

REPUBLIC OF RWANDA
President's Office (PRESIREP)



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**CONFERENCE ON INTEGRATED EVALUATION AND
PLANNING FOR STRENGTHENING GOOD GOVERNANCE FOR
POVERTY REDUCTION IN RWANDA**

Title :

THE FIGHT AGAINST HIV/AIDS IN RWANDA

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Kigali, October 2001.

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1. INTRODUCTION.

Just like all the other countries in Africa south of the Sahara, Rwanda is confronted with the HIV/ AIDS pandemic.

Today, the negative impact of this epidemic has been felt in all spheres of national life and is evident everywhere. No sector has been spared, health, the socio-economic, field, education, agriculture, the private sector, etc...

This scourge leads to poverty and hinders development because it kills the active population.

That is why all efforts must be combined to check the spread of this pandemic.

These efforts must be provided by the various actors intervening in the fight against HIV/ AIDS: political leaders, the population, religious denominations, the national, bilateral and international partners, NGOs, PLWA, etc...

II. OVERVIEW OF THE FIGHT AGAINST AIDS IN RWANDA.

Rwanda is a landlocked country with a population of 8 million inhabitants living, on an area of less than 27.000 square km, 90% of the population live on subsistence agriculture. Rwanda is classified among the 20 poorest countries on the planet. The HIV/ AIDS pandemic has come around only to complicate the precarious and worrying situation that already prevails in the country.

The first confirmed ten cases of AIDS can be traced back to 1983 and were diagnosed in the laboratory of the Kigali Hospital Complex (CHK).

Initially, the authorities attempted to conceal the presence of the disease in order to save the good image of the country because, at that time, HIV/ AIDS was considered to be a shameful illness for a society deemed to be predominantly Christian.

In 1986, a National Aids Control Commission was set up and was almost entirely composed of medical practitioners (11 members out of 12).

It was a consultative organ whose mandate was to give advice on policy matters, on ethical issues, on applications to carry out research on AIDS in the country and on publications and statements concerning AIDS in Rwanda. Its role was therefore to advise the Ministry of Health on AIDS.

AIDS was still considered to be the exclusive concern of the Health Minister.

In 1987, the National Aids Control Programme was created and its mission was to do the following: co-ordinating, planning, assisting, supervising and evaluating the Aids Control Programme.

Eventually, the Programme became increasingly more important than the CNLS. It progressively set up services which were often put in place on the basis of donors' interests and sectors of intervention.

In 1993, the composition of the CNLS was modified because of the need to involve other actors and ministries. The fight against AIDS had to adopt a multisector approach.

Ministers or high-ranking civil servants dominated the commission and it practically never functioned because of the non-availability of its various highly placed members.

In 1994, war and genocide engulfed the country and all Aids Control activities ceased to exist. There were no co-ordinated programs until 1997. However, the ministries, NGOs, religious denominations and donors continued to work, albeit in

an uncoordinated manner. The National Aids Control Programme (PNLS) prepared a national strategic plan for the 1998-2001 period.

Admittedly, some concrete actions have been observed: sensitisation especially through the radio, protection of the blood to be used for transfusion in hospitals, promotion of the male condom, fight against sexually transmitted diseases, combating mother to child transmission of HIV, creation of commissions at prefecture level, establishing the National Youth Council, etc...

In spite of all these actions, the prevalence rate in urban centers seems to have stabilized at around 11% while the prevalence rate in rural areas was above 10%.

At the end of November 2000, the Cabinet established a National Aids Control Programme. It is a multisectorial commission, composed of personalities from various areas of activity in the country. This commission has the following overall mission: the formulation of policies in the fight against AIDS, co-ordination of all activities of the combat, mobilisation of the necessary resources, keeping the political leadership committed to the fight and pursuing the sensitisation of the population.

It is indeed encouraging to note that the highest authorities of the country have shown a strong will to fight against the HIV/ AIDS scourge and their commitment is growing stronger especially since 1999.

On the other hand, the awareness of the International community has constantly increased in the face of the negative socio-economic impact of the HIV/ AIDS pandemic on populations and countries, especially in the developing world.

III. OBJECTIVES

The national policy for combating AIDS must mainly aim at limiting the spread of HIV infection in the country. The political authorities must maintain their commitment and their firm will in the fight. In order to attain genuine development, the population in the country must be healthy. A country cannot develop if it has a sickly, impoverished

population, part of which dies every day, especially the people in the productive and educated age group or the elite of the country who are in positions of leadership.

