

Coordinating Donor Funds to Scale Up HIV/AIDS Treatment in Rwanda:

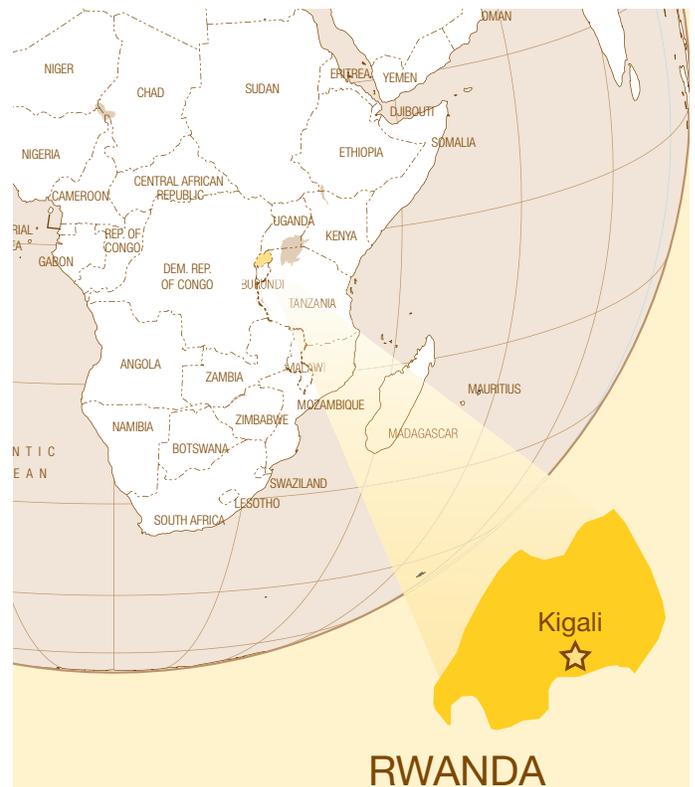
ON THE ROAD TO SUCCESS

The number of people receiving antiretroviral treatment in Rwanda has nearly doubled in the past two years, while the cost of procuring life-saving medicines has been significantly reduced. Rwanda's success in assuming ownership of donor coordination has been key to reaching these milestones in the country's HIV/AIDS response.

Introduction

Donor coordination is one of the key factors in ensuring an uninterrupted supply of essential medicines and other health commodities in the developing world. In countries where health systems are often stretched to capacity, a lack of coordination can lead to inefficiencies in service delivery, duplication of effort or gaps in needed medicines and supplies.

Rwanda has emerged as a country with marked success in donor coordination. In all its HIV/AIDS activities, it has relentlessly sought to follow the "Three Ones" Principle endorsed by donors worldwide—one national AIDS framework, one national AIDS coordinating authority and one monitoring and evaluation (M&E) system. Following a coherent, long-term vision, Rwanda has put into place a national strategic framework and operational plan—rapidly scaling up HIV/AIDS intervention with the support of a



HIV/AIDS IN RWANDA

- 190,000 adults and children are living with HIV
- 3.1 percent of 15- to 49-year-olds are living with HIV
- 21,000 adults and children died as a result of AIDS in 2005

Source: 2006 Report on the global AIDS epidemic, UNAIDS/WHO, May 2006.

“In Rwanda, financing from the Global Fund, US programs, and others are fitting seamlessly together to support our battle against AIDS. The result is that thousands of our people who would otherwise be dead are healthy and caring for their families.”

Dr. Innocent Nyaruhirira,
Minister of State for Infectious Diseases of Rwanda

broad range of global partners. It has been particularly successful in coordinating efforts among its major donors: African Development Bank; Clinton Foundation; Global Fund to Fight AIDS, Tuberculosis and Malaria; United Nations; US government through the President’s Emergency Plan for AIDS Relief (PEPFAR); and the World Bank Multi-Country Action Program (MAP) against AIDS in Africa.

