



HIV RESPONSE DURING COVID-19 PANDEMIC

BY RWANDA NETWORK OF PEOPLE LIVING WITH HIV / AIDS (RRP+)



August 9, 2020



Implemented by
giz Deutsche Gesellschaft
für Internationale
Zusammenarbeit (GIZ) GmbH

I. BACKGROUND

In Rwanda, remarkable progress toward achieving HIV epidemic control — particularly in attaining high levels of linkage to treatment and viral load suppression among people living with HIV. The recent HIV impact assessment shows that 76 percent of all HIV-positive adults, including almost 80 percent of HIV-positive women, have achieved viral load suppression, a widely used indicator reflecting the effectiveness of HIV treatments in a population¹. This surpasses the Joint United Nations Programme on HIV/AIDS (UNAIDS) target of 73 percent by 2020. Rwanda has made tremendous progress by reaching or exceeding the UNAIDS 90-90-90 targets², particularly among women, and nationally by attaining 84–98–90 among adults³.

Since 2003, Rwanda Network of People Living with HIV / AIDS (RRP+) plays a key role in HIV response by engaging PLHIV in the fight against the epidemic in Rwanda through a promotion of human rights and **advocacy for PLHIV**. RRP+ is represented from the national down to the cell level and strategically operates into four main strategic intervention areas: (1) **HIV Prevention** to ensure access to primary and secondary prevention methods to reduce new HIV infections, (2) **HIV Care and Treatment** through community support to ensure care and treatment services are accessible for PLHIV to improve their health and lives, (3) **Impact Mitigation** to ensure that people infected and affected by HIV are empowered to live a dignified life and (4) **Organizational Strengthening**, by supporting over 140.000 PLHIV grouped into 300 cooperatives and 500 associations community based.

RRP+ coordinates the community support component where 5.225 PLHIV volunteers peer educators support People Living with HIV to improve retention to anti-retroviral (ARV) treatment in all health facilities of Rwanda. Peer educators are fully engaged in friendly counselling through community support groups, home visits to ensure the retention for every PLHIV, patients referral to health facilities and local advocacy for different issues met by their peers.

Rwanda is among many countries that is facing COVID-19 pandemic and HIV epidemic both as the most serious public health challenges which need to be addressed both in prevention and treatment and impact management. RRP+ advocates to insure that all prevention measures of COVID-19 should create a space for all PLHIV to stay on treatment.

¹ Results from the Rwanda Population-based HIV Impact Assessment (RPHIA) published on *September 2019 by RWANDA BIOMEDICAL CENTER (RBC)*

² These three numbers respectively indicate (1) the percentage of all people living with HIV/AIDS knowing their HIV status; (2) the percentage of all people with diagnosed HIV infection receiving sustained antiretroviral therapy and (3) the percentage of all people receiving antiretroviral therapy will have viral suppression.

³ Same source as 1.

The government has developed standard operating procedures in response to coronavirus disease; however, communities had challenges due to lockdown measures that affect access to the HIV services. People had limited information about national COVID-19 guidelines for HIV services. Patients who used to take medicines far from their homes due to self-stigma had difficult to link with the nearest health facility due to restriction of people's movement, socio-economic hardships limited vulnerable people to go to the health facility as personal preventive equipment was not affordable for patients including peer educators working in the community. Foreigners who lost or stopped their work due to COVID-19 also could not afford the cost of medicines.

It is in this context that RRP+ in with the support of the UNAIDS and GIZ initiated interventions allowing retention of PLHIV in treatment and in an effective way, with respect of the right to information, right to health, right to privacy and confidentiality, right to non-stigma and discrimination.

1. Community call center.

RRP+ has initiated a community toll free line 1245 to receive concerns for PLHIV in a friendly manner and provide practical information on how to overcome them. The toll free is accessible countrywide and the operating schedule is 7:00 am to 7:00 pm, 7 days a week in a quiet office facilities to allow listening to all calls with great attention.

4 RRP+ staff are in charge of the toll free management with prior training and have opportunity to conduct a file visit at the national call center on COVID (114). An M&E system has been put in place where the callers are asked to provide their consent to record anonymously information collected during the calls for advocacy purposes.

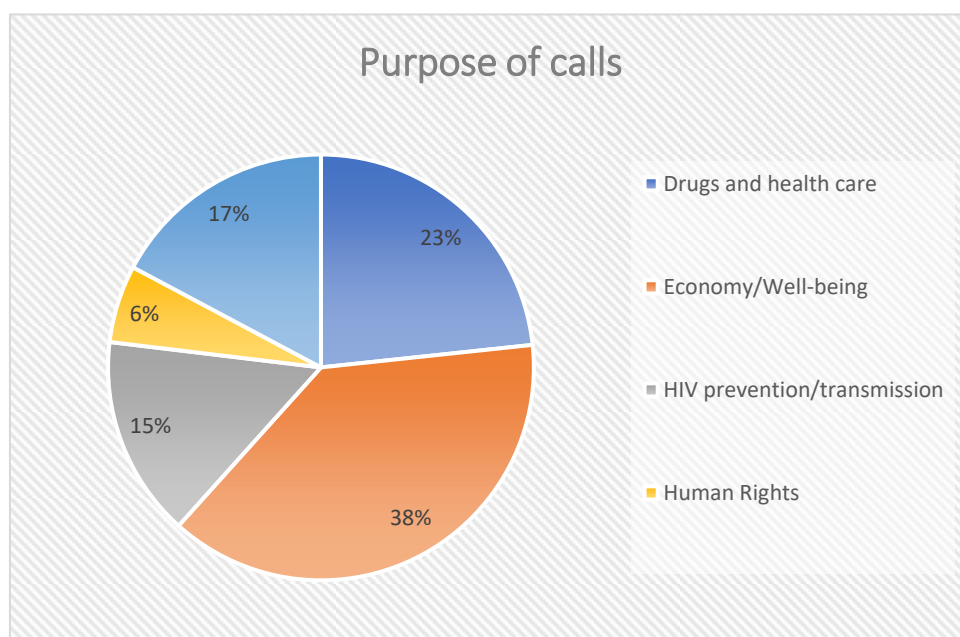


The pictures above show in the right the toll free users receiving their calls and recording the information and the flyer for the community.

