

OFFICE OF THE PRESIDENT

REPUBLIC OF RWANDA

NATIONAL AIDS CONTROL COMMISSION



NATIONAL POLICY ON HIV & AIDS

Final Draft

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ABBREVIATIONS

ABASIRWA : Association des Journalistes dans la lutte contre le SIDA
APELAS : Association du Privé et du Para-étatique pour la lutte contre le SIDA
ARV : Anti-Rétroviraux
CCC : Communication pour le Changement de Comportement
CDC: Center for Disease Control
CHK: Centre Hospitalier de Kigali
CNF: Conseil National des Femmes
CNJR: Conseil National de la Jeunesse du Rwanda
COMESA : Marché Commun pour l’Afrique de l’Est et Australe
NACC : Commission Nationale de Lutte contre le SIDA
CDLS : Commission de District de Lutte contre le SIDA
CPLS : Commission Provinciale de Lutte contre le SIDA
DHS : Demographic Health Survey
EABC : Education, Abstinence, Fidélité et Usage de préservatifs
EDSR : Enquête Démographique et de Santé au Rwanda
EPP : Estimation and Projection Package
FAO : Organisation des Nations Unies pour l’Alimentation et l’Agriculture
GIPA: Greater Involvement of People Living with HIV&AIDS
GLIA: Great Lakes Initiative on Aids
IEC: Information, Education, Communication
INS : Institut National des Statistiques
IO : Infections Opportunistes
IST : Infections Sexuellement Transmissibles
MCI: Management Consulting International
MDG: Millennium Development Goals
MINISANTE : Ministère de la Santé
CDMT: Cadre des Dépenses à Moyen Terme
NEPAD: Nouveau Partenariat pour le Développement de l’Afrique
ONG : Organisation Non Gouvernementale
ONUSIDA : Programme conjoint des Nations Unies contre le SIDA
OPDAS : Organisation des Premières Dames d’Afrique contre le SIDA
OVC: Orphans and Vulnerable Children
PAYA: PanAfrican Youth Against Aids
PEC: Prise en Charge
PEPFAR: Presidential Emergency Plan For Aids Relief
PMTCT: Prevention of Mother To Child Transmission
PNLS: Programme National de Lutte contre le SIDA
PNM: Plan National Multisectoriel
PRSP: Poverty Reduction Strategic Paper
PVVIH : Personnes Vivant avec le VIH/SIDA
RCLS : Réseau des Confessions Religieuses de Lutte contre le SIDA
RRP+ : Réseau des Personnes Vivant avec le VIH/SIDA
SIDA : Syndrome de l’Immuno-déficience Acquise
SIS : Système d’Information Sanitaire
TBC: Tuberculose

TRAC: Treatment and Research on AIDS Center

UA: Union Africaine

UNGASS: United Nations General Assembly

VCT: Voluntary Counselling and Testing

VIH: Virus d'Immuno-déficience Humaine

Introduction

Emerging from the state of under-development for a country like Rwanda means facing a number of challenges in undertaking thorough actions. These actions emanate from a wider concertation by all the stakeholders affected by the said challenges. The success of these actions is dependent on a framework instrument that is acceptable to all the concerned parties, and which defines options and strategies for achieving these pre-defined objectives and purposes. It also requires a firm commitment by all actors involved to work strictly according to the principles of this framework.

The AIDS pandemic is one of the most dreadful challenges facing the human kind. Throughout the world, nations are mobilising themselves to fight this scourge. Each country is developing its own ways and means to prevent, limit or strike off the danger of HIV&AIDS infections, and provides care of AIDS patients, as well as persons infected and affected by HIV&AIDS.

Now more than ever, Rwanda is being forced to develop all its synergies in order to deal with the AIDS pandemic. This framework instrument provides a reference document in the fight against HIV&AIDS.

1. Justification of the National Policy on HIV&AIDS

The National Policy on HIV&AIDS is an essential tool that helps to provide the government orientations in the fight against the spread of HIV&AIDS, reducing its impact on the Rwandan community and setting up appropriate coordination mechanisms. The national policy is aimed at responding to the major challenges that came up in the implementation of HIV&AIDS programs during the last five years. It falls in line with the multisectoral, multidisciplinary, decentralised and community-based approach.

