

# SOUTH SUDAN

Report prepared by the Joint UN Team on AIDS

## JOINT TEAM

UNHCR, UNICEF, WFP, UNDP, UNFPA, UN WOMEN, UNESCO, WHO, UNAIDS SECRETARIAT, IOM

## JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

*In South Sudan, the Joint Team made contributions to boost the overall access to HIV testing, treatment, retention in care, and nutritional support for people living with HIV. Capacity building of health care providers, HIV testing and nutritional support to malnourished children and mothers helped to reach more pregnant and breastfeeding mothers and their children with HIV services. Integrated HIV and tuberculosis services were scaled up in all refugee camps in the country reaching over 400 000 refugees and persons from host communities. Educative dialogues and consultations brought together female and male political, traditional, and religious leaders, and communities, galvanizing discussion around gender inequalities, social norms affecting women, and violence against women; and ways to engage men in promoting gender neutral norms and ending violence against women and girls. Justice and Confidence Centre (JCC) were established in Juba, Torit, and Yambio cities strengthening access to justice and legal services in Central, Eastern and Western Equatoria states. The JCCs helped take hundreds of gender-based violence (GBV) cases to court with several convictions.*

## HIV TESTING AND TREATMENT

The Joint Team continued to provide technical assistance to expand 3-6 months multimonth dispensing (MMD) of antiretroviral treatment (ART) for people living with HIV across the country to improve access to treatment and retention in care; it also helped avoid the risk of COVID-19 infection in ART sites. Seventy tons of personal protective equipment (PPE) were also procured and donated to the Government of South Sudan to prevent the spread of COVID-19 among frontline health workers and public health practitioners and ensure the continuity of HIV and other essential health services. The National Consolidated Clinical Guidelines on the Use of Antiretroviral Drugs for HIV Treatment and Prevention 2020 were developed, with technical support from the Joint Team, and shared among all relevant stakeholders.

The Ministry of Health was supported to incorporate HIV self-testing into the HIV National Strategic Plan 2021-2023 reinforcing the South Sudan's efforts to increase the number of people living with HIV who know their status. Technical assistance was provided for the development of HIV self-testing guidelines and preparations for a national implementation of HIV self-testing are underway.

In collaboration with 47 programme implementing partners, counselling, food, and nutrition support were provided to 89 306 people, people living with HIV and active tuberculosis, including adolescents and children and their families across the country improving their access to HIV services and treatment outcomes. The Joint Team commenced integration of systematic HIV testing for malnourished children with complications who admitted in nutrition stabilization centres and integration of screening for acute malnutrition in the community health services package provided by the Boma Health Initiative. Substantial funding from the World Bank further ensured integration of health services in nutrition programmes and delivery of these services at large scale.

### PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

The Joint Team provided 8592 pregnant women with HIV testing and counselling (HTC) services during antenatal and maternity visits. Twenty-six sites providing prevention of mother-to-child transmission of HIV (PMTCT) were capacitated with a job aid and a refresher training to improve ART service delivery to pregnant and lactating women living with HIV in Jonglei and Upper Nile. The Ministry of Health was also supported to train 56 health workers on the delivery of PMTCT services.

### HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

Access to HIV prevention and sexual and reproductive health (SRH) information for persons with disabilities was improved through training of 23 community-based rehabilitation workers on comprehensive sexuality education (CSE) and 52 primary school teachers from 34 schools on delivery of age appropriate CSE. Regional CSE teaching training manual and information materials on school-related GBV were also translated to braille and sign language and uploaded into 100 digital recorders to support future trainings. These tools will be distributed to 80 schools and teacher training centres in the Western and Central Equatoria States in 2022 to support CSE among persons with disabilities.

Support was provided for two County Education Centres strengthening their capacity for executing teacher's training programmes. In 2020-2021, a total of 453 teachers (317 males, 136 females) were trained on delivery of CSE while 67 educators specialized in delivery of inclusive education.

