



# THE SUDD INSTITUTE

RESEARCH FOR A PEACEFUL, JUST AND PROSPEROUS SOUTH SUDAN

P. O. Box 34, Juba, South Sudan • Tel: +211 (0)956 305 780  
Email: [thesudd.institute@gmail.com](mailto:thesudd.institute@gmail.com) • [www.suddinstitute.org](http://www.suddinstitute.org)

## Policy Brief

July 22, 2014

### **HIV/AIDS: A Threat to National Security in South Sudan**

*Awak Deng Bior*

#### **Summary**

*On July 9th 2011, South Sudan became the world's youngest nation. The untapped investment opportunities offered by this new nation are attracting both foreign investors and South Sudanese in the Diaspora. This homecoming of South Sudanese from the Diaspora and the influx of foreign investors and aid workers to South Sudan raise concern of an increasing HIV/AIDS incidence in a nascent state. As a result of the decades of war, South Sudan lacks efficient HIV/AIDS testing and monitoring systems that help effectively track the spread of the virus. This policy brief focuses on HIV/AIDS as a possible threat to the national security of South Sudan, and offers potentially useful directions for intervention.*

#### **Introduction**

In 2011, the World Health Organization's Global Health Observatory estimated HIV prevalence rate (the proportion of the population living with HIV/AIDS) among South Sudanese adults of childbearing age at 3.1%. Statistically, this estimate is relatively low given the lack of broad awareness and education on HIV/AIDS in the country. However, the most troubling aspect of this estimate is that it may be grossly erroneous. According to the South Sudan HIV/AIDS Commission (SSHAC), South Sudan lacks accurate data collection, analysis, and statistical reporting systems. These statistical inefficiencies are more troubling when paired with lack of broad education on HIV/AIDS in South Sudan. According to the SSHAC's estimates, the national awareness on the modes of transmission and prevention of HIV/AIDS is around 25% amongst women between the ages of 15 and 49 years. Locally, South Sudanese in states such as Jonglei and Warrap are in the single digits on their awareness of the preventive measures of HIV/AIDS. Nationally, the influx of returnees into South Sudan from neighboring countries with higher HIV prevalence rates increases the risk of HIV infection.<sup>1</sup> These alarming

---

<sup>1</sup> <http://www.southsudanmedicaljournal.com/archive/august-2011/hiv-prevalence-in-south-sudan-data-from-the-anc-sentinel-surveillance-2009.html>

conditions and inefficiencies surrounding the HIV/AIDS epidemics highlight the potential national security threat that could ensue in South Sudan if the government fails to undertake immediate measures to properly track and combat the spread of this disease.

The purpose of this paper is to elaborate on the current status of HIV/AIDS in South Sudan by evaluating HIV vectors and the available tracking systems. The paper examines two main vectors of HIV in the country, namely the lack of awareness and post conflict dynamics.

## **Lack of Awareness**

This section of the paper presents the current statistics on HIV/AIDS in South Sudan, the adverse effects of cultural practices, the stigma associated with the disease, and the significant role of public awareness in combating the spread of the disease.

HIV/AIDS awareness deals with broad knowledge of all aspects of HIV/AIDS. This very critical level of awareness encompasses the recognition, acceptance, and full understanding of all the characteristics of the virus such as causes, transmission modes, prevention methods, symptoms, diagnosis, treatments, and current research on cure and containment of the virus.

HIV is transmitted through infected blood, semen, vaginal fluids, rectal secretions, and breast milk. The Joint United Nations Program on HIV/AIDS (UNAIDS) 2012 publication ranked unprotected heterosexual intercourse and the use of contaminated injection equipment, such as needles, as the most common vectors of transmission in Africa. In South Sudan, unprotected heterosexual relationship is likely the most common mode of HIV transmission.<sup>2</sup> Cultural practices, lack of awareness, and the stigma associated with the virus, is the fuel that powers the spread of the virus throughout the nation.

By definition, a heterosexual relationship is a romantic attraction, sexual attraction or sexual behavior between persons of opposite sex or gender. HIV transmission between heterosexual partners occurs when unprotected sexual contact(s) take place with an HIV infected heterosexual partner. Heterosexual transmission of HIV in South Sudan can be controlled and limited through education on abstinence and use of condoms. According to South Sudan AIDS Response Summary Progress (SSGARPR, 2013), an average of 26% of South Sudanese women and men engage in heterosexual intercourse before the age of 15. According to the same report, only 11% of young people are aware of ways to prevent the sexual transmission of HIV.