In essence, the national policy acts as an advocacy tool in the fight against HIV&AIDS and mostly aims at involving leaders at all levels: political, administrative, religious and community leaders.

It defines the principles that facilitate the strengthening of the national response to HIV&AIDS. The definition of elements included in the National Policy on HIV&AIDS facilitates the elaboration of a suitable national strategic plan.

2. Framework of the National Policy on HIV&AIDS

2.1. Vision, mission and purpose of the National Policy on HIV&AIDS

Vision

Ensure that the population is in good health, lives in a healthy social and economic environment from which HIV&AIDS is excluded.

Mission

Create an environment that favours a coherent, systematic and efficient national response to HIV&AIDS.

Purpose

Provide policy orientations to guide all anti-HIV&AIDS actions in Rwanda in order to reduce the spread of the infection and its impact on the individual, the family and the community.

2.2. Principles of the National Policy on HIV&AIDS

The key principles of the policy are as follows :

- a) All Rwandans are equal before the law, regardless of sex, race, religion, conviction and HIV status. This is in line with the principle of equity.
- b) Voluntary testing services, counselling and care and support should be available and accessible taking into account economic and geographic aspects, the HIV prevalence rate and high-risk groups.
- c) Care and support to HIV&AIDS is an action that is based on a multisectoral, multidimensional, multidisciplinary, community-based and decentralised approach. This approach has been adopted at a national, regional, and international level.
- d) Breaking the silence over HIV&AIDS will be encouraged and pursued.
- e) Persons living with HIV&AIDS, in their own and in various other capacities, will be involved in all aspects of the policy, management and services with relation to HIV&AIDS in accordance with the GIPA concept
- f) The gender dimension shall be taken into consideration during the elaboration and implementation of the National Policy on HIV&AIDS.
- g) Persons with higher risks of HIV infection will receive particular attention in prevention programs.
- h) Vulnerable persons constitute priority groups with regards to care and support programs providing.

2.3. Objective of the National Policy on HIV&AIDS

The objective of the policy is to give orientations for the implementation of the national strategic plan that is structured upon the following axes :

- a) Reinforce measures of prevention HIV&AIDS transmission.
- b) Assure that the national response to HIV&AIDS is adopted to Rwanda's evolving socio economic and health conditions by using surveillance and research result.
- c) Improve HIV&AIDS related treatment for persons infected and affected by HIV&AIDS.
- d) Reduce the detrimental effects of HIV&AIDS on Rwanda's(micro/marco) socio economic conditions.
- e) Coordinate the multisectoral response increased cost-effectiveness.

3. Brief historic overview of the fight against HIV&AIDS in Rwanda

The first cases of HIV&AIDS in Rwanda were diagnosed in 1983 at the Centre Hospitalier de Kigali (CHK). Since then, Rwanda has demonstrated a strong will to reduce the spread of HIV&AIDS, and established the National Aids Control Program (NACP).

Having realised that the health sector alone was unable to shoulder the fight against HIV&AIDS, the Government of Rwanda launched the multisectoral approach by establishing

the National Aids Control Commission (NACC) through the Presidential decree No. 02/01 of 16/03/01, which was amended to a Presidential decree No. 02/01 of 12/07.03.

Placed under the political tutelage of the Office of the President of the Republic, and under the technical supervision of the Ministry of Health which has a Minister of State in charge of HIV&AIDS and other epidemics, the main mission of this Commission is to ensure the multisectoral coordination of the implementation of the National Policy on HIV&AIDS, and of the national strategic plan for HIV&AIDS control.

The role of NACC is to carry out advocacy for an efficient strategy in the fight against HIV&AIDS.

The organisation's attributions are as follows:

- a) To define the implementation and coordination of the National Policy on HIV&AIDS;
- b) To coordinate national strategies, planning, monitoring and evaluation of activities of all stakeholders and partners;
- c) To sensitise leaders and communities, thus encouraging them to integrate the fight against HIV&AIDS in their daily activities, taking into account the guidelines formulated within the national policy, and the national strategic plan for HIV&AIDS control;
- d) Mobilise resources for the fight against HIV&AIDS

4. Context of the National Policy on HIV&AIDS

The National Policy on HIV&AIDS is in line with the national priorities and options, as well as national, regional and international strategies.

