Regional Training on Strategic and Operational Planning in HIV in MENA

Setting Priorities: Case Study of Sudan

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Learning objectives of the session

• To understand various processes involved in NSP development in Sudan
• To identify processes for setting priorities and components of NSP applicable to countries with generalized epidemic
• To familiarize participants with challenges and lessons learned following five years NSP implementation in Sudan
Presentation Outlines

- Background information about Sudan
- HIV/AIDS Situation in Sudan
- Planning for HIV/AIDS in Sudan
- The NSP Development Process
- Identifying priorities and formulating of the plan
- Lessons Learned from 5 years for the NSP implementation
- Challenges during NSP implementation phase
- The Way Forward for HIV/AIDS Planning in Sudan
Introduction and Background
Country Background

- Largest country in Africa and the Middle East
- Multi-ethnic, Multi-religious and multi-cultural country
- Bridging the Middle East and Sub-Saharan Africa
- Federal system with 25 states
- Semiautonomous southern region with 10 states
- Most HIV affected country in MENA
- Is in state of generalized epidemic with huge variation among regions and population segment
<table>
<thead>
<tr>
<th><strong>Sudan: Quick Facts</strong></th>
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<tbody>
<tr>
<td>Population (millions)</td>
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<tr>
<td>Population growth (annual %)</td>
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<tr>
<td>Area(sq/km) (thousands)</td>
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<tr>
<td>Life expectancy at birth, (years)</td>
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<td>Mortality rate, infant (per 1,000 live births)</td>
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<td>Literacy rate, youth female (% of females ages 15-24)</td>
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<td>GNI (current US$) (billions)</td>
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<td>GNI per capita, Atlas method (current US$)</td>
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<td>Prevalence of HIV, total (% of population ages 15-49)</td>
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HIV AND AIDS ESTIMATES

- First case of AIDS reported in 1986
- Number of people living with HIV: 320 000 [220 000 - 440 000]
- Adults aged 15 to 49 prevalence rate: 1.4% [1% - 2%]
- Adults aged 15 and up living with HIV: 290 000 [190 000 - 420 000]
- Women aged 15 and up living with HIV: 170 000 [120 000 - 250 000]
- Children aged 0 to 14 living with HIV: 25 000 [18 000 - 33 000]
- Deaths due to AIDS: 25 000 [17 000 - 32 000]
Estimated adult HIV (15-49) prevalence %, 1990-2007

- Adult HIV prevalence (%)
- High estimate
- Low estimate
Number of people living with HIV, 1990-2007

- Number of people living with HIV
- High estimate
- Low estimate
# HIV/AIDS Coordinating Bodies

<table>
<thead>
<tr>
<th>Coordinating Bodies</th>
<th>GNU (North)</th>
<th>GoSS (South)</th>
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<tbody>
<tr>
<td></td>
<td>Sudan National AIDS Council (SNAC)/Sudan National AIDS Control Program (SNAP)</td>
<td>• S. Sudan AIDS Commission (SSAC) • MOH Directorate General of HIV</td>
</tr>
<tr>
<td>Design</td>
<td>SNAC is chaired by the Minister of Health SNAP is a division of the National program Directorate of the Preventive Medicine and PHC General Directorate</td>
<td>SSAC Reporting Directly to the President of GoSS</td>
</tr>
<tr>
<td>Additional Information</td>
<td>SNAC – Not fully Functioning</td>
<td>MOH Directorate leading the health sector response</td>
</tr>
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</table>

Good collaboration between North and South on HIV/AIDS in areas of M and E, Surveillance and Treatment
Planning For HIV/AIDS in North Sudan
Early Planning Cycles

- The NAP was established 1987
- Ad-hoc Planning from (1987-1992)
- Short Term Plan (1993-1995)
- Mid-Term Plan (1996-1998)

Before the NSP there were an obvious lack of focus, lack of clear targets, limited scope, limited coverage, not evidence based, centralized and medical oriented interventions.
Current Planning Frameworks for the National Response

- 25 Years National Development plan
- Country Plan for MDGs
- National HIV/AIDS Multisectoral Framework
- National Population Policy
- National Policy on HIV/AIDS
- Millennium Development Goals
- Global Initiatives (Universal Access, Unite for Children, Unite against AIDS)
National Multisectoral strategic framework