According to a UNAIDS' (2012) estimate, there was about 150,000 known cases of HIV in South Sudan. The report estimated that about 140,000 out of the known 150,000 HIV diagnosis are 15 years and older. And of the 140,000, about 78,000 are women. These numbers translate to women comprising of over 50% of the known adult cases of HIV in South Sudan; this is in a country where roughly 60% of the population are women.<sup>3</sup> Furthermore, related AIDS deaths have nearly doubled from 6,900 in 2001 to 13,000 in 2012.<sup>4</sup> And to make matters worst, the

---

<sup>2</sup> <http://www.southsudanmedicaljournal.com/archive/2009-08/untitled-resource.html>

<sup>3</sup> <http://www.genderconcerns.org>

<sup>4</sup> Unaid.org President of South Sudan commits to strengthening the country's response to HIV, October 2<sup>nd</sup> 2013.

overall awareness level throughout the country remains very low. For instance, a large number of South Sudanese, especially women, who have heard of HIV, are not aware of the modes of transmission and prevention (SHHS 2007). Only a small percentage of South Sudanese are aware of the three modes of prevention, namely monogamy relationship with a HIV negative person, protection via condom and abstaining from sex. A 2006 Sudan Household survey reviewed that in Jonglei state, 91.1% of women do not know any of the three ways of protecting themselves from the virus.

HIV/AIDS transmission through heterosexual relationships is also the leading root cause of Mother To Child Transmission (MTCT). Mother To Child transmission occurs when a HIV positive pregnant mother infects her newborn during labor, delivery or breastfeeding. Research shows that 95% of HIV positive women in the world live in developing countries.<sup>5</sup> And most HIV positive new born occurs in developing countries. Lack of awareness and resource inadequacy put South Sudanese women and their unborn children at a higher risk of infection. Mothers taking their anti-HIV drugs during pregnancy and who do not allow breastfeeding once the child is born can prevent Mother To Child Transmission. Infected pregnant women are not aware of how they can protect their unborn child. The knowledge of Mother-To-Child Transmission (MTCT) is the key to encouraging pregnant women to get tested and verify their HIV status. Pregnant women should be aware that HIV could be transmitted to the child through breastfeeding, during pregnancy if anti HIV drugs are not taken regularly, and during delivery. According to South Sudan AIDS Commission (SSAC), the number of women aware of these modes of transmission is very low and range from 9.1% in Jonglei State to 36.4% in Upper Nile, with the exception of Western and Central Equatoria where 70.4% and 63% respectively know about MTCT. The percentage of women who is aware of all the three methods of preventing HIV transmission from mother to child in all the 10 states is very low, ranging from 4.3% in Northern Bahr El Ghazal to 24.2% in Western and Central Equatoria.<sup>6</sup> The Sudan Household Health Survey (SHHS) finding suggests that the knowledge of MTCT is directly correlated with the level of personal education and household income.

As mentioned before, according to the SHHS, the knowledge of MTCT has a direct correlation with the level of education and the level of income. The report outlines the connection between the number of people who know about HIV and their level of education and level of income. The higher the education or income level, the higher the knowledge of HIV. The SHHS report falls in line with the published 27% literacy rate in South Sudan where only 32% of the local population is aware of the main methods of HIV prevention.<sup>7</sup> By the same token, in states where the literacy rate is higher, the knowledge of HIV among women ranges from 17.6% to 79.4% whereas, in states where the literacy rate is much lower, numbers range from 14.1% to 39.2%<sup>8</sup>.

## **Post Conflict Dynamics**

---

<sup>5</sup> [http://www.prn.org/index.php/progression/article/women\\_and\\_hiv\\_49](http://www.prn.org/index.php/progression/article/women_and_hiv_49)

<sup>6</sup> South Sudan HIV/AIDS M&E Framework and Operational Plan 2008-2012

<sup>7</sup> National Bureau of Statistics (NBS) website. UNHCR and UNAIDS 2005: Strategies to support the HIV-related needs of refugees and host population.

<sup>8</sup> South Sudan HIV/AIDS M&E Framework and Operational Plan 2008-2012

The 22 years of war for independence and the subsequent tribal/internal conflicts within South Sudan have immensely contributed to the spread of HIV/AIDS. These unrests have equally contributed to the lack of awareness that have hindered the containment of the virus. The disruptions of families and the dislocation of communities caused by war, created vulnerabilities that foster crimes and the spread of the virus. The movement of soldiers into communities, and the ensuing displacement of families placed women and children at the forefront for sexual exploitation. This observation is inline with the UN Security Council analysis carried out on June 25-27 2001 in New York, which state, “Social dislocation and rampant insecurity create fertile settings for HIV transmission”. The United Nation Security Council sees HIV as a threat to global and human security. As a result, the Security Council passed Resolution 1308 in early 2000 emphasizing the need to combat the spread HIV during peacekeeping operations.