4.1. At the international level

This policy refers to the declarations and resolutions of Heads of State and Governments notably the UNGASS, protocols and recommendations issued by international institutions such as UNAIDS and its members, human rights organisations, development programs acting in accordance with the Millennium Development Goals and several accords such as the Monterey Accords.

4.2. At the regional level

This policy refers to declarations emanating from various summits notably those of Dakar, Abuja, Bamako and Lusaka, as well as political orientations outlined by the AU, NEPAD, GLIA, OPDAS, COMESA, and PAYA, among others.

4.3. At the national level

This policy refers to laws, policies and sectoral strategies of the country, in particular the 2003 Constitution, Vision 2020, the Poverty Reduction Strategy Paper (PRSP), the Health Policy, the Policy on OVCs, the Decentralisation Policy and the Education Sector Policy.

It also takes into account the recommendations of conferences notably the National Conference for the Mobilisation of Political Leaders on HIV&AIDS held in Kigali on 4th

November 2004, and presided over by the President of the Republic. The main resolution issued stated that political and administrative leaders were committing themselves further to combatting HIV&AIDS and to making it a priority in their daily activities.

5. Situational analysis

5.1. A look at the AIDS situation

The HIV&AIDS phenomenon should not be analysed in isolation of national context. It would be more suitable to place it within an African or global context. This way, the present analysis not only brings out the current situation by means of its evolving character at global, African and national levels, but also through actions carried out in order to reduce and check the impact of the scourge that is affecting Rwandans.

At a global level, according to the 2004 Report on the Global Epidemic HIV&AIDS¹, the number of persons newly infected by HIV was 4.8 million in 2003. The report states that 37.8 million human beings live with HIV, and that the virus killed 2.9 million human beings in 2003, and has killed over 20 million every since the identification of the first cases in 1981. No country is safe from the ravages of AIDS. A few countries that have let down their guard have seen the number of new infections increase, according to the report, and industrialised countries have not been spared in spite of their easy access to anti-retroviral drugs.

In Africa, the 2004 Report on the Global Epidemic HIV&AIDS informs us that Sub-Saharan Africa has about two thirds of all persons infected by HIV, i.e. about 25 million infected persons. This is a huge proportion for a region that accounts for only 10% of the world's population.

For the year 2003, it is estimated that there will be three million new infections : Among youth of 15 to 24 years, 6.9% being women and 2.1 % being men will be living with HIV by the end of the year 2003. Having reached such an alarming level, these figures ought to reawaken our conscience, given the seriousness of the situation.

It is within this framework that the present document issues the following statements with regards to the situation in Rwanda.

At the national level, the situation has become even more devastating, given that the 2004 figures reveal 12,741 cases of AIDS that have been confirmed by TRAC. One only has to throw a backward glance at the figures in order to realise that the accumulative cases of AIDS brought in evidence by the national health information system from 1983 to December 2004 amount to 57,626 (TRAC, 2004).

In addition, the most recent statistics would frighten more than one expert on the situation. With due effect, the 2005 figures issued by TRAC place the number of new cases to be between 18,390 and 22,324 (estimates by Spectrum).

Between 200,725 and 243,308 persons will be living with HIV in 2005 (estimates by EPP)

The situation with regards to VCT, PMTCT and care and treatment is as follows:

¹ ONUSIDA, *Rapport sur l'épidémie mondiale de SIDA 2004*, 4ème rapport mondial, Genève, juillet 2004, p 23.

- a) With regards to VCT, the 130 VCT sites in Rwanda tested 176,751 persons during 2004, including 98,883 women and 77,868 men.

According to the DHS, the prevalence rate during October 2005 amounts to 3% of the total prevalence rate at national level.

