Inspirational multisectoral approach to HIV/AIDS in Rwanda

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Presentation outline

- Background
- Multisectoral approach
- Lessons learnt
- Challenges expected
- Multisectoral approach for other SRH issues
- Conclusion
Rwanda Geographical Location

- Small country of 26,338 km²
- 11,689,696 inhabitants
- A Hilly Terrain
  - A country of a Thousand Hills)
- 30 administrative Districts
- GDP per capita: $644
Epidemiological Situation

National Average: 3%
Male: 2.3%
Female: 3.6%

City of Kigali 7.3%

Source: RDHS 2010
The Rwanda national guiding strategy (EDPRS*) mainstreams HIV

All sectors coalescing around each and every EDPRS thematic area have to mainstream HIV interventions

EDPRS*: Economic Development and Poverty Reduction Strategy
The national HIV Strategic plan depicts the overall objectives

- New HIV infections are reduced by $\frac{2}{3}$ - from 6K to 2K - by June 2018
- HIV related deaths are reduced by $\frac{1}{2}$ from 5K to 2.5K by June 2018, and HIV morbidity is decreased
- People infected and/or affected by HIV have the same opportunities as the general population
The national HIV Strategic plan integrate SRH services through EMTCT, FP, SGBV, MC and STIs prevention and management

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<th>EMTCT</th>
<th>FAMILY PLANNING</th>
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<td>Sensitization of Young Girls and Boys</td>
<td>Education on contraceptive methods</td>
<td>Communication against GBV</td>
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<td>Couple testing in ANC</td>
<td>Increase accessibility to FP methods</td>
<td>Services for GBV Victims</td>
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<td>ART prophylaxis</td>
<td>Community based provision of FP services</td>
<td>One stop centers for SGBV</td>
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**Interventions**

- Sensitization of Young Girls and Boys
- Couple testing in ANC
- ART prophylaxis
- Education on contraceptive methods
- Increase accessibility to FP methods
- Community based provision of FP services
- Communication against GBV
- Services for GBV Victims
- One stop centers for SGBV

**Approach**

- Health Providers trained on comprehensive services provision
- Integrated management manuals
- Services can be provided by one Health care Provider
- Same Health infrastructures

**Results**

- High PMTCT and couples testing coverage (>80%)
- The total fertility rate fell from 6.1 per woman in her lifetime in 2005 (RDHS 2005) to 4.6 per woman in 2010 (RDHS 2010)
- 63% of HF offer referral services for survivors of GBV
Lessons learnt from this approach

- Strengthen national response to control the spread of HIV:
  - Through participatory planning
  - Actors addressing the causes and effects of the HIV/AIDS epidemic
- Increased ownership by all stakeholders including community
- Increased transparency and accountability at all levels

How

- Grouping actors, regular meetings / working sessions for better coordination:
  - National coordinating body (RBC)
  - Strategic sectors
  - Civil society organizations
  - Private sector
  - HIV multisectoral committees at districts level
Due to ever changing environment, some challenges may be expected

1. Adapted messages for all

2. Reach Youth out of schools

3. Tracing / retention of Clients in services in context of growing Cities / Mobile people

4. Increased workload for Health care Providers

5. Vertical external support sometimes reluctant to support the integrated approach
This approach can be used to address other SRH issues

- Advocacy for their consideration in the guiding documents / strategies

- Build on existing channels and structures
  e.g:  
  *Health system in place*
    - Health services for women, men and youth
    - Increased access to range of services
    - Increased effectiveness and efficiency

- Integrated approach to SRH issues

- Avail and provide gender-specific services
For the promotion of SRHR through a multisectoral approach, Belgian cooperation should

1. Advocate and promote HIV-SRH integration at all levels: policy, service delivery, individual, community,...

2. Provide guidance on SRHR – HIV integration

3. Effective resources allocation
1. Multisectoral approach to HIV/AIDS epidemic proved to be the right way in RWANDA

2. Active participation from all Stakeholders key to successful multisectoral approach

3. Same approach can be used for other SRH issues

4. Targeted interventions needed for some specific groups
Thank You