The UN Security Council is not the only political body, which sees the HIV/AIDS virus as a threat to security. His Excellency, President Salva Kiir Mayardit, was quoted to have reaffirmed his commitment to expand HIV programs in the country. This announced initiative by the president was highly received and cheered by HIV/AIDS awareness advocate groups. As stated at the UN special session on HIV/AIDS, children and young people are at a higher risk, especially those left in conflict-affected areas. A UNAIDS October 2<sup>nd</sup> 2013 article announced president Salva’s commitment to strengthening the country’s response to the virus. According to this article, at a meeting between the President and the UNAIDS Deputy Executive Director, Programme, Luiz Loures, the president acknowledged the need to tailor HIV services to the need of young people. The last census conducted in 2008 underscored the importance of this tailored “young people” approach. The census reported the population of South Sudan at 8 million. The census data reviewed that 51% of the population was under the age of 18 and 72% under the age of thirty. The most troubling aspect of this census data is that the “young people” who are normally more susceptible to this virus, makeup the majority of the population. President Mayardit acknowledged the importance of a more tailored approach by stressing that “if the young people are left vulnerable to the virus, there will be no country”. This statement by the president conforms with the belief that HIV/AIDS virus is a threat to the nation’s security.

Evidently, the 30-year civil war claimed over 2.5 million lives. It destroyed public infrastructures, disrupted families, and forced millions of South Sudanese into inhuman refugee camps. Politically and economically, the impact of the war still resonates today. Inapt healthcare systems, inefficient education systems, insubstantial state institutions, and unhealthy amenities are just a few of the aftermaths. Such conditions put over 8 million population of South Sudanese at risk of multitude disease infections, with HIV being one of the top threats due to its latent nature. Additionally, the ongoing war between the government of South Sudan and the former Vice President, Dr. Riek Machar and his supporters has further deteriorated the already substandard conditions. The ensuing destruction of homes and public amenities, lost of lives, and the displacement of millions of civilians, are creating more conditions that are conducive for diseases such as the HIV/AIDS virus. This recent war has taken the country aback, with Malakal, Bentiu, and Bor carrying the heavier burden.

Additionally, cultural practices and beliefs, in conjunction with lack of education, contribute to the insufficient awareness of HIV/AIDS in South Sudan. For instance, some South Sudanese

believe that HIV can be transmitted by supernatural means.<sup>9</sup> And others believe that it is a disease that affects only foreigners. The worst and the most alarming of these misconceptions is the unsubstantiated belief that a healthy looking person cannot be HIV positive. These misconceptions, along with the lack of proper awareness on this virus across South Sudan, prevent South Sudanese from taking the precautionary measures to protect themselves from this disease. Given the current trends and lack of awareness, if immediate steps are not implemented to reverse the spread of the virus, the impact could result to a threat on the national security of the young nation.

## **Conclusion**

The economic and national security of a nation depends on the quality of investments it makes on citizens. Such investments generally include quality education and good health care services. The government of South Sudan should leverage such investments as part of its commitment to combating the spread of HIV/AIDS in the country. The alarming low levels of HIV/AIDS awareness across South Sudan could be greatly improved by well-structured investment in education across the country. Investments in quality health care services such as well equipped clinics and accessible hospitals across the country will provide the needed testing and treatment centers for HIV/AIDS.

---

## **About Sudd Institute**

The Sudd Institute is an independent research organization that conducts and facilitates policy relevant research and training to inform public policy and practice, to create opportunities for discussion and debate, and to improve analytical capacity in South Sudan. The Sudd Institute's intention is to significantly improve the quality, impact, and accountability of local, national, and international policy- and decision-making in South Sudan in order to promote a more peaceful, just and prosperous society.

## **About the Author**

Awak Deng Bior is a deputy administrator at the Sudd Institute. Awak has experience in documenting, tracking, reporting, monitoring, and evaluation. As well, Awak has a B.A in Biology from the University of Texas at Dallas and is the founder of [cushaids.org](http://cushaids.org), an informative website that provides HIV/AIDS awareness among South Sudanese.

---

<sup>9</sup> South Sudanese in different parts of Juba, Central Equatoria