According to the UNAIDS Global Task Force, successful HIV/AIDS donor coordination ensures that:

- Potential opportunities for action, most of which are likely to be fundable, are not missed and
- Incoming funds are used to maximum effect, have the desired impacts, and do not distort or otherwise damage government development priorities

Rwanda is clearly on the road to success—leveraging assistance according to its national priorities, streamlining resource use and increasing its capacity to treat more people living with HIV/AIDS.

Overview of Donor Aid to Rwanda

According to “Rwanda’s Vision 2020,”¹ the country is at a significant crossroads, moving from a humanitarian assistance phase following the 1994 genocide to one of sustainable development. Over the past 13 years, the government of Rwanda has made considerable progress, stabilizing the political situation while putting the economy back on track with assistance from development partners. The outpouring of assistance from countries throughout the world to this small country of 9 million people has required Rwanda to take a highly coordinated approach to donor management. The government’s leadership and achievements in donor harmonization and alignment are often cited as global best practices.

1. www.moh.gov.rw/docs/VISION2020.doc

Rwanda has benefited from substantial international support. HIV/AIDS programs are a key funding target, attracting large amounts of support from a large number of donors.

The continuous flow of resources into Rwanda and the number of partners involved have underscored the importance of coordinating and strengthening partnerships to avoid duplication and waste, leverage synergies to fill gaps and ensure technical assistance is provided where it is needed—and in a way that builds local capacity.

Rwanda has put in place a number of structures to coordinate HIV/AIDS activities and assistance. In keeping with the Three Ones, it has established:

1. **A National AIDS Control Commission (NACC, or CNLS)**, set up in 2000 as a multisectoral organization providing overall planning, coordination and mobilization of resources in Rwanda’s fight against AIDS. Along with the government of Rwanda, NACC’s foundation was supported financially by the US Agency for International Development (USAID) and several United Nations agencies.
2. **A National Strategic Framework (NSF)** to guide all HIV/AIDS interventions, a National Multisectoral Plan for implementing the NSF and a National Monitoring and Evaluation plan. It has also initiated an HIV/AIDS Treatment and Care Plan, a National HIV/AIDS Prevention Plan and a National Strategic Framework for Behavioral Change Communication.
3. **The Center for Treatment and Research on HIV and AIDS, Malaria, Tuberculosis and other epidemics (TRAC Plus)**, established in 2002, encompasses, coordinates and harmonizes policies, strategies and protocols for Malaria, Tuberculosis and the health component of HIV and AIDS. TRAC Plus is the primary agency responsible for surveillance, as well as monitoring and evaluation of national HIV/AIDS program performance in the health sector.

ESTABLISHING AN AID POLICY

In March 2005, the Rwandan government drew up an Aid Policy, based on extensive consultation with donors, government institutions, civil society and the private sector. The policy enables the government to regulate and monitor the flow of aid while clearly stating its commitments and expectations to ensure intended impact.

The most important forum for the government of Rwanda and donors to connect and coordinate is the HIV/AIDS Cluster, made up of government agencies and international partners and co-chaired by the NACC and USAID. The Cluster serves as a shared framework for consultation and information sharing among key stakeholders. Here the government communicates to donors its policies and priorities, while grassroots ideas are matched with resources. Other organizations for government and donor exchange include the Country Coordination Mechanism (CCM) of the Global Fund and the US PEPFAR Steering Committee, chaired by the government of Rwanda, with multisector representation from numerous ministries and civil society groups. A variety of “umbrella” organizations ensure that all community sectors involved in the fight against AIDS—from women and youth to people living with HIV/AIDS—are coordinated and monitored.

