps of three Darfur States.

3.5 Support to People Living with HIV

Efforts are continued to support people living with HIV and engage them effectively in the overall response. During the reporting period the PLHIV Associations were expanded and all the 15 states have fully functional PLHIV association offices staffed by one full-time Social Worker. A total of 1080 PLHIV were trained in awareness raising, counselling, treatment and adherence support (30 members from each association). Besides, 2 federal level trainings were conducted and 3 PLHIV from each 15 states plus 15 social workers were trained on "*How do you manage your own business"*. There are also on-going efforts to train 30 PLHIV from each association on income generating activities. About 600 PLHIVs received nutritional support in terms of cash (50 Sudanese Pound per month).

Significant support was also provided to each of the branches of the PLHIV Association in terms of vehicle, photocopier, rentals/operational costs, etc. The PLHIV Association is represented in all decision making forums (at Federal and State level) and coordinating bodies including the National AIDS Council, CCM, SAN and key steering committees. The PLHIV association contributed significantly to the revision of draft legislation to protect the rights of PLHIV which is now awaiting final endorsement by all Ministers' Cabinet.

3.6 Multi-sectoral response

Multi-sectoral engagement continued to be a key element of the national response in Sudan. Earlier nine Ministries developed HIV/AIDS strategic plans (Ministry of Defence, Higher Education, General Education, Labour, Social Welfare, women and children, Finance, Youth and Sports, Justice, Interior, Guidance). The key highlight of the reporting period is the endorsement and launching of Workplace HIV/AIDS Policy developed by the Ministry of Labour, Sudanese Businessmen Federation, Sudan's Labour Union and SNAP. In order to implement the strategy, the Ministry of Labour already developed 18-months action plan and so far made reasonable progress. As already mentioned earlier, the Ministry of Justice reviewed the existing draft legislation for PLHIV protection and submitted a revised version for endorsement by the Cabinet. Besides, the Ministry of Labour reviewed the existing labour law to ensure full rights of PLHIV. There has been also significant effort in building the capacity of different line ministries and departments. Training modules have been developed and currently trainings are being conducted in phases.

Special initiatives were undertaken to address HIV/AIDS within uniformed services. In 2011 a sensitization meeting was held among 44 high ranking officers of Ministry of Interior (MoI) and one of the key recommendations adopted by the Deputy Director General of Police was on placing HIV/AIDS Control and Prevention Programme within the activities of the General Directorates of MoI. Four representatives of the MoI also participated in the ICASA 2011 held in Ethiopia.

3.7 Role of Civil Society

Considering the relative advantage of reaching the community, the CSOs in Sudan are involved in the HIV response particularly raising awareness and conducting selected outreach interventions for the key and vulnerable populations. CSOs working in HIV/AIDS are organized under the umbrella organization Sudan AIDS Network (SAN) which was established in 1996; currently 72 NGOs are its

members. SAN also has sub-offices in all the 15 states. SAN currently serves as the Vice-Chair of Country Coordination Mechanism (CCM) for GFATM implementation.

In 2010 SAN developed its strategic plan for the period 2010-14 with an overall focus on advocacy, resource mobilization, support to PLHIV and technical support as well as focusing organizational development of SAN and its member organizations while the technical focus of the strategic plan is to support the priority areas of national response particularly in the area of key and vulnerable populations. Currently there are 47 NGOs implementing the key and vulnerable population intervention in all the states of Sudan with support from UNFPA/GFATM. SAN was also successful in mobilizing external support from German Development Service (DED) and EU in addition to UNAIDS.

As part of the move towards positive health, dignity and prevention for PLHIV, for the first time in MENA a training for PLHIV on how to lead healthy and positive lifestyles was organized by SAN with support from UNAIDS. The training reached more than 90 PLHIVs from 6 State in Sudan and covered critical aspects on nutrition and psychosocial issues that are substantive for PLHIV where treatment is now increasingly available. On the nutritional side, the training focused on locally available and affordable alternative food sources. On the psychosocial aspect, the training focused on equipping participants with strategies, means and way of handling stressful situations in relation to their diagnosis with HIV.

SAN was instrumental in providing an innovative training of trainers (ToT) for PLHIVs on leading healthy and positive lives in the Republic of Sudan covering participants from all the States. SAN also developed training modules, booklets and communication materials in Arabic focusing on the healthy lifestyle.

SAN, an extended arm of the Regional Arab Network against AIDS (RANAA) was able to fully plan and implement a sub-regional training for PLHIV in Khartoum bringing together participants from 3 countries in Horn of Africa (Somalia, Djibouti and Yemen). The three-day training (13-15 December 2011) aimed at equipping participants with advocacy and leadership skills including improved communication.

