THE UMBRELLA OF ORGANIZATIONS OF PERSONS WITH DISABILITIES IN THE FIGHT AGAINST HIV&AIDS AND HEALTH PROMOTIONS (UPHLS)

DESK REVIEW TO ASSESS GAPS IN IMPLIMENTATION OF GUIDELINES, POLICIES ON HIV&AIDS AND HEALTH PROMOTION AND DEVELOP ACTION PLAN TO MAKE EXISTING HIV AND AIDS TOOLS, POLICIES AND LEGISLATION DISABILITY FRIENDLY

Final Report

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TABLE OF CONTENT

ACRONYMS AND ABBREVIATIONS

ART	: Anti-Retroviral Therapy
CDC	: Centers for Disease Control and prevention
CRPD	: Convention on the Right of Persons with Disabilities
CSOs	: Community services organisations
FBOs	: Faith based organisations
HIV&AIDS	: Human immunodeficiency virus /acquired immunodeficiency syndrome
IEC	: Information Education Communication
MINECOFIN	: Ministry of Finance and Economic Development
MINIJUST	: Ministry of Justice
MOH	: Ministry of Health
NCPD	: National council of person with disability
NGOs	: Non-government organisations
OECD	: Organisation for Economic Cooperation and Development
PEPFAR	: President's emergency plan for AIDS relief
PLWHAs	: People Living with HIV&AIDS
PWDs	: People with disabilities
RPHC4	: 4th Rwanda Population and Housing Census
SCE	: Self-Coordinating Entity
TV	: Television
UN	: United Nations
UNAIDS	: United Nations joint program on AIDS
UPHLS	: The Umbrella of Organisations of Persons with Disabilities in the fight against HIV&AIDS and for Health Promotion
WHO	: World Health Organization

FOREWORD

The field of HIV/AIDS and disability is rapidly developing, but the majority of HIV/AIDS tools, policy, guidelines and programs would still have gaps when addressing Persons with Disabilities.

Rwanda started the process of inclusion of Persons with Disabilities in the policies and programs. Particularly efforts have been made in HIV&AIDS programs and policies. However little efforts have been done in terms of policies and programs to include Persons with Disabilities

Under the supervision of UPHLS, the study was carried out to review national health policy and sub policies, health promotion policy and national guidelines for comprehensive care of people living with HIV in Rwanda to identify gaps in the current policies and guidelines and develop an action plan to improve them and including Persons with Disabilities in health and HIV & AIDS.

This document is not an end in itself and it is designed for the active involvement of policymakers and their stakeholders in defining the framework for an effective multi-sectoral response to the health and HIV&AIDS issues of Persons with Disabilities such as promoting the inclusion of all categories of Persons with Disabilities in the national response and affirming the rights of Persons with Disabilities in their categories and affected by HIV&AIDS including the most vulnerable.

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EXECUTIVE SUMMARY

There is a growing movement to address the need for increased collaboration in programming between those who advocate for the rights of PWDs (Persons with Disabilities) and those involved in health and HIV/AIDS education, prevention, care and treatment. Organizations dedicated to advocating for the rights of Persons with disabilities are beginning to develop and implement programming to effectively educate Persons with Disabilities on HIV care, treatment and prevention techniques. Many of the individuals with disabilities have been excluded from conventional HIV programming, despite having similar or increased rates of exposure to HIV risk factors. The study has been conducted to examine gaps in the policies and guidelines on HIV&AIDS and health promotion and develop a number of measures that must be taken to include PWD in HIV policies, programmes and guidelines.

Findings highlighted gaps in health policies, guidelines and programs to address People with Disabilities about HIV and AIDS factors. Main gaps are the following:

- No distinguishing of categories of disability.
- Gender issues among Persons with Disabilities not addressed.
- All major causes of disability and particular vulnerable groups such as women, youth and children not considered.
- Persons with Disabilities not included in in Health programs implementation, monitoring and evaluation.
- Exclusion of Persons with Disabilities in HIV/AIDS guidelines.
- Lack of special attention to issues related to Persons with Disabilities and HIV&AIDS prevention, care and treatment (Communication barriers…).

Recommendations have been formulated and an action plan developed to promote health for people with disabilities and to make existing HIV/AIDS tools, policies and legislation disability friendly elaborated.

