

**SPLA Medical Corps prepares to open an antiretroviral therapy (ART) clinic in Juba**

**Introduction**

The SPLA HIV/AIDS program was started in June 2006 with the formation of the HIV/AIDS Secretariat. In July 2007, IntraHealth International Inc. with funding from the US Centers for Disease Control (CDC) began supporting the HIV/AIDS Secretariat to develop and implement HIV/AIDS programs for the military. The activities of the HIV/AIDS Secretariat include:

- Sensitization of senior, mid and junior commanders on HIV/AIDS
- HIV/AIDS outreaches to the SPLA troops
- HIV/AIDS counseling and testing through static sites and mobile outreaches
- Care and support of HIV positive individuals

**Preparation**

The SPLA Medical Corps under the leadership of Brigadier General (Dr.) Kuol Deng, though still in its infancy, has made tremendous efforts to develop the SPLA medical system. The Medical Corps has hired medical personnel of different cadres, organized the existing medical facilities, and advocated for the handover of medical facilities that were occupied by the Sudanese Armed Forces (SAF) during the war to the SPLA.

Brig. (Dr) Kuol who is also the commander of the HIV/AIDS Secretariat has provided leadership, advice and support for the initiation of the ART program. In January of 2007, Brig (Dr. Kuol) nominated two medical doctors Majors. (Drs) Lino and Adau Deng to attend a four week training on comprehensive HIV/AIDS management at the Infectious Disease Institute (IDI) in Uganda. In March 2007, Clinical Officer 2nd Lt. Alison Dua also attended the same course at the same institute. In addition, four Medical Corps personnel were trained as counseling and testing providers.



*Major (Dr.) Adau, one of the doctors trained in comprehensive HIV/AIDS management.*

In March, Brig. (Dr.) Kuol also provided space in the medical clinic at the Interim SPLA General Headquarters at Bilfam to serve as the antiretroviral therapy (ART) facility. IntraHealth/CDC supported the Medical Corps to partition this space and furnish it. The Bilfam medical clinic is supported by a new state of the art laboratory where HIV/AIDS-related tests, e.g. CD4/CD8 counts, X-rays, microbiology and hematology can be done.

Though ART is available at some civilian hospitals in Southern Sudan, initiating ART for the military in a military environment, means that HIV positive soldiers and their families can



*Counselors at Juba Military CT and Bilfam—Captain Harriet and Antipas. Both will also provide adherence counseling at the ART center.*

access treatment and counseling in a familiar setting. Currently, the SPLA runs 6 voluntary counseling and testing centers (3 in Juba, 2 in the Nimule area and 1 in Lainya). These VCT centers will serve to identify HIV positive clients and refer these individuals to the ART center for clinical assessment to determine if they are ready to start taking antiretrovirals (ARVs). The VCT centers will

also serve as sites for ongoing counseling and will host support groups for people living with HIV/AIDS and their families. The VCT centers are a very important link to the ART because access to ARVs will depend on soldiers and their families knowing their HIV status, being knowledgeable about treatment - what it is, how it works, and where it can be found - and being empowered to seek it.

**Official Opening of the ART clinic**

The Medical Corps and the Secretariat propose to officially open the ART clinic at Bilfam May 20, 2008. This occasion will be officiated by the SPLA Chief of Staff Lt. Gen Oyay Deng Ajak.



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*(continued)* Senior SPLA commanders are expected to be in attendance. Initial services will focus on screening, treatment and prevention of opportunistic infections. ART drugs are on order and will be offered when they arrive.



*Counselors' supervision for the Juba based SPLA CT counselors facilitated by 2nd Lt. Majok Ding and 2nd Lt. Alfred Lochok.*

### **Facts about antiretroviral drugs**

#### **Q: What are antiretroviral drugs or ARVs?**

HIV is an uncommon type of virus called a retrovirus, and drugs developed to interrupt the action of HIV are known as antiretrovirals or ARVs. ARVs come in a variety of formulations designed to act on different stages of the life-cycle of HIV.

#### **Q: Why is a combination of ARVs used?**

The AIDS virus mutates (changes form) rapidly, which makes it extremely skilful at developing resistance to drugs. To minimize this risk, people with HIV are generally treated with a combination of ARVs that attack the virus on several fronts at once.

#### **Q: Are ARVs a cure for HIV?**

ARVs are not a cure for HIV. Nevertheless, ARVs improve the quality and greatly prolong the lives of many infected people.

#### **Q: For how long does a person take ARVs?**

A person on ARVs must take them for life. If treatment is discontinued the virus becomes active again.

#### **Q. Does everyone with HIV need ARVs?**

While ARVs help people with HIV live longer and healthier lives, they are not perfect. ARVs are not a cure and must be taken every day for the rest of one's life once they are started. They also can have serious side effects which occasionally can be serious. Because of these facts, medical providers give ARVs only to those people whose HIV infection has destroyed enough of the immune system to cause problems. A medical provider can assess someone with a clinical exam and lab tests to decide who should start ARVs.

### **The SPLA HIV/AIDS Strategic Plan 2008- 2010**

The SPLA HIV/AIDS Secretariat under the leadership of Brig (Dr) Kuol and Lt. Col John Woja starting in

February 2008 facilitated the development of the SPLA HIV/AIDS Strategic Plan 2008-2010. The Strategic Plan for the SPLA HIV/AIDS program is expected to translate to better focused programming, coordination, advocacy and roles of implementing partners better defined. The SPLA HIV/AIDS Strategic Planning is founded on the Southern Sudan HIV/AIDS National Strategic Plan.

### **CDC Sudan gets a new Director, Dr. Fazle Nasim Khan**

Dr. Fazle Nasim Khan arrived at Juba on April 21, 2008 to assume the responsibilities as the 'CDC



Director' and 'Chief of Party' for the Global AIDS Program (GAP) in Sudan. Prior to working for CDC, Dr. Khan worked as a Medical Epidemiologist at the Missouri Department of Health and Senior Services

in the US. He also worked as a Consultant Epidemiologist, Chief of the Office of Surveillance and Vaccine Preventable Disease Surveillance Coordinator Epidemiologist for Missouri. He graduated from Mymensingh Medical College at Dhaka University in Bangladesh in 1982 and then worked for six years as a primary care and emergency physician in different hospitals in Bangladesh. In 1988 he migrated to the United States and after completing his MPH in Tennessee, started working as an Epidemiologist for STD, HIV-AIDS and Hepatitis in the state of Georgia. He then became the State of Idaho's first ever Surveillance Coordinator for Vaccine-Preventable Diseases and Hepatitis. Dr. Khan's background includes surveillance and disease control of communicable and vaccine-preventable diseases. After the terrorist events of September 11, 2001 in the US, Dr. Khan was made responsible for planning and implementing statewide 'Syndromic Surveillance' for Bioterrorism in Missouri. He takes great pride in accomplishing that.

Dr. Khan is excited and happy to be in Sudan. He expects to carry on the good work started by his predecessor and make HIV-AIDS prevention in Southern Sudan a priority. He plans to be involved in the HIV-AIDS activities of the SPLA and IntraHealth and hopes to build up greater collaboration in the future. Dr. Khan is happily married to Dr. Fahmida Akhter and has a daughter and a son back in the United States.