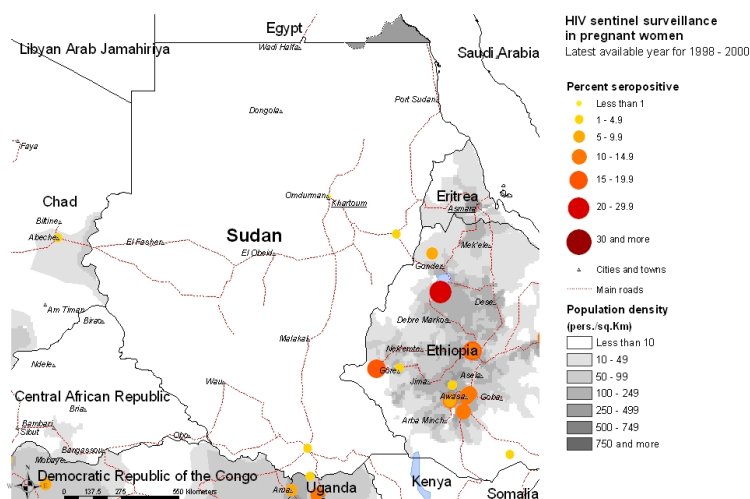


WHO estimate of number of people requiring treatment - end 2004: 50 000
 Antiretroviral therapy target declared by country: 20 000 by the end of 2005



SUMMARY COUNTRY PROFILE FOR HIV/AIDS TREATMENT SCALE-UP

1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	34.3	United Nations
Population in urban areas (%)	2003	38.4	United Nations
Life expectancy at birth (years)	2002	57	WHO
Gross domestic product per capita (US\$)	2002	394	Sudan Central Bureau of Statistics
Government budget spent on health care (%)	2002	6.3	WHO
Per capita expenditure on health (US\$)	2002	19	WHO
Human Development Index	2002	0.505	UNDP

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	0.7% - 7.2%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	120 000 - 1 300 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15-49 years)	Jun 2004	400	WHO/UNAIDS
Estimated total number needing antiretroviral therapy in 2004	Dec 2004	50 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Sept 2004	15	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites	Sept 2004	913	Ministry of Health
Prevalence of HIV among adults with tuberculosis (15-49 years)	2002	13.8%	WHO

3. Situation analysis

Epidemic level and trend and gender data

According to national sources, at the end of September 2004, 11 511 cases of HIV/AIDS had been reported to the Sudanese National AIDS Control Programme since the beginning of the epidemic. According to estimates derived from the WHO/UNAIDS Meeting on HIV Estimations and Projections in 2003, the average adult prevalence of HIV/AIDS is 2.3%. Sudan is experiencing the early stages of a generalized epidemic, and the predominant mode of transmission is heterosexual. The overall HIV prevalence in southern Sudan is difficult to estimate, as the civil strife of the past 50 years has led to the collapse of infrastructure, creating pockets of relatively isolated areas along with widespread poverty and illiteracy. Limited epidemiological data show a low prevalence in southern Sudan, but after many years of war and its effects, this area is facing an environment favourable for an accelerated spread of HIV.

Major vulnerable and affected groups

Vulnerable groups include internally displaced people, refugees, sex workers, tea sellers, street children, truck drivers, prison inmates and police and armed forces personnel. Increased prevalence of HIV infection among these vulnerable groups is driven by unsafe sex related to long civil conflicts, displacement and high mobility and poverty. According to national estimates, the prevalence of HIV infection among vulnerable groups is 1% among antenatal care attendees, 10% among tea sellers in the southern district of Juba, 2% among prisoners, 1% among truck drivers, 1.3% among street children, 4.3% among sex workers and 4% among refugees. These figures represent data from government-controlled states in 2003. The existing data from southern Sudan show varying HIV prevalence rates: 0.9% in the general population in Rumbek (2003), 0.3% in a group of people with tuberculosis in Upper Nile (2001), 7.2% in the general population in Yambio (2000) and 2.7% in the general population in Yei County on the border (2003) with Uganda. The southern states are hardest hit with HIV/AIDS because of the lack of health services and health awareness, in addition to their proximity to high-prevalence neighbouring countries. WHO estimates indicate that, at the end of 2003, 220 000 women 15-49 years old and 21 000 children were living with HIV/AIDS.

Policy on HIV testing and treatment

A policy on HIV/AIDS was developed and endorsed by the government and stakeholders after a series of workshops and policy discussions in 2004. A policy on the provision of antiretroviral therapy was developed in support of implementation of the Round 3 grant for HIV/AIDS from the Global Fund to Fight HIV, Tuberculosis and Malaria. The government is also committed to strengthening access to voluntary counseling and testing services in the country.