The following are key recommendations:

- Integrating all disability's categories into the existing national HIV/AIDS structures and mechanisms

- Including disability as a sector within the National HIV/AIDS Strategic plan structures.
- Reviewing laws and policies to protect the rights of people on the basis of disability and HIV;
- Training health care and other service providers on the rights of PLHIV and PWDs
- Mainstreaming disability into all relevant programmes such as prevention, treatment, care, support and surveillance.
- Promotingtheinclusionofdisabilityissuesintheformaleducationofmedicalandother health care providers;
- Advocating for inclusion of Persons with Disabilities in national HIV&AIDS strategic plans and inclusion of HIV&AIDS in CRPD guidelines, monitoring and reporting processes;
- Mobilising partnerships and resources to develop a disability sector plan/strategy
- Developing a disability sector plan and submitting it to funders
- ImprovingmeasurementandcollectionofdataondisabilityandHIV/AIDS,includingthe establishment of research teams to disaggregate information from existing sources;

All prevention and health services should recognise the barriers to access to services and reasonably accommodate the needs of people with disabilities. HIV does not discriminate between gender, race, sexual preference or physical and mental capabilities. There is a fast-growing awareness that policies, guidelines and programs which focus on HIV prevention, awareness and treatment must not discriminate either, and must establish means of educating and servicing the population as a whole. Organizations dedicated to the rights and issues of persons living with disabilities have already begun their fights against HIV by using whatever resources available to do advocacy about the inclusion of PWDs in HIV/AIDS policies, guidelines and programs. .

1. INTRODUCTION

Using the desk review, the study assessed gaps in implementation of guidelines, policies on HIV&AIDS and health services for Persons with Disabilities and developed the follow up plan with strategies to make existing tools and policies and legislation disability friendly was commissioned by The Umbrella of Organizations of Persons with Disabilities in the fight against HIV and AIDS and for health promotion in Rwanda (UPHLS) to fuel into the advocacy for inclusive Care and treatment.

The purpose of this study was primarily intended for DPOs for their advocacy work, AIDS organisations, the disability, national policy developers and development partners to harmonize their programs in order to make them disability friendly. The good practices presented here are also intended to inspire and motivate other organisations and agencies to fully embrace the principle of universal access for all, as stipulated in the UN Convention on the Rights of Persons with Disabilities.

The following questions guided the desk review:

- Are health and HIV/AIDS guidelines, programs and policies addressing the problems of people with disabilities in general and the issues of Persons with Disabilities and HIV/AID particularly?
- Are health sector policy, National Comprehensive guidelines and health sector strategic plan addressing the specific needs of each category of disabilities?
- Are they addressing the problems of most vulnerable groups of Persons with Disabilities such as women, youth and children as stipulated by Human Rights and CRPD?

1.1. Background

HIV/AIDS remains one of the most widespread disabling epidemics worldwide. The disease leads to impairments, activity limitations and reduced social participation. According to the World Health Organization and World Bank, more than a billion people in the world today experience disability[1]. A significant number of disabled people live in Sub-Saharan Africa where they are considered to be at risk or at higher risk of HIV infection than non-disabled people -especially women and youth with disabilities. In its

[1] Dr Aisha You safzi and Karen Edwards, *Double Burden, A situation analysis of HIV/AIDS and young people with disabilities in Rwanda and Uganda, 2004*

recent “Gap report“, UNAIDS highlighted lack of awareness by society, violence and sexual abuse, discrimination in health-care settings and low HIV awareness and risk perception among people with disabilities as key factors in their heightened risk and vulnerability to infection[2].

It is only recent that the link between disability and HIV&AIDS was established. Contrary to the ancient belief that Persons with Disabilities are likely to be at low risk of HIV and AIDS, the evidences from the researches show that Persons with Disabilities experience most of the risk factors associated with HIV infection, and are often at increased risk because of poverty, severely limited access to education and health care, lack of information and resources to facilitate “safe sex”; lack of legal protection, increased risk of violence and rape, vulnerability to substance abuse, and stigma[3].

On the other hand, with the improvement of the lives of people living with HIV and AIDS, they often develop disabilities as result of HIV and AIDS, either as a result of the disease progression or as side effects of antiretroviral treatment.

