

RWANDA

Report prepared by the Joint UN Team on AIDS

PROGRESS TOWARDS THE FAST-TRACK TARGETS

COUNTRY PRIORITIES/ TARGETS BY END OF 2021	STATUS	RESULTS, END OF 2020
By 2021, Rwanda attained 95–95–95 targets in the test and treat cascade.	WITHIN REACH	An estimated 93% of adults living with HIV in Rwanda knew their status, of whom >98% were on antiretroviral treatment (ART), and 96% of those on treatment were virally suppressed. Testing rate is still low among children and adolescents: 54% of individuals living with HIV aged 0-14 years old know their status (Global AIDS Update 2021).
By 2021, new HIV infections in children are maintained below 5% and 90% of children living with HIV are enrolled on treatment.	ON TRACK	In 2020, an estimated 6.2% infants were born with HIV in Rwanda, an increase from 4.3% in 2019 (RBC/MoH Annual Report 2018-2019); and 54% of children aged 0-14 years living with HIV are on treatment (GAM 2021).
By 2021, 90% of adolescent and young people, especially adolescent girls and young women, and key populations access combination prevention services and are empowered to protect themselves from HIV.	ON TRACK	In 2019, 30.5% of adolescent boys aged 10-14 years and 41.5% aged 15-19 years were circumcised (RBC/MoH Annual Report 2018-2019). Between July 2018-June 2019, 25 904 female sex workers were tested for HIV and enrolled in HIV prevention programmes, of whom 7467 tested HIV positive and were linked to care, and treatment. During the same period, 563 female sex workers were initiated on PrEP (RBC/MoH Annual Report 2018-2019).
By 2021, 60% of healthcare providers are trained on comprehensive HIV prevention among young people and key populations.	ON TRACK	In 2018-2019, at least one health service provider in every public health service delivery point—545 nurses and laboratory technicians from 34 district hospitals—were trained on HIV Index and recency testing and partner notification (RBC/MoH Annual Report 2018-2019).

By 2021, stakeholders have access to quality data for policy development and programme management.

ON TRACK

The Rwanda Population-based HIV Impact Assessment (RPHIA) was published on September 2020 and disseminated during the 2020 World AIDS Day commemoration. The Rwanda Biomedical Centre (RBC) and the Ministry of Health conducted the Integrated Biological and Behavioural Surveillance Survey (IBBS) to monitor HIV prevalence and behavioural trends among female sex workers and men who have sex with men in Rwanda, for publication and dissemination in 2021.

JOINT TEAM

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

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020

Rwanda is on track to achieve the 95-95-95 targets by the end of 2021. The Joint Team played a key role in the implementation of the Treat-All policy to reach all people living with HIV and ensure Rwanda achieve this ambitious goal. Support was also provided to widely establish combination HIV prevention services in health facilities and community-led HIV response and promote integration of HIV testing and prevention with tuberculosis, sexually transmitted infection (STI), viral hepatitis, sexual and reproductive health, and family planning services. These integrated services particularly target adolescent and young people, and key populations, including female sex workers in urban and humanitarian settings, who are at higher risk of HIV. Prevention of mother-to-child transmission of HIV (PMTCT) services were improved in Kigali resulting in increased number of HIV testing among pregnant women, HIV-exposed infants and children, and rapid linkages to treatment services. The United Nations Development Assistance Plan II was aligned to the national strategic direction and operation plan to effectively coordinate the Joint Team's support to the national development agenda, including the HIV response.

ACCESS TO HIV TREATMENT AND CARE, ADDRESSING STIGMA IN HEALTH SETTINGS POLICY DIALOGUE; CAPACITY DEVELOPMENT; ADVOCACY; TECHNICAL ASSISTANCE

Rwanda continues to take big strides to achieve the 95-95-95 goals in the test and treat cascade by 2021. The Joint Team provided technical and financial support to implement the Treat-All policy to build on the current 97.5% ART coverage and ensure all people living with HIV are enrolled on ART regardless of their CD4 count. Support has also continued in the implementation of the Differentiated Service Delivery Model (DSDM) and the transition from three months multi-month dispensing (MMD) of antiretroviral medicines to six months MMD at all ART service sites in the country to boost treatment adherence and retention.

The Government, with technical and financial support from the Joint Team, revised the national guidelines for HIV prevention and diagnosis, as well as care, treatment, and nutritional support for people living with HIV. While improving the overall service provision for all people living with HIV, the revised guidelines on HIV and nutrition added new interventions for adolescents and

young people living with HIV. The revised nutrition guidelines, comprising new directives and youth friendly HIV prevention programmes and counselling cards, have strengthened the National Nutrition Assessment, Counselling and Support (NACS) programme.

Online capacity-building modules allowed 74 clinicians across 15 health facilities to build their skills on stigma and discrimination and additional 416 trainees across 26 facilities completed online, in-person and webinar capacity-building trainings improving their knowledge around stigma. Through the Fast-Track Cities initiative, the City of Kigali also offered online capacity building modules to 807 clinicians from 99 health facilities across the country; modules on HIV-related stigma and discrimination were accessed by 690 healthcare providers from 87 health facilities.