2. Callers analysis

Till July 31, 2020; 431 calls have been registered through the toll free line of RRP+.

The major categories of calls recorded so far include the issues related to Economy and well-being (38%), Drugs and health care (23%), Information on community health mechanisms during COVID-19 (17%), HIV prevention and transmission (15%) and Human Rights issues (6%) as described in the charts below with the proportion of calls:



3. Advocacy and result

RRP+ has used the crosscutting approach of advocacy to respond to the identified issues encountered by PLHIV during COVID-19 period. The advocacies were done with key duty bearers that include UNAIDS, MOH/RBC, the Health care providers and coalition with the CSOs through phone calls, virtual meeting and face to face meetings.

3. 1. Economy and well-being (38%)

Food support issues was the main issue raised by the community living with HIV, this lead to stop ARV because of stomach-aches.

RRP+ has thus started to systematically collect information on the most vulnerable in need for food support among other PLHIV around the country, through advocacy, Rwanda Biomedical center (RBC) has been able to purchase a good quantity of food to be distribute to PLHIV countrywide.

3.2. Drugs and Health Care (26%)

The drugs and health care issues were especially linked to the struggle to access ART treatment for different specific reasons including self-stigma. Patients inside Rwanda have been supplied either at home either at the nearest health centre, with the assistance of the community peer educators and RRP+ staff. Countrywide, a total number of 2.505 patients (including those assisted through the toll free line and RRP+ community peer educators) has been assisted to access ARV treatment.

Rwandan patients calling from outside the country have been advised to return to continue their treatment. A few people also reported not feeling well, mentioning side effects of ART or having stopped medication (low adherence). They have been advised to go to visit a provider at the nearest facility.

Advocacy might be needed at national level on the use of some drugs since some side effects have been reported to RRP+, through the hotline and network specially the young people with skin rashes. The advocacy based on toll free has allowed PLHIV to be treated, not to stop ART, with positive effects on their health but also on stopping the spread of HIV transmission.

3.3. Information on the line and community health mechanisms (17%)

Various people who heard about the line (from TVs, radio, newspaper, SMS and socio media) called to know its purpose and what are the services provided. The toll free line was also a good opportunity to provide supportive information to peer educators on their community support group and reporting system during COVID-19 pandemic.

3. 4. HIV prevention and transmission during COVID (15%)

Young infected or not by HIV are particularly interested to receive information on transmission and prevention methods and stay safe and free from COVID-19. People who wonder about their HIV status have been encouraged to visit a nearest health centre for testing or seek for self-testing. The situation varies inside discordant couples: sometimes, the partner infected by HIV is willing to protect his/her partner (and advises were given accordingly), but unfortunately it is not always the case and the partner not infected worries on how to do. This type of situation potentially leads to conflicts with violence.

3.5. Human rights (7%)

Indicated cases of stigma and discrimination that will be closely followed up by RRP+ as well as violence (GBV in discordant couples or against PLHIV). Hopefully, those cases were limited in number. All of them are being followed up by RRP+ to make sure that justice is done.

4. Success stories

"I was so surprised and can't explain how I was excited when a car of RRP+ brought ARV drugs to me on 15/07/2020 when our village was in the lockdown to prevent the spread of COVID-19. I got the toll free number "1245" from the provider of RWAMAGANA Health Center, very far in the other province where I used to take medicines from my home in Kigali city. Once I called the number, the following day I had drugs at home. " Said UWAMURERA Cansilda a 35 years woman Living with HIV, RWANDA, KIGALI CITY, KICUKIRO DISTRICT, KIGARAMA Sector, NYARURAMA Cell, ZUBA Village".

"I was advised by my peer educator back home to return in the country to continue my ARV treatment as I was struggling to access to the HIV services from my host country due to COVID-19 lockdown instructions. Back in Rwanda, my peer educator informed me about the toll free number 1245 for further support that I called to get guidance. I passed into strict quarantine center and discharged of any related cost because I could not afford the cost for 14 days spent there. Now I can access to ARV Said UWASE Mariam, the patient who passed 2 months outside the country with no access to my ARV".

5. Lessons learned

- With the arrival of COVID-19 pandemic, RRP+ learned a lot to continue the support of the community in difficulties caused by the COVID-19 and beyond.
- Installation of the call center allowed RRP+ to be in touch with community that needs friendly way to speak out their problems and request support;
- Leave no one behind principle: After patients advised to get treatment to the nearest facilities, the interventions including home based medicines delivery allowed RRP+ to supply medicines to the patients with barriers to go to the nearest facilities;

Sage SEMAFARA,

Executive Secretary,

RWANDA NETWORK OF PEOPLE LIVING WITH HIV / AIDS (RRP+)