Desagregation of data according to sex has revealed that women infected amount to 3.6% while male are infected at to 2.3%. In terms of residential areas, urban areas have a prevalence rate of 7.3% and rural areas have a rate of 2.2%. Given the two comparisons, i.e. residential area and sex, one finds that infected urban women amount to 8.6%, infected rural women amount to 2.6%, urban men that are infected amount to 5.8% while infected rural men amount to 1.6%. By end of September 2005, VCT sites were 217.

- b) In 120 health facilities, 119,869 women received PMTCTs and 80% of them were tested; the prevalence rate was at 7%. With regards to women who had received Niverapine, the total was 4,141 at the end of September 2005. Figures issued by TRAC indicated that 199 sites were had PMTCT program.
- c) In terms of care and treatment, the figures for end of August 2005 indicated that 13,881 adults and 1,054 children were receiving ARVs in 67 sites.

5.2. Impacts of AIDS

In the more than one and a half decades of fight against HIV&AIDS activities in Rwanda, collective efforts have been unable to significantly reduce the consequences of infection on the individual, the family and the community. With effect, one may observe that the HIV epidemic is spreading through all countries producing harmful effects on health, the social fabric and the economy.

a) Impacts on health

According to the study entitled «The impact of HIV&AIDS on Rwanda's Health Sector» (Ricardo Bitran et al,) annual losses within the active labour force in the health sector are estimated at 1%. Furthermore, according to the «l'évaluation de l'impact du SIDA sur le secteur de l'éducation» (Dr Anthony Kinghorn et al,), 2,500 teachers shall die of AIDS during this decade. The same study reveals that deaths caused by AIDS among teachers will increase from just over 100 in 2002 to 250 deaths by 2015.

b) Socio-cultural impacts

According to the study evaluating the impact of AIDS on the education sector in Rwanda, the number of orphans aged 0-16 years, who lost their mothers due to AIDS, will increase from 64,000 in 2003 to 208,000 by the year 2015.

The same source indicates that almost 10% of children in the upper section of primary school, and lower section of secondary school shall be orphaned due to HIV&AIDS during the 10 years to come (2003-2013).

c) Economic impacts

HIV&AIDS has economic implications on individuals, families, communities and the nation as a whole. At the family level, the depletion of families' material capital, increase in the

number of dependants for the survivors, the reduction or loss of manpower, the increase in the drop-out rate, the reduction of working hours per day, etc.

For example, according to the 2004 UNAIDS report on the AIDS epidemic, by the year 2020 most southern African countries shall have lost at least one fifth of their farm labourers *travailleurs agricoles* (Villareal, 2003, FAO).

5.3. Concerted responses towards HIV&AIDS

The response to HIV&AIDS in Rwanda is characterised by openness, dialogue, involvement of political, religious, and cultural leaders as well as community leaders at all levels of the civil society ; participation of the community as well as support in terms of human resources, material and financial assistance from the Government and partners in development.

a) Response of the Public Sector

In Rwanda, the most high-ranking authorities of the country have manifested a strong political will as they commit themselves towards researching for appropriate responses to HIV&AIDS, at a national and international level. At this point it would be worthwhile to note the creation of the National Aids Control Commission (NACC) and its decentralised structures, its committees and the establishment of an umbrella group that reassembles focal points from ministerial departments (umbrella group of the public sector).

b) Response of the Private sector

The involvement of the private sector in the fight against HIV&AIDS has visibly been intensified. Some companies have developed schemes aiming at prevention, as well as care and treatment of their staff.

A coordination structure for anti-AIDS activities within the private and « parastatal » sectors, named « APELAS » was created and enhanced by NACC.

c) Response of the community sector

With the aim of involving the community in the fight against HIV&AIDS, NACC created and strengthened three « umbrella groups », namely the following :

- a) The « Réseau des Confessions Religieuses impliquées dans la Lutte contre le SIDA », RCLS (network of religious congregations involved in the fight against HIV&AIDS)
- b) L'Association des Journalistes dans la Lutte contre le SIDA, ABASIRWA (association of journalists against HIV&AIDS)
- c) Le Réseau Rwandais des Personnes Vivant avec le VIH/SIDA, RRP⁺ (Rwandan network of persons living with HIV&AIDS)