PMTCT AND FAMILY TESTING POLICY ADVICE; TECHNICAL SUPPORT; COMMUNITY ENGAGEMENT

With technical and financial support from the Joint Team, 18 high burden health facilities of Kigali improved the quality of PMTCT services to ensure better health outcomes for mothers and their babies. In 2020, an estimated 95.6% of pregnant women were re-tested for HIV during delivery; 98.9% of infants exposed to the virus were tested within two months after birth; 93.3% of all pregnant women on ART were retained in care after six months; and 93.85% of pregnant and breastfeeding women on ART achieved optimal viral suppression. An estimated 82.6% of children of pregnant and breastfeeding women living with HIV were also tested for HIV and all who tested positive were linked to ART services.

Through a pilot conducted in 2019 and 2020, family testing initiative was introduced in all the 18 health facilities in the City of Kigali, leveraging existing systems for index partner notification services. HIV self-testing was integrated into routine antenatal care (ANC) services and enhanced counselling on the importance of partner testing was provided to all pregnant women who attended their first ANC visit without their partners. The acceptability of HIV self-testing was 100% and there was no reported or observed negative impact. At six months of the pilot phase (December 2019), male partner HIV testing increased from 66% to 86%. Enhanced counselling in ANC and introduction of invitation cards for male partners were attributed as the two most important factors that led to significant increase in male partner testing.

40 healthcare providers in the city were trained on follow-up of pregnant women and mentored on compilation and reporting of quality PMTCT and paediatric data to improve quality of services. An operational study is underway to collect quality data to monitor the implementation of this initiative and help guide future programme improvements across the country.

COMBINATION PREVENTION AMONG ADOLESCENTS, YOUNG PEOPLE AND KEY POPULATIONS POLICY ADVICE; TECHNICAL SUPPORT; CAPACITY DEVELOPMENT, COMMUNITY ENGAGEMENT

In 2020, The Joint Team rolled out a mentorship programme on adolescent sexual and reproductive health (ASRH) for healthcare providers to build their capacity in delivering youth-friendly services. The programme reached at least one health care provider in each of the 63 health facilities in three districts of the Western Province, who were tasked to distribute 2000 information materials to enhance parent-children communication around ASRH. Besides, 30 computers for youth corners were installed in selected health facilities. 231 community health workers also received orientation on youth-friendly community support services and referrals to healthcare facilities.

Community-based peer-to peer programmes were rolled out in two underserved districts, Huye and Gasabo, to increase knowledge and demand for HIV prevention services among adolescent and young people. An estimated 300 adolescent and young people (60% females) in 14 Huye sectors and all sectors in Gasabo received messages on HIV prevention and testing via peer-led interpersonal communication sessions. In 2020, these youth-led programmes in the two districts reached 60 000 adolescent and young people through personal communication

and 140 000 via community radio to create awareness around HIV prevention services. Nearly 8000 adolescent and young people were also reached with youth-friendly HIV testing and counselling services, and 15 200 condoms were distributed in target communities.

With financial support from USAID and in partnership with the City of Kigali, the International Association of Providers of AIDS Care, Rwanda Biomedical Centre, and civil society organizations, various HIV programmes targeting vulnerable and key populations have been developed and rolled out in the City of Kigali. Fifty-five peer educators of female sex workers in three hotspot areas were trained on the rights of key populations, specifically on access to contraceptive and HIV treatment services and adherence to treatment.

Improved and integrated HIV, sexual and reproductive health (SRH), gender-based violence (GBV), and family planning health services in six refugee camps allowed increased outreach among adolescent and young people. Around 24 healthcare professionals and 175 community health workers (20 peer educators and 109 female mentors) were trained on delivery of these integrated health services. As a result, 27 281 adolescents and young people aged 15-24 years and 165 first time young mothers from Mahama, Kigeme, Kiziba and Mugombwa refugee camps were reached by SRH and GBV messages. Additionally, 171 female sex workers from three refugee camps accessed comprehensive package of prevention services, including HIV and STI prevention education and condoms.

Awareness raising sessions on SRH and HIV targeting adolescent and youth people reached 12 495 beneficiaries in Congolese camps (6164 female and 6331 males). A total of 68 276 beneficiaries in the Burundian refugee camp of Mahama (57 518 males and 10 758 females) also received youth friendly services and across the community.

STRATEGIC INFORMATION AND PROGRAMMING

POLICY DIALOGUE; TECHNICAL SUPPORT; CAPACITY BUILDING

The Joint Team provided significant technical and financial support to ensure an evidence-based national HIV response. The Rwanda Population-Based HIV Impact Assessment 2018-2019 was completed and launched on World AIDS Day 2020 allowing the Government to track progress towards the 90-90-90 global targets. Similarly, the City of Kigali was supported to develop and implement an HIV monitoring data dashboard allowing the country to record quality data and monitor progress. The dashboard will also ease mapping of available HIV services and strengthen evidence-based advocacy, decision-making, and policy reform efforts.

