

AT A GLANCE

The AIDS response and Millennium Development Goals:

Rwanda case study



© Joint United Nations Programme on HIV/AIDS (UNAIDS) 2010

All rights reserved. Publications produced by UNAIDS can be obtained from the UNAIDS Content Management Team. Requests for permission to reproduce or translate UNAIDS publications—whether for sale or for noncommercial distribution—should also be addressed to the Content Management Team at the address below, or by fax, at +41 22 791 4835, or e-mail: publicationpermissions@unaid.org.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of UNAIDS concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by UNAIDS in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by UNAIDS to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall UNAIDS be liable for damages arising from its use.

WHO Library Cataloguing-in-Publication Data

At a glance: the AIDS response and the millennium development goals: Rwanda case study.

"UNAIDS/10.16E".

1.Acquired immunodeficiency syndrome - prevention and control. 2.HIV infections - prevention and control. 3.National health programs. 4.Millennium development goals. 5.Case reports. 6.Rwanda. I.UNAIDS.

ISBN 978-92-9173-882-3

(NLM classification: WC 503.6)

AT A GLANCE

The AIDS response and Millennium Development Goals:

Rwanda case study

Since the devastating genocide in 1994, Rwanda has experienced impressive economic growth (currently 6% annually). Nevertheless, 57% of Rwandans still live below the poverty line. Rwanda's Economic Development and Poverty Reduction Strategy, 2008–2012 (1) clearly states the country's priorities relating to sustainable growth for jobs and exports, poverty reduction and good governance. Within this strategy, AIDS, gender, the environment, social inclusion and youth development are regarded as cross-cutting issues (2).

Rwanda remains highly dependent on donor aid. Development assistance was estimated at about 20% of gross domestic product (GDP) in 2008 (2). In recent years, several important developments in the health sector have improved the supply of and demand for health care services and supported progress towards achieving the health-related Millennium Development Goals. These include:

- ▶ decentralizing health care services, including integration of service delivery by the public sector and nongovernmental organizations;
- ▶ establishing a team of community health workers; and
- ▶ scaling up performance-based financing and community-based health insurance.

Rwanda has made good progress in meeting the Millennium Development Goal targets (Table 1). A recent report suggests that an “aid surge” in 2008 together with policy reforms have put Rwanda on track to achieve most health-related Millennium Development Goal targets. Nevertheless, there is some concern that the unpredictability of aid financing could threaten this progress in the longer term.

There have been impressive achievements in addressing Millennium Development Goal 6. The multisectoral AIDS response, based on the “three ones” principles, has resulted in a decline in HIV prevalence from 11% in 2000 to 3% in 2009, with 77% of those in need receiving antiretroviral therapy in 2009 (1, 3). Currently, the main development partners supporting Rwanda's AIDS response include the United States Government and the Global Fund to Fight AIDS, Tuberculosis and Malaria. United Nations Agencies also make important contributions (as part of the United Nations Delivering as One initiative), and there are several bilateral donors. Despite some concern about disproportionate financing of the AIDS programme, Rwanda has shown exceptional stewardship in supporting an integrated and inclusive national response.

Rwanda country profile

Population (2009): 9.7 million

Population density: 401 people per km²

GDP (2009): US\$ 5.246 billion

GDP per person: US\$ 535

Gini coefficient (2003): 41.1 (medium)

Human Development Index (2007): 0.460 (low – 167 of 182)

Sources: International Monetary Fund and World Bank statistics, July 2010.

