

## Prevalence

HIV prevalence is low. The estimated number of pregnant women living with HIV is 2500, while antiretroviral therapy coverage to prevent mother-to-child transmission is 2.0%. Estimated antiretroviral therapy coverage is 5.0%.

There is a national strategic plan for HIV control for 2014–2016, in line with the national health sector strategic plan (2012–2016). A study to provide baseline data about the prevalence of HIV among people who inject drugs is underway. Testing for HIV is routinely done as part of antenatal care services in a limited number of public health facilities. The Global Fund to Fight AIDS, Tuberculosis and Malaria supports the HIV response for most-at-risk groups. An active referral system will be supported by the Global Fund to ensure that newly diagnosed cases from HIV testing sites are referred to antiretroviral therapy centres for treatment. Transportation facilities are also being supported by the Global Fund to ensure prophylaxis coverage of infants for the first 6 weeks and confirmation of the infant's HIV status through polymerase chain reaction testing.

## Challenges

Challenges include:

- achieving higher coverage of key populations with HIV preventive packages, given the cultural and legal context for female sex workers and men having sex with men in the country;
- fully integrating HIV testing into antenatal care in primary health care facilities;
- ensuring effective referral mechanisms for HIV cases detected from voluntary counselling and testing;
- preventing mother-to-child transmission of HIV; and retention in antiretroviral therapy.

## Priorities

Improving the quality and completeness of the HIV strategic information system with a special focus on electronic patient monitoring is a priority, as is improving coverage of most-at-risk populations with preventive and treatment services, especially female sex workers and men who have sex with men, and improving knowledge about other key populations and arranging

the necessary coverage with preventive and treatment services. More focus needs to be given to ensuring quality of care and treatment services for prevention of mother-to-child transmission of HIV by using CD4 count or viral load testing in patient monitoring and integrating the management of tuberculosis and HIV co-infection in antiretroviral therapy centres, in addition to improving patient retention in treatment for 12 months and ensuring adequate infection control measures.

Reducing HIV stigma in health care settings is another focus area. HIV testing needs to be integrated into reproductive health services to improve uptake by pregnant women and ensure referral of those found to be HIV positive to antiretroviral therapy centres. Priorities for the next 3 years include the integration of antiretroviral therapy into the hospital system to mitigate the drawbacks of standalone antiretroviral therapy centres for the prevention of mother-to-child transmission of HIV and for treatment indicators. In addition, a system for external quality assurance needs to be established for HIV testing services. Ensuring the accessibility of HIV and sexually transmitted diseases prevention and treatment services in humanitarian settings is another priority.

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