Furthermore, with the aim of strengthening multisectoral coordination, NACC has strengthened three other umbrella groups, namely:

- a) The National Council of Women (CNF)
- b) The National Youth Council of Rwanda (CNJR)
- c) The NGO forum on HIV&AIDS in Rwanda

d) Response from the technical and financial support sector

In its fight against HIV&AIDS, Rwanda benefits from support from partners, particularly bilateral and multilateral cooperations that include the «Cluster» of donors, and the UN thematic group on HIV&AIDS. This sector is involved in advocacy, funding, coordination as well as monitoring and evaluation. Furthermore, one should note the considerable support from various technical work groups within the field of prevention, support to OVCs, research as well as monitoring and evaluation.

5.4. Lessons learnt and major challenges

During the mid-term review of the National Strategic framework and of the 2002-2006 Multisectoral National Plan, lessons learnt were identified. These lessons deserve to be included in future AIDS programs, notably :

- a) The involvement of political and administrative authorities is an important factor for success.
- b) Close partnership among stakeholders ensures the success of the synergy : Individual players joined their efforts together ;
- c) Care and support to persons living with HIV&AIDS has a considerable effect in reducing the impact of HIV&AIDS.
- d) Religious faith based organisation are highly influential among communities, and their opinions are taken quite seriously.
- e) The education program that promotes abstinence as well as voluntary testing for HIV&AIDS before marriage as ways to prevent the spread of HIV&AIDS within the family was strongly appreciated by the beneficiaries, and stakeholders at all levels involved themselves with enthusiasm to the implementation of the program.

During the implementation of the 2002-2006 Multisectoral National Plan, NACC has had to face a number of challenges, including the following:

- a) Lack of harmonization among messages on HIV prevention, especially with regards to use of condoms.
- b) Lack of information exchange has sometimes led to duplication and overlapping of activities in the field.
- c) There is a large disproportion between the needs, and the available resources for care and support to PLWA and OVCs.
- d) Weak integration of HIV&AIDS activities in the population's daily activities.

5.5. Fields of application

This policy can be considered as a reference tool for the government, civil society, private sector and development agencies involved in the fight against HIV&AIDS. The same policy is also a source of inspiration for the implementation of the National Strategic Plan, and sectoral strategies. This way, organisations that have an HIV&AIDS section within their programs will be obliged to define their action plans with a reference to the national policy.

6. Political options

6.1. Coordination, monitoring and evaluation, and management of the national response

The setting up of « Three Ones », namely one single coordination organ (NACC), a single National Strategic Plan, and one monitoring and evaluation plan has ensured for an appropriate response to HIV&AIDS in Rwanda. Some important instruments have been elaborated and shall continue to be adapted to ensure an efficient coordination in the fighting against HIV&AIDS activities. Among these tools, one may cite the certificate of approval delivered to stakeholders involved in the fight against HIV&AIDS in Rwanda.

6.2. Sectoral policies and strategies for fighting HIV/ AIDS

Responses to the VIH/SIDA scourge are the result of interventions carried out by several sectors acting in synergy. Without being exhaustive the following list of policies and strategies have integrated the fight against HIV&AIDS :

- The National Health Policy ;
- La National Policy on Nutrition ;
- The National Policy on HIV&AIDS in the education sector;
- The National Policy for AIDS in professional circles, currently being finalised ;
- The National Policy on Care and Treatment ;
- The National Policy on OVCs ;
- The National Policy on VCT for HIV&AIDS
- The National Prevention Plan ;
- The Strategic Framework of TRAC ;
- The National Communication Strategy for Behavioral change (CBC) ;
- The strategic framework for the fight against discrimination, and stigmatisation of persons living with HIV&AIDS.

Furthermore, the decentralisation process that has been launched in Rwanda provides more opportunities for community involvement in all aspects of national development. The National Decentralisation Policy is to be perceived as a crucial factor for the succes of all development programs undertaken by Rwanda.