Table 1. Summary of the target status of Rwanda's Vision 2020 (4) and Millennium Development Goals indicators

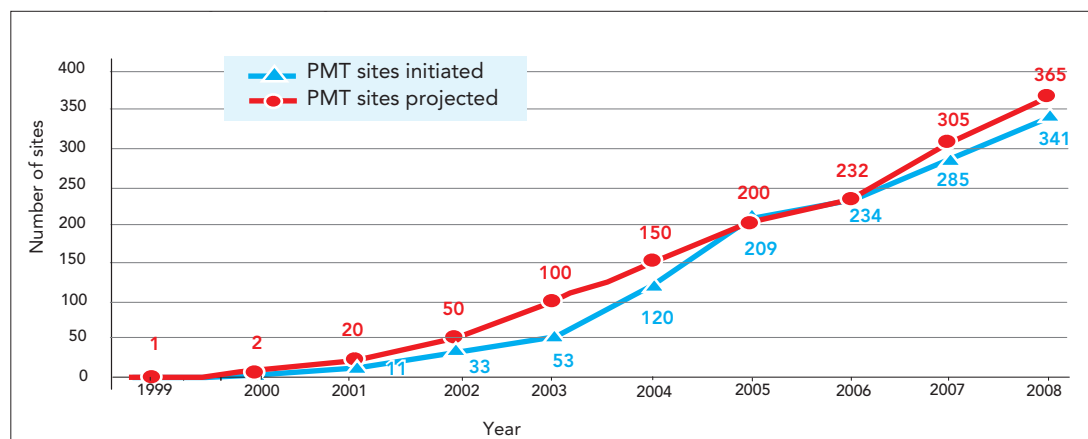
	2000 baseline	Targets		Latest value (year)
		Vision 2020	Millennium Development Goals for 2015	
Millennium Development Goal 1: Eradicate extreme poverty and hunger				
Poverty (below national poverty line)	60.4%	30.0%	30.2%	56.9% (2006)
Child (age <5 years) malnutrition (underweight)	24.0%	10.0%	14.5%	22.5 (2006)
Proportion of population below minimum level of dietary energy consumption	41.3%	–	20.7%	36.0% (2006)
Millennium Development Goal 2: Achieve universal primary education				
Literacy level (proportion of people 15–24 years old)	74.0%	100.0%	100.0%	76.8% (2006)
Primary school net enrolment	72.0%	100.0%	100.0%	95.0% (2006)
Primary school completion rate	22.0%	100.0%	100.0%	51.7% (2006)
Millennium Development Goal 3: Promote gender equality and empower women				
Gap between girls and boys in primary education	0	0	0	0 (2005)
Gap in literacy	10.0%	0	0	0.1% (2005)
Seats held by women in parliament	–	50.0%	50.0%	48.8% (2006)
Millennium Development Goal 4: Reduce child mortality				
Children (age 11–23 months) immunized against measles	–	100.0%	100.0%	84.0% (2005)
Mortality rate (per 1000 births) of children <5 years	196	50	50	152 (2005)
Infant (age <1 year) mortality rate (per 1000 births)	107	50	28	86 (2005)
Millennium Development Goal 5: Improve maternal health				
Maternal mortality ratio (per 100 000 births)	1071	200	268	750 (2005)
Millennium Development Goal 6: Combat HIV/AIDS, malaria and other diseases				
HIV prevalence	13.9%	5%	–	3.0% (2005)
Prevalence of condom use by people 15–24 years old	4.0%	–	–	39.0% (2005)
Proportion of population 15–24 years old with comprehensive knowledge of HIV/AIDS	–	–	–	51.0% (girls) 54.0% (boys)
Ratio of school attendance by orphans to school attendance by non-orphans	–	–	–	0.92 (2005)

Source: adapted from Logie et al. (5).

Contributing to lives saved

Investment in scaling up the prevention of mother-to-child transmission and antiretroviral therapy for children can contribute substantially to reducing child mortality (6). In Rwanda, US\$ 7.5 million of the 2008 AIDS expenditure supported the rapid scaling up of measures to prevent mother-to-child transmission (Fig. 1), early infant diagnosis and antiretroviral therapy for children. By the end of 2009, the national percentage of pregnant women being tested for HIV was an estimated 73%, while 6684 infants had received nevirapine prophylaxis (86% of all notified births by mothers living with HIV). Meanwhile, by 2009, 70% of sites providing services to prevent mother-to-child transmission were offering early infant diagnosis to increase the chances of initiating treatment early (7). In 2009, 6679 children (49% of those in need) were receiving antiretroviral therapy, following the rapid scale-up of treatment for children since 2006.

