

Highlight

Sudan National HIV/AIDS and STIs Control Programme (SNAP) The Role of SNAP in the National Response to HIV Infection

“We started late we need to compensate”

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Introduction

In many countries, HIV/AIDS pushes people deeper into poverty as households lose their breadwinners, livelihoods are compromised and savings are consumed by the cost of health care. The pandemic also adds to the strain on national institutions and resources, and undermines the social systems that help people to cope with adversity. In the most severely affected settings there is already evidence that HIV/AIDS is eroding human security and productivity, undermining economic development, and threatening social cohesion. Educational systems and education standards too are being affected as more young people are forced to leave school to take care of sick parents and look after siblings. More than 11 million African children have lost one or both parents to AIDS. The spread of HIV and the impact of AIDS are disproportionately affecting young people, and therefore the future of the global community itself.

Sudan National AIDS control Program (SNAP) was established in 1987 in response to the first AIDS case discovered. In Sudan since the inauguration of SNAP, efforts to combat the epidemic were sporadic, and included several short and long term plans which were not based on a clear analysis of the situation. The limited response continued until late 2002 when a Situation and Response Analysis was undertaken by a national task-force under the guidance of SNAP and UN agencies¹.

SNAP is a vertical program affiliated to the department of preventive medicine in the Federal Ministry of Health (FMOH). Its units are accountable to the program director who is assisted by a deputy manager.

Overall functions of SNAP

SNAP is the national body responsible for tackling HIV/AIDS control activities and to ensure the implementation of Comprehensive National Response to the infection. It is responsible for all matters related to the planning, implementing, monitoring and evaluation of the interventions related to HIV/AIDS control. Its responsibility goes to cover the development of national policy, guidelines and strategic planning and the attraction of political commitment as well as mobilizing resources for the implementation of the necessary interventions. It is responsible for coordination of all responses from other actors and sectors to avoid duplication and overlaps as well as to ensure highest technical standards on the basis of national and international guidelines.

SNAP program of work is guided by annual Plans of Action (POA) based on the *National Strategic Plan for the Prevention and Control of HIV/AIDS in the Sudan, 2004-2009*.

Mission

The Mission of SNAP is to provide strategic leadership for a national multisectoral response to HIV/AIDS leading to the reduction of further infections and to the mitigation of adverse socio-economic effects of the epidemic.

Objectives

The overall goal of SNAP is to provide for a framework for leadership, coordination and implementation of a National multisectoral response to the HIV/AIDS epidemic. This includes formulation, by all sectors and Stakeholders of appropriate interventions which will be effective in preventing transmission of HIV/AIDS and other sexually transmitted infections, protecting and supporting vulnerable groups, provide holistic care to people living with HIV/AIDS (PLWHA) and mitigating the social and economic impact of HIV/AIDS.

Strategies

SNAP adopt the international strategies for HIV/AIDS prevention, care and mitigation. The detailed programming aims to fit with the local social, cultural and religious context of various regions within the country,

- Behavior Change Communication (BCC)
- Blood Safety
- Management of Sexually Transmitted Infections (STIs)
- Voluntary Counseling and Testing (VCT)
- Prevention of Mother to Child Transmission (PMTCT)
- Universal Precautions and Post-Exposure Prophylaxis (PEP)
- Care, Support and Treatment
- Legal and Human Rights principles
- Surveillance and Research
- Capacity Building

How it works? (Relations, links, ...)

SNAP work mainly through the state's Coordinators, who are responsible for planning and implementation of activities at State level. SNAP also liaises with several government ministries that have HIV/AIDS activities, including the Ministries of Defense, Interior, Education, Higher Education, information and Communications, Youth and Sports, and Welfare and Planning².

Civil Society participation

A range of national and international NGOs are involved in HIV/AIDS work in Sudan. Most of these agencies are concerned with awareness-raising, and 6 of them have been identified as sub recipients of global Fund resources for activities targeting various vulnerable groups. The national NGOs coordinate their activities under an umbrella of Sudan AIDS Network (SAN). The active international NGOs are also mostly involved in awareness-raising for various target populations.

Christian Faith –based Organisations led by the Sudan Council of Churches (SCC) are active both in awareness raising (IEC) and PLWH support activities. A curriculum for training Muslim leaders on HIV/AIDS advocacy and awareness raising was also developed, and dialogue workshops were conducted by SNAP in partnership with the Ministry of Guidance, during 2004.

Personnel and Manpower

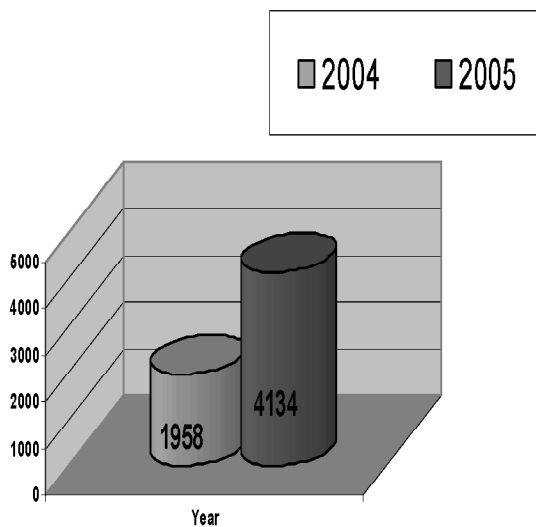
SNAP is staffed by a multidisciplinary team including community physicians, social workers, accountants, pharmacists, public health officers, and information technology (IT) personnel.

Situation so far

Prevalence of HIV/AIDS IN Sudan is 1.6%³. As the risk behavior of persons with Sexually Transmitted Infections (STIs) and HIV is the same, SNAP attached top priority to STIs targeting for early diagnosis, treatment, prevention and control because of their role in facilitating HIV/AIDS transmission. The percentage of health centers currently providing STIs treatment increased from less than 5% in 2002 to 25 % by the end of 2005³.

A total number of 1958 clients benefited from the Voluntary Confidential Counseling and testing services (VCCT) in 2004. The number increased to 4,134 clients who completed VCCT during 2005 (Figcr-1)

Figure 1: Voluntary Confidential Counseling and testing services comparing 2004 with 2005



There were only three hospitals in Khartoum with capability of provision of Anti Retro Viral drugs (ARVs) until 2005, when SNAP had supported additional 11 centers in other states. A total number of 400 patients are currently on treatment, the number is expected to be increased by three folds since ARVs just arrived in Sudan as part of the implementation of the Global Fund Grant – Round three. The drugs are going to be distributed free of charge.

Despite the great efforts in the last few years to improve the national response to HIV/AIDS, a lot of work still needs to be done especially at state and locality level. Denial is still a feature of many local

communities being surveyed in the last couple of years.

Future prospects

SNAP is aiming to improve the country response, to strengthen the state and locality level response; this can be achieved through structured capacity building both for local government institutes as well as the national Non Governmental Organizations (NGOs), mobilization of resources and well structured and designed interventions. Careful implementation is crucial as well since even well designed programmes may have very little impact if not well implemented, which need to be guided by a national framework for monitoring and evaluation. In this sense SNAP managed to create enabling political environment, improved the political commitment at various levels. SNAP also got two grants from the Global Fund so far, the first one is round three with a total amount of 20,781,000 US\$ and round five with a total amount of 112,553,274 US\$.

References

1. Sudan National policy on HIV/AIDS.
2. Sudan National Multi Sectoral Strategic Plan 2004- 2009.
3. Annual Report – SNAP 2004