



Inter-Agency Task Team for addressing HIV
in Humanitarian Emergencies



SOUTH SUDAN

**Conflict, Displacement,
Famine and the HIV Response**

Time to Act!



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Key Facts

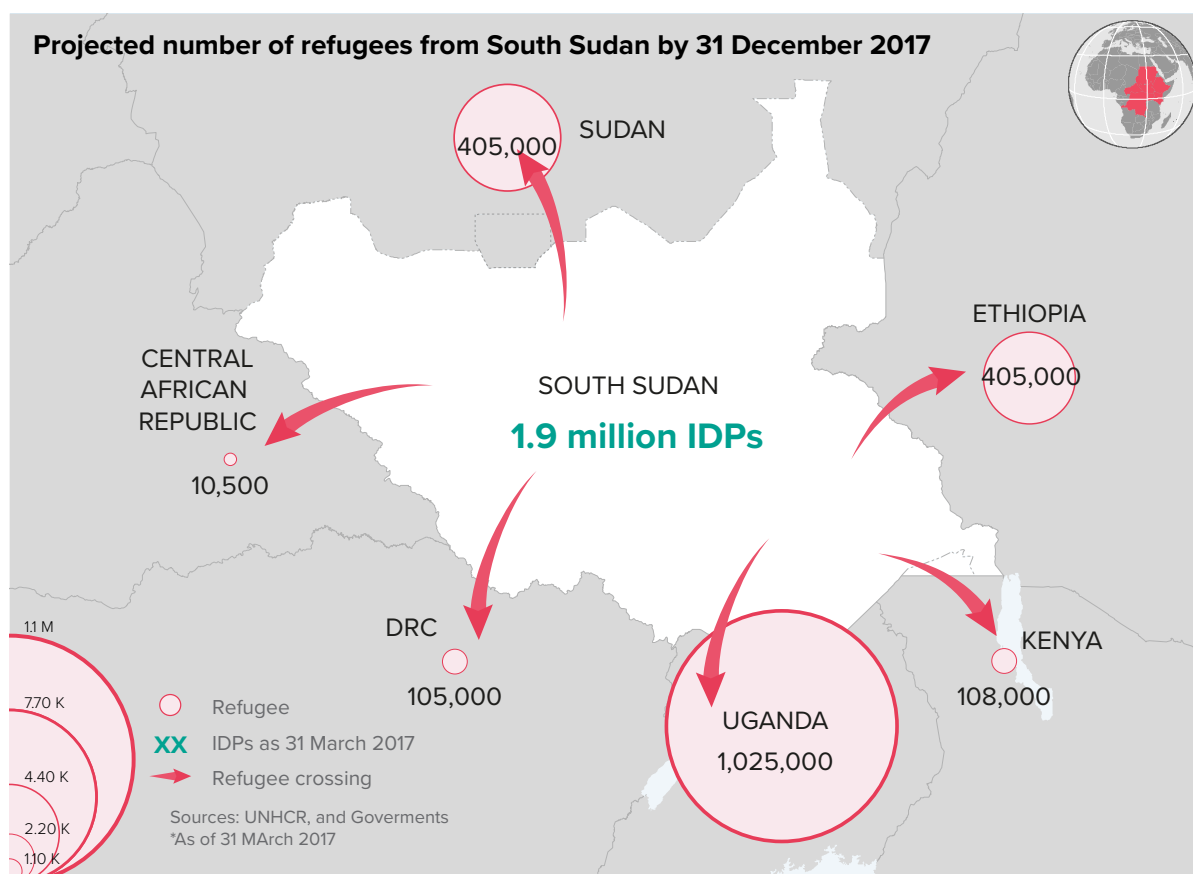
- **Famine** declared on 20 February 2017 in two counties; as of November 2017 4.8 million people face severe food insecurity. This is expected to rise to 5.1 million in 2018.
- **2 million people are internally displaced**
- Over **1.95 million refugees** have fled to neighbouring countries
- **Bidibidi in Uganda** has become the largest refugee camp in the world, housing over 270,000 people
- UNAIDS estimates average HIV prevalence in South Sudan to be 2.7%
- AIDS related deaths are recorded to be the second highest cause of mortality for IDPs due to a lack of comprehensive services
- An additional **USD1.4 billion** is required to provide lifesaving aid to South Sudanese refugees until the end of 2017

