Integration of Human Immunodeficiency Virus (HIV) services for humanitarian crisis population in the National HIV program in Rwanda: Case of Nyabiheke Refugee camp

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“The highest attainable standard of health is a fundamental right of every human being.”

WORLD HEALTH ORGANIZATION, 1946
BACKGROUND

- One person among 113 is a refugee worldwide.
- Great lakes region 2.7 millions
- In most humanitarian crisis, reproductive health is issue
- HIV program for humanitarian settings are not included in National programs
- Maintaining accessibility of comprehensive HIV services for refugees remains a challenge due to competing priorities.
1997 Refugees from neighboring countries

**Data Flow:** Lack of logistic data. No consumption data due to poor reporting system

**Commodity Flow:** Partners distributed products but have insufficient information about stock level of products

**Complex supply chain system:** Different donors not coordinated
GENERAL OBJECTIVE

To describe the integration of HIV services for Humanitarian crisis population in the National HIV program in Rwanda. Case of Nyabiheke refugee camp
NATIONAL HIV GUIDELINES CHANGES OVER 10 YEARS

- CD4 < 200
- Selection Committee

2005

- CD4 < 200
- WHO Stage 4

2007

- CD4 < 350
- WHO Stage 3,4

2009

- CD4 <350
- WHO Stage 3 or 4
- Test and treat: Hep B or TB coinf.; SDCs, PMTCT B+, U-5

2011

- CD4 <500
- WHO Stage 3 or 4
- Test and treat: Hep B or TB coinf., SDCs, Option B+, U-5, KP (FSWs, MSM)

2013

2016

Treat All

- CD4 <500
- WHO Stage 3 or 4
- Test and treat: Hep B or TB coinf., SDCs, Option B+, U-5, KP (FSWs, MSM)
Information Flow: Central level has visibility on Consumption data of each health facility recorded monthly through e-LMIS

Commodity Flow: On monthly basis, CMS deliver commodities to health facilities including Refugee camp

Client need: Clients including Migrant adhere to HIV services according to the National HIV Program
INTEGRATION & COLLABORATION Con't

Source: https://rtvn6000.onenetworkafrica.com/oms/apps
METHODOLOGY

Data Collection
Analysis of routine logistic data collected on a monthly basis using e-LMIS and RHMIS

Data Analysis
Descriptive statistics to analyze key outcomes

Intended beneficiaries
Refugees from Nyabiheke camps targeting 14,596 refugees.

Study was conducted from January to December 2018.
KEY RESULTS

ART patient by sex

Female: 89
Male: 28

ART patient by age

Female: FEMALE
Male: MALE
KEY RESULTS

ARV Pediatric regimen dispensed

ARV adult regimen dispensed
CONCLUSION

Integrate demand and supply of HIV commodities and services delivery for refugees in the National HIV program.

Improve and sustain the level and quality of HIV commodities provided to refugees and build national resilience.
Countries hosting humanitarian crisis populations

- Integration of HIV services for humanitarians settings in their National action plans

- Enhance coordination and foster partnership between national and international humanitarian actors and local authorities to sustain access to quality HIV health services in humanitarian settings
THANK YOU

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