4 Best Practices

4.1 Implementation of Bio-behavioural Survey (IBBS)

Generating strategic information among most-at-risk population continued to be a challenge in countries of Middle East and North Africa. Sudan has strategically focused in this area with a view to not only fill the data gap but also to strengthen the capacity of local research organization to produce quality data using rigorous scientific methods. The IBBS was planned to establish a baseline by each state and to generate strategic information to design appropriate interventions for the key populations by understanding their risk behaviours and their social network. The IBBS has so far been implemented in 6 states and training and data collection are in progress to conduct the survey in all the remaining states of Sudan. Considering both FSW and MSM are hidden populations and the sensitivity attached to these special populations, undertaking such a survey across the country is an achievement by itself. The achievements till to date has been possible through financial and technical support from a number of organizations (Global Fund, UNFPA, WHO, UNAIDS, Zagreb University, Gezira University) combined with strong leadership and commitment for the prevention of HIV among key populations.

4.2 Continued high-level policy advocacy

The country's key political leadership continued to play their role in addressing HIV/AIDS issues both at national and international level. Presidential messages on HIV/AIDS, which were developed and endorsed by the President on occasion of 2009 World AIDS Day, are regularly broadcast on the National TV Channels.

A documentary film on the Sudan HIV/AIDS situation was developed with key messages from the President and First Lady. This documentary film was premiered at the AU Summit in April 2011 during the meeting of the Organization for African First Ladies against AIDS (OAFLA) held in Addis Ababa, Ethiopia. The First Lady continued to be engaged on HIV/AIDS issues and formally launched the national campaign to promote PMTCT in Kassala where all other states and guests attended. The First Lady also delivered the keynote speech on occasion of 2011 World AIDS Day celebration.

4.3 Expansion of PMTCT services

Considering the low coverage of PMTCT and also to eliminate mother-to-child transmission, effort has been made to expand PMTCT services during the reporting period. In June 2011 the First Lady launched the PMTCT campaign to renew the commitments of key partners involved in the national HIV/AIDS response for the elimination of mother-to-child transmission.

Total number of functional facilities providing PMTCT services has increased from 27 in 2009 to 70 sites in 2011 making PMCTC available in all the states. Besides, 150 PMTCT teams have been trained to provide PMTCT services as a plan of further expansion of services. Accordingly there has been increase in the number of pregnant women tested in 2011. The effort will be continued in the coming years with integration of PMTCT and RH services.

5 Major Challenges and Remedial Actions

5.1 Challenges in 2010-11 and Proposed Remedial Actions

5.1.1 Policy and management issues

- In line with the new NSP (2011-15), there is a need to conduct a comprehensive financial and programmatic gap analysis to facilitate the development of Operational Plan to guide national resource mobilization strategy with clear targets.
- The overall capacity of SNAP is limited and needs to be strengthened for a sustained and scaled up response.

5.1.2 Prevention

- Prevention of HIV among key populations continued to be challenging considering the hidden nature of the populations and associated taboos around the open discussion of sex within the cultural context of the country.
- Efforts have been made to prioritize HIV prevention among key population in Sudan through NGO/CSO. Currently13 out 15 States are under coverage. Due to security and accessibility, MARP intervention in two states could not be started.
- During the reporting period there were stock outs of condom supply and HIV testing kit that had an impact on the programme.

5.1.3 The involvement of civil society

- Considering the weak NGO capacity efforts were taken to build their capacity particularly to implement outreach programme for the key and vulnerable population.

5.1.4 Access to treatment

- There is an urgent need to improve access to treatment and care by PLHIV to achieve UA targets. The ART programme currently faces challenges in enrolling PLHIV on ART. Stigma and discrimination in general population and health care workers is still a major challenge. In addition to that, there is difficulty in reaching key populations at risk.
- There is considerable gap in the number of patients ever started on ART and those who are currently on treatment. Loss to follow up remains a huge challenge .In order to improve the situation there is a need to address retention and patient-tracking.
- Linkages and referral between various HIV services is weak. Efforts need to be taken to improve coordination between different services and establishment of clear referral mechanisms
- Considering ART centres as entities independent of the hospitals or health care units is hindering sustainability. Integration of services within the health care system is a priority.

6 Support from the Country's Development Partners

6.1 Areas of support

External support to HIV/AIDS in Sudan has been instrumental for the expanded and sustained response. The major input was from the multilateral agencies such as the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) which has been the key donor for Sudan (R3, R5 and recently R10). The United Nations-Agencies comprising mainly of UNAIDS, UNDP, WHO, UNICEF, UNFPA, WFP and UNHCR in partnership with SNAP and other NGOs implementing the HIV/AIDS programme in Sudan.