Antiretroviral therapy: first-line drug regimen, cost per person per year

The current cost of a first-line treatment regimen is US\$ 516 per person per year, using zidovudine + lamivudine + nevirapine. Recent discussions with key suppliers have indicated there may be potential for reducing the prices of antiretroviral drugs as demand increases with treatment scale-up.

Assessment of overall health sector response and capacity

The Sudanese National AIDS Control Programme was established in 1987 and has been significantly strengthened in recent years. With strong political commitment from the highest levels, the Sudanese National AIDS Control Programme has developed a National Strategic Plan for 2003-2007 emphasizing multisectoral collaboration and community mobilization for a coordinated national response. In close collaboration with civil society, four parallel health service delivery systems work towards reducing the morbidity and mortality related to HIV/AIDS: the public health system (primary health care structure, with 300 rural hospitals and referral structures at state level); the health services of the police (including access to all 43 state prisons); the Armed Forces health services (also treating civilians); and the health services of nongovernmental organizations, working with many of the 4 million internally displaced people. Four centres are reported to be currently providing antiretroviral therapy, one of which is an inpatient facility for people with tuberculosis, of whom 23% test positive for HIV. Health systems capacity is limited due to poor human resource capacity, high burden of communicable diseases, low salaries, high staff turnover and uneven geographical distribution of financial and human resources.

Critical issues and major challenges



In general, Sudan's health system suffers from a weak infrastructure in terms of human resources, health service coverage and funds. There are major disparities in the distribution of services and resources between and within states, between rural and urban areas and in states affected by conflict. The availability and accessibility of treatment and care are poor. Major bottlenecks for scaling up treatment and care include stigma and discrimination, a lack of entry points and services for voluntary testing and counselling, weak health care services and lack of human capacity in the public system and civil society. Blood-banking facilities and regulations for blood testing do not exist in the south, which also suffers from a serious lack of health care personnel trained in antiretroviral therapy. The south is also experiencing a lack of access to key HIV/AIDS services including access to information, distribution of condoms, voluntary counselling and testing, preventing the mother-to-child transmission of HIV and care for people living with HIV/AIDS, including antiretroviral therapy. The previous delay in finalizing the peace process and the conflict in Darfur are additional challenges to reaching those in need. With the signing of the peace agreement, up to an estimated 3.5 million refugees are expected to return to Sudan, resulting in an urgent need for prevention and care programmes specific to post-conflict situations. In particular, drug distribution mechanisms are needed to supply both remote areas and conflict areas.

4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004-2005

- WHO estimates that between US\$ 39.9 million and US\$ 64.6 million is required to support scaling up antiretroviral therapy to reach the WHO "3 by 5" treatment target of 21 500 people by the end of 2005.
- Sudan submitted a successful Round 3 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria focusing on prevention and advocacy in the context of a multisectoral national response to HIV/AIDS. The grant was signed in January 2005, and a corresponding national plan of action has been developed. The total funding request was for US\$ 20.7 million, with two-year approved funding of US\$ 7.8 million. The proposal does not cover the need to scale up antiretroviral therapy, except for US\$ 400 000 per year for treating 400 people at the originally expected price of US\$ 1000 per person per year. Given the potential for a drug price reduction, this funding is now expected to allow 1300 people to be treated per year. This proposal also envisages the establishment of 12 voluntary counselling and testing centres. A successful Global Fund Round 4 grant proposal was submitted in support of HIV/AIDS prevention and care for southern Sudan for total funding of US\$ 28.4 million and two-year approved funding of US\$ 8.8 million. The grant agreement was signed in June 2005. The plans are to expand access to voluntary counselling and testing, support capacity-building of health staff and provide antiretroviral therapy to 2592 people over five years.
- The government is expected to provide an estimated US\$ 9.3 million during 2004-2005 for scaling up antiretroviral therapy, including support for human resources. Taking into account the government funds committed so far to support scaling up antiretroviral therapy and with expected funding available from Global Fund grants of about US\$ 4.3 million in 2005, WHO estimates that the total funding gap for Sudan to reach 21 500 people by the end of 2005 is between US\$ 26.3 million and US\$ 51.0 million.

5. Antiretroviral therapy coverage

- In 2003, WHO/UNAIDS estimated Sudan's total treatment need to be 43 000, and the WHO "3 by 5" treatment target was set at 21 500 people by the end of 2005 (based on 50% of estimated need). The government is committed to providing treatment to 20 000 people by the end of 2005 and 40 000 people by the end of 2009.
- An estimated 400 people are receiving antiretroviral therapy, mostly through the non-public sector. This includes 100 people receiving antiretroviral therapy from military hospitals (70 in Khartoum, 30 in Juba).
- The Global Fund Round 4 grant is expected to provide antiretroviral therapy to 518 people by the end of year 2, which is targeted for June 2006.