Fig. 1. Projected and initiated sites offering services to prevent mother-to-child transmission, Rwanda, 1999–2008



Source: Ministry of Health (8).

In low-income countries, each additional percentage point of HIV prevalence is associated with 9% higher mortality among children younger than five years (9). Confirming this figure for Rwanda has not been possible. However, the proportion of under-five mortality in Rwanda attributed to AIDS declined from 5% to 2% between 2003 and 2008, and the AIDS response was rapidly scaled up during this period (10). This suggests that the AIDS response could account for about 3% (or 1230) of under-five deaths averted between 2003 and 2008.¹ In addition, the extensive support for orphans and vulnerable children included in the AIDS response is considered one of the most important contributions to child survival in Rwanda. In 2008, 12% of AIDS spending funded at least one type of support (such as access to health care) for about 134 000 of Rwanda's 1.35 million orphans and vulnerable children (7,8).

¹ A BASICS report in 2009 (11,12) suggests that figures for mortality among children younger than five years attributed to HIV and AIDS are often underestimated in Rwanda due to the frequency of coinfection. Notably, the general fall in under-five mortality (18% between 2005 and 2008) and the 20% fall in infant mortality during the same period have largely been attributed to complementary initiatives such as the WHO/UNICEF Integrated Management of Childhood Illness strategy, the Expanded Programme on Immunization and malaria programmes.

Integrated services to prevent mother-to-child transmission in Karongi District

In the Karongi District of the Western Province, the coverage of women attending antenatal consultation is 98% and pregnant women are encouraged to bring their partners for testing. When a pregnant woman is found to be HIV positive, she receives same-day post-test counselling and blood is drawn for a CD4 count. She is enrolled into a comprehensive care programme and followed up until her baby is 18 months old. Antiretroviral prophylaxis is provided. Six weeks after delivery, the mother comes for counselling on family planning, and the child receives a test for early infant diagnosis and prophylactic co-trimoxazole syrup. Every month, the mother brings the child for follow-up, during which the height, weight and general development of the child are assessed. She also receives nutrition counselling, and health personnel monitor the nutritional status of the child. The child receives nutritional supplements after 6 months, and further serology testing takes place at 9 and 18 months.

Source: The AIDS response and the Millennium Development Goals: Rwanda case study (12).

In the absence of HIV, maternal mortality ratios worldwide would have been an estimated 18% lower in 2008 (13). Although this figure cannot be applied directly to Rwanda, it does point to some of the potential gains to be made from an effective AIDS response. The maternal mortality ratio in Rwanda declined by 25% between 2000 and 2005 (from 1071 to 750 per 100 000 births). During the same period, several initiatives supported this, including scaling up of relevant AIDS programmes. These include voluntary counselling and testing and measures to prevent mother-to-child transmission, with access to treatment for women and links to family planning, antenatal care and other reproductive health services. Through policies of integrated service provision and a focus on continuum-of-care approaches, cross-referral between all these services is now routine (3). An additional focus on family-centred interventions has led to partner testing being included as part of services to prevent mother-to-child transmission. In 2009, 84% of the male partners of pregnant women living with HIV had been tested. This was linked to couple counselling and referral to appropriate health care services, thereby supporting the longer-term health of women and their families.

Promoting integrated services

Since 2002, Rwanda has been actively promoting integrated health services. Nongovernmental organizations are now required to operate within the public health system rather than set up parallel services. Within this framework, Rwanda has been extremely successful in mobilizing the AIDS resources of development partners for strengthening the health system. Rwanda's Round 5 grant from the Global Fund focused on health system strengthening and allowed the Ministry of Health to install electricity in 37 health facilities, telephone communication in 960 facilities and pay community-based health insurance subscriptions for nearly 3 million low-income and vulnerable people. Subsequent Global Fund awards have been used to rehabilitate 95 health facilities and procure haematology and biochemistry equipment for 46 laboratories.

