

**MINISTERIAL INSTRUCTION N°..... OF ..... DETERMINING THE CONDITIONS AND MODALITIES FOR HEALTH CARE DELIVERY TO PERSONS LIVING WITH HIV/AIDS.**

The Minister of State in the Ministry of Health in charge of HIV/AIDS and Related Diseases;

Mindful of Law n° 10/98 of 28 October 1998 to regulate the art of healing;

Mindful of Presidential Order n°02/01 of 16/01/2001 to regulate the creation, organisation and functioning of the National AIDS Commission (N.A.C.), as amended and completed to date;

Considering the urgent need to facilitate equal access by patients living with HIV/AIDS to adequate medical treatment as part of government efforts to alleviate poverty and ensure sustainable benefits from HIV/AIDS therapy.

**HEREBY ORDERS AS FOLLOWS:**

**I. GENERAL PROVISIONS**

**Article 1:**

The present Instruction shall determine the conditions and modalities for medical care delivery to patients living with HIV/AIDS within the framework of a «Long-term National Programme for access to medical care by persons living with HIV/AIDS».

**Article 2: Definitions**

By «**Long-term National Programme for medical care delivery to persons living with HIV/AIDS**» we mean all the activities subsidised by the government or funded through it for direct or indirect delivery of medical assistance to persons living with HIV/AIDS, be it curative, preventive, palliative or promotional care.

By **PLWHA**, we mean persons living with HIV/AIDS.

By **health care delivery institutions** we mean health facilities (hospitals, pharmacies, laboratories, health centres, maternities, etc) approved as beneficiaries of the programme by the Ministry responsible for AIDS control.

By **Technical Committee for Patient Selection**, we mean an *ad hoc* Committee set up within health institutions, and composed as follows:

1. The head of the programme in the health care unit designated by the head of the health care delivery institution;
2. A representative of the medical team delivering health care to persons living with HIV/AIDS (PLWHIV) of different ages (paediatrics, internal medicine) designated by the head of the health care delivery institution;
3. The head of the biological data unit within the health care delivery centres designated by the head of the health care delivery institution;
4. Two representatives of associations of PLWHIV located within the geographical area served by the health institution designated by the network of persons living with HIV.
5. The heads of psychosocial teams designated by the head of the health care delivery institution;
6. The Matron of the service.

By **antiretroviral drugs for the programme (ARV/P)** we mean all the anti-HIV drugs used by the programme and which figure on the list of ARV drugs published by the Centre for HIV/AIDS Treatment (TRAC) for use in Rwanda to reduce the burden of the HIV virus as scientifically proven, also taking account of the other factors determining accessibility: cost effectiveness, availability.

By **drugs against opportunistic diseases under the programme (MOI/P)**, we mean all the drugs used by the programme against opportunistic diseases ensuing from the HIV/AIDS condition and which figure on the list of drugs published by the TRAC for use by the programme, as scientifically proven for treatment of opportunistic diseases, also taking into account the other factors determining accessibility: cost-effectiveness, availability.

By **drugs against sexually transmissible diseases (STD/P)**, we mean all the medicines used by the programme to treat sexually transmissible diseases and which figure on the list published by the TRAC for use by the programme, as scientifically proven drugs for the treatment of sexually transmissible diseases, also taking account of the other factors determining accessibility: cost-effectiveness, availability.

By **laboratory reagents for the programme (LR/P)**, we mean all the fixing laboratory reagents which figure on the list published by the TRAC as reagents to be used under the programme as scientifically proven for para-clinical investigations required for diagnosis and follow-up therapy for patients infected or affected par HIV, also taking account of the other factors determining accessibility: cost-effectiveness, availability;

By **actions to promote the programme (AP/P)**, we mean the comprehensive package of care services: nutritional or others, implemented to boost the therapy administered as part of the assistance to PLHIV. The TRAC, in co-operation with *ad hoc* partners and the PLHIV, shall publish such actions.

**Article 3 :**

This instruction shall cover only the health care delivery institutions operating within the framework of the programme as defined under Article 2 (3).

**II. ANTI-RETROVIRAL DRUGS (ARV)**

**Article 4 :**

The importation, stocking and distribution of ARV drugs at national level shall be carried out by the Essential Drugs Procurement Centre in Rwanda (CAMERWA).