The Current Situation

A persistent state of conflict has engulfed South Sudan since July 2016. Civil war has expanded across the country, and significant human rights violations have been perpetrated by all parties involved. Widespread reports have detailed killings of civilians; rape and other forms of sexual and gender-based violence (SGBV); enslavement; looting and destruction of civilian assets; attacks on humanitarian facilities and aid workers, and the recruitment and use of children in armed conflict.¹ Tens of thousands of people have been killed. In 2017, South Sudan was ranked as the world's most fragile state.²

In February 2017, famine was declared in Leer and Mayendit counties. Although famine conditions have since eased in South Sudan, some 4.8 million people (45% of the population)

do not know where their next meal will come from.³ Acute malnutrition remains a major public health emergency in many parts of South Sudan. Refugees have been granted asylum by governments in the Central African Republic, Ethiopia, the Democratic Republic of Congo, Kenya, Sudan and Uganda. The anticipated arrivals into neighbouring countries by the end of 2017 are displayed in the figure below⁴. UNHCR (the UN Refugee Agency) and the World Food Programme (WFP) have urged donors to increase support for refugees fleeing South Sudan. Humanitarian agencies are seeking US\$ 1.4 billion to provide life-saving aid to South Sudanese refugees in the six neighbouring countries until the end of 2017. Without a significant shift in resource mobilisation, health and social services may not be able to be provided at levels which even meet the minimum standards of care.



- 1 UNMISS (2017) A report on violations and abuses of international human rights law and violations of international humanitarian law in the context of the fighting in Juba, South Sudan. Available at: <http://www.ohchr.org/Documents/Countries/SS/ReportJuba16Jan2017.pdf> [accessed 2nd May 2017]
- 2 Fragile State Index (2017) <http://fundforpeace.org/fsi/>
- 3 WFP (2017) WFP South Sudan Situation Report #201 (November, 2017)
- 4 UNHCR (2017) South Sudan Situation 2017 Supplementary Appeal. Available at: <http://www.unhcr.org/593e9e9b7.pdf>

The HIV Response in South Sudan

HIV in South Sudan

South Sudan is one of the 38 countries which account for 89% of all new HIV infections.⁵ South Sudan has a generalised epidemic with an estimated average prevalence of 2.7% but with marked regional variations.⁶ An estimated 200,000 South Sudanese people are living with HIV. Annually, 0.32% of the adult population is newly infected and approximately 15,209 new adult cases of HIV and 2,400 new infections in children occurred in South Sudan in 2016.

The country has pockets of hyperendemicity and concentration among key populations such as sex workers and their clients in urban centres across the country. There are some significant geographical variations with the Western Equatoria state recording the highest rate of 6.8% and Northern Bahr Al Ghazal with the lowest (0.3%)⁷.