The support provided covered the following key areas:

- Procurement of equipment and logistics as a component of the operational support to programmes
- Building capacity of service providers through training in the different thematic areas including capacity building of partners in MARP prevention, M&E, HIV treatment, HIV prevention among youth and general population, coordination and management, etc.
- Technical support in the areas of development of national protocol and guidelines, strategic framework, global fund proposal for round 10, etc.

6.2 Actions for the Development Partners

The recommended critical actions that need to be taken by the Development Partners in order to ensure that the country remains on course towards achievement of the 2011 Political Declaration targets include the following:

- Facilitate the national response and align the support in priority areas and gaps as per the National Strategic Plan NSP II.
- Continue advocacy with high-level policy makers to prioritize HIV response.
- Advocate for mobilization of resources from both internal and external sources.
- Provide technical assistance and capacity building particularly in the area of system strengthening, programme management
- Capacity development in the technical areas of estimation, projection, survey and surveillance and other areas of strategic information.

7 Monitoring and Evaluation Environment

7.1 Overview of the Monitoring and Evaluation System

The following are key features of M&E System in North Sudan:

- The current M&E Framework revised the indicators in line with the UNGASS and other national priority indicators
- SNAP has an M&E Unit and Chairs the M&E TWG that includes stakeholders from all key partners including government, NGOs, UN and PLHIV
- In addition to M&E Unit at Federal level, each state has an M&E and Surveillance focal person to coordinate M&E activities.
- At the central level M&E activities are coordinated by M&E TWG while at the state level and Federal level there are regular quarterly review meetings to share information
- There is on-going capacity building initiatives on M&E supported by UNAIDS to enhance accountability and strengthen leadership. As part of this initiative, all the SNAP M&E officers at Federal and state level including M&E focal persons from relevant sectors and CSO received basic M&E training (5-day training based on a standard curriculum).
- A number of SNAP staff attended international training on M&E particularly on RDS methodology and Spectrum model
- The surveillance unit at SNAP is also an integral part of overall M&E system

7.2 Availability of Strategic Information

Sudan continued its efforts to improve the strategic information particularly enhancing the knowledge of the epidemic. During the reporting period new studies were conducted and findings from studies conducted earlier disseminated. All the studies enriched the strategic information environment and provided useful information for HIV interventions. The following are the highlights of the studies/assessments conducted:

- The 2009 ANC surveillance conducted with expanded coverage (36 sites) and results are available. The 2010 ANC data collection is completed and results to be available in April 2012.

- In addition to 4 behavioural studies among FSW, MSM and truck drivers those were conducted in 2008, new data from Integrated Bio-behavioural Surveillance Survey (IBBS) and size estimation which is currently on-going among FSW and MSM in 15 states will be available soon. Data collection is completed in 7 states and preliminary findings are available for 6 states, the results are expected to be widely shared following the completion of the survey in the remaining states.

- SHHS II (2010) was successfully carried out and for the first time included HIV module. This will provide population-based estimates of HIV prevalence and behavioural indicators. The preliminary findings of SHHS 2010 are available and have been used for this report.

- National stigma index survey was conducted in 2011 among 1,000 PLHIV from all the 15 states of Sudan. The findings of the survey were widely shared and available for further use to design

specific interventions.

- National AIDS Spending Assessment (NASA) was conducted in Sudan to review the expenditure pattern as well as financing sources for the two-year period 2008 and 2009.

- Knowledge, attitude, behaviour and practice (KABP) study among university students was conducted in different 30universities and higher colleges in Sudan in 2010

7.3 Challenges and Remedial Actions

- The M&E unit comprising of only limited number of staff. The situation is further complicated by the continued high turn-over particularly among trained senior M&E officers. In order to strengthen the M&E unit UNAIDS has seconded an M&E Officer to SNAP to work on development of the electronic HIV data base for which work is in progress and the electronic reporting tool is ready for piloting.

- The existing capacity of M&E Unit is limited only in generating regular reports, however in order to provide technical leadership in the overall M&E areas particularly undertaking research and studies, documenting lesson learnt/experience, etc. there is a need to invest in the capacity of SNAP M&E staff in this area.

7.4 M&E Technical Assistance Needed

- M&E officers at the field need to be given refresher training as a follow-up to the basic training they received. In addition, selective M&E officers from field and federal level to be given advanced M&E training on focused areas such as research/evaluation, technical writing, etc.

- Specific capacity to be built to strengthen monitoring of the peer/outreach programme for the MARP interventions

- Continue to explore for study tours to other countries for shared learning on national data flow system for improving programme monitoring.