



# SUDAN

# DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS  
PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS  
AMONG UNIFORMED PERSONNEL IN  
SELECTED AFRICAN NATIONS AND  
BEYOND

## WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

### BACKGROUND

#### **Country Statistics**

Sudan has been engaged in two prolonged civil wars during most of the second half of the 20th century. A separate conflict, which broke out in the western region of Darfur in 2003, has displaced nearly 2 million people and caused an estimated 200,000 to 400,000 deaths. The United Nations took command of the Darfur peacekeeping operation from the African Union on 31 December 2007. As of early 2008, peacekeeping troops were struggling to stabilize the situation, which has become increasingly regional in scope, and has brought instability to eastern Chad, and Sudanese incursions into the Central African Republic. Sudan also has faced large refugee influxes from neighboring countries, primarily Ethiopia and Chad. The estimated population of Sudan is 40.2 million people, with an average life expectancy of 50 years. Arabic is the official language of Sudan, which has an estimated literacy rate of 61%, unevenly distributed between men and women. The gross domestic product (GDP) per capita is \$2,200, with 40% of the population of Sudan living below the poverty level.

#### **HIV/AIDS Statistics**

The HIV prevalence rate in the Sudan general population is estimated at 1.6%. Very little information is known about risk factors in this population.

#### **Military Statistics**

The Sudan People's Liberation Army (SPLA) began as a rebel force but is now the recognized military of the autonomous region. The SPLA plays a central role in the government, with influence extending through all layers of a highly militarized society. Sudan expends 3% of the GDP on military purposes. The exact numbers of

troops in the SPLA and prevalence numbers are both unknown at this time, but SPLA personnel may be at higher risk for infection because of their history as an irregular or rebel force, with limited access to medical or HIV preventive services, and low education and literacy levels.



The SPLA plays a significant role in efforts to reduce the impact of HIV in southern Sudan. SPLA soldiers come from all over southern Sudan, as well as some transitional areas in the north. Many of these soldiers will return to their home areas after demobilization. Therefore, as the SPLA creates an effective HIV program, adopting proven and progressive models from other settings, the benefits will extend well beyond the ranks of military personnel and their families.

### PROGRAM RESPONSE

#### **In-Country Ongoing Assistance**

As part of its overall strategy to promote peace-building efforts, the US Government is supporting SPLA initiatives to reduce size as part of post-conflict demobilization, reintegrating former combatants into civilian life and developing remaining troops into a professional military force. The US Government supports the institutional development of the SPLA through IntraHealth International, a contractor for the Centers for Disease Control and Prevention (CDC), implementing an infrastructure program with some training components. In addition, the United States is providing funding to the militaries of Kenya and Uganda to provide bilateral military-to-military assistance to the SPLA.

Sudan was named as a participating country in the President's Emergency Plan for AIDS Relief (PEPFAR), beginning in fiscal year 2007. DHAPP staff are active members of the Core Team and continue to support the CDC in engaging the SPLA.

## OUTCOMES & IMPACT

### **Prevention**

US DoD does not have a presence in country but DHAPP staff participate in Sudan's Core Team activities and support the CDC in engaging the SPLA.

### **Proposed Future Activities**

Continued HIV programming for the SPLA was proposed to the PEPFAR Sudan Country Team. All proposed activities were included in the FY08 Country Operational Plan. In particular, the SPLA HIV/AIDS Secretariat will direct the evolution of program priorities over time, but direct PEPFAR support will focus heavily on building institutional capacity and prevention campaigns based on partner reduction, counselling and testing, and condoms. The CDC, with PEPFAR funds, proposes supporting the partnerships of IntraHealth International, Population Services International, and the SPLA HIV/AIDS Secretariat.

