

RWANDA

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNHCR, UNICEF, WFP, UNFPA, UN WOMEN, WHO, UNAIDS SECRETARIAT, IOM

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

Despite the COVID-19 pandemic, the Joint Team made critical contributions in 2020-2021 to further expand treatment services for people living with HIV through the differentiated service delivery model, including community- and facility-led multimonth dispensing of antiretroviral treatment (ART). Another area of focus for the Joint Team has been the generation of strategic information to better inform the national HIV, human rights, and social protection programmes. The Joint Team has also been instrumental in mobilizing people from vulnerable and key populations, such as women living with HIV and increasing their knowledge around HIV prevention, testing, and treatment services, HIV-related stigma reduction, and most importantly their rights to public services, including healthcare. To overcome the socioeconomic impacts of the COVID-19 pandemic, the Joint Team provided nutritional support for more than 30 000 people living with HIV from vulnerable households across Rwanda.

HIV TESTING, TREATMENT AND CARE

The Rwanda Population-Based HIV Impact Assessment (RPHIA) 2018-2019 and the Demographic and Health Surveys (DHS) 2019-2020 were completed, with the Joint Team's support, and results from these assessments enabled the national health authorities to determine Rwanda's progress in relation to the HIV testing and treatment cascade.

The Joint Team continued to provide technical assistance for the implementation of the revised national HIV guidelines aimed at increasing access to HIV testing and counselling (HTC) services with the introduction of HIV self-testing, index testing and partner notification. Support was also provided to generate demand for uptake of HIV self-testing and recency testing.

To improve access to antiretroviral treatment (ART) and quality of services among people living with HIV, the Ministry of Health was supported in the implementation of the Treat All policy, multimonth dispensing of ART, and viral load monitoring aligned with the national differentiated service delivery model, which seeks to improve health outcomes of people living with HIV. The Joint Team also continued to ensure inclusion of the Undetectable = Untransmittable (U=U) message—an approach aimed at improving treatment adherence—in the National Guidelines on HIV Prevention, Care and Treatment.

With support from the Joint Team, the civil society organization *WE-ACTx for Hope* conducted a pilot community-led delivery of ART and integrated HIV and non-communicable disease services in the City of Kigali to improve access to multiple treatment services for vulnerable populations. A total of 185 people living with HIV aged 60 years and above in Kigali accessed their treatment through this pilot programme.

To help improve the nutrition situation of people living with HIV and strengthen the national Nutritional Assessment, Counselling and Support (NACS) programme, the Joint Team provided financial and technical assistance to the Rwanda Biomedical Centre (RBC) to conduct a national nutrition, food security and vulnerability survey in 2021. Besides updating the 2015 survey data on the nutrition and food security situation of people living with HIV, the survey also enabled the Government to document impact of COVID-19 pandemic on this group.

The Joint Team further supported four CSOs to develop a technical proposal for the TURIKUMWE Project ("*we are together*") aimed at mitigating the socioeconomic impacts of COVID-19 among vulnerable and key population groups, particularly female sex workers and men who have sex with men, which successfully mobilized €132 309 from the European Union for emergency procurement of food and hygiene kits. The Joint Team also provided direct nutritional support worth US\$ 160 000 to 30 304 people living with HIV from most vulnerable households across the country addressing their immediate nutrition needs.

A CSO-led rapid assessment was conducted to understand the impact of the COVID-19 pandemic on the delivery of biomedical and non-biomedical HIV services among key populations in the capital Kigali and other secondary cities—127 people from key populations participated in the study. Results highlighted that limited access to healthcare services, such as HIV prevention, care, and treatment services, and recurrent exposure to and engagement in high-risk behaviours among this group increased the risk of HIV and other sexually transmitted infections (STIs), unwanted pregnancies, and socioeconomic burden.

With the support of the Joint Team, guidelines and standard operating procedures for COVID-19 response and preparedness were developed and implemented to ensure continuity of HIV and other health services during the pandemic. A community call centre with a toll-free number was also established to provide real-time information and support on the COVID-19 pandemic and related restrictions.

HIV PREVENTION

In 2020, the Government was supported to conduct an in-depth analysis of the mother-to-child transmission of HIV during pregnancy, childbirth, and the breastfeeding period. The survey showed that, out of the 143 babies born to mothers living with HIV and who completed a 24-month breastfeeding period, eight babies acquired HIV from their mothers. Out of a second group of 200 children who had not completed the 24-month breastfeeding period, nine children were tested HIV positive and enrolled in the treatment program. The majority of all 17 HIV positive children were seroconverted during the first six weeks after birth. This prompts the need of strengthening HIV testing services at delivery.

The Joint Team supported the revision of the National Guidelines for Prevention and Management of HIV and Sexually Transmitted Infections and implementation of HIV Case-Based Surveillance (CBS). The CBS activities, including routine data analysis, Integrated Bio-Behavioural Surveillance (IBBS) among female sex workers and men who have sex with men, and other HIV-related research activities are expected to improve assessment of risk factors associated with HIV infection and estimation of HIV prevalence and other associated infections among key populations in Rwanda.

