

**THE REPUBLIC OF SUDAN**

**OFFICE OF THE MINISTER OF  
HEALTH**

**NATIONAL POLICY  
ON HIV/AIDS**

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**Dr. Mohammed Ahmed Abdel-Hafiz**  
**Director of the Sudan National AIDS Control Program**

## **Forward by Dr. Ahmed Bilal / Minister of Health**

The Declaration of Commitment on HIV/AIDS adopted by the United Nations General Assembly Special Session on HIV/AIDS in June 2001 commits Member States and the global community to taking strong and immediate action to address the HIV/AIDS crisis. It calls for achieving a number of specific goals, including reducing HIV prevalence among young men and women, expanding care and support and protecting human rights. The Millennium Development Goals adopted at the Millennium Summit in September 2000 call for expanded efforts to halt and reverse the spread of HIV/AIDS by 2015. Other important documents, such as the Abuja Declaration and Framework for Action on HIV/AIDS, tuberculosis and Other Related Infectious Diseases adopted at the African Summit on HIV/AIDS, declare regional and national commitments to confront the epidemic.

Progress towards achieving these goals requires significantly expanding HIV/AIDS programmes to foster a supportive environment, to prevent new infections, to care for those already infected and to mitigate the social and economic consequences of the epidemic.

This National Policy document aims to give vision and guiding frameworks to all stakeholders working in HIV/AIDS in the Republic of Sudan to enable the country achieve its objectives in improving the welfare and the quality of life of Sudanese people and prevent potential impact of this epidemic in the development of our nation.

The document call for a comprehensive multisectorial response that engage all actors form governments , UN , Civil Society , NGOs and Private sectors as well as bilateral and multilateral agencies.

The need for Scale up the current response is more than urgent to win the race with this epidemic. Prevention and control efforts should put the rights of people living AIDS and fighting stigma and discrimination, gender, human rights, poverty alleviation and addressing the vulnerability of some population group top in the agenda.

By presenting this policy paper, we are putting the foundation of an enabling and supportive environment for all actors towards an effective and efficient response that tailored to better suit the context of Sudan.

## **HIV/AIDS Situation in Sudan**

With 2.6 million km<sup>2</sup> Sudan does occupy the largest area in Africa with a population estimated at 31 millions in 2002 and Annual Population Growth of 2.9%. Majority of the population works in agriculture which was the backbone of the economy. Since 1998 a moderate quantity of oil is being produced but its effect is far from being felt, particularly at microeconomic level.

Sudan is unique in its long and complex emergency situation for war, recurrent draughts and famine that led to massive population movement estimated to be 2.6 million internally displaced from the war areas.

Since its independence, Sudan has suffered from many internal problems that perpetuate the vulnerability factors for the spread of the communicable diseases and added a huge burden on the health sector. These include long standing civil strife that has affected one third of the country and contributed to the problem of internal displacement of civilians with continuous movement of the warring factions both internally and with neighbouring countries ranking Sudan as number one world-wide regarding the internally displaced people. Large-scale poverty that puts more than 85% of the population below the poverty line and the prevailing illiteracy rate is 34% among males and 51% among females, with lower rates in rural areas.

Regionally, Sudan has the highest HIV/AIDS prevalence of any country in the Middle East and the number of people living with HIV/AIDS (PLWHA) is estimated in 600000. 16 of every 1000 Sudanese are people now living with HIV/AIDS.

HIV started to spread in Sudan in the 1980s. From available data on the epidemic, the following can be sketched with some degree of confidence. The first AIDS case was reported in 1986. HIV/AIDS prevalence was low in the 1980s, but increased quickly through the 1990s, and rose up to an estimated 2.6 percent of the adult population in 2002 (UNAIDS Country Report) and overall 1.6 percent in the general population (Ministry of Health, SPP Report 2003). Rates among women ANC at sentinel surveillance sites in Juba have exceeded 3 percent in 1998 and a recent study by SNAP in IDPs Camps in Khartoum state estimated at 5 percent. In addition high rates have been reported among vulnerable groups such as Sex Workers (5%), Tea Sellers (2.5%), Refugees (4%) and Street children (2.5%) As no routine surveillance exist in rural areas, the level and trend of HIV/AIDS prevalence in these areas are difficult to estimate.

## **Potential impact of HIV/AIDS in the country**

In many countries, HIV/AIDS pushes people deeper into poverty as households lose their breadwinners, livelihoods are compromised and savings are consumed by the cost of health care. The pandemic also adds to the strain on national institutions and resources, and undermines the social systems that help people to cope with adversity. In the most severely affected settings there is already evidence that HIV/AIDS is eroding human security and productivity, undermining economic development, and threatening social cohesion. Educational systems and education standards too are being affected as more young people are forced to leave school to take care of sick parents and look after siblings. More than 11 million African children have lost one or both parents to AIDS. The spread of HIV and the impact of AIDS are disproportionately affecting young people, and therefore the future of the global community itself.

In countries seriously affected by the epidemic, the health sector is facing severe shortages of human and financial resources. Many health-sector services and facilities are struggling to cope with the growing impact of HIV/AIDS. This is clearly demonstrated in sub-Saharan Africa, where people with HIV-related illnesses occupy more than 50% of hospital beds, and where organizations and facilities providing care and support are simply being overwhelmed by the demand. At the same time as demand for health services increases, more health-care personnel in sub-Saharan Africa are themselves dying or unable to work as a result of AIDS. The situation in sub-Saharan Africa may well arise in other regions unless strategies are put in place now to strengthen the human and financial capacity of the health sector.

In Sudan, no study was done to evaluate the social and economic impact on the country. UNAIDS has estimated that 23000 persons died of AIDS during 2001 and estimated number of children who have lost their mother or father or both parents to AIDS and who were alive and under age 15 at the end of 2001 is 62000.

The Macro and microeconomic implications of the epidemic and its burden on different sectors in Sudan are not yet studied. Sudan is an early stage of a generalised epidemic with an alarmingly increasing trend that was experienced in some countries in the sub-Saharan. Putting this in mind and if no comprehensive response is initiated, one can easily predict the future scenarios.

## **Overview of the National Strategic Plan (2003-2007)**

For the purpose of assessing the situation and collection the necessary information for the formulation of a national plan, SNAP decided to undertake a national survey that would assess the prevalence of HIV/AIDS in the country and provide behavioural data form different population subgroups. The exercise has also aimed to assess the commitment and response of the different government ministries, national and international organizations and other civil society organizations to the pandemic and whether they have specific plans or activities addressing the HIV/AIDS problem.

A task force (TF) was nominated and assigned to undertake the responsibility for planning and implementing this situation and response analysis. The TF was assigned to formulate, in collaboration with all concerned stake holders, a national strategic plan for HIV/AIDS prevention and control for the period 2003 – 2007.

The behavioural and epidemiological survey has included eleven out of the sixteen states in the north and three states from the south of the country and the targeted groups included were women attending the antenatal clinics to represent the sexual active part of the general population and other high risk or vulnerable groups including sex workers, truck drivers, tea sellers, prisoners, soldiers, street children, IDPs , patients attending the sexually transmitted diseases clinics and tuberculosis patients.

The response analysis survey included representatives of different governmental Ministries and departments, NGOs and wide spectrum of different civil society organizations.

Based on the findings of the situation and response analysis a National Strategic Plan was formulated with the following objectives:

1. To curb the transmission of HIV/AIDS infection through the appropriate strategies and proper interventions.
2. To reduce morbidity and mortality due to HIV/AIDS and to improve the quality of live of the PLWHA.
3. To build the capacity of the different partners involved in the prevention and control of HIV/AIDS.
4. To mobilize and coordinate national & international resources for the prevention and control of HIV/AIDS.