- Launched in 2003 by the president of Sudan
- Based on situation and response analysis
- Identified the strategic objectives and priorities in different areas
- Identified key interventions and activities by all sectors
- Is the base of the current plans and projects implemented by different stakeholders
NSP Development Process

- The process was initiated in 2002 with support from UNAIDS
- Led by national NSP multidisciplinary task force involving economist, epidemiologist, statistician, public health specialists and management expert
- Witnessed the participation and involvement of different stakeholders from government, UN and CSOs
Stages of the NSP Development Process

1. Situation Analysis
2. Response Analysis
3. Strategic Plan Formulation
4. Resources Mobilization
Stage one: Situation Analysis

- Involved Epidemiological and Behavioral Surveys
- Involved 16 states mostly in North Sudan
- Surveys included pregnant women attending ANC and 9 others perceived most at risk and vulnerable population groups (FSWs, Refugees, IDPs, Prisoners, STIs pts, TB pts, Street Children, Universities Students)
The prevalence rate among some special groups

1. ANC attendees 1.0 %
2. Prisoners 2.0 %
3. FSWs 4.4 %
4. Refugees 4.0 %
5. Street Children 2.3 %
6. TB Patients 1.6 %
7. Tea sellers 2.5 %
8. University Students 1.1 %
9. IDPs 1.0 - 1.8 %
Stage 2: Response Analysis

- Involved all concerned stakeholders UN, NGOs, all relevant sectors and PLWHA

- Included Structured Interviews, FGDs, Desk Reviews and meetings with key informants
Stage 3: Strategic Plan
Formulation - Setting priorities

• Who and where is the epidemic most concentrated? (Epidemiological Findings)
• What are the key determinants of the epidemic? (Behavioral Findings)
• What are we doing, by who and is it enough? (Stakeholders and Response Analysis)
• Where are we going and what are the best ways to address (Settings goals, targets and strategies)
Things to consider when you prioritize

• The context and type of the epidemic i.e. concentrated, low or generalized? Who are the most affected?
• What are the gaps in the current response (Interventions to be scaled, others to initiated and others to be adjusted)
• Resources availability, cost effectiveness and efficiency-
• Capacity and stakeholders analysis – comparative advantage and etc
What are the priorities for Sudan

• focus on specific groups such as FSWs, Prisoners, Street kids where evidence showed the epidemic is more concentrated
• Geographical focus where some states/regions are shown to be most affected
• Need to prioritize prevention as the country is still in low stage of generalized epidemic
Stage Four: Resources Mobilization

- The President launched the NSP in 2003 and directed all sectors to mobilize human and financial resources to the NSP
- Roundtable meeting with donors
- Application to various rounds of the Global Fund to support NSP
- Resources mobilization was weakened by the lack to clear resources mobilization plan and lack of proper costing to the NSP
Strategic Objectives

• To maintain the prevalence below 2% among the general population
• To provide care, treatment and support to People infected and affected by the epidemic
Key Priorities of the NSP of Sudan
Care, Treatment, Support
Progress on VCT Services in Sudan

VCT scale up following NSP Implementation

Number of VCT sites

Year

year 03 year 04 year 05 year 06 year 07 year 08

Year
Psychosocial Support to PLWHA

- Support groups are established in all northern states
- Food Aids, education aids
- Protection Law is under the review and Ratification process
- Training for PLWHA on IGAs, Communication and Leadership
Surveillance of HIV

Guided by the National Surveillance Strategic Plan. Surveillance Include:

- Sentinel Surveillance among pregnant women – 32 functioning sites
- Surveillance and Research among Most At Risk Groups (Prisoners, Truckers, FSWs, MSM) using RDS
- AIDS case reporting from ART sites
- Reports from blood Donors, VCT, PMTCT sites
- Population Based Surveys (Planned AIS for 2009)
Information, Education and Communication

Behavioral Change Communication
Guided by the BBC strategy in 2007 the programs include

1. Educational Materials Development, pretesting, production and distribution
2. Education through Printed Media
3. Peer Education Project For Young People
4. Education through Mass Media
5. Interpersonal Communication
6. Bill Boards in Strategic Locations
7. Programs for Special groups such as IDPs, Prisoners, Truckers, FSWs and etc
Programs for Most at Risk group

• Though Sudan is in a state of generalized epidemic, new information showed there are more groups who are most at risk (MARPs) such as FSWs (4.4%), MSM (9%), Prisoners (8%) and tea sellers (2.5%)