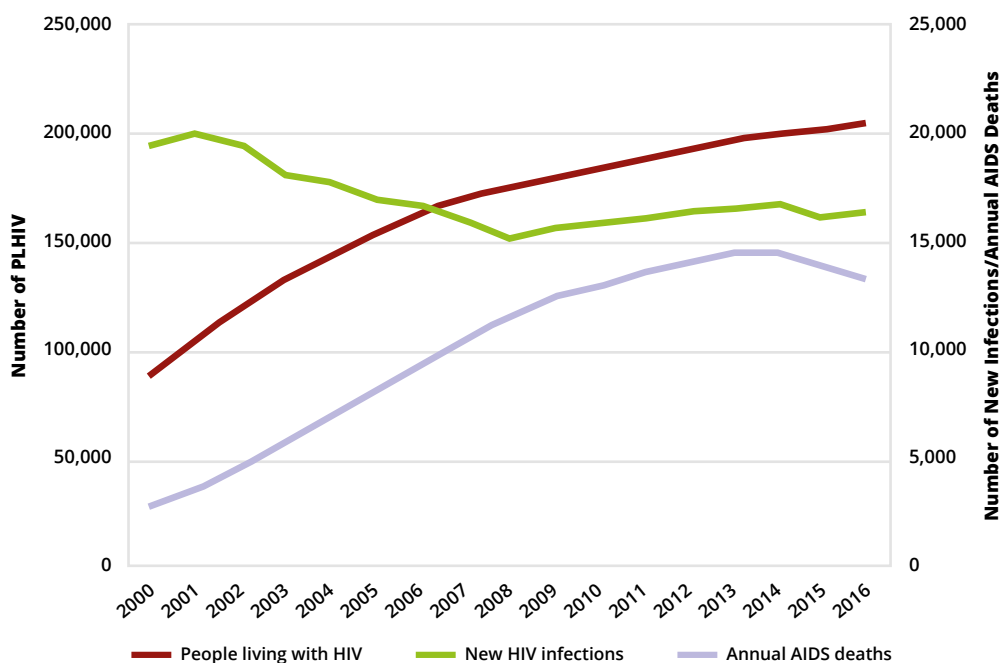
The HIV Response in South Sudan

In 2015 it was estimated that only 10% of eligible adults and 5% of children have access to antiretroviral therapy (ART). With no viral load testing currently done in the country, monitoring the treatment cascade will remain a challenge. Additionally, there are inadequate facilities providing antenatal care (ANC) and prevention of mother to child transmission (PMTCT) services. Currently, only 40% of people in South Sudan are within reach of health facilities and have consistent access to primary health care services including ANC.

Meanwhile, data from a household survey in 2010 (the latest data available) showed that only 53% of women 15-49 years old have ever heard of HIV or AIDS and only 19.3 % knew of a place to get tested. Estimates also show that 74% of new infections are happening in rural areas, where services have not yet been scaled up.

Areas on the verge of famine include areas of higher HIV prevalence (above 2%) and most areas

Statistics at a glance:

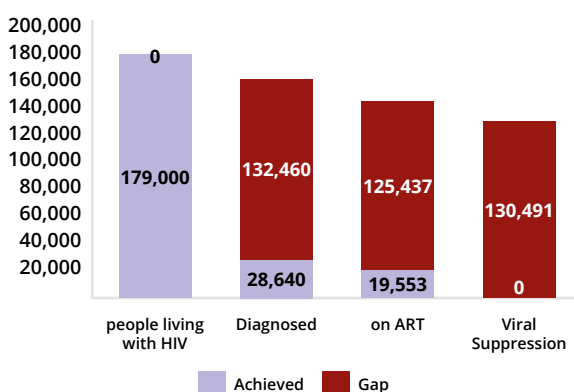


5 UNAIDS (2015) Fast Track: Ending the AIDS Epidemic by 2030. Available at: http://www.unaids.org/sites/default/files/media_asset/JC2686_WAD2014report_en.pdf

6 South Sudan AIDS Commission and Ministry of Health (2015) South Sudan HIV Country Progress Report. Available at: http://www.unaids.org/sites/default/files/country/documents/SSD_narrative_report_2015.pdf

7 South Sudan AIDS Commission and Ministry of Health (2015) South Sudan HIV Country Progress Report. Available at: http://www.unaids.org/sites/default/files/country/documents/SSD_narrative_report_2015.pdf

Reaching 90-90-90: A long way to go



Young People

- Only **11%** have a **comprehensive knowledge** about HIV
- **Early sexual debut** is common among young people - the average age of first sex for both males and females is **14 years**
- **30% of new infections** happen among young people aged 15-24 years old
- **64% of new infections** in those aged between 15-24 are among young women and girls

at crisis level of food insecurity have an even higher HIV prevalence. This raises concerns regarding treatment adherence as there are widespread reports of people living with HIV stopping medication due to hunger. With urban centres also severely affected by the economic crisis, even Juba is seeing some households going without food for days while the majority of the urban poor and even those with basic jobs only have one meal per day. This is expected to have an adverse impact on people living with HIV as people who initiate treatment while severely malnourished are two to six times more likely to die in the first six months of treatment. Food insecurity can also pressure households and individuals into unsustainable or harmful coping strategies, including high risk behaviours such as transactional sex which drive new HIV infections.

Despite this, as a result of funding shortfalls, food rations for refugees within South Sudan have been cut by 30% in 2017 with no indication that this will improve in 2018. Meanwhile, food assistance in most neighbouring countries receiving South Sudanese refugees have received cuts to food assistance of up to 50%.

The 2015 Protection Survey conducted within Protection of Civilians (PoC) sites commissioned by the Humanitarian Country Team (HCT) showed reported GBV prevalence ranging from 72% in Juba-based persons of concern to 23% in some other areas such as Malakal PoC site. Meanwhile,

a 2017 Gender Based Violence (GBV) Knowledge Attitudes and Practices (KAP) survey conducted by the International Organisation for Migration (IOM), the Ministry of Gender and Social Affairs and Ministry of Health revealed that GBV is a significant problem in the country, with three-quarters of all respondents in the study sites reporting that they are aware of violence having been committed against women and girls in their community.

Furthermore, according to health cluster reports, AIDS related deaths have been recorded to be the second highest cause of mortality for internally displaced persons in PoC sites in UN bases, due to the lack of comprehensive services.⁸ In order to combat this, as of August 2017, the Global Fund is supporting the roll out of comprehensive HIV treatment in the PoC sites.