Support for medical laboratories

In Rwanda, resources from the AIDS response have played a major role in strengthening infrastructure and systems for national medical laboratories. The National Reference Laboratory has strengthened infrastructure, computerized systems, staff capacity and equipment. Infrastructure at decentralized levels has been improved and extended, and all district hospitals now have laboratory technicians, with most health centres having two to three. Health centres and district hospitals have been equipped with microscopes and haematology and biochemistry machines on a large scale. Each of the 30 district hospitals now has a CD4 machine. AIDS investment has also contributed to systems for transporting samples, transmitting results and improving quality assurance.

It is sometimes suggested that AIDS services can adversely affect other health services. An FHI research study (14)¹ in Rwanda assessed 30 primary health care centres before and after the introduction of “basic HIV care” (including voluntary counselling and testing, services for preventing mother-to-child transmission and prophylactic therapy). The study found positive associations for greater use of general health services, with coverage rates of new antenatal care clients increasing from 68% to 81%, vaccination coverage rates for children increasing from 79% to 87% and significant uptake of reproductive health services. Similarly, in 2008 the Ministry of Health reported improved use of maternity services in health facilities offering services for preventing mother-to-child transmission as part of integrated care: at these sites the number of assisted deliveries was found to be 16% higher than the national average of 45% (8). A recent quasi-experimental study (15)¹ supports these findings, suggesting that including AIDS services at health facilities does not crowd out other primary health care services and supports their uptake – with significant improvement for selected childhood vaccinations. These improvements have all been attributed to better service delivery (including health worker capacity and health facility infrastructure) at sites incorporating AIDS care.

Working across government

Rwanda’s National Strategic Plan on HIV and AIDS 2009–2012 (3) specifically refers to the need for integration, strategic partnerships and links. Implementation of the plan is also supporting several policy developments and sectoral plans that incorporate the AIDS response, including:

- ▶ Good Governance and Decentralization Policy (2000);
- ▶ Health Sector Policy (2005);
- ▶ National Policy for Orphans and Other Vulnerable Children (2003)
- ▶ Strategic Plan for Orphans and Other Vulnerable Children (2007–2011);
- ▶ National Reproductive Health Policy (2003);
- ▶ National Policy on Condoms (2005); and
- ▶ National Policy on Gender-based Violence (2010).

The One Stop Centre for victims of sexual violence at Kacyiru Hospital

The One Stop Centre was opened in Kacyiru Hospital in mid-July 2009. It is a relatively new multisectoral initiative of the government (in particular the Rwanda National Police) and the United Nations (UNFPA, UNIFEM and UNICEF) supporting the new National Policy on Gender-based Violence. Notably, the Centre is an extension of services at a health facility recently refurbished using Global Fund resources. The Centre is designed to meet the health, psychosocial and legal needs of people who have experienced sexual and gender-based violence by providing a full range of services in one location. The Centre is the first of its kind in Rwanda. In addition to addressing an urgent need, it is providing individual and institutional learning opportunities that will assist the rolling out and scaling up of future similar centres and services.

AIDS spending on the enabling environment increased by 15% between 2007 (US\$ 2.31 million) and 2008 (US\$ 2.87 million) (7). This covers promoting human rights and gender projects, training police officers, judges and local government leaders and providing legal support and counselling services. There has also been considerable collaboration with the Ministry of Gender and Family Promotion and the Ministry of Local Government, Community Development and Social Affairs to address poverty, nutrition and education among orphans and vulnerable children, people living with HIV and other vulnerable groups. For example, in 2007, AIDS resources supported 816 micro-credit projects with an estimated 33 000 beneficiaries. The National AIDS Commission is now working with the Ministry of Local Government, Community Development and Social Affairs to improve the economic sustainability of these projects by supporting them in becoming viable cooperatives.