• Special programs including surveillance, mapping and standard services package were designed to this groups

• A Unit was established within the NAP, Capacity Building initiative were done
Knowledge Indicators - Sudan

Ever Heard about AIDS

- MICS 2000
- SPP 2002
- SHHS 2006

Percentage

0% 20% 40% 60% 80%

Series 2
Series 1
Sexually Transmitted Diseases

- SNAP is providing Free Treatment for STIs through 250 Centers in all states of North Sudan
- These Centers are regularly reporting, supervised, with trained staff and regular supply of Drugs
- More than 40,000 STIs Patients received treatment in 2008
HIV as a Developmental Issue

The Role of Non Health Sectors
### Key Sectors involved in the National AIDS response

<table>
<thead>
<tr>
<th>Sector</th>
<th>Priorities for sectors</th>
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<tbody>
<tr>
<td>General Education</td>
<td>Prevention among young people, training of teachers and school curricula</td>
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<tr>
<td>Ministry of Defense</td>
<td>Care and Treatment ‘Awareness raising and Peer Leadership Project</td>
</tr>
<tr>
<td>Ministry of Interior</td>
<td>Care and Treatment, Awareness raising and Peer education</td>
</tr>
<tr>
<td>Ministry of Youth</td>
<td>Prevention among young people, Youth Coalitions against HIV/AIDS</td>
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</tbody>
</table>
### Key Sectors involved in the National AIDS response

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<th>Area of Work</th>
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<td>Ministry of information</td>
<td>Production and Free Broadcasting in Mass Media Campaign, training of media personal</td>
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<tr>
<td>Ministry of High education</td>
<td>Students led anti-AIDS association</td>
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<tr>
<td>Ministry of social welfare</td>
<td>Support to orphans and PLWA – An ongoing OVCs situation Analysis</td>
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<tr>
<td>Ministry of Guidance</td>
<td>Khartoum declaration for religious leaders, Training of imams, modules development and awareness raising through mosques and churches</td>
</tr>
<tr>
<td>Ministry of Justice</td>
<td>Human rights and legal support to PLWA</td>
</tr>
<tr>
<td>Women and youth Association</td>
<td>Awareness raising, advocacy and peer education</td>
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</table>
M and E of the NSP

- M and E Framework for the NSP was developed including 64 indicators
- Core Unit of SNAP to measure progress of NSP plan and the results achieved in different programmatic areas
- Compile data from all states, partners and produce quarter report and annual reports
Financial allocations in 2007
Lessons Learned

- Information generation and understanding the dynamics of the epidemic is key to the NSP development process and priority settings
- NSP review and priority setting should be participatory and involve all the stakeholders (Government, UN, CSOs and PLWHA)
- NSP development is not the end of the story, it could remain as nicely covered document in the shelf
- NSP is a living document, it can always be updated in response to new developments and priorities e.g. New Information (MSM, OVCs) and Emergency (Darfur IDPs)
Lessons Learned

- Advocacy is vital for the NSP development and implementation (The president launched the NSP in Sudan)
- M and E during the implementation phase is fundamental to know whether you are following your strategic path
- Decentralization and multisectorality are key to NSP development, implementation and M & E
Challenges and issues during the NSP implementation

- Capacity Building especially at state and district level complicated by Staff Turnover and brain drain
- Ensure coordination, synergy and complementarity of the response by different stakeholders (Operationalization of the Three Ones Principle)
- Balancing Prevention and treatment
- Focus of prevention programs; Every body or MARPs?
Challenges and issues during the NSP Implementation

- Controversy on some priorities like condoms for AIDS Prevention
- Decentralization of the response and enhancing SNAP leadership at state level
- Donors driven program with minimal government contribution – How can we sustain and scale and who decide on priorities
- Overlapping coordination and M and E structure i.e. CCM Versus NAC, National M & E versus GF M & E
The Way Forward : New NSP

To respond to the new emerging issues/priorities in Sudan, SNAP has initiated processes for NSP review

1. CPA and its new opportunities and challenges e.g. Population Mobility and Formulation of HIV Control bodies in South Sudan
2. The Emergency Situation in Darfur
3. Universal Access Initiative
4. End of the planning cycle and new planning cycle for the government
5. New Information about the epidemic coming from the ANC surveillance and studies among MARPs
6. Need to coordinate with the NSP in South Sudan
Thanks

Questions?