A Knowledge, Attitude, and Practices (KAP) survey on HIV prevention for young people was completed in four universities. The study found relatively high levels of knowledge on HIV prevention and modes of transmission (70%) while condom use and HIV testing were low (at 42% and 38% respectively), reflecting the need to address barriers for young people to access these services. The study results will be used to develop appropriate HIV prevention education and communication materials and a service delivery strategy for university students.

The Joint Team continued to provide comprehensive HIV and tuberculosis services in all refugee camps reaching more than 310 000 refugees and 110 000 people from the surrounding host communities in 2020-2021. A total of 34 537 refugees and people from the host communities received HTC (19 293 through HTC campaigns and 15 244 in PMTCT services) and 251 people who tested positive for HIV were enrolled on ART. There were 696 people living with HIV accessing ART at the end of 2021; of whom 265 (38%) were refugees. Eighty-nine expectant and lactating mothers who tested positive and HIV-exposed infants were enrolled on appropriate ART regimens and follow-up in accordance with the global treatment guidelines. Diagnostic capacity of health facilities in refugee camps were improved through provision of various medical equipment including GeneXpert devices for HIV, tuberculosis, COVID-19, and viral load testing, LED microscopes, and Ultrasound machines.

Additionally, 233 people living with HIV were enrolled on the Joint Team's supported nutrition programmes; 410 voluntary medical male circumcisions were conducted; 1115 mothers were screened for hepatitis B during their first antenatal visit at maternity units, of whom 28 tested positive for hepatitis B and linked to treatment; 148 930 people were reached with key HIV, tuberculosis and SRH messages through local mass media, home visits, and in health facilities; and 63 700 male and female condoms were distributed to refugees and host communities.

## HUMAN RIGHTS, GENDER INEQUALITY AND GENDER-BASED VIOLENCE

A consultation held with a group of 40 women leaders from Ministry of Gender, women's associations, churches, and female chiefs from Juba and Wau enabled participants to share ideas and experiences around inequalities and social norms affecting women, and ways to engage men to support women and girls by promoting gender neutral norms and abolishing toxic and patriarchal norms. Educative dialogues were also held with a group of 200 participants (100 females and 100 males) from Juba and Wau cities to address toxic social norms that discriminate against people living with or affected by HIV and survivors of GBV. Participants agreed on the formation of county GBV champion clubs to strengthen sustainability, localization, and ownership of the ending violence against women and girls and people living with HIV initiative. Two male champion clubs were formed in Wau and Juba and have been instrumental in fostering dialogue within the community to address violence against women and girls.

The Joint Team provided technical support for the establishment of the Justice and Confidence Centre (JCC) in Juba, Torit, and Yambio cities to improve access to justice and legal services in Central, Eastern and Western Equatoria states. JCCs will provide pro bono legal representation, trauma healing and counselling support for survivors of sexual and gender-based violence (SGBV) and people living with HIV and regular training sessions and awareness-raising on constitutional and human rights laws. To date, 264 adults and children (157 female and 107 male) received various services in the three JCCs.

In 2020-2021, a total of 192 rape cases have been raised through the JCCs in the three states, with 76 resulting in conviction—a significant achievement against pervasive impunity surrounding GBV in the country and the strong tendency for GBV cases to be handled by customary courts often outside the capital Juba. Trauma healing, psychosocial support, and legal advice sessions have been provided to 490 beneficiaries, including several inmates living with HIV. A total of 395 individuals (225 female, 170 male) were also reached through community outreach events aimed at raising awareness on legal aid services, constitutional protections, human rights, and referral pathways for survivors of SGBV and people living with HIV.

Nearly 200 000 people in Juba, Torit, and Yambio cities have also been provided with information on legal procedures, human rights, constitutional protections, SGBV, HIV and AIDS, pro bono legal services, as well as other general referral pathways and access to targeted services.

The Joint Team further provided technical support to extend health, legal, and psychosocial support services to all refugee camps and host communities. As a result, 76 SGBV cases reported in refugee camps and surrounding host communities, of which 24 were recorded as rape cases and the survivors were provided with emergency contraceptive pills, post-exposure prophylaxis (PEP), and prophylaxis for STIs within the first 72-120 hours of reporting and linked to psychosocial support services.