The strategies and activities include:

1. Raising the awareness about HIV/AIDS, its mode of transmission, prevention including the use of condoms, correction of wrong believes and to change the attitude of the community towards the people living with HIV/AIDS patients using different approaches and communication media.
2. Encouraging traditional believes and values that would enhance positive behaviour such as encouraging the youth to get married, discourage sex outside the marital boundaries and raise awareness about protected sex including use of condoms. Adding to that is to review current legislation concerning the control of communicable diseases to ensure inclusion of HIV/AIDS.
3. Dissemination of information through well-planned advocacy campaigns targeting policy and decision makers to ensure the commitment of the government, civil society organizations, private sector, the NGOs and the community for the prevention and control of HIV/AIDS and to mitigate the stigma associated with HIV/AIDS.
4. Provision of treatment of STIs in all health institutes.
5. Prevention of transmission through blood transfusion by screening all blood donated.
6. Establishment of integrated multi sectoral initiatives to extend care & support to PLWHA to the communities.
7. Facilitation of voluntary testing and counselling for HIV/AIDS.
8. Provision of treatment & nursing care for people living with HIV/AIDS in all health units.
9. The strengthening of the surveillance, monitoring and evaluation system.
10. Encouragement of research, especially operational research.
11. Strengthening of the management component of the HIV/AIDS control program with particular emphasis on decentralization of decision making.

The estimated cost for implementing the proposed plan is USD 196,954,500.00 (One hundred ninety six million nine hundred fifty four thousand and five hundred US Dollars) for the period 2003 – 2007.

The plan was officially endorsed by the president of the republic in January 2003. The implementation phase of the plan is severely constrained by lack of resources and capacity especially at state level. Only one million was provided from different donors and development partners to support the budgetary implications of the plan.

SNAP has developed and is implementing annual plan for 2004 that was originated from priority areas in the strategic plan and on the bases of the current available resources. SNAP and UNAIDS has also supported the development of specific sectors strategic planning.

Huge resource mobilisations efforts are needed to support the strategic plan implementation in different sectors.

The development of National policy on HIV/AIDS would help creating a supportive environment for the implementation of this plan and will give vision , guiding principles and frameworks for strategic and multisectoral response to be implemented by all actors.

### **Policy Status of Sudan**

In response to the first AIDS case in the country, Sudan National AIDS Control Program was established in 1987. SNAP developed short- and medium-term plans in accordance with guidelines from the Global Program on AIDS. An important feature of Sudan's approach to combating the AIDS epidemic has been its emphasis on collaboration with the World Health Organization (WHO) and other international agencies.

Intersectoral collaboration with key government ministries, community organizations, and NGOs marked the early stages of policy development. In 1989, the MOH drafted a four-point policy statement on AIDS prevention.

As mounting epidemiological evidence indicated a worsening of the epidemic, the need for a strong and clear national policy backed by high political commitment became apparent. It was in this context that the Ministry of Health formulated in 2002 a Policy Drafting Committee on HIV/AIDS. The Under-secretary of MOH directed the committee

to revise the old policy document and draft a comprehensive national policy for approval. In 2003 SNAP in turn commissioned a consultant to prepare a draft on the basis of the old documents, international experiences and guidelines as well as findings of the situation analysis of the strategic plan.

The Policy Drafting consultant produced the first draft of the national policy in June 2003 and forwarded it to the undersecretary Council of the MOH (a standing committee that reviews all health policies and follow the plans).

The Council thoroughly discussed the draft document and returned suggestions and comments for improvements. The policy draft was circulated to key sectors and draft policy was subjected to several rounds of intersectoral review. A Technical review was done in SNAP to prepare a final version for presentation to the concerned bodies and partners.

As SNAP is engaged in significant decentralization of many of its activities, the policy issues was discussed with State AIDS focal points in their regular meetings in Khartoum and were requested to encourage debate on key policy issues at state and community level .

In this stage the draft policy will bring together experts from the relevant government ministries as well as some NGO and UN agency representatives. Final editing will be done and then it will be forwarded for endorsement by the Council of Ministers. The Legal bodies of the Council of Ministers will review the draft and will work with the MOH to resolve legal issues.

Several unique features distinguished the AIDS policy development process in Sudan. The first policy statements and plans were developed immediately after the diagnosis of Sudan's first AIDS case. The early response was probably a function of the efforts of the World Health Organisation and recognition by Sudan's scientists and public health officials that AIDS is a potentially major problem. However the recognition by government officials and political leaders has come relatively in later stage. The process of developing a comprehensive national policy took much longer to complete than in other countries because of the denial and lack of strong political commitment until 2002 when the Strategic Plan was endorsed by the president and the National AIDS Council was formulated.

## **Needs and justifications for a comprehensive National Policy**

The AIDS epidemic has quickly become one of the most serious health and development problems facing Sudan today. Efforts to combat AIDS in the country have so far been too little too late. Over half million people are currently infected with HIV in Sudan. In 2001, AIDS was responsible for about 23 thousands deaths in the country and leaving more than 63 thousands orphans.

A supportive policy environment is crucial to the implementation of successful programs that prevent the spread of the virus, deliver care to those infected, and mitigate the impacts of the epidemic. An appropriate policy environment is essential in supporting efforts to ensure that human rights are respected and eliminating stigmatization and discrimination associated with HIV/AIDS.

This National policy, guidelines, and strategic plans are needed to guide the effective implementation of HIV prevention and care initiatives. At the same time, financial and other resources must be mobilized to build capability to respond to the epidemic.

## **The process of policy development**

The process of developing, approving, and implementing HIV/AIDS policies differs in each country and for each issue. However, some underlying processes are common to most efforts. A better understanding of what processes involved in the development of this paper can improve efforts to facilitate policy implementation and achieve better outcomes.

- **Problem identification and need recognition:**

Sudan has passed through several stages in its response to the AIDS epidemic, including medical response, public health response and now the multisectoral response. In 1989 the first policy document was developed. It was a four-point technical document and remained within the SNAP without advocacy and endorsement by higher political level. At that time people saw little need for a comprehensive AIDS policy. However, the need for a policy response grew as SNAP adopted multisectoral approaches to the epidemic and the broad impacts of AIDS on human rights, economic growth, society, and families emerged.

- **Information collection.**

Once a decision to develop a comprehensive policy is made, the next step was to obtain expert opinion, through consultant reports, interviews and workshops. The situation and response analysis that was done during the Strategic planning process has much enrich the information necessary for updating the old policy document.

- **Drafting:**

Drafting of this paper started in 2002. The core body of the draft was the policy of 1998. Since then the paper was subjected to continuous feedbacks from different organisations. Rewriting of the draft to incorporate the various comments and to respond to the changing environment was done on regular bases. The phase of drafting has relied on a number of drafting committees and experts that sought input and consensus from a range of interests and international guidelines.

- **Review:**

The draft policy were debated widely and reviewed by large number of people as a result of special meetings within SNAP and MOH and dissemination to key actors and policy makers in Sudan.

- **Approval:**

The National AIDS policy will be discussed and approved at the cabinet. Approval at Ministry of health has already been obtained. H.E the president of Sudan will launch the policy in July 2004

- **Implementation:**

Some policies items have already been implemented through operational or strategic plans and technical guidelines. The policy will initiate a comprehensive implementation of plans and will sustain and scale up the already on going plans and prevention efforts.

### **Principles to guide the National policy**

- ❖ All conventions and agreements, commitments made by the government of Sudan in international conferences, summits, meetings and forums whether directly addressing HIV/AIDS or its underlying and related issues including The Declaration of Commitment on HIV/AIDS adopted by the United Nations General Assembly Special Session on HIV/AIDS in June 2001, The Millennium Development Goals adopted at the Millennium Summit in September 2000 , the Abuja Declaration and Framework for Action on HIV/AIDS, tuberculosis and Other Related Infectious

Diseases adopted at the African Summit , the International Conference on Population and Development , National Population Policy 2002, Convention on Child Rights and all Human Rights Conventions which were signed by the government shall provide a frame work for HIV/AIDS policy and its implementation.

- ❖ HIV/AIDS is a developmental issue and not purely a medical problem. National Response should be multisectorial and multidisciplinary. All members of the community have individual and collective responsibility to actively participate in the prevention and control of the HIV/AIDS epidemic
- ❖ Strong Political and Government commitment and leadership at all levels that is translated into real actions and support, is necessary for sustained and effective interventions against HIC/AIDS epidemic.
- ❖ Approaches to control HIV/AIDS should respect the cultural values and norms of the Sudanese Society.
- ❖ Approaches to control HIV/AIDS should reflect the diversity of the country and understand the multi-religious, multicultural, multiracial and multi-lingual nature of Sudan.
- ❖ Approaches should aim to strengthen the cohesion of the society, welfare of the family and the traditional social support systems rooted in the community.
- ❖ Individual, family and the community have the right to information on how to protect its members from further transmission and spread of HIV and sexually transmitted diseases
- ❖ HIV/AIDS is preventable. Transmission of infection is preventable through positive behaviour changes. Hence education and information on HIV/AIDS and behavioural change communication are necessary for people and communities.
- ❖ The objectives in the national response will be most effectively achieved through community based comprehensive approach which includes prevention of HIV infection, care and support to those infected and affected by HIV/AIDS and in close cooperation with PLWHA. Decentralization and community involvement are corners stone in the National Response.
- ❖ Access to acceptable and affordable HIV/AIDS Services including Voluntary Counselling and Testing, diagnosis and treatment of STIs and opportunistic infections at all level of Health services is crucial for an effective National Response.