Dr. Agnès Binagwaho, Executive Secretary of NACC, attributes Rwanda’s success in donor management to five factors, including the understanding that:

1. **HIV/AIDS activities cannot be effectively implemented as a vertical program.** HIV/AIDS is a multisector, cross-cutting issue. It demands a massive response, but the response must be aligned with sector priorities and overall development priorities. Rwanda does not have a vertical program.
2. **Programs are most effective and sustainable when they are co-managed between government and donors.** “This co-management is a true partnership, in which all partners share capacities and knowledge and create a favorable environment for success,” Dr. Binagwaho says.
3. **All partners must be united in a long-term vision.** The government’s Vision 2020 has set the course for the country’s overall development. When international partners share a common understanding of national priorities, as they do in Rwanda, they can work together more efficiently to attain the best outcome.
4. **Transparency in all donor programs must be ensured.** As an example of what happens in all sectors: health policymakers must be able to track just how much health spending, in what areas, is being financed by the international community. To streamline efficiencies, Rwanda uses one uniform planning and reporting system for all its partners. All planned programs are open and accessible not only to donors, but to the community “so they know what we do and can advise us on what they need,” Dr. Binagwaho says.



“The key word in the fight against AIDS is always ownership. Governments must take control of their missions and protocols with the participation of all sectors, especially of community representatives.”

Dr. Agnès Binagwaho,
Executive Secretary of NACC

5. **Rwanda has zero tolerance for corruption.** The country has been recognized for its zero corruption policy and its management of peace, security and reconciliation.

Coordinated Procurement in Action

A case in point of Rwanda’s harmonized approach to donor management is its creation of a coordinated procurement system for purchasing quality antiretrovirals (ARVs). In October 2004, the Rwandan Ministry of Health issued a Ministerial Order requiring that all ARVs be procured through CAMERWA, a parastatal designated as the national pharmaceutical procurement agency. The Ministerial Order establishes a procurement policy to use generic ARVs when they are available, approved by WHO, and easy for patients to use. Branded drugs will be used only when a less expensive, WHO-approved and easy-to-administer generic formulation is not available. All ARV procurement must follow the treatment protocols of the government of Rwanda, as defined by TRAC Plus.²

2. Annexure to the Ministerial Instruction N° 1 of 3 December 2003, Determining Conditions and Modalities of Providing Therapeutic Care to Persons Living with HIV/AIDS, Article 6, September 2004.

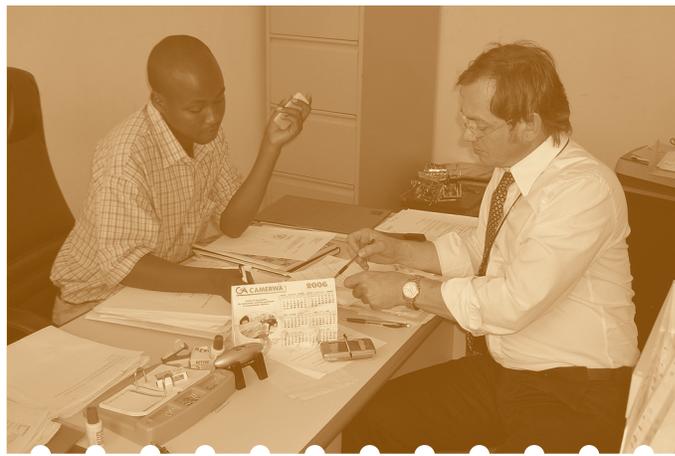
To coordinate procurement among multiple donors who have differing rules and requirements, the government created a National Coordinated Procurement and Distribution System (CPDS) in 2005. Through this mechanism, donors—including among others Global Fund, PEPFAR, and the World Bank—purchase portions of Rwanda’s national ARV needs based on the number of patients each program has started on treatment and how many additional patients are expected to access treatment at their supported sites. Once national commodity needs and the proportion of donor support to each program are defined, each donor is requested to procure commodities based on the donor’s own procurement regulations.

Since the CPDS was established, the Global Fund and World Bank have procured the national requirement of WHO pre-qualified fixed-dose combinations and other drugs for all programs, while PEPFAR has procured second-line FDA-approved ARVs. As more generic drugs gain FDA approval or tentative approval, PEPFAR can also procure generic drugs including fixed-dose combinations used in first-line treatment.