The highest ranking authorities of the Government of Rwanda are involved in the national response to HIV&AIDS through their support of the implementation of the National Strategic Plan for (2005-2009) HIV&AIDS control structured upon five axes, namely:

- Reinforce measures of prevention HIV&AIDS transmission.
- Assure that the national response to HIV&AIDS is adopted to Rwanda's evolving socio economic and health conditions by using surveillance and research result.
- Improve HIV&AIDS related treatment for persons infected and affected by HIV&AIDS.
- Reduce the detrimental effects of HIV&AIDS on Rwanda's(micro/marco) socio economic conditions.
- Coordinate the multisectoral response increased cost-effectiveness

6.3. Prevention of STIs and HIV&AIDS

In order to stabilise or even reduce the prevalence rate of HIV, preventive measures to reduce the transmission of the epidemic have been strengthened. This occurs mostly through the monitoring of STIs, ensuring the security of blood transfusions, and adequate coverage VCT and PMTCT.

6.4. Treatment and care

The improvement of the quality of overall medical coverage for persons infected and/or affected by HIV&AIDS is ensured through access to all medicines that are vital for disease prevention, treatment of opportunistic infections, tuberculosis, access to anti-retroviral drugs (ARVs), access to medical follow-up of personnel exposed to the risk of accidental contamination, and overall care and support to persons living with HIV&AIDS.

6.5. Reduction of the HIV&AIDS impact

There is a strong link between AIDS and poverty. Interventions to be carried out should break the cycle of poverty and the HIV&AIDS impact on the individual, the family and the community. Income generating activities and food security programs that include the increase in agricultural and livestock production, organisation of trading activities and nutritional support for vulnerable person are among the priorities of this policy. It is the development of these income generating activities that will ensure the sustainability of the overall care and support system.

6.6. High-risk groups

Targeted high-risk groups are the youth, PVWHIVs, truck drivers, refugees, immigrant traders and labourers, the 'men in uniform', prisoners, widows, sex workers and their clients, women that work in hotels and bars.

6.7. HIV&AIDS and gender

Biological vulnerability and the status of women in the Rwandan society, combined with cultural practices linked to Rwandan tradition make women more exposed to HIV&AIDS. This has prompted decision makers to limit the « feminisation » of the « gender » concept, and emphasise the gender dimension in the fight against HIV&AIDS. This is being done through the combating of practices leading to female prostitution, increased sensitisation on the laws in place that forbid polygamy and other cultural practices susceptible of facilitating contamination with HIV&AIDS, the strengthening of education and economic empowerment of women, as well as their involvement and integration in decision making with regards to sexuality and family planning. The family-based approach through the involvement of men in the fight against HIV&AIDS is definitely a deciding factor in the reduction of the HIV&AIDS prevalence rate.

6.8. Research and use of results

The Government of Rwanda has created the Centre for Treatment and Research on HIV&AIDS Centre (TRAC). The mission of TRAC is to carry out national surveillance of

HIV&AIDS, and to provide technical assistance to public and private sectors for prevention through VCT, PMTCT and clinical treatment of HIV&AIDS in Rwanda.

Nevertheless, all forms of research require a preliminary approval from the National Approval Committee that operates within the NACC. In addition, the results of the research should be validated by the National Institute of Statistics.

7. National Policy on HIV&AIDS statement

The fight against HIV&AIDS is a national priority, and is carried out at the central, provincial and district level. At the highest levels, the Government of Rwanda demonstrates the degree to which it is involved in fighting the AIDS pandemic through the following concrete actions:

- The presence of a Minister of State in charge of HIV&AIDS and other epidemics, within the Ministry of Health.
- The creation of NACC by the Presidential Decree No. 02/01 of 16/03/2001 that was amended, becoming the Presidential Decree No. 02/01 of 12/07/2003 ;
- Supporting the initiative of the First Ladies of Africa against AIDS (OAFLA), GLIA and PAYA.
- Accordingly, the Government of Rwanda is committed to implementing the National Strategic Plan for HIV&AIDS control. The said implementation should be structured on the five axes defined within the strategic plan.

In the aspect of prevention:

For the Government of Rwanda, preventing the spread of the epidemic is a priority. Given that several factors cause individuals to adopt some high-risk behaviour particularly through unprotected sex, there is a need to develop strategies to check this kind of attitude.

