



**UNAIDS**  
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

UNHCR  
UNICEF  
WFP  
UNDP  
UNFPA  
UNODC  
ILO  
UNESCO  
WHO  
WORLD BANK

**Rwanda**  
July, 2008

## Country Situation

### Country Situation

Stakeholders in Rwanda acknowledge the strong leadership and high-level political support to the HIV response by the government, including the MOH and the public non-health sector. Civil society is organized into several umbrellas that act as an interface between government and civil society (such as the network of PLHIV (RRP+) and Faith-Based Organization for AIDS).

In 2007 a new Economic Development and Poverty Reduction Strategy (EDPRS) 2008-12 was developed in consultation with communities and partners. HIV response is mainstreamed and integrated into all sectors.

Total HIV spending in 2006 was US\$ 87.6 million. When comparing with previous years, we note an increasing trend in expenditure. 92% of expenditure is incurred by donors.

In 2007, the process of decentralization was strengthened. CDLS (District Committees), with representatives of key departments and CSO, including PLHIV, were set up to support mayors in managing the HIV response. HIV district development plans fit into overall development plans. An HIV and AIDS web access database (CNLSnet) tracks service providers, their action plans, beneficiaries, and budget at the district levels. The system also monitors implementation progress and expenditure.

Every district offers at least one complete package of HIV services (for example, antiretroviral therapy, PMTCT or VCT) and has at least one NGO or CSO partner involved in service delivery.

The scale-up of antiretroviral therapy (free and integrated into health services) is a major success for the country. Through September 2007, 44 395 people were receiving treatment (65% of people in need). Antiretroviral therapy coverage among men (56%) is lower than for women (73%). Coverage of PMTCT services (September 2007) is 56%. The number of tests conducted at VCT sites is also on the increase. In 2006, 472 194 tests were conducted. MOH is introducing PITC.

Rwanda has adopted an expanded ABC (abstinence, be faithful, use a condom) approach to include education; so that it is known as EABC and numerous partners are involved in awareness work (about 500 000 people were reached by prevention messages in 2006). Little data are available to convey a clear sense of the scope of HIV prevention programmes with regard to most-at-risk populations.

### **UNAIDS activities at country level during 2007**

The UN Team Group on HIV has provided an opportunity for sharing information between UN agencies and other partners, and promoted expanded efforts on HIV prevention, treatment, care and support. As part of the ONE UN pilot countries, UN underwent the process of joint planning throughout the year: UNDAF, the Common Operational Document 2008-12 and the Joint UN Annual Plan on HIV.

In terms of specific support to the HIV response in the country, we can mention:

- ▶ Close collaboration with NACC (CNLS): TA for the overall coordination (and partnership) role and for specific aspects of the response (such as policy development, strategic information in support of universal access, development of operational plans, functioning of national M&E system, budgeting exercises).
- ▶ TA was also provided to the development and implementation of CSOs workplans.
- ▶ The UN Team participate actively in existing working groups: Health cluster”, “HIV cluster”, DPCG, health sector review, Research Committee.
- ▶ Additional support to NACC included: preparation of the 7th GF proposal, technical support for universal access process, organization of the Partnership Forum including decentralized levels, support to the UNGASS reporting process, organization and content setting of national conferences, WAC, capacity development of national staff through direct TA, participation in conferences and regional/national training.
- ▶ UNAIDS initiated an assessment of technical needs to support government and civil society organizations.

Cosponsors contributed to the national response according to their area of comparative advantage, for instance: UNICEF on OVC, PMTCT and HIV prevention in schools; UNFPA on youth prevention and condom distribution; WFP supports nutritional needs of PLHIV; UNHCR worked on prevention, treatment and care in two of the refugees camps; WHO supported MOH on protocols and guidelines development; ILO has a program for HIV in the workplace; UNIFEM supports gender campaigns and prevention of gender-based violence.

### **UNAIDS achievements at country level during 2007**

#### ***Joint UN planning and programming***

In January 2007, Rwanda became one of the eight pilot countries for the One UN Reform initiative. UN agencies in Rwanda are now working towards ‘One Programme’, ‘One Leader’, ‘One Office’ and ‘One Budgetary Framework’.