## INVESTMENT AND EFFICIENCY

Technical support provided to 19 health facilities contributed to improvement in quality of care and HIV-related data collection, analysis, and reporting using District Health Information Software 2 (DHIS2). Prior to the visit, 34 participants from 18 health facilities in six states were trained on DHIS2 to improve data quality for decision-making in the national HIV response.

To boost investment for the HIV and tuberculosis responses and build on efficiency gains, the Joint Team continued collaboration with the Global Fund Country Coordinating Mechanism (CCM) and the President's Emergency Plan for AIDS Relief (PEPFAR) country team on effective utilization and implementation of grants. Additionally, the South Sudan AIDS Commission and the CCM in collaboration with the Ministry of Health, the Joint Team and other partners held an advocacy meeting with members of Transitional National Legislative Assembly (parliament) to advocate for higher domestic funding for the health sector. Intense advocacy also continued for the 7th replenishment of the Global Fund.

## CONTRIBUTION TO THE INTEGRATED SDG AGENDA

The Joint Team continued its contributions towards the Sustainable Development Goals (SDGs). For example, nutritional and food assistance was provided to malnourished people living with HIV and tuberculosis and their families ensuring they have access to safe, nutritious, and sufficient food all year round, in line with SDG 2. Effort have been made to reach the most vulnerable populations, including people living with HIV and tuberculosis, refugees and internally displaced people with comprehensive HIV services and general healthcare and nutritional support, thus contributing to the agenda of inclusion and leaving no one behind (SDG 3). Provision of HIV prevention and treatment services to vulnerable and key populations, including people living with HIV; and strengthening the capacity of the health system, the Ministry of Health, the South Sudan AIDS Commission, and nongovernment and civil society organisations working the HIV response reinforced the country's progress to ending the AIDS epidemic by 2030, in line with SDG 3. In addition, the provision of training and tools to expand CSE among in- and out-of-school learners, contributed to ensuring universal access to SRH services.

Technical support provided to the Government of South Sudan went beyond the HIV response securing COVID-19 vaccines through the COVAX facility and from the African Union to assert the health of citizens (SDG3). A national COVID-19 vaccination strategy was developed and executed to monitor the vaccination progress. The COVID-19 vaccination sites have increased from two in the capital Juba in 2020 to 30 fully functional sites across the country by the end of 2021, resulting in a significant increase in the number of people vaccinated after a very slow start—over 400 000 people have been fully vaccinated by end of 2021.

Support was also provided to develop guidelines to address social norms that perpetuate HIV infection and AIDS-related morbidity and mortality. The Joint Team contributed to the establishment of JCCs to ensure access to legal support, and trauma counselling for survivors of SGBV and people living with HIV. These have resulted in increased reporting of SGBV cases for legal redress, convictions of perpetrators and support to survivors—direct contributions to ensuring elimination of all forms of violence against all women and girls (SDG 5).

## CHALLENGES AND LESSONS LEARNED

Ongoing protracted conflict and insecurity, poor infrastructure, highly dispersed mobile populations, and onset of severe seasonal flooding have hampered overall delivery of HIV and tuberculosis services across the country. More than 50% of health facilities are currently non-functional either through destruction during conflicts or unused because of active conflict. Most of the roads in South Sudan are unpaved, in poor condition, and impassable during rainy season limiting access to HIV services and implementation of programmes. Despite mitigation measures that were in place, the COVID-19 pandemic related lockdown and travel restriction measures continued disrupting planned activities aimed at supporting health facilities across the country.

As the DHIS2 became the main data platform in 2019 and 2020, reporting has been very slow by the centres and counties mainly due to lack of skilled personnel, the high turnover among health workers, and the computers and internet access needed for data entry into the DHIS2 system.

Significant number of GBV case remain unreported due to fear of stigma by survivors, and the lack of strong community support, strong legal system, and enforcement of laws on SGBV. Case backlog continues to be a challenging factor in addressing GBV cases as most parts of the country (outside the capital city) do not have statutory judicial institutions.

Lack of awareness and prevailing social and cultural norms have resulted in low uptake of antenatal care, low delivery in health facilities and poor acceptance of PMTCT services.

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