**Article 5 :**

The health care delivery institutions empowered to prescribe ARV/P drugs shall have at their disposal:

1. A medical team approved for the prescription of antiretroviral drugs and shall comprise of:
  - a) At least a medical doctor trained for the purpose;
  - b) At least one nurse and a social worker with relevant training.
2. A Selection Committee for PLWHIV;
3. Authorisation by the Minister responsible for AIDS Control.

**Article 6:**

The following shall be empowered to prescribe ARV/P drugs:

1. Doctors with training in the prescription of anti-retroviral drugs in health units complying with the criteria stipulated under Article 5;
2. Private doctors with training in the prescription of anti-retroviral drugs authorised to make prescriptions for refills and who meet the following conditions:
  - a) Have relevant training;
  - b) Be prepared to fill in *ad hoc* patient personal data forms to facilitate the tracing of information.

**Article 7 :**

Approved public and private pharmacies whose objective is distribution of ARV/P drugs, shall undertake not to reap any benefit therefrom and must obtain prior approval by the Ministry responsible for AIDS Control.

**III. MIO/P, STD/P, LR/P**

**Article 8 :**

Importation, stocking and distribution of drugs for MOI/P, STD/P and LR/P at national level shall be undertaken by the Essential Drugs Procurement Centre in Rwanda (CAMERWA).

#### **Article 9 :**

Without prejudice to Article 7 above, prescriptions shall be subject to the general conditions for public medical practice.

#### **IV. AP/P**

#### **Article 10 :**

Under the « Long-term National Programme for access to health care by all persons living with HIV/AIDS», the TRAC is mandated to conduct research jointly with the *ad hoc* partners to determine additional actions for boosting the programme (Example: food supplements) needed by persons living with HIV/AIDS (PLWHIV) in Rwanda. The findings will provide guidelines for formulating *ad hoc* multi-sectoral policies.

#### **IV. CONDITIONS FOR ACCESS TO TREATMENT UNDER ARV/P, MOI/P, STD/P, RL/P, AP/P**

#### **Article 11:**

Beneficiaries of the treatment programme mentioned under Article 3 shall fulfil the following conditions:

1. Must have gone through one of the following points for enrolment in the: VCTI, VCT, PMTCT programmes or selected by the Patient Selection Committees set up in hospitals approved for the prescription of ARV/P drugs;
2. Must have a fixed residence in Rwanda (at least six months within the geographical area served by the health care delivery institution);
3. Must be totally or partly unable to pay for treatment;
4. Must meet the clinical and biological criteria established by the Ministry responsible for HIV/AIDS Control;
5. Must consent to make a financial contribution, according to category;
6. Must consent to become a member of a compulsory sick insurance/mutual insurance scheme, provided it exists within the area of operation or covers the applicant's occupational group.
7. Must consent by indigents or very low income earners who will not be required under the programme to make financial contributions for medical therapy administered to them under the (ARV/P, MOI/P, STD/P, LR/P, AP/P) programmes and/or for consultations and hospital admission to become members of a mutual insurance scheme, or at least become members of the PLWHIV association or of PLWHIV support groups recognised by the national network of persons living with HIV;
8. Must have revealed the serological status to a member of the family or to a close acquaintance:
9. Must consent in writing to regular home visits by the health workers;
10. Must consent in writing to stay on long-term medication;

11. Must have a close relation to ensure follow-up and compliance;
12. Must undertake to practise safe sex; and
13. Must undertake not to get drugs through another programme.

**Article 12 :**

Upon a request addressed to the Minister responsible for HIV/AIDS Control by the head of the health care delivery institution, other criteria may be added for the selection of patients, depending on the case (case of programmes for the prevention of mother to child HIV transmission).

**V : MODALITIES FOR CONTRIBUTION**

**Article 13 :**

The financial contribution shall be assessed according to the household income declared, on the patient's honour, in the income declaration form submitted to the Patients Selection Committee, and shall cover health care for the whole family, that is to say, father, mother and legitimate or biological children, adopted children and orphans recognised under the Law.

It shall also cover biological examinations, and drugs.