The City of Kigali, through the Fast-Track City initiative, conducted an assessment on HIV and aging. The results indicated a shift of the HIV burden to older populations— the number of people living with HIV aged 59 years and above increased from 6% in 1995, 13% in 2010 to 24.6% in 2019. Similarly, a baseline study is underway to examine the correlation between substance abuse and HIV infection among people who inject drugs and people who use drugs in selected hotspots in the City of Kigali.

The Stigma Index 2.0 survey was conducted and the results from the 2020 survey showed an 80% decrease in HIV-related stigma and discrimination incidents in the last 12 months compared to the 2009 survey. It also revealed that the stigma and discrimination index for the general population stood at 23 in 2009 compared to 13 in 2020.

Various studies were also conducted to improve the quality of HIV, SRH and GBV programmes targeting key populations. These include the population estimate study conducted on street and venue-based female sex workers; results showed that an estimated 8277 street-based and 22 919 venue-based female sex workers are operating in Rwanda. Similarly, two separate Integrated Biological and Behavioural Surveillance Surveys (IBBSS) among female sex workers and men who have sex with men were also completed. The results showed that HIV prevalence increased from 4% in 2015 to 7% among men who have sex with men in 2020, while prevalence declined from 45% to 35% among female sex workers during the same period. Official publication of findings is underway.

CONTRIBUTION TO THE COVID-19 RESPONSE

The Joint Team provided technical support to overcome the COVID-19 impact on people living with HIV. Guidelines and standard operating procedures were developed for front line health workers to ensure safety and continuity of HIV and other health services. Through the COVID-19 Global Fund Grant Mechanism US\$ 19 million was mobilized for the national pandemic preparedness and response plan and some of these funds will be used to extend HIV services for most vulnerable populations during the pandemic. Around 60 000 community health workers and peer-educators (community volunteers) were trained on COVID-19 prevention and provided with personal protective equipment to boost continuity of community-led health services.

Through support provided by the Joint Team, 30 304 people living with HIV in most vulnerable households across the country received food supplies, and nutritional care and support to ensure ART adherence and improve their health outcomes. The Joint Team also advocated for the inclusion of households of people living with HIV as beneficiaries of the national social protection plan. In addition, a community call centre with a toll-free telephone line was established to provide real-time advice and support for people living with HIV, including counselling and referral services during the pandemic. Between 6-31 May 2020, around 123 people called the help line and received counselling and referral services.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

Phase III of the iAccelerator (iA)—a mentorship driven programme aimed at assisting young entrepreneurs with seed funding and skills to derive innovative youth-led solution to overcome challenges around SRH, sexuality education, family planning, and more—was launched virtually galvanizing 200 young people from across the country. The event received 690 applications and the top 10 were selected to receive technical support and funding.

The Joint Team provided technical and financial support to the Government to develop the Rwanda HIV and tuberculosis 2020-2022 joint application to the Global Fund, which secured US\$ 140 208 665 for the national response. These efforts contributed to strengthening partnerships and mobilization of resources for effective HIV and tuberculosis responses as well as strengthening the overall health system, directly contributing to SDGs 3, 5, 10 and 17.

PERSISTING AND EMERGING CHALLENGES AND BOTTLENECKS	KEY FUTURE ACTIONS TO RESPOND TO CHALLENGES AND UNBLOCK BOTTLENECKS
<p>HIV incidence and prevalence remain high in urban areas and among women, adolescent girls and young women, and key populations. The low rate of uptake of HIV testing and prevention services among adolescent and young people exacerbates the challenges in controlling the AIDS epidemic.</p> <p>Diversion of human resources and funds for the COVID-19 pandemic, coupled with social distancing restrictions also hampered HIV prevention programmes targeting adolescents and young people, and key populations.</p>	<p>Provide technical support to expand HIV self-testing among hard-to-reach male partners of antenatal and PMTCT clients, key populations in particular female sex workers and their clients, and adolescent and young people.</p> <p>Provide technical and financial support to strengthen and intensify demand creation efforts to increase uptake of HIV prevention and treatment services among the general population.</p> <p>Support the scale-up and sustainability of index/family testing and pilot HIV self-testing among adolescent and young people, and key population at higher risk of HIV.</p>
<p>Inequalities in access to HIV services based on gender, age, economic status, geographical location, and among key populations remains a concern in Rwanda. Vulnerable and key populations in humanitarian setting continue to experience HIV-related stigma and discrimination.</p>	<p>Provide technical and financial support to scale-up rights-based HIV combination prevention programmes targeting adolescent girls and young women, key populations, particularly female sex workers and gay men and other men who have sex with men in urban settings.</p>
<p>The Government and development partners diverted significant resources to the COVID-19 response creating shortage in HIV programme implementation. Diversion of health data collection and analysis experts from critical HIV services to the COVID-19 response, disrupted service delivery including in PMTCT and family testing.</p>	<p>Continue to mobilize additional resources to close the overall funding gap of planned HIV programmes, including on data collection.</p>
<p>Coverage of Hepatitis B and Hepatitis C vaccines in refugee camps remains low. This is due to shortage of vaccine supply and health providers to conduct community sensitization and administer inoculation.</p>	<p>Continue to provide technical and financial support to health services in both in refugee/humanitarian settings and host communities to deliver services.</p>

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