Involving civil society and the private sector

Civil society organizations, mass organizations and the private sector are also active in Rwanda's national AIDS response. Faith-based organisations support about 40% of Rwanda's health and AIDS services, and the Federation of the Private Sector in Rwanda has taken a lead role in coordinating the private sector's AIDS response in the workplace. The Rwanda Network of People Living with HIV and the Network of Faith-based Organizations against HIV/AIDS (RCLS) have branches in all 30 districts and have received Global Fund resources to support sector strengthening and programme implementation. In support of more integrated approaches, the NGO Forum and the RCLS have recently made constitutional changes to extend their role to include health promotion and maternal and child health. The RCLS has undertaken innovative work in providing religious leaders with guidelines for promoting HIV prevention and maternal and child health in their sermons. In 2009, other successes included national-level dialogue between civil society organizations and members of parliament on the rights of sex workers and men who have sex with men.

Maximizing opportunities to strengthen the link between the AIDS response and family planning

Rwanda is believed to be one of the first countries to fund contraceptives as part of its AIDS response. Global Fund Round 7 resources are being used to procure contraceptives for distribution as part of the national family planning programme (now being integrated with HIV services).

This initiative is considered to be the result of both national and international advocacy efforts, especially by civil society organizations. Internationally, reproductive health advocates have long argued for this type of support. In Rwanda, support for this financing came from the highest levels of the Ministry of Health following the presentation of data on financing needs for contraceptives and clearly identified funding gaps.

Why does Rwanda have successful stories to tell?

Rwanda has made impressive progress in achieving the Millennium Development Goal 6 targets while attempting to maximize efficiency and effectiveness through links to other Millennium Development Goals programmes. Rwanda's unique history and context mean that it might not be possible to replicate Rwanda's approach elsewhere. However, several important lessons have emerged that could have wider application.

- ▶ **A strong, technically sound and human rights–based national strategic AIDS plan** can provide an opportunity for articulating the potential of service integration, strategic partnerships and links between policies and sector plans. It can then become an important tool for mobilizing development partners and other stakeholders and for supporting human rights protection and gender equality.
- ▶ **A focus on continuum of care and family–centred approaches** can provide strong drivers for integrating services, while investment in strengthening health systems is necessary for a supportive environment.
- ▶ **Avoiding parallel systems** and integrating public and nongovernmental service delivery can assist programme integration and referral, and support more efficient use of human and financial resources.

In assessing the added value of the AIDS response, this Rwanda case study illustrates the following.

- ▶ The response has been at the cutting edge in moving beyond conventional disease responses **to embrace a more multisectoral and multidisciplinary approach that addresses both causes and effects.**
- ▶ Rwanda has shown exceptional **leadership in harnessing the flexibility of donors to mobilize resources for a holistic AIDS response** that benefits the broader health sector and beyond.
- ▶ **Development partners have entered into dialogue with Rwanda to find room to manoeuvre** to address country-level priorities with appropriate accountability.

Rwanda has gradually accumulated experience on AIDS to support this productive relationship. Forging beneficial links to other Millennium Development Goals will require maintaining momentum and building on this wealth of experience.

Turning rabbits into cows: care and support for orphans and vulnerable children in Rubaya

Rubaya is a small but busy town on the border between Rwanda and Uganda. Beyond the truck stops and bars, a dispersed rural community works the fields and hillside terraces growing corn, potatoes and bananas.

Aaron is a bright-eyed six-year-old who carefully tends his wooden hutches filled with small white rabbits. Four years ago his mother, Serapia, became ill and was diagnosed as HIV positive. Rejected by her husband, she returned to the tiny hillside home of her elderly mother. With no source of income and little land, the family struggled to make ends meet.