- ❖ HIV/AIDS related stigma plays a major role in fuelling the spread of HIV infection. Combating stigma must be sustained by all sectors at all levels.
- ❖ PLWHA have the right to comprehensive health care and other social services, including legal protection against all forms of discrimination and human rights abuse.
- ❖ Gender inequalities are a major driving force behind the AIDS epidemic. The different attributes and roles societies assign to males and females profoundly affect their ability to protect themselves against HIV/AIDS and cope with its impact. Reversing the spread of HIV therefore demands that women's rights are realized and that women are empowered in all spheres of life.
- ❖ Poverty reduction strategies are becoming the main development planning instruments in many countries, determining national priorities and domestic as well as external resource allocation. This is the primary reason for integrating HIV/AIDS into poverty reduction strategies, thus ensuring that adequate resources are allocated to programmes aimed at reversing the epidemic and managing its impact. Mainstreaming HIV/AIDS priorities into poverty reduction strategies is likely to address the vulnerability of population and the factors undermining the epidemic.
- ❖ Realizing Sudan context and the huge potential of the enabling spiritual and socio-cultural values and opportunities that can be integrated with modern proven scientific knowledge, religious leaders and faith based organisations groups can play a leading role in the fight against HIV/AIDS.
- ❖ Young People provides a window of hope to combat the epidemic. Educating young people about HIV and equipping them with life skills, improves their self-confidence and ability to make informed choices, such as postponing sex until they are mature enough to protect themselves from HIV, other STIs and unwanted pregnancies.
- ❖ As high risk groups play a major role in transmission of HIV. Appropriate strategies aiming to reduce the risk of HIV infection among specific high risk and vulnerable groups is essential for a comprehensive response.
- ❖ All interventions related to HIV/AIDS including research and surveillance should conform to highest of ethical and moral standards.
- ❖ Interventions and resources distribution should ensure participatory and public health approaches, equity, transparency and accountability towards the beneficiaries.

- ❖ The HIV/AIDS pandemic has given urgency to the need for rapid assessment and capacity development, particularly at state and community level. Developing the capacity of actors is fundamental element for an expanded and comprehensive response to HIV/AIDS prevention, care and mitigation.

### **The overall policy objective**

The overall goal of this National Policy is to provide for a framework for leadership, coordination and implementation of a National multisectoral response to the HIV/AIDS epidemic. This includes formulation, by all sectors and Stakeholders of appropriate interventions which will be effective in preventing transmission of HIV/AIDS and other sexually transmitted infections, protecting and supporting vulnerable groups, mitigating the social and economic impact of HIV/AIDS. It also provides for the framework for strengthening the capacity of institutions, communities and individuals in all sectors to arrest the spread of the epidemic.

## **Specific policy areas and issues**

### **Political and Government Commitment and Leadership:**

HIV/AIDS is development issue with devastating social and economic consequences. Its control is complex, difficult and costly, and needs strong determination and practical interventions. Experience has shown that Strong Political form the Government of Sudan is necessary in spearheading the fight against the epidemic. It is expected the prevailing strong political and Government commitment shall be sustained at all levels. It is important that political and Government accountability in the fight against the epidemic is strengthened at all levels.

### **Stigma, discrimination and rights of people living with HIV/AIDS**

Stigma and discrimination associated with HIV and AIDS are the greatest barriers to preventing further infections, providing adequate care, support, treatment and

alleviating impact. HIV/AIDS-related stigma and discrimination are universal, occurring in every country and region of the world. They are triggered by many forces, including lack of understanding of the disease, myths about how HIV is transmitted, prejudice, lack of treatment, irresponsible media reporting on the epidemic, the fact that AIDS is incurable, social fears about sexuality, fears relating to illness and death, and fears about illicit drugs and injecting drug use.

The Declaration of Commitment, adopted by the United Nations General Assembly Special Session on HIV/AIDS in June 2001, highlights global consensus on the importance of tackling the stigma and discrimination triggered by HIV/AIDS. All over the world, the shame and stigma associated with the epidemic have silenced open discussion, both of its causes and of appropriate responses. This has caused those infected with HIV and affected by the disease to feel guilty and ashamed, unable to express their views and fearful that they will not be taken seriously. The stigma and discrimination associated with HIV/AIDS have many other effects. In particular, they have powerful psychological consequences for how people with HIV/AIDS come to see themselves, leading, in some cases, to depression, lack of self-worth and despair. They also undermine prevention by making people afraid to find out whether or not they are infected, for fear of the reactions of others. They cause those at risk of infection and some of those affected to continue practising unsafe sex in the belief that behaving differently would raise suspicion about their HIV-positive status. And they cause people with HIV/AIDS erroneously to be seen as some kind of 'problem', rather than part of the solution to containing and managing the epidemic.

In Sudan Like all over the world, there are well-documented cases of people with HIV/AIDS being stigmatized, discriminated against and denied access to services on the grounds of their serostatus. At work, in education, in health care and in the community, people may lack the education to understand that HIV/AIDS cannot be transmitted through everyday contact, and they may not know that infection can be avoided by the adoption of relatively simple precautions. This lack of awareness can lead people to stigmatize and discriminate against those infected, or presumed to be infected, with HIV/AIDS.

The National response should aim to safeguard the rights of people living with HIV/AIDS so as to improve the quality of their lives and minimize stigma.

In this regard Sudan should closely observe the International Community and the United Nations guidelines on Human rights and HIV/AIDS. The following should be the Policy guidelines and objectives for this specific area:

- Involvement of people living with HIV/AIDS should be integral part of the National Response.
- People living with HIV/AIDS are entitled to all basic needs and all civil, legal, and human rights without any discrimination based on gender differences or sero-status.
- Persons seeking HIV/AIDS information or counselling, treatment and care are entitled to the same rights as any other person seeking other health/social services.
- HIV infection shall not be grounds for discrimination in relation to education, employment, health and any other social services.
- HIV infection alone does not limit fitness to work or provide grounds for termination. HIV/AIDS patients shall be entitled to the social welfare benefits like other patients among the employees.
- Preemployment HIV screening shall not be required. For persons already employed, HIV/AIDS screening, whether direct or indirect, shall not be required.
- Stigma, silence, discrimination and denial, as well as lack of confidentiality, undermine prevention, care and treatment efforts and increase the impact of the epidemic on individuals, families, communities and nations'
- The National Response should ensure the development and implementation of multisectoral national strategies and financing plans for combating HIV/AIDS that address the epidemic in forthright terms; confront stigma, silence and denial; address gender and age-based dimensions of the epidemic and eliminate discrimination and marginalization.
- The country should enact, strengthen or enforce, as appropriate, legislation, regulations and other measures to eliminate all forms of discrimination against, and to ensure the full enjoyment of all human rights and fundamental freedoms by, people living with HIV/AIDS and members of vulnerable groups, in particular to ensure their access to education, inheritance, employment, health care, social and health services, prevention, support and treatment, information and legal

protection, while respecting their privacy and confidentiality; and develop strategies to combat stigma and social exclusion connected with the epidemic.

## **HIV Testing**

The policy objective in this area is to promote early diagnosis of HIV infection through voluntary testing with pre-and-post test counselling. The main aim is to reassure and encourage the of the population who are HIV negative to take definitive steps not to be infected, and those who are HIV positive to receive the necessary support in counselling and care to cope with their status, prolong their lives and not to infect others. To achieve this, establishment of VCT centres and integration of the service in the Primary health Care level is needed. This should be accompanied by quality trainings and capacity building efforts.

The current reach of HIV testing services remains poor. The reality is that stigma and discrimination continue to stop people from having an HIV test. To address this, the cornerstones of HIV testing scale-up must include improved protection from stigma and discrimination as well as assured access to integrated prevention, treatment and care services. The conditions under which people undergo HIV testing must be anchored in a human rights approach which protects their human rights and pays due respect to ethical principles. Public health strategies and human rights promotion are mutually reinforcing.