Rwanda gains several distinct benefits from this coordinated procurement planning:

- **Matching treatment to patient needs:** CAMERWA now distributes ARVs to pharmacies according to patient needs, regardless of which donor supports the site.
- **Improving forecasting:** The coordinated system is helping to build a stronger system for monitoring, tracking and reporting ARV consumption and supply. CAMERWA keeps statistics on the number of patients receiving ARVs, current stock in each pharmacy and consumption rates—enabling improved forecasting for future procurements.
- **Lowering costs:** Fixed-dose combinations and less-expensive WHO-approved alternatives can be purchased.
- **Initiating one reporting mechanism for program results:** A unified system of reporting enables the government and donors to better understand real costs and cost savings.

In implementing the CPDS, the government sought technical assistance (TA) from Management Sciences for Health (MSH)/Rational Pharmaceutical Management (RPM) Plus program and from the Clinton Foundation to design the system and build the capacity of the local technical members. Since the beginning of 2005, RPM Plus, in close collaboration with the Clinton Foundation, has:



Staff members from CAMERWA and SCMS discuss customs clearance procedures for antiretrovirals

- Provided TA in developing the CPDS framework
- Supported five national ARV quantifications and procurements
- Trained local partners in quantifying ARVs and other HIV/AIDS-related pharmaceuticals
- Established a monitoring and reporting system for ARV distribution and use

In the last quarter of 2006, the Supply Chain Management System (SCMS) joined the PEPFAR team in Rwanda and is contributing to strengthening the CPDS as part of the TA provided to CAMERWA in procurement, warehouse operations, commodity management, management information systems and organizational development. In late 2006, SCMS signed a Memorandum of Understanding and subagreement with CAMERWA, defining roles and responsibilities in the CPDS. The ultimate goal is to put in place the financial and procurement systems and the related documentation CAMERWA needs so that it can become a direct recipient of US government funds to procure health commodities.

Since the CPDS was implemented, overall procurement savings has been significant. The most important factor in reducing treatment costs in Rwanda has been adopting a fixed-dose combination therapy for all eligible patients.³ These savings have played a part in dramatically expanding treatment. In a little more than two years, the number of

3. The Coordinated Procurement and Distribution System in Rwanda: Empowering Local Systems beyond Supplying ARVs, by Belen Tarrafeta, Management Sciences for Health/RPM Plus <http://www1.msh.org/projects/rpmpplus/WhereWeWork/Africa/CPDS.cfm>.

people receiving antiretroviral therapy has nearly doubled: from 19,058 in December 2005 to 37,192 in March 2007, according to TRAC.⁴

The shared effort has demonstrated that in spite of the challenges of myriad parallel procurement structures and differing donor regulations, in-country coordination initiatives among stakeholders can empower local institutions without compromising supply chain efficiency.⁵

A Model for the Future

In exercising responsibility for HIV/AIDS donor coordination, the government of Rwanda—through its vigorous political will and the buy-in of global stakeholders—has created a model of collaboration for the developing world. It has taken the lead in formulating and implementing national development policies and strategies, translating strategies into viable programs. The government has coordinated donor response at all levels to assign responsibilities, avoid duplication and fulfill the needs of its citizens. At the same time, donors are supporting the country's leaders and helping to strengthen their capacity to set the course for a very productive future. The Rwanda model has distinct potential to be replicated in other countries seeking a harmonized approach to donor commitments.

4. <http://www.tracrwanda.org.rw/Reports.htm>

5. Tarrafeta, op. cit.

To learn more about donor coordination activities in Rwanda, visit the Rwanda Ministry of Health's website at www.moh.gov.rw, the NACC website at www.cnls.gov.rw, the RPM Plus website at www.msh.org/projects/rpmpplus and the SCMS website at www.scms.pfscm.org.

ABOUT SCMS

The Supply Chain Management System (SCMS) was established to collaborate with in-country and global partners to ensure a reliable, cost-effective and secure supply of high-quality medicines and health products for HIV/AIDS prevention, care and treatment. SCMS is funded as part of the US President's Emergency Plan for AIDS Relief through the US Agency for International Development. Visit www.scms.pfscm.org or write to scmsinfo@pfscm.org for more information.

The author's views expressed in this publication do not necessarily reflect the views of the US Agency for International Development or the United States government.