To this end, the Government of Rwanda is committed to the following :

- Supporting the launching of prevention programs that are adapted to the realities of the most vulnerable groups by promoting the EABC approach (Education, Abstinence, Be Faithful, and Condom use);
- Providing access towards various means and methods of prevention (VCT and PMTCT) at the national and regional level;
- Supporting the integration of universal precaution measures wherever health care is provided ;
- Guaranteeing the security of blood transfusions ;
- Promoting widely the education of youth with regards to reproductive health ;
- Deepening the dialogue between parents and their children with respect to sexuality, while taking into account aspects of the Rwandan culture ;
- Encouraging the population to break the silence with regards to HIV&AIDS through Encouraging the mobilisation of political, religious and community leaders ;
- Guaranteeing the availability, accessibility and correct use of the condom ;
- Strengthening prevention and medical coverage with regards to STIs ;
- Fighting against cultural practices that favour the spread of HIV&AIDS ;
- Encouraging cultural practices that help reduce the rate of HIV&AIDS.

Epidemiological surveillance and research:

Monitoring, and research on the epidemic are important means of accessing strategic information that could guide the planning process and decision making at various levels. Information and knowledge of the evolution of the epidemic, efficiency of interventions, obstacles faced by the fight against HIV&AIDS, and the impact of HIV&AIDS on communities facing a high risk of infection are deciding factors.

The Government of Rwanda has always taken this into account, and is committed to the following:

- Strengthen the monitoring of STIs and HIV&AIDS;
- Carrying out epidemiological and behavioural surveys, as well as « sectoral » studies of the socioeconomic impact of HIV&AIDS ;
- Strengthen the mechanisms of dissemination of information and results of research on STIs, HIV&AIDS and TB ;
- Strengthen analytical capacities ;
- Disseminate and use the data through national and regional channels.

Care and Treatment;

The Government of Rwanda has strengthened its advocacy role aimed at promoting availability and accessibility of anti-retroviral drugs. In order to avoid shortages of anti-retroviral drugs, the government has established a « Drug Common Basket » which is an efficient and sustainable supply system of medicines and medical consumables. To ensure continuity of the actions undertaken, the Government of Rwanda is committed to the following:

- Increasing access to ARVs, disease prevention and treatment of Malaria and opportunistic infections, in particular TB ;
- Integrating care and treatment of all opportunistic infections within the package offered by the mutuelle de santé ;
- Strengthening Home-Based Care;
- Putting in place sustainable programs that provide durable nutritional support for infected and affected persons through income generating projects ;
- Strengthening care and treatment of persons on ARVs ;
- Encouraging psycho-social and spiritual care for infected and affected persons.
- Ensuring that there is a reference list with regards to services offered to OVCs;
- Guaranteeing the continuity of care and treatment services for PVWHIVs;
- Observing protocols relating to care and treatment for persons infected or affected by HIV&AIDS;
- Promoting f protocol instruments on care and treatment.

In terms of reducing the socio-economique impact of HIV&AIDS:

The HIV&AIDS epidemic has short and long-term negative effects on all categories of the population, especially vulnerable groups. These effects are mostly felt in the productivity of companies, household incomes and social relations among individuals and within families. In order to reduce the impact of HIV&AIDS, the Government of Rwanda is committed to the following :

- Improving the economic conditions of infected and affected persons, with a special emphasis on OVCs ;
- Fighting against discrimination and stigmatisation ;
- Creating a legal environment that helps reduce the socio-economique impact of HIV&AIDS ;
- Giving priority to young girls and to women in the implementation of poverty reduction programs ;
- Promoting a parental and family-related approach through the involvement of men in the fight against HIV&AIDS ;
- Giving nutritional support to OVCs.