The conditions of the '3 Cs', advocated since the HIV test became available, continue to be underpinning principles for the conduct of HIV testing of individuals.

Such testing of individuals must be:

- **Confidentiality:**

All HIV Testing shall be confidential. Nevertheless, public health legislation shall be made to authorize health care professionals to decide on the basis of each individual case and ethical considerations to inform their patients or sexual partners of the HIV status of their patients. Such a decision shall only be made in accordance with the following criteria:

- The HIV-positive person in question has been thoroughly counselled.
- Counselling of the HIV-positive person has failed to achieve appropriate behavioural changes.

- The HIV-positive person has refused to notify, or consent to the notification of his/her partner.
- A real risk of HIV transmission to the partner(s) or public exists.
- The HIV-positive person is given reasonable advance notice.
- Follow-up is provided to ensure support to those involved, as necessary.
- **Counselling**

All HIV testing should **be** accompanied by adequate and quality counselling

- **Consent:**

Tests should only be conducted with informed consent, meaning that it is both informed and voluntary. This shall be obtained from individuals following adequate counselling. Hospitalized patients or ambulatory patients in semiconscious states and those deemed to be of unsound mind may not be able to give informed consent. Counselling shall involve a close relative in order to obtain the consent before proceeding with diagnostic testing treatment, and clinical care.

In Sudan Like other countries, the primary model for HIV testing has been the provision of client-initiated voluntary counselling and testing services. Increasingly, provider-initiated approaches in clinical settings are being promoted, i.e. health care providers routinely initiating an offer of HIV testing in a context in which the provision of, or referral to, effective prevention and treatment services is assured.

The following four types of HIV testing should be clearly distinguished:

### **1) Voluntary counselling and testing**

Client-initiated HIV testing to learn HIV status provided through voluntary counselling and testing, remains critical to the effectiveness of HIV prevention. The policy promotes the effective promotion of knowledge of HIV status among any population that may have been exposed to HIV through any mode of transmission. Pre-testing counselling may be provided either on an individual basis or in group settings with individual follow-up. Test providers should conform to the UNAIDS/WHO new guidelines to encourage the use of rapid tests so that results are provided in a timely fashion and can be followed up immediately with a first post-test counselling session for both HIV-negative and HIV- positive individuals.

### **2) Diagnostic HIV testing:**

This is indicated whenever a person shows signs or symptoms that are consistent with HIV-related disease or AIDS to aid clinical diagnosis and management.

A routine offer of HIV testing by health care providers should be made accessible to all patients being:

- assessed in a sexually transmitted infection clinic or elsewhere for a sexually transmitted infection - to facilitate tailored counselling based on knowledge of HIV status
- Seen in the context of pregnancy - to facilitate an offer of antiretroviral prevention of mother-to-child transmission
- Seen in clinical and community based health service settings where HIV is prevalent and antiretroviral treatment is available (injecting drug use treatment services, hospital emergencies, internal medicine hospital wards, consultations etc.) but who are asymptomatic.

### **3) Mandatory HIV screening**

The policy support mandatory screening for HIV and other blood borne viruses of all blood that is desired for transfusion or manufacturing of blood products.

Mandatory screening of donors is required prior to all procedures involving transfer of bodily fluids or body parts, such as corneal grafts and organ Transplant.

The policy does not support mandatory testing of individuals on public health grounds. Voluntary testing is more likely to result in behaviour change to avoid transmitting HIV to other individuals.

Recognising that some countries require HIV testing for immigration purposes on a mandatory basis and that some sectors conduct mandatory testing for pre-recruitment and periodic medical assessment for the purposes of establishing fitness, it is recommended here that such testing be conducted only when accompanied by counselling for both HIV-positive and HIV-negative individuals and referral to medical and psychosocial services for those who receive a positive test result.

The global scaling up of the response to AIDS, particularly in relation to HIV testing as a prerequisite to expanded access to treatment, must be grounded in sound public health practice and also respect, protection, and fulfilment of human rights norms and standards.

The voluntariness of testing must remain at the heart of all HIV policies and programmes, both to comply with human rights principles and to ensure sustained public health benefits.

#### **Other Issues Related to HIV Testing:**

##### **Partner Notification**

Physicians and other health workers are not allowed to notify or inform any person other than the individual tested of the test results without his or her consent. Counselling shall emphasize the duty to inform sexual partners and married couples will be encouraged to be tested together.

##### **Pre-marital HIV Testing**

Pre-marital testing shall be promoted and made accessible and affordable all over the country. Like all other testing it should be voluntary with pre- and post-test counselling

##### **Research Involving HIV Testing:**

All research proposals shall seek ethical clearance from the Research and Ethics Committee of the hosting institution or sector. SNAP shall be informed of such research and its findings for the record and/or dissemination. Approved research proposals shall be registered with SNAP. Research involving international collaborators shall obtain ethical clearance from the Institutions from which the foreign collaborators are based and also from the relevant national research institutions and sectors.

##### **Cost of HIV Testing:**

Voluntary HIV testing should be offered free of charge or at the lowest possible and affordable subsidised price. The cost of HIV testing in hospitals and other testing centres shall depend on the policy of that particular hospital or testing centre.

##### **Types of tests to be used:**

The standards of HIV testing will be determined and monitored by the virology department in coordination with SNAP. National Health Laboratory (NHL) will also be responsible for quality control for all institutions running the HIV testing and confirmatory tests.

## **HIV/AIDS Surveillance**

To adopt the right strategy for prevention and control of HIV/AIDS/STDs, it is necessary to build up a proper system of surveillance to assess the magnitude of HIV infections in the community and trends of the epidemic.

Monitoring and evaluation of the response and assessing the outcomes and impact of interventions need a strong and reliable surveillance system.

The newly advocated and adopted second generation surveillance should be the base of the National surveillance system, that include

### 1. HIV Sentinel Surveillance:

The Government would enlarge and refine the present surveillance system for obtaining data on HIV infections in high risk as well as low risk groups of population in rural and urban areas for monitoring the trends of the epidemic. An in-built quality control mechanism will be evolved and adopted in order to have reliable and good quality data. Government is aware of the inadequacy of comprehensive epidemiological data on the prevalence of HIV/AIDS in Sudan which will be addressed through a proper and consistent sentinel surveillance mechanism.

### 2. AIDS Case Surveillance:

To assess the incidence of AIDS cases in the country, information will be collected from all hospitals having trained Physicians with standard AIDS case definition in the national context. Efforts will be made to evolve a proper reporting system so that most of the AIDS cases are reported from public and private institutions and health care providers.

### 3. Behavioural Surveillance surveys :

To assess the changing pattern of behaviour in different risk groups of population behavioural surveillance surveys will be instituted initially on pilot basis which will be expanded as per the needs of the programme from time to time.

### 4. Special survey of seroprevalence

Surveys will focus on high-risk and vulnerable groups including patients with STIs, long distance truck drivers, prisoners, displaced population, street children and uniformed forces, students, etc. Surveys including the design of formats, decisions on procedures, analysis of data and dissemination of information will rest on the technical committee under the responsibility -committee of SNAP.

### **Reporting of the surveillance data**

- SNAP will be responsible for collection & dissemination of epidemiological information to International agencies.
- All surveillance activities on HIV/AIDS will be channelled through SNAP.
- In order to make control, all surveillance results that are supposed to be reported to international bodies should be channelled through SNAP managers upon the authorization of the Federal Minister of Health.
- SNAP will provide Sudan National Council on HIV/AIDS and CDC department and other partners with regular reports on HIV/AIDS.
- Reporting system will abide to overall health information system guidelines issued by the FMOH.

### **Research**

The research and development efforts in the field of HIV/AIDS have been very limited in the country. Government recognises the need to encourage and support research and development in the priority areas as identified by the concerned body. The main objective is to provide the framework to promote and coordinate multisectoral and multidisciplinary research activities in HIV/AIDS and disseminate and use the research findings. This is in appreciating that HIV/AIDS epidemic has raised many complex issues that demand extensive well funded and well coordinated research programmes

- Research on HIV/AIDS based on scientific and ethical considerations and capable of generating new knowledge which is relevant, useful and utilizable by the community, shall be encouraged.
- Existing research structures and academic institutions shall be utilized for HIV/AIDS research.
- Research in HIV/AIDS involving human subjects, shall conform to the International Guidelines for Biomedical Research and National research Guidelines. Psychosocial and social science research shall abide by stipulated ethical guidelines.