The reduction of the Global Fund allocation for HIV in South Sudan from \$36.5 million to \$29 million for the period 2018-2020, coming at the time of adoption of Treatment for All, means that a major emphasis will be on treatment and key populations. This is likely to reduce investments for advocacy and prevention activities for the general population, in a country where low knowledge about HIV is fuelling high levels of stigma and discrimination.

⁸ Health Cluster South Sudan (2016) Health Cluster meeting minutes 6th April 2016. Available at: <https://www.humanitarianresponse.info/en/operations/south-sudan/document/health-cluster-meeting-minutes-6-april-2016> [Accessed 10th May 2017]

The HIV Response for South Sudanese Refugees in Neighbouring Countries

In neighbouring countries, South Sudanese refugees are often hosted in areas where the local health system is already weak and lacks resources to even address the needs of the host communities. For instance, in Ituri and Haut Uele provinces in the DRC, HIV programming has not been fully integrated into the essential package of health services. South Sudanese refugees and the host community therefore cannot access key services such as HIV Counselling and Testing and PMTCT due to shortages of HIV testing kits at local level. Meanwhile, South Sudanese refugees on ART are difficult to trace due to conflict and

insecurity, making access to refugee populations in Ituri and Haut Uele provinces difficult.

South Sudanese refugees have also sought refuge in Haut-Mbomou, in the east of the Central African Republic. Haut Mboumou has the highest HIV prevalence in CAR (11.9%)⁹ as well as inadequate health services with limited capacity to address the needs of people living with HIV.

Treatment gaps have also been reported to be a challenge in Northern Uganda where it has been estimated that only 30% of refugees in need have received treatment for HIV as of June 2017.



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9 Ministère du Plan et de l'Economie RCA (2012). Prévalence de l'infection à VIH et facteurs associés en RCA

Urgent Action Needed

The Inter Agency Task Team on HIV in Emergencies calls on humanitarian partners and donors, national authorities and other actors for rapid action to ensure the continuation of HIV prevention, treatment and care services for those affected by the emergency both inside South Sudan, as well as for refugees who have crossed the border in to neighbouring countries.

- 1) **Provide an adequate level of funding for partners providing HIV services**, both within South Sudan (including the PoC sites) and in neighbouring countries.
- 2) **Ensure adequate funding is transferred to national NGOs and CSOs** who maintain critical links to crisis-affected communities, even during periods of intense fighting and conflict when international partners do not have access.
- 3) **When targeting food assistance, ensure those living with chronic illnesses, including people living with HIV are included** to enable them to receive sufficient food and nutrition to adhere to treatment.
- 4) **Ensure sufficient supplies are available to guarantee standard precautions in health facilities**, for safe blood transfusions, prevention of HIV transmission and appropriate waste disposal.
- 5) **Scale up HIV testing services** both within South Sudan (including among vulnerable groups such as IDPs) and for refugees in neighbouring countries, and ensure that people living with HIV can be linked to treatment services.
- 6) **Improve linkages between Reproductive Health programmes and those addressing SGBV** to ensure survivors of sexual violence have access to necessary services
- 7) **Continue the distribution of ARTs, laboratory consumables, STI drugs and tuberculosis medicines** and ensure the availability of male and female condoms (with appropriate promotion) throughout the country and in neighbouring countries.
- 8) **Improve laboratory capacity for HIV-related services** including training health providers.
- 9) **Actively start tracing patients on ART** and provide them with longer-term supplies of ART drugs for contingency, if needed.
- 10) **Ensure that refugees received in neighbouring countries are aware of where they can access HIV treatment services**, in order to ensure treatment continuation.
- 11) **Restore and scale up PMTCT services.**
- 12) **Enable and expand services** for management of rape survivors including access to post exposure prophylaxis (PEP).
- 13) **Implement comprehensive HIV prevention and response services** as soon as possible, in areas where these are not provided due to instability and conflict (Including PoC sites).
- 14) **Improve the availability of accurate data on HIV and reproductive health in South Sudan** to provide more effective, needs-based services.
- 15) **Ensure that refugees and other forcibly displaced populations** are meaningfully included in national policies, programmes, strategies, and funding proposals.
- 16) **Continue to scale up humanitarian assistance** in the most affected counties, especially in Unity State and Greater Jonglei State, where the situation will rapidly further deteriorate if humanitarian assistance does not reach the intended beneficiaries.

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