In order to ensure that its contributions support and reinforce the priorities of the national response to HIV in Rwanda, the UN system has developed a Joint UN Plan on HIV for the

period 2008-2012. The adoption of the Joint Plan has now assumed even more importance given Rwanda's appointment as one of the eight countries piloting the One UN reform programme.

The Joint Plan is derived from the country's United Nations Development Agreement Framework (UNDAF) and its Common Operational Document (COD). Its guiding principles are the internationally agreed development targets for HIV and AIDS as enshrined in the MDGs, the UNGASS, and universal access targets, as well as Rwanda's Vision 2020 and Economic Development and Poverty Reduction Strategy (EDPRS) 2008-2012. The content of the Joint Plan encompasses priorities taken from the Multisectoral HIV/AIDS Control Plan 2005-2009 which are those most aligned with the comparative advantage of the UN agencies delivering the Joint Plan.

The Joint Plan was developed through an inclusive process involving collaboration with the national government, UN agencies, development colleagues, and civil society partners. It has been reviewed, discussed, refined and endorsed through a participatory process that took approximately six months to complete.

The Joint Plan comprises three main focus areas for HIV: the "Three Ones" principles (lead agencies UNDP/UNAIDS); increased awareness and intensified prevention (lead agencies UNICEF/UNFPA); and scaling-up treatment, care and support (lead agency WHO). To ensure accountability each of the lead agencies is responsible for their own achievements.

### ***Other***

Joint UN support enabled the success of the International conference "HIV implementer's meeting of June 2007" in Kigali. Under the lead of UNAIDS, UN agencies provided strong support to NACC (CNLS), to the involvement of CSOs and partnership was built with GFTAM, PEPFAR and the WB.

The theme of the meeting was "Scaling-Up Through Partnerships". Implementers exchanged lessons learned on building the capacity for local prevention, treatment, and care programs, maintaining quality control, and coordinating efforts. The forum facilitated an open dialogue about future directions of AIDS programmes, with a strong emphasis on implementation and identification of critical barriers and best practices.

The location of the meeting in Rwanda offered a chance to not only showcase UN work in the country, but also an opportunity for donors to witness common country problems firsthand - difficulty in moving to the next phase of the HIV response and scaling-up towards universal access.

The meeting was the result of true collaboration of different actors – a wide range of implementing partners from government and civil society, including those receiving funds from various donors. The vast majority of conference delegates travelled from developing countries in Africa and other regions. In addition to government ministers, participants included representatives from faith- and community-based groups and PLHIV.

Several events were organized by the UN and national partners before the conference, some of them specifically to address the concern of local civil society involvement in the lead up to the conference (an event on gender and one on youth).

The implementers' meeting was part of a stocktaking exercise. We showed what works in order

to scale-up AIDS programmes effectively. We also reappraised what we are doing, and prepared ourselves to make changes where necessary

### **Main challenges / activities for 2008**

- ▶ In the EDPR, HIV is mainstreamed across sectors. However, there are currently no guidelines to help ministries integrating HIV in their planning and budgeting or for effective working modalities with civil society and other relevant stakeholders.
- ▶ Coordination bodies, at national and in particular at decentralized (CDLS) levels still need strengthening in qualified human resources. Some of the umbrellas also need to improve their capacity to provide true representation and feedback to their constituencies.
- ▶ An evidence-based prevention strategy has yet to be developed and fully implemented. Focus should be placed on 'knowledge of the epidemic' so as to be able to develop appropriate tailored interventions for the most-at-risk populations (prisoners, SW and MSM). An additional challenge remains low condom use and availability.
- ▶ Specific challenges for the national M&E System are a lack of human capacity, in particular at the decentralised level and within sectors. There is also a need to improve the feedback mechanism and data analysis for use in decision making.
- ▶ Although funding is high, there remains a large gap for interventions for PLHIV and OVC.

### **Opportunities**

The review of the National HIV strategic plan. The government interest in male circumcision. An implementation strategy is under discussion.