- FMOH shall create a forum for sharing scientific information and ensure that research results are retrievable and easily accessible.
- There shall be a National Research and Ethics Committee dealing with HIV/AIDS. This Committee shall include representatives from all concerned bodies including SNAP ,the research directorate and Medical Council
- Research on AIDS involving international researchers shall require approval by the National AIDS Research and Ethics Committee and shall have a national counterpart who will be responsible for the study in the country.
- AIDS Research clearance shall be given by existing research and ethics clearance committees of institutions and approved by relevant authorities.
- All HIV/AIDS researchers shall submit copies of their research protocols and clearance certificates to MOH for purposes of record keeping.
- Research Priorities shall be formulated to allow for rapid generation of knowledge, issues and information on HIV/AIDS.
- Each sector shall strive to provide adequate funds for research activities on HIV/AIDS.

### **Care and Support for infected or affected by HIV/AIDS**

With the current status of the infection across the country, there will be a sharp increase in the number of HIV-infected persons in the society who may belong to different social and economic strata. Apart from providing counselling before declaring the HIV status, the Government should try to ensure the social and economic well being of these people by ensuring protection of their right to privacy and other human rights, and proper care and support in the hospitals and in the community.

The main policy objective is to promote appropriate nutritional, medical, social and moral support to PLWHAs to enable them to enjoy a good quality of life, remain productive and live much longer with the HIV/AIDS. The role of government, community, NGOs, CBOs, private sector and faith groups is critical in achieving this objective.

Care and Support interventions should be guided by the following:

- PLWHAs shall have access to holistic health care. This includes clinical, medical care, counselling and social welfare services. Health care shall extend beyond the hospital precincts to include planned discharge and back up for home based care.

- PLWHAs shall have access to counselling as well as access to information on how to live positively with HIV/AIDS while protecting themselves and others from further transmission.
- PLWHAs shall have the responsibility to participate fully in the activities of the community.
- Institutional and community care providers have a duty to care for people infected with HIV without discrimination on the basis of their HIV sero-status.
- Institutions shall provide quality care following existing institutional care guidelines and treatment guidelines issued by SNAP.
- Home care and hospital care complement each other. There shall be plans articulating this complementary relationship.
- National care and treatment plan, supported by regional and international strategies, should be developed to strengthen health-care systems and address factors affecting the provision of HIV-related drugs, including antiretroviral drugs.
- National strategies should address the issues of provision of psychosocial and economic support to individuals, families and communities affected by HIV/AIDS.
- The Government shall establish cooperation and collaboration with interested individuals, charity organizations, agencies or bodies in promoting community based care for AIDS patients and orphans.
- Spiritual care is a component of holistic care. The Government shall encourage the collaboration of religious leaders and faith-based organisations in providing spiritual care and material support for PLWHAs.
- The definition of an orphan, within the context of a Sudanese society as far as the AIDS epidemic is concerned, is a child between the ages of 0 – 15 years who has lost both parents.
- All public claims of cures for HIV/AIDS by traditional healers or other care providers shall be discouraged until such claims are authenticated and approved by concerned government agencies.

### **Sectoral Roles**

HIV/AIDS is not purely a health problem but rather a developmental issue that affects all sectors at all levels. Therefore the main objective of the government and

the national policy is to enhance a coordinated and effective multisectoral approach towards curbing this epidemic and to mobilize adequate financial resources for HIV/AIDS activities.

*The sectoral roles are outlined in the National Multisectoral plan on HIV/AIDS developed in 2004.*

The following policy guidelines should be considered in the efforts towards a comprehensive National Response.

- Federal and state governments, state Ministries, NGO/CBO, Religious Organizations and the Private Sector and academic Institutions shall design, and implement HIV/AIDS activities in their sectors.
- National AIDS Council and SNAP shall play a leading role in the provision of multisectoral support in the design, implementation, and evaluation of prevention and control of HIV/AIDS and in mitigating its impact.
- The various sectors in collaboration with the SNAP shall draw up a National Strategic Plan for the control and prevention of HIV/AIDS within the framework of the multi-sectoral response to the epidemic.
- Within the framework of the National AIDS Strategic Plan, every sector shall budget, raise funds and mobilize material and human resources for its own HIV/AIDS prevention and control activities.
- National AIDS Council shall assist in the mobilization of funds and it will be responsible for regular, evaluation to determine the impact of local and external donor funding on the HIV/AIDS prevention and control.
- Within the framework of the strategic plan every sector shall identify, prioritize and implement HIV/AIDS prevention and control activities in line with its mandate and comparative advantage.

### **Role of NGOs and Civil Society**

Non-Governmental organisations have made significant contribution in the health sector by their innovative approach in the areas of public health, family welfare and in arresting the spread of communicable diseases. It is essential to continue to encourage the involvement of the voluntary sector in HIV/AIDS. The National AIDS Control Programme has recognised the importance of NGOs participation in the Programme for

providing community support to people living with HIV/AIDS and their families and for providing the required care and counselling. NGOs bring with them their experience of community level work in enhancing people's participation by adopting an interpersonal approach with sensitivity and thus benefit the HIV/AIDS programme immensely.

Government commits itself to large-scale involvement and participation of NGOs/CBOs in National Response in the following manner:

- Involvement of NGOs at the policy making level through regular interaction and adequate representation in national and State level bodies.
- Apart from the conventional areas of awareness, counselling and targeted interventions among risk groups. NGOs should extend their participation to new areas like provision of medical Care including home-based care, psychosocial support to PLWA and support to orphans of AIDS.
- Greater efforts to include NGOs in training and capacity building programmes to empower them to take up these responsibilities.
- Periodical updating of guidelines and developments in the National Response issued by SNAP for involvement of NGOs to facilitate greater participation of NGOs and for better accountability.
- Encourage networking among NGOs to avoid duplication of efforts in some of the areas. Efforts will be made to identify NGOs in different States for coordinating the work of all the NGOs working in that State. State Governments also need to address the problem of motivation among Government officials towards involvement of NGOs in the programme.
- The NGOs should have the obligations to work within the national strategies and priorities and conform to the rules and regulations of humanitarian work issued by the concerned bodies.

### **Legislations and Legal Issues**

HIV/AIDS is an area of complex legal issues and has created a lot of debate and arguments. The policy objective here is to create a legal framework by enacting a law on HIV/AIDS with a view to establishing multisectoral response to HIV/AIDS and to address legal and ethical issues in HIV/AIDS.

Through out the response any new legislations or law reforms addressing issues related to HIV AIDS , should consider and be guided by the following:

- Laws should enhance the efforts towards community mobilization for living positively with HIV/AIDS in order to cope with the impact of the epidemic while safeguarding the rights of those infected or affected directly by HIV/AIDS in the community.
- Legislations should identify human rights abuses in HIV/AIDS and to protect PLWHAs and everyone else in society against all forms of discrimination and social injustice.
- Existing laws on Rape ,Child Abuse and Gender-Based should further be enforced
- Wilful Transmission of HIV in any settings should be considered a crime in the same sense as inflicting other life threatening injuries.
- Given the high rate of HIV infection in the society, some law reforms by the concerned bodies might be needed to include some issues related to HIV/AIDS.

*An existing committee is now working on special law of People living with HIV/AIDS under the umbrella of MOH.*

## **Gender**

Gender roles and relations powerfully influence the course and impact of the HIV/AIDS epidemic. Gender-related factors shape the extent to which men, women, boys and girls are vulnerable to HIV infection, the ways in which AIDS affects them, and the kinds of responses that are feasible in different communities and societies.

The gender dimensions of HIV/AIDS should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than men due to biological, socio-cultural and economic reasons. The greater the gender discrimination in societies and the lower the position of women, the more negatively they are affected by HIV. Therefore, more equal gender relations and the empowerment of women are vital to successfully prevent the spread of HIV infection and enable women to cope with HIV/AIDS.

One of the most striking features of the current national response to the epidemic to date is that few of the interventions and programmes that were developed relate to women's life situations and gender relations.

To ensure a gender based comprehensive response the following guidelines should be observed.