**Article 14 :**

Financial contribution by patients, according to socio-economic categories, shall be fixed as follows:

CATEGORY	<u>NET INCOME</u> / HOUSEHOLD / PER MONTH	HEALTH CARE PACKAGE OFFERED	CONTRIBUTION /HOUSEHOLD /MONTH
<b>*INDIGENTS</b>	–	CONSULTATIONS, HOSPITALISATION, ARV/P, MOI/P, STD/P, RL/P, AP/P	NIL
<b>I</b>	BELOW 50.000 FRWS	ARV/P, MOI/P, STD/P, LR/P, AP/P	NIL
<b>II</b>	50.000 - 100.000 FRWS	ARV/P, MOI/P, STD/P, LR/P, AP/P	5.000 FRWS
<b>III</b>	100.000 - 200.000 FRWS	ARV/P, MOI/P, STD/P, LR/P, AP/P	10.000 FRWS
<b>IV</b>	200.000 - 300.000 FRWS	ARV/P, MOI/P, STD/P, LR/P, AP/P	15.000 FRWS
<b>V</b>	300.000 - 600.000 FRWS	ARV/P, MOI/P, STD/P, LR/P, AP/P	30.000 FRWS
<b>VI</b>	600.000 - > 600.000 FRWS	ARV/P, MOI/P, STD/P, LR/P, AP/P	50.000 FRWS

**\*The community with the help of local authorities who shall issue the certificate of indigence shall identify indigents.**

### **Article 15 :**

The Health care delivery institutions shall collect the monies, and special local bank account shall be opened for that purpose. At national level, a special bank account shall be opened by the N.A.C.

## **VI. REVENUE MANAGEMENT**

### **Article 16 :**

The distribution and use of funds shall be effected as follows:

1. 25% of revenue shall be retained by the health care delivery institution for services not covered by the programme;
2. 75% shall go to the national organ, of which 2/3 shall go for purchase of drugs and laboratory reagents and 1/3 to Health care delivery institutions in financial straits.

### **Article 17 :**

A National Fund for health care delivery to persons living with HIV/AIDS (PLWHIV) shall be instituted by a Law.

## **VII. TECHNICAL SELECTION COMMITTEE**

### **Article 18 :**

The Technical Committee, as defined under Article 2, shall be responsible for the following tasks:

1. Selection of patients for enrolment in the programme;
2. Approval of the social category, on the recommendation of the local authorities and social welfare services;
3. Approval of the member of the family or close relation mentioned under Article 11(10);
4. Ensuring that the patient has been amply informed about his/her treatment;
5. Ensuring that the family member or close relation mentioned under Article 11(10) has basic knowledge of counselling and information about his/her new responsibilities;
6. Ensuring that patients are not excluded because of their socio-economic status;
7. Evaluation of the medical and psychosocial follow-up of patients in the programme in order to make sure of:
  - a) Regular compliance with the therapy;
  - b) Consistency of the treatment with the national protocol;
  - c) Maintenance of the psychological balance between the patient and his/her family;
  - d) Regular involvement of patient's sponsor;
  - e) Membership of the patient in a PLWHIV association near his/her home.

**Article 19 :**

Its functioning shall be determined by rules of procedure drawn up by the said Committee.

**Article 20 :**

That Committee shall meet at least once every fortnight.

**Article 21 :**

A quarterly report shall be submitted to the TRAC with CPI, MOS and the Chairman of the NAC. The format for the report shall be determined by the TRAC.

**Article 22 :**

Priority in patient selection shall be as follows:

1. Patient must be an employee of the health care delivery institution and meet the medical and socio-economic criteria determined by the programme or must be medically certified by a medical doctor trained in the prescription of ARV/P drugs to be in need of such therapy following accidental exposure to HIV or any other types of work-related infection.
2. By order of arrival.

**VIII. TRANSITIONAL AND FINAL PROVISIONS**

**Article 23:**

Monitoring and evaluation of Selection Committees: The Treatment and Research Centre on HIV/AIDS (TRAC) shall be responsible for the monitoring and evaluation of the medical aspects, and the NAC shall be responsible for the socio-economic aspects.

The NAC shall also review appeals or complaints arising from disputes over the selection of patients by the Selection Committees. The appeal procedure shall be formulated and published by the NAC.

**Article 24 :**

Patients on temporary displacement (between one week and six months) may continue their treatment in health care delivery institutions under the programme, near their new location.

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**Article 25 :**

The Minister responsible for HIV/AIDS Control shall reserve the right to make any other changes in this instruction, as and when necessary.

**Article 26 :**

The original text shall be in French.

**Article 27 :**

The present instruction shall enter into force on the date of its signature.

Done in Kigali, on .....2003

The Minister of State in Charge of HIV/AIDS and Related Diseases.

**Dr. Innocent NYARUHIRIRA**