

SOUTH SUDAN CRISIS

RISK OF REVERSAL OF HIV GAINS

TIME TO ACT NOW!



©OCHA: Photo: Civilians seek refuge in various UNMISS bases in South Sudan (UNMISS)

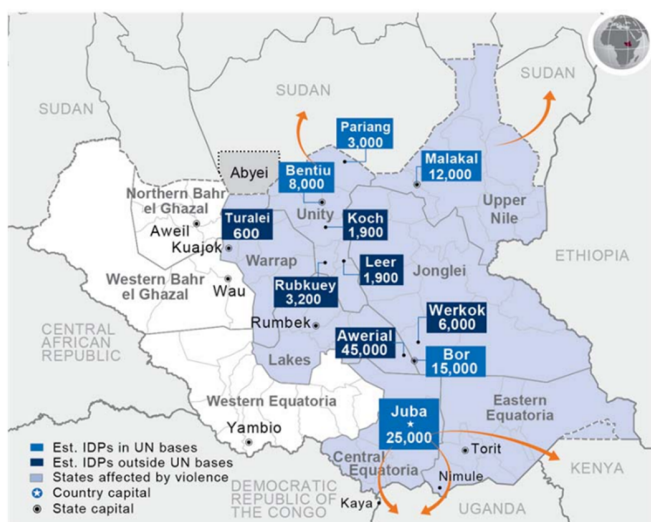
Situation:

According to OCHA as of 27 December, 2013, the estimated number of people displaced by in the current crisis in South Sudan has risen to 121,600. Given the limited access to civilians outside population centres, the number is likely to be significantly higher. According to the Humanitarian Coordinator, there are fears that those who have lost lives could number thousands and those displaced hundreds of thousands.

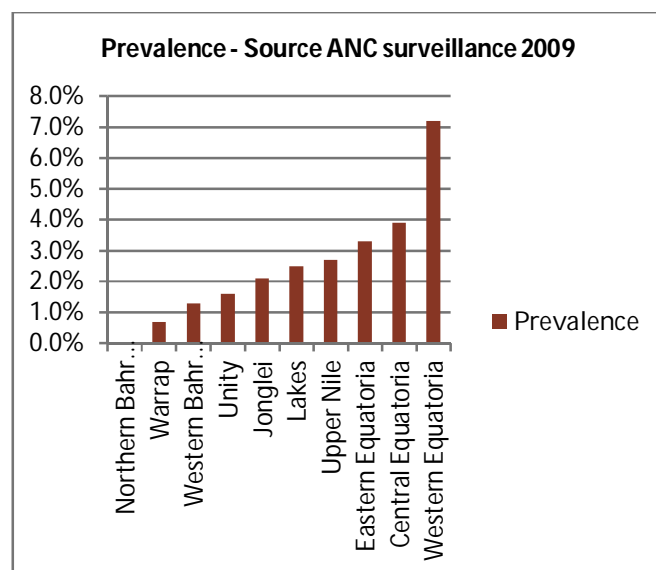
Hospitals around the country including Juba Teaching Hospital have admitted hundreds of patients, including many with gunshot wounds, both civilians and military personnel. Capacity is stretched, as limited numbers of medical personnel struggle with the increased number of patients. This sudden upsurge in violence occurs in a country where 50% of the population lives below the national poverty line of 73 South Sudanese pounds (about \$17) per month. The country has one of the highest maternal mortality rates globally (2,054 per 100,000 live births), and only 44 per cent of children are enrolled in primary school. UNAIDS estimates

HIV prevalence in South Sudan to be 2.7% in 2012 making it a generalized epidemic. Prevalence in military personnel is higher at 4.4%. An estimated 150,000 people are living with HIV in the country. An estimated 12,000 new infections happen every year and about 13,000 die due to AIDS related illness.

South Sudan is one of the 38 high priority countries of UNAIDS. According to the UNAIDS report on the global AIDS epidemic 2013, ART coverage in South Sudan at the end of 2012 stood at 9% based on WHO 2010 guidelines and this drops to 5% for children. Less than 50% of pregnant women in South Sudan have access to prevention of mother to child transmission (PMTCT) services and only 13% of those requiring ART for PMTCT received it in 2012. However, the country was making progress in 2013, In August the country's first national HIV strategic plan 2013-2017 launched and the PMTCT scale up plan 2014-2018 with roll out of option B+ is in the pipeline.



Areas affected by violence and reported concentrations of people displaced. Some numbers reported have not been independently verified. Source: OCHA



Challenges in addressing HIV:

The last official ANC surveillance report from South Sudan revealed considerable variation in HIV prevalence across states (0% in Northern Bahr Ghazal; 1.6% in Unity; 2.1% in Jonglei; 2.7% in Upper Nile, 3.9% in Central Equatoria and 7.2% in Western Equatoria states). It is to note that some of the states hit by the recent violence are also those experiencing serious proportions of the epidemic. Insecurity in the country now runs the risk of fuelling the epidemic by

- ❖ Rendering health facilities inaccessible
- ❖ Fleeing of health staff virtually emptying the existing health facilities
- ❖ Breakage in the supply chain of life saving HIV related commodities
- ❖ Threatening safe blood supply and universal precautions as trauma patients increase
- ❖ Increased risk of sexual and gender based violence and sexual exploitation.

Women, children including adolescents (and girls in particular), disabled and persons living with HIV are most likely to be worst affected by the ongoing crisis. Reports suggest that hospitals in Juba are overflowing with patients. ICRC and South Sudan Red Cross have raised concerns about the capacity of hospitals to cope with the influx of the wounded, leave alone the capacity to continue providing chronic care for patients with HIV. Unconfirmed reports from hospitals in Bentiu in Unity state and Malakal in Upper Nile State also point to a similar situation.

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 secure the minimum services for HIV in emergency settings as outlined by the inter agency standing committee.

- 1) **Enable safe and unhindered access to health care and humanitarian assistance** by the civilian population, including the security of humanitarian workers, health professionals and related assets.
- 2) **Ensure sufficient supplies are available to guarantee standard precautions in hospitals**, for safe blood transfusions and prevention of HIV transmission.
- 3) **Ensure that the distribution of ARVs, lab consumables, STI drugs and tuberculosis medicines continue** and the availability of male and female condoms throughout the country are guaranteed.
- 4) **Actively start tracing patients on ART** and provide them with longer-term supplies of ARV drugs for contingency, if needed.
- 5) **Restore and scale-up the prevention of mother-to-child transmission (PMTCT)** services while providing HIV testing and ARV drugs for all HIV positive pregnant and lactating mothers as well as treatment, care and support for all infants.
- 6) **Ensure prevention of sexual and gender based violence** across the country. Enable and expand services for management of rape survivors including access to post exposure prophylaxis against HIV.
- 7) **Prepare for reinstating full scope of HIV prevention and response services** as soon as situation stabilizes.