- Controlling the epidemic depends in large measure on communities' and families' abilities to confront the gender driven behaviour that increases the chances of infection for girls and boys, men and women. That, in turn, calls for strong and coherent national strategies and plans.
- Addressing girl's vulnerability and violence against women including rape and protecting women who are infected and affected by HIV/AIDS should be viewed as an integral part of the national response.
- Comprehensive prevention and care programmes that take into account a wide range of social, economic, cultural and political factors are more likely to stem the epidemic.
- Programmes and interventions should ensure that health information; care and other services are improved and provided in ways that are culturally appropriate and gender-sensitive.
- Innovative activities targeting boys and girls are needed to promote more equitable and mutually respectful attitudes and behaviour. Also needed are targeted anti-poverty programmes that extend credit and other forms of support to both women and men in need, as well as measures that address the special needs of widows and child-headed households.

### **Financing the National Response**

The Government has the responsibility to provide management and financial leadership in the National response to the HIV/AIDS epidemic. However, given the overwhelming high cost involved, the urgent need for scaling up and the other competing National priorities, it is very difficult for the Government only to provide adequate funds for the National Response programmes.

Therefore development partners and the private sector also share the responsibility and moral obligation to complement the Government efforts.

Currently only one million out of 200 millions that is needed to implement the National Strategic Plan (2003-2004) is available.

Huge resource mobilizations efforts should be done to ensure the implementation of an efficient and effective response.

### **Bilateral and International cooperation and support**

Government notes with satisfaction the active support provided by international agencies of the UN system and bilateral agencies from different countries in the developed world to its HIV/AIDS control efforts. The UN organisations which are constituent units of the Country Theme Group have all done work in Sudan on various social & economic sectoral programmes. These organisations will have to take a relook at their programmes and priorities in the context of the increasing prevalence of HIV/AIDS in Sudan. UNAIDS is expected to assume a larger role both in terms of providing financial as well as technical expertise to the National response .

The policy objective here is to promote international cooperation to ensure optimal utilisation of resources to avoid unproductive duplication of efforts. Bilateral cooperation which has been developed with countries like Germany (WHO/GTZ Back Up initiative), UK (Ockenden international project and Juba plus Initiative) and others will be extended further to take up specific intervention programmes where the technical and financial input from these countries can be put to optimum use. Government will promote mutual information and experience sharing with these development partners and the neighbouring countries in Africa and the Middle East region on their national AIDS control efforts.

Cross countries and borders issues like population mobility, labour migration, trafficking among women & children, etc. could be the common ground for regional cooperation among the neighbouring countries. Government would also be actively looking for technical inputs for development and local manufacturing of drugs and equipment for prevention and control of HIV/AIDS and would explore bilateral and multilateral collaboration towards this.

### **Decentralising**

For more than 17 years HIV/AIDS has been a vertical program, belonging to the directorate of prevention medicine in Ministry of Health. Similar bodies that are directly related to the central programs are present at state level.

Experiences has shown that the most effective interventions are those who have best involve the community and states in planning, decision making as well as monitoring and evaluation of the response.

- The State Governments at their levels should develop strong ownership of the HIV/AIDS prevention and control programme.
- As the prevalence of the disease and its implications vary from State to State, the State Governments and programs should devise and choose their own strategies and action plans for tackling the disease keeping the national priorities and objectives
- Capacity Development efforts should be strengthened at state and district level to enhance decentralisation.
- Effective field organisation at the district or sub-district level to tackle the problem should be formulated

### **Prevention of HIV Sexual Transmission**

As over 95% of HIV infection in the country has occurred through heterosexual intercourse, prevention of sexual transmission is the key in the control of the HIV/AIDS epidemic.

Public awareness of the risk and change of behaviours that put individuals at the risk of contracting or transmission of HIV and other sexually transmitted diseases should be the cornerstone of the response, in order to reduce the spread of the epidemic. Transmission of HIV is greatly increased for those who have multiple sex partners and engage in unprotected sex.

All sectors will be involved in enhancing public awareness at all levels and particularly at the community level and empower the community to develop appropriate approaches in prevention of HIV transmission.

### **Youth**

Experiences from countries that succeed in curbing the epidemic told us that the best way for achieving this is working with young people. Interventions targeted youth should be guided and focus on the following:

- Break the silence , stigma and shame

- Provide young people with knowledge and information( Media, school )
- Equip young people with life skills to put knowledge into practice
- Provide youth friendly service
- Work with young people, promote their participation
- Engage young people who are living with HIV/AIDS
- Create safe and supportive environment at home, school and community
- Reach out to young people most at risk
- Strength partnership with youth organizations.

### **Youth n school and institutions of Higher Education:**

The education sector is among the sectors that could play a leading role in the National Response. Adolescents and young adults are particularly vulnerable to HIV infection. The Ministries responsible for education and other public and private institutions of Higher Education in collaboration with SNAP has developed and implemented some initiatives for this specific group. However appropriate and large scale intervention strategies to accelerate AIDS information in schools and universities should be developed. These should include provision of non HIV/AIDS information in primary and secondary schools.

Information should be introduced early enough so as to protect the children who are not yet sexually active before they are exposed to sexual practices so as to equip them with knowledge and life skills to protect themselves and others from HIV transmission.

Incorporation of HIV/AIDS information in the school and university curricula or para-curricula should be the best sustainable and strategic option.

### **For Out of School Youth**

The Sectors responsible for youth and social affairs, in collaboration with SNAP National AIDS Council, NGOs and Faith Groups shall develop participatory HIV/AIDS, and reproductive health education programmes for the out of school youth.

Special emphasis should be given for the youth, who are especially at risk, those include" Young people who are drugs addicts , Adolescents who are sexually violated , Children and youth on the street , Adolescents in the armed conflict and Children orphaned or affected by AIDS.

## **Prevention of HIV/AIDS in the Workplace**

For a work or a business and to be productive, offer services efficiently and turn a profit, the skills and experiences of employees at all levels (from senior managers to cleaners) are needed to develop quality products or services that are purchased and utilised by customers. Like other challenges in the contemporary business world, HIV/AIDS is a factor that a company must now consider in its planning and operations.

*Key principles (derived from ILO Code of Practise on HIV/AIDS and Work place) that should guide interventions in the work place are:*

- **Recognition of HIV/AIDS as a workplace issue**

HIV/AIDS is a workplace issue, and should be treated like any other serious illness/condition in the workplace. This is necessary not only because it affects the workforce, but also because the workplace, being part of the local community, has a role to play in the wider struggles to limit the spread and effects of the epidemic.

- **Non-discrimination**

In the spirit of decent work and respect for the human rights and dignity of persons infected or affected by HIV/AIDS, there should be no discrimination against workers on the basis of real or perceived HIV status. Discrimination and stigmatization of people living with HIV/AIDS inhibits efforts aimed at promoting HIV/AIDS prevention.

- **Healthy work environment**

The work environment should be healthy and safe, so far as is practicable, for all concerned parties, in order to prevent transmission of HIV, in accordance with the provisions of the Occupational Safety and Health Conventions. A healthy work environment facilitates optimal physical and mental health in relation to work and adaptation of work to the capabilities of workers in light of their state of physical and mental health.

- **Social dialogue**

The successful implementation of an HIV/AIDS policy and programme requires cooperation and trust between employers, workers and their representatives and government, where appropriate, with the active involvement of workers infected and affected by HIV/AIDS.

- **Screening for purposes of exclusion from employment or work processes**

HIV/AIDS screening should not be required of job applicants or persons in employment.

- **Confidentiality**

There is no justification for asking job applicants or workers to disclose HIV-related personal information. Nor should co-workers be obliged to reveal such personal information about fellow workers. Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality consistent with the ILO's code of practice on the protection of workers' personal data, 1997.

- **Continuation of employment relationship**

HIV infection is not a cause for termination of employment. As with many other conditions, persons with HIV-related illnesses should be able to work for as long as medically fit in available, appropriate work.

- **Prevention**

HIV infection is preventable. Prevention of all means of transmission can be achieved through a variety of strategies which are appropriately targeted to national conditions and which are culturally sensitive.

Prevention can be furthered through changes in behaviour, knowledge, treatment and the creation of a non-discriminatory environment.

The social partners are in a unique position to promote prevention efforts particularly in relation to changing attitudes and behaviours through the provision of information and education, and in addressing socio-economic factors.