6. Implementation partners involved in scaling up antiretroviral therapy

Leadership and management

The Ministry of Health and the Sudanese National AIDS Control Programme coordinate and manage the overall HIV/AIDS programme, including the provision of antiretroviral therapy. The Ministry of Health also coordinates the legal and policy framework, programme evaluation and planning of human resources. WHO, UNICEF, UNDP and nongovernmental organizations contribute to the process of strengthening the health system. UNDP supports the Leadership Development Programme, focusing on capacity and leadership development at the national, state and community levels for scaling up antiretroviral therapy. UNAIDS provides support for strategic planning, resource mobilization and coordination activities. The United Nations Country Theme Group on HIV/AIDS in Sudan plays a role in coordinating partner efforts. Members include United Nations agencies, national partners and representatives of international and national nongovernmental organizations. The Sudan AIDS Network represents the national nongovernmental organizations working on HIV/AIDS. Thematic technical working groups are established as necessary for work on technical issues.

Antiretroviral therapy service delivery

The Ministry of Health provides leadership in delivering antiretroviral therapy services. The Ministry of Defence and the Ministry of the Interior collaborate closely with the Ministry of Health in providing testing and counselling and management of people living with HIV/AIDS at entry points. The Ministry of Health and partner nongovernmental organizations take the lead in planning and implementing activities related to capacity-building and site-level training. WHO and the German Gesellschaft für Technische Zusammenarbeit (GTZ) have assisted in establishing the Knowledge Hub for the Care and Treatment of HIV/AIDS in the Eastern Mediterranean to support capacity-building activities at the national and state levels. International nongovernmental organizations such as Family Health International and private sector agencies such as John Snow, Inc. are involved in prevention, care and support activities. Health services in southern Sudan are largely supported and run by nongovernmental organizations with assistance from the United States Agency for International Development, the Norwegian Agency for Development Cooperation and the European Union.

Community mobilization

Civil society groups increasingly collaborate with the Ministry of Health and the Sudanese National AIDS Control Programme in activities related to programme communication, capacity-building for people living with HIV/AIDS and treatment adherence and psychosocial support. UNFPA, UNICEF and WHO provide support for integrating HIV/AIDS into school curricula and support social mobilization activities. UNDP, the Office of the United Nations High Commissioner for Refugees, the World Food Programme and the United Nations Industrial Development Organization support community mobilization efforts by building partnerships with nongovernmental organizations and providing support to people living with HIV/AIDS. Local nongovernmental organizations such as the Sudan Council of Churches provide counselling, home care and support to people living with HIV/AIDS. UNAIDS supports advocacy efforts and activities to involve and mobilize people living with HIV/AIDS.

Strategic information

The Ministry of Health, with the support of WHO, provides leadership and management of strategic information activities, including systems for monitoring antiretroviral drug resistance, patient tracking and operational research. The United States Centers for Disease Control and Prevention, UNFPA and UNICEF also support epidemiological surveillance activities.

7. WHO support for scaling up antiretroviral therapy

WHO's response so far

- Conducting a series of missions to assess the HIV/AIDS situation and to support the development of a training course and materials on HIV/AIDS programme management
- Providing technical assistance for establishing the Knowledge Hub for the Care and Treatment of HIV/AIDS in the Eastern Mediterranean to support regional HIV/AIDS capacity-building with the support of WHO and GTZ
- Supporting the development of a state-level HIV/AIDS capacity-building work plan and providing training for state-level programme managers via the Knowledge Hub
- Recruiting a National Programme Officer to assist the Ministry of Health in monitoring drug resistance related to HIV, tuberculosis and malaria
- Completing the national adaptation of WHO Integrated Management of Adult and Adolescent Illness strategy and training a core group of trainers, including expert patients, nurses and physicians
- Providing training for key staff of the Sudan National AIDS Programme and the WHO Country Office for developing the Global Fund Round 5 proposal, and supporting the Ministry of Health in developing the proposal
- Establishing a "3 by 5" country team to support the government and other partners in scaling up antiretroviral therapy

Key areas for WHO support in the future

- Supporting the development of a national operational plan for scaling up antiretroviral therapy
- Developing national standards for HIV/AIDS treatment and care for different levels of the health care system, including national guidelines on antiretroviral therapy
- Developing training courses for state-level HIV/AIDS managers
- Providing support for improving drug procurement and supply management systems
- Supporting efforts to monitor drug resistance

Staffing input for scaling up antiretroviral therapy and accelerating prevention

Current HIV staffing in the WHO Country Office includes: an HIV/AIDS National Programme Officer; a National Programme Officer supported by the Norwegian Agency for Development Cooperation for coordination of activities related to drug resistance monitoring for AIDS, tuberculosis and malaria; and a recently recruited international "3 by 5" Country Officer, who is now in place. Additional Country Office staffing needs identified include one National Programme Officer for national capacity-building issues related to the Knowledge Hub for the Care and Treatment of HIV/AIDS in the Eastern Mediterranean as well as a National Programme Officer for each of the four regions in the country to link with the "3 by 5" Country Officer.