

Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.



# HIV/AIDS Prevention is for Life

## HIV prevention and care in Sudan<sup>1</sup>

Sudan is not among the most HIV affected countries in the world but does have a significant problem, especially among some population groups. The HIV prevalence rate of 0.67% reflects a concentrated epidemic among Most-at-Risk Populations (MARPs) in Sudan, namely female sexual workers (FSWs) and men who have sex with men (MSM). Yet, the risk of the epidemic spreading to the general population is high given that 25 % of MSM are married and 50% have sex with women. Current trends estimate an increase in HIV rate to 1.12% by 2015.

According to the 2011 Integrated Bio Behavioural Surveillance Survey in 15 states of Sudan, the HIV prevalence rate in some parts of the country is as high as 7.7% among FSWs and 6.3% among MSM. The rate, however, varies widely across regions. Meanwhile, comprehensive knowledge of HIV in some states is as low as 3.4% among FSWs and 6.7% among MSM.

Other vulnerable populations who are at risk of being infected or affected by HIV include the clients of female sex workers, tea and food sellers, out-of-school youth and youth in general, migrants and displaced people, members of armed forces and groups, former combatants and prisoners. These populations play a key role in how HIV spreads and their involvement is vital for HIV/AIDS prevention.

Women and girls in Sudan face strong social pressures and barriers that can restrict their access to information about sexual and reproductive health, thus rendering them vulnerable to HIV. The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. Yet, only 77% of Sudanese women aged 15-49 years are aware of HIV/AIDS. While an estimated 60% of women in childbearing age know that a woman can transmit the disease to her child, only 33% have the knowledge of means of mother-to-child transmission of HIV.

An alarming degree of misinformation and lack of knowledge about HIV/AIDS among Sudanese youth makes this population more exposed to HIV infections. The majority of them also lack access to condoms and HIV effective prevention programmes. The HIV rate among young population aged 15-24 years is 1.24% for female and 0.5% for male (Sudan National AIDS Programme, 2009). Despite this, only 5% of female adolescents and 11% of male adolescents in this age group have comprehensive knowledge of HIV and ways of preventing its transmission.

Large scale population movements and displacements due to conflict, natural disaster, and economic crises in Sudan create risks for the spread of HIV and other Sexually Transmitted Infections (STIs). The 2008 Population Census data shows that more than 4 million people (14% of the total population) are displaced in Sudan. Risk of HIV increases further when sexual violence or exploitation takes place during and after conflict.

Stigma is the most significant obstacle to HIV/AIDS prevention programmes in the country, in addition to inaccessibility and shortage of HIV services. As in many other countries, social norms in Sudan condone discrimination against populations who are most at risk of HIV, further complicating efforts to engage them in delivering life-saving services. Harmful concepts of masculinity among men and boys can also discourage them from seeking health services and encourage them to engage in risky and violent behaviour.

AIDS is responsible for over 20 million deaths worldwide and tens of millions of children left orphaned. Today, some 33 million people are living with HIV, and women account for 50% of them. HIV infection rates among young women aged 15-24 years are twice as high as in young men. HIV is also one of the leading causes of death among women of reproductive age; in its absence, maternal mortality worldwide would be 20% lower.

AIDS epidemic is linked to sexual and reproductive health, and driven by common root causes, including poverty, gender inequality and social marginalization of the most vulnerable populations. In the absence of a cure, prevention is the only hope of reversing AIDS.

<sup>1</sup> All figures, unless otherwise indicated, are based on the Sudan Household Health Survey 2010





### UNFPA efforts to prevent HIV

UNFPA links HIV responses to sexual and reproductive health care as a strategy for moving towards the goal of universal access to prevention, treatment, care and support. It reaches out to vulnerable and most-at-risk populations, including women and young people who are increasingly at risk of HIV infection. UNFPA is also committed to the human rights of people living with HIV and works to meet their specific needs.

In Sudan, UNFPA works to intensify and scale up HIV prevention efforts using a rights-based and evidence-informed approach, including attention to gender inequalities that fuel the epidemic. It works closely with key national partners, including the Sudan National AIDS Programme (SNAP), Ministry of Health, Ministry of Higher Education and Scientific Research, Civil Society Organizations (CSOs), Sudan AIDS Network, People Living with HIV/AIDS Associations, and academic institutions.

UNFPA has provided support to HIV policy development in Sudan, including the establishment of the MARPs Units at the national and state levels; development of the National Strategy on HIV/AIDS 2011-2015; and efforts to support the integration of reproductive health and HIV/AIDS in the country's health systems, policies and services. UNFPA also supports the government to strengthen the overall coordination mechanism for HIV prevention programmes at national and state levels.

In order to strengthen the national capacity, UNFPA provides support for need assessments, as well as trainings in key areas of HIV prevention and in project management cycle for the government, AIDS state coordinators, CSOs and health care providers, including counsellors and social workers. Outreach activities also target community leaders and volunteers, university students, and members of armed forces. UNFPA has also supported the Integrated Bio Behavioural Surveillance Survey with a view to generating bio behavioural data to support communication for behaviour change, targeting thousands of FSWs, MSM, tea and food sellers, youth and prisoners.

At the community level, UNFPA has supported the development and delivery of MARPs Service Package in 13 states. The package includes HIV/AIDS prevention and response activities such as training, mobile Voluntary Confidential Counselling and Testing (VCCT) service, referral of HIV positive cases, and provision of condom supplies to those who are most at risk of HIV infection. Support to condom programming is intended to reduce risky sexual behaviour which will, in turn, reduce the incidence of unintended pregnancy, HIV and other sexually transmitted infections.

In 2011, UNFPA introduced the umbrella mechanism, through which two national NGOs were contracted to support 22 smaller NGOs to implement projects on Provision of HIV Prevention Services for MARPs and Vulnerable Populations and Income-Generating Activities for FSWs in 7 states – Kassala, Gadarif, Red Sea, North Kordofan, Gezira, White Nile and Sinnar. UNFPA also supported 21 NGOs to implement similar projects in Khartoum, North, South, West Darfur, River Nile and Northern states. The projects have reached more than 31,000 MARPs and vulnerable groups through peer education training, outreach activities, advocacy and community mobilization. Other projects include support for HIV prevention among youth, targeting thousands of students in 8 universities across Sudan.

In addressing the issue of stigma, UNFPA supports awareness-raising campaigns among MARPs and in the community. The agency also supports efforts to reduce stigma among health care providers as one of primary barriers for accessing HIV prevention and treatment services, and helps reintegrate People Living with HIV/AIDS into the community by supporting their advocacy and activities.

Through its humanitarian programme, UNFPA provides HIV prevention and support services for internally displaced people in Darfur and other conflict-affected states. Services include provision of equipment for safe blood supply and facilities for HIV screening and counselling and provision of PEP (Post exposure prophylaxis). The agency also supports training and awareness-raising campaigns against HIV targeting youth, health workers and communities in crisis. As part of its recovery programme, UNFPA supports HIV prevention activities for the reintegration of former combatants in Blue Nile and South Kordofan states.