- **Care and support**

Solidarity, care and support should guide the response to HIV/AIDS in the world of work. All workers, including workers with HIV, are entitled to affordable health services. There should be no discrimination against them and their dependants in access to and receipt of benefits from statutory social security programmes and occupational schemes.

**A comprehensive HIV/AIDS program should include the following elements:**

- Creation of a company policy on HIV/AIDS, its dissemination to all employees, its implementation and its occasional updating;
- Information on HIV/AIDS, ways of preventing transmission, places to seek further information and services and ongoing company and union support for its members.
- STI diagnosis and treatment, whether within the company, in community clinics or in other centres where employees receive healthcare
- Treatment for HIV and associated diseases, such as tuberculosis
- Counselling and testing for HIV on a voluntary and private basis, with means to provide support for employees and/or family members who are HIV-positive;
- Mitigation services designed to provide such follow-up activities as counselling, community support and home-based care.

**Special risk groups: (Sex Workers, Injecting Drug users and homosexuals)**

The Country is lacking data about HIV/AIDS situation in some special groups which are believed to be fuelling the epidemic. The main obstacles among this group are the stigma related to such groups and the informal settings where these groups and practises exist.

Interventions and working with group should be guided by the following

- A comprehensive response is difficult to achieve if the effect of these groups is ignored.
- Recognition of such groups and working with them should not be understood by any mean a legislation or formal permission of such practises
- the recognition of the urgency to work with such groups as shown in the situation analysis done as part of the Strategic plan
- Understanding the legal and law environment of this group should be part of the project to influence the best interventions.
- authority liaison and support should be part of projects targeting such groups

- Government agencies dealing with drug substance abuse in collaboration with SNAP, NGOs and Faith groups shall strengthen their preventive activities and implement targeted IEC and counselling services for drug substance abusers.
- project should include a suitable prevention and control packages on the bases of proper need assessment
- CBOs and NGOs can play a major role in such interventions through innovative outreach strategies.

### **Tourism /Immigration and Residence:**

The Republic of Sudan, while encouraging tourism will take concerted positive efforts to decrease the likelihood of HIV transmission between both residents and visitors to the Sudan.

### **Refugees**

The government of Sudan is committed to international conventions and regulations with regard to refugees and asylum seekers and will work with the concerned organisations to support HIV/AIDS interventions in this group.

### **Sexually transmitted infections**

As the risk behaviour of persons with STDs and HIV is the same, Government attaches top priority to STIs which shall be targeted for early diagnosis, treatment, prevention and control because of their role in facilitating HIV/AIDS transmission. This shall include partner notification, counselling, and validating syndromic management of STIs on regular basis.

The following approaches will be adopted by for STDs control.

- Management of STDs through Syndromic approach would be incorporated into the general health service and primary care level. Active surveillance and research to assess the magnitude and monitor the progress should be implemented.
- Technical guidelines and training module should be available to care providers.

- A massive orientation-training programme should be undertaken to train all the medical and paramedical workers engaged in providing STDs/RTIs services through a Syndromic approach.
- All STDs clinics should also provide counselling services, partner notification and good quality condoms to the STDs patients. Services of NGOs would be encouraged for providing such services at their RH /STIs clinics.
- The Government shall advocate for accessible STIs services and ensure that where treatment for STIs is not free, it shall be made affordable in accordance with the existing cost sharing policy.

### **Condoms**

Condoms were advocated earlier as a safe method of population control under the Family planning Programme. Use of condoms now assumes special significance in the AIDS related scenario, as it is the only effective method of prevention of HIV/AIDS through the sexual route apart from total abstinence.

The following should be viewed as policy guidelines for the condoms:

- The need for an unambiguous condom strategy became evident when numerous gaps and barriers were identified in the areas of co-ordination, supply, and distribution of and access to condoms, following analyses of key national documents and discussions with stakeholders at all levels.
- SNAP has to develop clear plans and strategies to ensure the availability of good quality condom and including needs assessment , supplies , cost , financing , distribution , monitoring and evaluation
- There is greater need to ensure availability of condoms at places and times where they are needed, hospitals, STDs clinics, PHC units , health Centres, university clinics ,counselling centres and private clinics of medical practitioners .
- Availability of condoms in the drug and medical stores should also be ensured for use among sexually active people and risk groups.
- SNAP should promote development of culturally acceptable information packages about the efficacy of condoms to achieve the policy objectives.
- While ensuring availability of condoms, it is equally necessary to see that the quality and reliability is also guaranteed.

- For some risk and vulnerable groups such as truck drivers, sex workers, seasonal workers, refugees, IDPs and others, community distribution system through volunteers, CBOs and peer educators should be developed under supervisions of the Sudan National Program and the State AIDS program.
- Condoms distribution and plans should by no mean affect the promotion the more culturally sensitive and acceptable abstinence and fidelity that are a deeply rooted values in the Sudanese society.

### **Role of media**

- Sustained public information and creation of awareness is paramount in the control of the epidemic. Therefore the role of the media is very important.
- The media institutions at national and state level shall play a leading role in educating the public on HIV/AIDS and promoting positive behaviour changes.
- The media should be actively involved in investigating the practical challenges in the control of HIV and the responses by different sectors in the society.
- Media institutions have the right to access to any information with regard to the situation and response to the epidemic.
- All media institutions will be encouraged to take an active and responsible part in the dissemination of information and education on HIV/AIDS and the related topics in accordance with the HIV/AIDS health education policy.
- Quality reporting for better effects and impact should be encouraged and promoted through training of media personnel in all matters related to HIV/AIDS control including gender, human rights and reporting skills.
- Awareness raising messages and HIV/AIDS special programs should be an integral part of the programmatic cycles of the public mass media channels.

### **Role of Religious leaders and Faith Based Organisations**

Spirits is a key element of a comprehensive status of health and wellbeing. Religious values are deeply rooted in the Sudanese society influencing individual behaviour and the socialization process. These values provide a golden opportunity if well incorporated in the National Response

Religious leaders are in the unique position of being able to alter the course of the epidemic because religious leaders can shape social values, promote responsible behaviour that respects the dignity of all persons and defends the sanctity of life, increase public knowledge and influence opinion, support enlightened attitudes, opinions, policies and laws, redirect charitable resources for spiritual and social care and raise new funds for prevention and for care and support and promote action from the grass roots up to the national level.

Faith-based institutions could have a "profound impact" on the HIV/AIDS pandemic in the following ways:

- Prevention: leaders can promote taking personal responsibility for sexual behaviour; encourage and support faithfulness, marriage embrace and adopt behaviours that avoid the transmission of HIV.
- Spiritual care. Equipped imams and clergy can help in support all people, especially those living with HIV, in life-sustaining relationships with their God and their community.
- Counselling: leaders can encourage voluntary and confidential testing and counselling for HIV. Promote the establishment of support groups and other counselling services for the sick, dying and bereaved and those who are orphaned.
- Leadership. Religious can preserve and promote a merciful and compassionate community and institutional leadership at every level of society so as address power, culture, stigma and discrimination, and to be a voice for the voiceless or those with a lesser voice. Encourage, in particular, leadership on HIV/AIDS among the women.

### **Community involvement**

The community is the key in curbing the HIV/AIDS epidemic. The community should be fully informed about HIV/AIDS and the real life challenges in its prevention and care. The communities shall be encouraged and supported to develop appropriate approaches to reduce HIV infection and care for the PLWHAs and orphans in their localities. National AIDS Council will encourage all sectors, local government councils, faith groups, NGOs and CBOs to mobilize communities to plan and implement their

community based HIV/AIDS control activities. Special emphasis should be based on community support groups and services for those infected and affected by the epidemic.

### **Prevention of Mother to Child Transmission**

Mother-to-child transmission (MTCT) of HIV remains a major public health problem worldwide, especially in resource- constrained countries

As Heterosexual intercourse is the most common mode of HIV transmission in Sudan which might results in large numbers of infected women in country who then transmit the virus to their babies. In the absence of any efforts and data, rates of MTCT are expected to be high due to the lack of access to existing prevention interventions including HIV voluntary counselling and testing (VCT), replacement feeding and antiretroviral drug therapy.

Reducing paediatric HIV infection should be a priority area for action and should involves the following

- Preventing HIV infection among women of childbearing age;
- Preventing unwanted pregnancy among HIV-positive women;
- Preventing MTCT during pregnancy, labour and delivery, and breastfeeding.