Coordination of the multisectoral response:

The response to HIV&AIDS has been characterised by concerted interventions by various partners at all levels (international, regional, national and community-based). In order to continue the struggle and appropriately channel all the efforts undertaken todate, multisectoral coordination will be strengthened. Accordingly, the Government of Rwanda is committed to the following:

- Advocating for regional and international partnerships in the fight against HIV&AIDS.
- Stronger involvement of public authorities and the civil society in the fight against HIV&AIDS ;
- Strengthening regional and international cooperation for research in HIV&AIDS ;
- Strengthening multisectoral coordination in the planning, implementation, and monitoring of the National Strategic Plan for HIV&AIDS Control ;
- Strengthening the effective decentralisation of interventions ;
- Increasing the Government budget allocated to HIV&AIDS ;
- Guaranteeing transparency in the management of funds mobilized for fighting against HIV&AIDS ;
- Strengthening human resources and the institutional capacity required for combating the epidemic ;
- Integrating HIV&AIDS within the national development plans ;
- Guaranteeing the implementation of the National Strategic AIDS Plan ;
- Guaranteeing the implementation of the national monitoring and evaluation plan ;
- Strengthening the monitoring and evaluation of programs.

8. Implementation framework

8.1. Instruments

The implementation of the national policy requires the following :

- A strategic plan defining the strategic axes and the objectives ;
- A national monitoring and evaluation plan to ensure the implementation of HIV&AIDS programs.

8.2. Actors

a) The Office of the President of the Republic

The National Aids Control Commission (NAAC) was established by the Office of the President in conformity with the clauses of presidential decree No. 02/01 of 16/3/2001 on the creation, organisation et functioning of the said Commission, that was amended to become presidential decree No. 02/01 of 12/07/2003 with special reference to articles 4, 5, 6, 9 and 13.

b) Ministries

A Minister of State in charge of HIV&AIDS and other epidemics was appointed within the Ministry of Health (MINISANTE) in December 2002. The mandate of this ministry is to develop a global/national response to HIV&AIDS that includes a national program for treatment and care and support. Other ministries are involved in the fight against AIDS by virtue of their political mandate, and have committed themselves to integrating HIV&AIDS into their action plans.

c) Local Authorities

The National Decentralisation Policy provides a framework for coordinating the National AIDS Program since it calls upon the actors – not only at the central level but also and especially at the decentralised level – to deal more efficiently with the HIV&AIDS problem starting from the grassroots level. HIV&AIDS activities should be integrated into the districts' strategic plans and should be based on the needs of the population.

d) The Partners

The partners of NACC in the fight against HIV&AIDS are the umbrella groups, government organisations and NGOs as well as institutions of bilateral and multilateral cooperation. However, all partners should register themselves at NACC before launching their activities, and should have a certificate of approval.

8.3. Mobilisation and management of funds

Fundraising is an important phase in the overall implementation of AIDS programs. Funds originate from two main sources, namely the Government and donors. It is recommended that a «Common Basket Fund» through which funds can be mobilised and managed in a concerted manner, be set up. This way, the Government of Rwanda can guarantee the introduction of a healthy and transparent management of these funds.

8.4. Legal and institutional framework

In light of the contents of the present document, NACC provides a legal and institutional framework for defining the implementation framework, as well as monitoring and evaluation of the National Policy on HIV&AIDS after it is approved by the relevant authorities.

Conclusion

The impact of HIV&AIDS in all sectors of national life is sufficient justification for having a shared vision and efficient coordination, monitoring and evaluation of HIV&AIDS, overall medical coverage against HIV&AIDS and all actions carried out as a response to this scourge of the century. A look at the global, African and Rwandan situations has led to the definition of a vision, a purpose, some objectives and a field of application for an appropriate political framework for Rwanda. The National Policy on HIV&AIDS is the culmination of a rigorous and careful process that was carried out. It acts as a reference framework for all sectoral policies alluded to in the HIV&AIDS sector. To this end, the policy has adopted a multisectoral outlook that aims at involving, at all levels, political decision makers as well as national and international actors.

The National Policy against HIV&AIDS is an expression of the Government of Rwanda's commitment through strategies to reduce risk, impact and vulnerability. This expression of commitment is proof of the Government's determination to preserve the Rwandan population, resident foreigners and the **visitors** to Rwanda from the grips of this scourge. This necessarily passes through the implementation of the National Policy and the National Strategic Plan against HIV&AIDS, and the Government is strongly committed to this.

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