Heightened advocacy and technical support provided to the Ministry of Health led to the inclusion of refugees in the national viral hepatitis management strategy and a commitment to rollout viral hepatitis C (HCV) elimination programme in all six refugee camps by the end of

2024. Support was also provided for the development and implementation of the national condom strategy and the accompanying operational plan, and monitoring and evaluation mechanism for condom programming.

With the Joint Team's technical and financial support, the CSO-led study on the access and uptake of HIV prevention services among female sex workers and men who have sex with men was finalised. Results showed that only 16% of the healthcare facilities in Rwanda provided HIV prevention services for key populations. Moreover, only 10% of the health facilities fully implemented the minimum service package tailored for female sex workers, while 58% had partial implementation and 32% did not offer the service package. With regards to men who have sex with men, the study revealed that none of the healthcare facilities offered services tailored for this group. To address these gaps, the Joint Team is collaborating with the Rwanda Biomedical Centre to support CSOs in building the capacity of healthcare providers on the delivery of tailored and friendly services among key populations and on stigma reduction, which will enhance the quality of various services, including HIV self-testing, index texting, ART, and the promotion of pre- and post-exposure prophylaxis.

HUMAN RIGHTS, GENDER INEQUALITY, STIGMA AND DISCRIMINATION

Technical support was provided for the Universal Periodic Review of human rights situation in Rwanda and the draft feedback report comprising 160 recommendations related to human rights was submitted to the Government. Following the Government's acceptance of the recommendations, the Joint Team developed a biennial action plan for 2021-2022.

Under the theme Know Your Rights, several awareness raising campaigns and community engagement activities coordinated by the Network of People Living with HIV in Rwanda were conducted with support from the Joint Team. These campaigns, which reached more than 80% of the women in 300 associations, were aimed at improving their understanding on HIV-related stigma, gender inequalities and their rights to access public services, including health.

The Joint Team helped to address stigma towards women living with HIV through a capacity building and economic empowerment initiative, reaching 317 people (217 women and 100 men grouped into eight cooperatives) with training and seed funding to establish and manage income generating activities. Beneficiaries were also sensitized on prevention of HIV-related stigma and discrimination, gender inequalities, power imbalances, and the rights of people living with HIV.

In 2020, technical assistance was provided to rollout the Stigma Index 2.0 survey among refugees which underscored higher level of stigma among this community compared to the general population.

INVESTMENT AND EFFICIENCY

The Government was supported to develop the Rwanda HIV and tuberculosis joint application and grant making to the Global Fund for the 2020-2022 period mobilizing US\$ 140 208 665 for the national HIV and tuberculosis responses. The Joint Team also provided technical assistance for the development of a funding request for the Global Fund's COVID-19 Response Mechanism 2020-2022, mobilizing US\$ 28 524 203. This helped strengthen the national COVID-19 preparedness and response and ensure the continuity of facility- and community-based health services.

The PEPFAR Country Operation Plan 2020 (COP20) and COP 2021 (COP21) were also completed securing a total of US\$ 145 592 200 for programme implementation in 2021 and 2022 fiscal years. The Joint Team also provided support for the finalization of the Sustainable Index Dashboard (SID 2019) to ensure evidence-based decision on future investments and sustainability of the HIV response.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

While good progress is being observed in realizing the Sustainable Development Goals (SDGs) in Rwanda, including with the alignment of the National Strategy for Transformation 2017-2024 to the 2030 Agenda, more still needs to be done particularly in this Decade of Action and considering the long-lasting effects of the COVID-19 pandemic. In 2020-2021, the Joint Team partnered with the Government and non-state actors to ensure the effective response to the COVID-19 pandemic in key areas including health, food security, continuity of education and essential services, social protection, and humanitarian response, providing immediate economic support to people most affected and leveraging digital innovations. Going forward, the Joint Team will continue to support the Government and partners to address critical challenges affecting the resilience of most vulnerable people, and the sustainability of development.

CHALLENGES AND LESSONS LEARNED

Progress towards the first 90 target on knowledge of HIV status remains slow in Rwanda. HIV incidence and prevalence in the country are urbanized and women and key populations are impacted more by the HIV epidemic. The uptake of HIV prevention services among adolescent and young people aged 15-24 years remains low. Despite favourable legal and policy environment, stigma and discrimination remains high among refugees in humanitarian settings.

The COVID-19 pandemic hampered implementation of planned activities, particularly HIV peer education and community-based testing among adolescents, young people, and key populations. The national nutrition, food security, and vulnerability survey which was initially planned for 2020 had to be postponed to 2021 due to COVID-19 related face-to face gathering and travel restrictions. The pandemic and the subsequent loss or diversion of funding and health workforce continued to affect expansion of HIV services, including family testing and PMTCT services.

Rwanda continues to depend on external resources to fund the national HIV response, with PEPFAR and Global Fund being the major source of funding. Due to the COVID-19 pandemic, some crucial funds that were mobilised by the Joint Team were received with delay, which affected implementation of various programmes.

To reach the goals set by the Global AIDS Strategy, it is essential to generate more granular and disaggregated data to inform policy and programming, particularly for interventions targeting key population groups. There are also gaps in the interpretation and use of data by different stakeholders.

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