In 2007, Aaron was recruited into an FHI programme for orphans and vulnerable children. This programme provided him with a basic package of health care, education, nutrition and social welfare services. As part of an income-generation initiative, he was given a single female rabbit that soon began to produce a clutch of offspring every two months. Aaron and his mother were able to sell the offspring, and now have a regular source of income and meat to supplement the family diet. Recently, Serapia took a loan from her local Rwanda cooperative for people living with HIV and, with money saved from the sale of rabbits, has been able to buy a cow. This cow now provides the family with milk for consumption and sale.

Serapia has also been attending the refurbished health facility for antiretroviral therapy and is now healthy and strong. Aaron attends the local primary school. His grandmother also claims she has benefited from the programme: "Now we can eat meat regularly!".

The FHI programme is an example of an initiative that takes a comprehensive approach to care and support for orphans and vulnerable children affected by AIDS. By focusing on households and skills-building and making the link to other development initiatives, the programme has had sustainable effects on three generations.

Asked what he would like to be when he grows up, Aaron reflects: "When I grow up I would like to be the Rubaya Social Affairs Officer", he says "...so I can help other children like me".

References

1. Ministry of Finance and Economic Planning. *Economic Development and Poverty Reduction Strategy, 2008–2012*. Kigali, Government of Rwanda, 2008.
2. World Development Indicators: Rwanda [online database]. Washington, DC, World Bank, 2008 (<http://data.worldbank.org/country/rwanda>, accessed 11 October 2010).
3. National AIDS Commission (CNLS). *National Strategic Plan on HIV and AIDS 2009–2012*. Kigali, Government of Rwanda, 2009.
4. *Rwanda Vision 2020*. Kigali, Ministry of Finance and Economic Planning, 2009.
5. Logie DE et al. Innovations in Rwanda's health system: looking to the future. *Lancet*, 2008, 372:256–261.
6. Grant K, Mundy J. *Strengthening linkages between the AIDS response and the MDGs: a discussion paper for UNAIDS*. London, HLSP, 2008.
7. National AIDS Commission. *UNGASS country progress report: January 2008 – December 2009*. Kigali, Government of Rwanda, 2010.
8. Ministry of Health. *Annual report 2008*. Kigali, Government of Rwanda, 2009.
9. Stuckler D, Basu S, McKee M. Drivers of inequality in Millennium Development Goal progress: a statistical analysis. *PLoS Medicine*, 2010, 7(3):e1000241.
10. *Mortality country fact sheet 2006: Rwanda*. Geneva, World Health Organization, 2006 (http://www.who.int/whosis/mort/profiles/mort_afro_rwa_rwanda.pdf, accessed 11 October 2010).
11. BASICS. *Improving child health in Rwanda: BASICS III*. Kigali, United States Agency for International Development, 2009.
12. *The AIDS response and the Millennium Development Goals: Rwanda case study*. Geneva, UNAIDS, 2010 (http://data.unaids.org/pub/Report/2010/20100917_rwanda_aids_plus_mdgs_en.pdf, accessed 11 October 2010).
13. Hogan M et al. Maternal mortality for 181 countries, 1980–2008: a systematic analysis of progress towards Millennium Development Goal 5. *Lancet*, 2010, 375:1609–1623.
14. Price J et al. Integrating HIV clinical services into primary health care in Rwanda: a measure of quantitative effects. *AIDS Care*, 2009, 21:608–614.
15. Shepard DS et al. Is HIV funding strengthening the health system? A quasi-experimental study in Rwanda. *XVIII International AIDS Conference, Vienna, Austria, 18–23 July 2010* (<http://pag.aids2010.org/Session.aspx?s=619>, accessed 11 October 2010).



UNAIDS
20 AVENUE APPIA
CH-1211 GENEVA 27
SWITZERLAND

Tel: (+41) 22 791 36 66
Fax: (+41) 22 791 48 35
e-mail: distribution@unaids.org

www.unaids.org

Uniting the world against AIDS