



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 UN took command of the Darfur PKO from the African Union on 31 December 2007. As of early 2009, 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. Armed conflict, poor transport infrastructure, and lack of government support have chronically obstructed the provision of humanitarian assistance to affected populations. 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 GDP per capita is \$2,200, with an unemployment rate of 18.7%.

HIV/AIDS Statistics

The HIV prevalence rate in the Sudan's general population is estimated at 1.4%, with 290,000 people currently living with HIV/AIDS. 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 USG 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 USG supports the institutional development of the SPLA through IntraHealth International, an implementer for the CDC, and PSI, an implementer for the USAID. IntraHealth and PSI help implement prevention, CT, care, and treatment activities aligned with the strategic planning for HIV/AIDS response by the SPLA.

Sudan was named as a participating country in PEPFAR, beginning in FY07. DHAPP staff are active members of the Country Support Team and continue to

work with the CDC and USAID in engaging the SPLA. In FY09, the DoD will have a Security Assistance Program Manager located in Juba to assist with DoD activities.

OUTCOMES & IMPACT

Prevention and Other

DHAPP staff participates in Sudan's Country Support Team activities and works with the CDC and USAID in engaging the SPLA. There are plans to conduct a behavioral survey within the SPLA and it will be funded by DHAPP.

Proposed Future Activities

Continued HIV programming for the SPLA was proposed to the PEPFAR Sudan Country Support Team. All proposed activities were included in the FY09 COP. 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, CT, and condoms. The CDC and USAID, with PEPFAR funds, propose supporting the SPLA HIV/AIDS Secretariat through partnerships with IntraHealth International and PSI.

Research Triangle Institute (RTI) International submitted a proposal to conduct a seroprevalence and behavioural survey within the SPLA for FY09. DHAPP sponsored 2 SPLA officers, the chief of the medical corps and the HIV program manager to attend the *Defense Institute for Medical Operations 8th Annual HIV/AIDS Planning and Policy Development Course* in San Antonio in December 2008. During FY09, health care providers and laboratory technicians from the SPLA will attend the IDI in Kampala, Uganda, through DHAPP support. In FY09, the CDC and DoD plan to work with the SPLA on an alcohol and HIV initiative among military populations.