The sensitization campaign must continue and every Rwandan citizen must be conscious of the danger of HIV on the individual and on the country in general.

Undoubtedly, the fight is currently going on all over the country, but the coverage is not yet balanced.

These actions must be encouraged and reinforced. Good co-ordination of all these actions is necessary and is deemed to be of uttermost importance. Such co-ordination should be carried out in accordance with the policy of decentralisation which is already under way in the country. The co-ordination role has been entrusted to the National Aids Control Programme Commission (N.A.C.C.).

IV.CONSTRAINTS

- The average HIV/AIDS prevalence rate stands at around 10,9%.
- Lack of adequate and suitable prevention measures since the appearance of the first cases of HIV/ AIDS.
- The country is poor and landlocked while its population still lives on subsistence agriculture.
- Multiple conflicts which the country faced and which led to genocide with massive rape cases and propagation HIV/ AIDS.
- Promiscuity in refugee camps inside and outside the country, during the period before and after genocide.
- Ignorance of the population of the way HIV is propagated, and hence the persistence of risky behaviour.
- The population still has very limited awareness of the reality of AIDS.
- The actions of intervening parties in the fight against HIV/ AIDS are disjointed for lack of co-ordination

There are a few continuing and new organisations for combating HIV/AIDS.

- The associations of PLWA are still very few, and they are nearly always composed of poor people with little education.
- The pandemic has spread to the rural areas, and this will lead to a significant lowering of agricultural production unless appropriate measures are taken.
- The AIDS orphans in Rwanda were estimated to number 270.000 in 2000 (UNAIDS).
- Hospital beds occupied by HIV/ AIDS patients are estimated at around 70%.
- Families with HIV patients are compelled to meet a lot of expenses, and this in a country where 70% of the population lives under the poverty line.
- Limited management of PLWA .
- The promotion of the condom is not well developed.
- Limited access to medicines for the treatment of opportunistic diseases and anti-retroviral drugs are well beyond the financial means of the majority of the population.
- Voluntary testing and counselling services have not yet been extended to all parts of the country. The same goes for services of preventing mother to child HIV infection.

Concrete actions already taken:

- The national political leadership is strongly committed to the fight in view of the negative socio-economic impact of HIV/ AIDS.
- Although they joined the fight rather late, the religious denominations are now playing an important role.
- The NGOs and donors continue to participate in the fight against the HIV/ AIDS.
- The population is quite sensitised as evidenced by the ever-increasing number of requests for voluntary testing.
- The private sector is already involved because of the negative impact that HIV/ AIDS has had on private enterprises.
- The National Youth Council has been created. The «FOJAS» and anti-AIDS Clubs in schools have already been established.

- The associations of PLWA have been created, but the number is not yet sufficient.
- Community based organisations are being created.
- The National Aids Control Programme has been set up.
- The programme is multisectorial and it is putting in place mechanisms for the mobilisation and co-ordination of all anti-AIDS activities.
- The Centre for Treatment and Research (TRAC) has been set up to replace the National Aids Control Programme (PNLS).
- Provincial Commissions are already operational in some provinces and District Commissions are being set up.
- Voluntary testing and counselling services as well as the services for preventing mother to child infection are in the process of being set up all over the country.
- Measures taken to ensure the security of blood transfusions have already yielded positive results
- The MAP project has been prepared within the context of resource mobilisation. It will be of great help in the multisectorial activities of the fight against AIDS.

VI. RECOMMENDED ACTIVITIES

- Maintain the population in order to persuade the people to take preventive measures.
- To co-ordinate the activities of the anti-AIDS campaign at the national, provincial and district levels
- To encourage and strengthen the campaign efforts by the religious denominations, NGOs, associations of PLWA, the extended UNAIDS thematic group, the private sector, etc...
- To develop a National Policy and the National Strategic Plan 2002-2006
- To develop laws protecting the PLWA against discrimination
- To set up a national solidarity fund for the PLWA
- To scale up voluntary testing, counselling, and the prevention of mother to child infection.

- To develop research on HIV/ AIDS in the country (clinical, epidemiological, behavioural, cultural, socio-economic etc...)
- Greater efficiency in taking care of PLWA and creation of micro-projects for needy patients.
- To continue negotiations with pharmaceutical firms so that anti- retroviral drugs can become accessible to AIDS patients.
- To make drugs for opportunistic diseases more accessible.