“TREAT ALL” HIV+ IN RWANDA

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HIV Control in Rwanda

- ART
- Priority pop.
- Care & support
- VMMC
- No stigma
- Blood Safety
- PMTCT
- Condom
- Test service
- IEC/BCC
New infections
\(~ 3/1000\ \text{p.a}\)

Deaths:
\(~ 1832\ \text{p.a}\)

Year over year reduction associated with every 10\% increase in ART coverage results into 6\% incidence reduction *

\* \text{Nsanzimana et al, Abstract CROI 2015}

\textbf{Treatment as Prevention (TasP)}
Declines in new HIV infections in Rwanda 1990-2016
National HIV guidelines changes over 10 years

- CD4 < 200
- Selection Committee

2005

- CD4 < 200
- WHO Stage 4

2007

- CD4 < 200
- WHO Stage 3,4

2009

- CD4 < 350
- WHO Stage 3,4

2011

- CD4 <350
- WHO Stage 3 or 4
- Test and treat: Hep B or TB coinf., SDCs, Option B+, U-5, KP (FSWs, MSM)

2013

- Test and treat: Hep B or TB coinf., SDCs, Option B+, U-5, KP (FSWs, MSM)

2016

Treat All

Adapted, RBC 2016
Implementation *Treat All* Approach in Rwanda

- **June 2015**
  - International scientific consultation workshop (New evidences reviewed on test and start)

- **August 2015**
  - In-country consultation on guideline revision (civil society, public and private agencies)

- **Sept 2015**
  - RBC Senior management approval

- **Dec 2015**
  - MOH/GoR approval
  - Donor funding commitment

- **Jan 2016**
  - In-country drugs availability to support Test and start

- **Feb 2016**
  - Training of all clinical mentors and health care providers
  - Supply chain of ARVs and lab commodities

- **Jun 2016**
  - Launching

- **Jul 2016**
  - In-country drugs availability to support Test and start

- **Feb 2016**
  - Training of all clinical mentors and health care providers
  - Supply chain of ARVs and lab commodities

- **Jun 2016**
  - Launching

- **Aug 2016**
  - Donor funding commitment

- **Sept 2016**
  - In-country drugs availability to support Test and start

- **Oct 2016**
  - Launching

- **Nov 2016**
  - In-country drugs availability to support Test and start

- **Dec 2016**
  - Launching

- **2016**
  - In-country drugs availability to support Test and start

**Adapted, RBC 2016**
Reconfiguring Rwanda HIV service delivery, 2016

Phase 1: Initial Implementation

- July 2016: Test and Start
- October 2016: Six-month clinical visits
- December 2016: Three-month drug pick-ups
- January 2017: Using data for service delivery improvement

Phase 2: Adaptive Implementation
HIV cascade of Care in Rwanda, 2016

- HIV + Patients: 214,904
- Know their status: 86.0%
- On ART: 78.0%
- Retention on ART: 92.6%
- VL Supressed: 86.4%

HIV prevalence: 3%

Patient coverage in Rwanda National HIV program

June 2016

- ART: 76.4%
- Pre-ART: 15.9%
- Not in Program: 7.7%

September 2016

- ART: 81.5%
- Pre-ART: 15.8%
- Not in Program: 2.7%

Sources: Spectrum 2014 estimates of total HIV+; HMIS data on current program enrollment
Benefits of Treat All in Rwanda

By adopting Treat All, Rwanda may be able to avert 17,800 more infections.

Incremental Cost and Impact of Moving from 2013 Guidelines to Universal Treatment

Average additional annual costs for ARVs and labs = $1.4 million p.a.

Additional Infections Averted by Scaling Up 17,800

SAVING: 1st line ARV costs for 17,800 people = $3.5 million a year.
“Treat all” implementation challenges

- Funding to sustain the gains
- Differentiated services delivery models implementation
- Supply chain of ARVs for multi months drug picks
- Access to VL and genotyping for all HIV+
- Monitoring and Evaluation of Treat all and new service delivery model
- Adherence and retention
Thank you