These should be based on current scientific knowledge and collective international experience as part of a comprehensive package to reduce MTCT. These include:

- Improved availability, quality, and use of maternal and child health services
- HIV voluntary counselling and testing: Ways to improve acceptability of VCT must be explored. Routinely offering VCT is one way with good potential for success.
- Antiretroviral therapy: The administration of antiretroviral drugs during pregnancy and the time around delivery has proved to significantly reduce the risk of MTCT; this option should be offered and discussed with infected pregnant women.

#### **Intra-partum Mother to child transmission:**

Health professionals shall apply current techniques, treatments and methods to manage pregnancy and deliveries. They shall choose methods that minimize the risk of HIV transmission to the baby.

#### **Prenatal transmission:**

Prevention of prenatal transmission should include:

- Education on the risks of mother-to-child transmission to all women of childbearing age and their partners.
- Counselling and appropriate contraception for HIV infected women and their partners.
- Information and education on alternative technological options including anti-retroviral therapy for infected pregnant women.

### **Transmission through breast Feeding:**

In order to prevent HIV transmission through breast-feeding the following services should be offered: -

- Individually tailored counselling on breast-feeding.
- Counselling of husbands, partners and other relatives on breast-feeding and HIV transmission, and to provide material and moral support to the mother and/or the family.
- Sensitize the community on the support needs of HIV positive mother in her own care and prevention of transmission of the infection to the child.
- Counselling on healthy baby feeding options or practices for infected mothers.
- Economic empowerment of women to enable mothers to provide nutrition supplements for their children.
- The risk of HIV transmission should be weighed against the hazards of depriving the child from breast-milk.

## **Transmission through blood transfusion and blood products**

Prevention of transmission through blood transfusion can effectively be accomplished through screening and elimination of infected blood. Government is committed to achieve the goal of 100 percent safe transfusion in all parts of the country.

The following should be considered as guiding principles:

- Mandatory screening for blood and blood products before transfusion should be introduced in all hospitals/blood banks in private and public sectors all over the country.

- Decisions on tests to be adopted and kits to be used will be taken by the National Health Laboratory and SNAP.
- A confirmatory test will not be required for elimination of an infected blood unit or a rejection of a donor.
- Upon the request of the donor who tested reactive, a confirmatory test will be carried and he will be informed of the result after pre & post test counselling.
- Screening results will be confidential and counselling will be offered for confirmed positive individuals.
- Promotion of Blood Donation to increase the pool of safe donors and to guard against stock out crisis.
- Transfusion with blood and blood products will be limited only to life threatening situation and in the absence of other alternatives.
- To enable an effective programme of blood screening while ensuring the supply of blood, public education will be used to increase the pool of potential donors and to assure them that blood donation is not a risk factor for HIV transmission.

### **Prevention of transmission through skin-piercing and surgical instruments**

- Usage of disposable equipment / sterilization will be encouraged and supported.
- Infection control measures, universal precautions and guidelines should be adopted and applied.
- Personal protective measures should be provided adequately to health care workers.
- Proper handling and disposal of hospital waste should be encouraged and supported
- Public education will aim to ensure that consumers of health care service demand sterile skin piercing and surgical equipment and avoidance of likely use of non-sterilized equipment by practitioners.

### **Skin piercing instruments outside the medical profession**

The traditional practices of circumcision, ritual scarification, tattooing, native healers and traditional injectors represent a potential important source of HIV transmission in Sudan. These procedures are conducted outside of the government health care system and shall be the subject of targeted public education.

## **Prevention of Transmission among intravenous drugs users**

As no data is available on intravenous drug abuse in the country it might represent a potential threat of HIV transmission. Research in this area should be strengthened and education and counselling should be offered to the identified risk groups.

## **Institutional Framework for the national response**

The organization and management of the National Multisectoral AIDS programme will have to take into account the on going reforms in the country. It will also need to recognise the multifaceted and complex nature of the HIV/AIDS epidemic

The expanded national response will be managed by different structures at all levels. It is envisaged that each government ministry will have a focal person and committee whose responsibility will be to plan, budget, implement and monitor HIV/AIDS interventions. It is also recommended that all other sectors including state sectors, NGOs, the private sector, faith-based organisations, youth, and women will also have dedicated HIV/AIDS focal persons.

The following presents a brief overview of important structures at national and provincial levels and their specific role and functions relating to HIV/AIDS.

### **Cabinet:**

The Cabinet is the highest political authority in the country. The Cabinet meets weekly, but HIV/AIDS issues are not regularly discussed at this level. Regular updates and developments and progress of the national response will be presented and submitted by the Minister of health in his capacity as chairperson of the National AIDS council.

### **National Council on HIV/AIDS (NCHA):**

In recognition of the threat posed by HIV/AIDS , the National Council on HIV/AIDS Council is formulated in 2001 by ministerial decree number 8 issued by the Minister of health and it represent the highest advisory body in the country on all matters relating HIV/AIDS. Its major functions are to:

- Advise government on HIV/AIDS/STD policy, advocate for the effective involvement of sectors and organisations in implementing national policy and strategies
- streamlining of HIV/AIDS in all sectors

- create and strengthen partnerships for an expanded national response among all sectors,
- Mobilise resources for the implementation of the AIDS program
- oversee the whole National response

This body is chaired by the Minister of Health and consists of 36 members including government representatives at the level of federal ministers, NGOs, Private Sectors and Youth organization.

*(For the complete list and mechanism of work see annex1)*

### **National Executive Council on HIV/AIDS:**

The Minister of Health has issued another decree formulating the National Executive council on HIV/AIDS (NECHA) Chairmanship of the Undersecretary of the Federal Ministry of Health with members from UN Agencies, public & private sectors, national & international stakeholders with the following term of reference:

- Execution and overall Management of the National Response
- Coordination between different partners and stakeholders on various sectors.
- Review and endorsement of strategic plans and plans of action.
- Raise funds and mobilize resources to meet the needs.
- Monitoring and evaluation of the response by different stakeholder.

Subcommittees within the NECHA were formulated to support interventions within specific areas.

*(For the complete list, mechanism of work and specific functions of Subcommittees of NECHA see Annex 2)*

### **Sudan National AIDS Control Program (SNAP):**

SNAP was established since 1986 and it is a program within the communicable disease Control in the Federal Ministry of Health (FMOH).

For a long time SNAP was the only national actor in HIV/AIDS and its efforts has succeed in breaking the silence around the epidemic in Sudan and gaining the highest political commitment.

The development of the National Strategic plan and its endorsement by H.E the president of Sudan was a turning point in the National Response. SNAP efforts and approaches have managed to sensitise all sectors to incorporate HIV/AIDS in their mandates and plans at national and state level. The recent achievements have included the development of specific sectors plan.

The expansion and the initiation of wider multidimensional and multisectoral Response will necessitate restructuring and building capacity of the program to effectively take lead the technical and coordination needs of the response.

SNAP will act within the framework of the NCHA and NECHA and it is mandated to develop the health sector plan to ensure the availability and accessibility to quality standards of HIV/AIDS services. This mandate will also cover provision of technical assistance and Capacity building and coordinating the response of other sectors.

The following areas are considered exclusively under the mandate of the health sector:

- Health sector strategic plan to strengthen the health system's response to HIV/AIDS.
- Treatment and Medical care of HIV/AIDS persons
- Management modules and standards of sexually transmitted infection.
- Surveillance system in the country
- Voluntary counselling and testing
- Infection control and blood safety
- Vaccines and micirbocides
- Prevention of mother to child transmission

*(For structure and functions of SNAP please see annex 3)*

## **Conclusion**

The Government of Sudan is fully committed to prevent the spread of HIV/AIDS at the critical stage before it emerges into a catastrophic epidemic. The Government looks at HIV/AIDS prevention and control a developmental issue with deep socio-economic implications. It touches all sections of the population, both infected and affected, irrespective of their regional, economic or social status.

By following a concerted policy and an action plans that emerges out of it, Government hopes to control the epidemic and slow down its spread in the general population within the shortest possible time. All participating agencies in the Governmental and non-Governmental sectors, international and bilateral agencies, would need to adopt policies and programmes in conformity with this national policy in their effort to prevent and control HIV/AIDS in country.