However, health care providers and rehabilitation professionals are often unaware of how to properly deal with or mediate the disabling effects of HIV&AIDS and its treatment regimens.[4]

Rwanda started the process of inclusion of Persons with Disabilities in the policies and programs. particularly in HIV/AIDS programs and policies. However little has been done in terms of policies and programs to include Persons with Disabilities. The study was carried out to review national health policy and sub policies, health promotion policy and national guidelines for comprehensive of people living with HIV in Rwanda to identify gaps in the current policies and guidelines and develop an action plan to improve them and including Persons with Disabilities health and HIV/AIDS issues.

1.2. Disability and HIV issues

The UN Convention on the Rights of Persons with Disabilities (UNCRPD 2006) defines disability as a result from the intersection between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis[5]. Should the opportunities and resources be available for an individual, a physical and/or mental impairment need not result in a disability. Whether

[2]UNAIDS.TheGapReport,2014.http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf

[3]Groce, N. E. et al (2004) Global Survey on HIV&AIDS and Disability, World Bank, Washington DC; The Steadman Group (2007) HIV and AIDS Knowledge, Attitude and Practices and Accessibility Study in Kenya

[4] U.P.H.L.S ,Tender reference number 05/U.P.H.L.S/CDC/2015

[5]UN, CRPD, 2008.p4.

born with a disability or disabled later in life, Persons with Disabilities are just as likely to be exposed to all known HIV and AIDS risk factors as the population at large.
With the entry into force of the UN Convention on the Right of Persons with Disabilities (CRPD) in 2008, disability issues have received growing recognition in international policy debates. The field of HIV/AIDS is not an exception. Policy and program development, and research must be developed and included both persons with disabilities and persons living with HIV&AIDS (PHAs) as representatives of various networks/organizations[6].
The term "disability" indicates that an individual's activities have been restricted because of obstacles imposed by the society in which they live. Should the opportunities and resources be available for an individual, a physical and/or mental impairment need not result in a "disability". Whether born with a disability or disabled later in life, PWDs are just as likely to be exposed to all known HIV and AIDS risk factors as the population at large. However, many are not receiving the education in sexual health and HIV prevention techniques necessary to protect themselves.

The disabling consequences of HIV/AIDS have been extensively discussed in the domains of research, the law, and health policy and practice. For example, it is estimated that one-third of people infected with HIV develop a physical disability (Haworth and Turton, 1993), while exact figures for mental health disability are not available. In contrast, the impact of HIV/AIDS among people with disabilities (prior to infection) has not been considered widely. Recently, concerns about the marginalisation of people with disabilities from HIV/AIDS programmes have been raised by researchers and by community based rehabilitation practitioners (Groce, 2003; Nganawa *et al*. 2002). This growing awareness about HIV/AIDS and people with disabilities is now supported by the World Bank programmes on 'Disability and Development' and 'Global HIV/AIDS' who have recently requested assistance for a Global Survey on HIV/AIDS and Disability, with particular attention to examples of good practice in the developing world (Disability World, 2003).

1.3. Objectives of study

The objectives of the desk review were to:

- Assess the inclusiveness or exclusiveness of the tools, guideline, programmes and policies

[6]United Nations (2006),Convention on the Rights of Persons with Disabilities. Geneva,

- Recommend the corrective measures and strategies for better disability friendly in HIV&AIDS care and treatment of among Persons with Disabilities by types of disability tools, guideline, programmes and policies.

1.4. Rationale of study

The field of HIV/AIDS and disability is rapidly developing, but the majority of HIV/ AIDS tools, policy, guidelines and programs still exhibit a number of gaps when addressing Persons with Disabilities.
This paper is intended to analyse policies, guidelines and programs for the inclusion of individuals with pre-existing disabilities in health sector. It is a based on an assessment of National health sector, National Comprehensive Guidelines and Health promotion policy.

The following principles, which adhere to a human-rights approach disability, were used to demonstrate inclusion of Persons with disabilities in all health, guidelines and awareness:

- Awareness of disability and its implications;
- Participation and active involvement of Persons with Disabilities;
- Comprehensive accessibility through addressing physical, communication, policy and attitudinal barriers;

Twin track identifying disability specific programs combined with mainstream approaches. This desk review is a tool to guide the development and review of policies, cross the country in terms of their disability-inclusiveness, and to realize the commitments of the CRPD and the national Guidelines on HIV/AIDS and Human Rights in advancing important policy frameworks in the context of HIV and AIDS. The desk review, its language and its content, has been developed in alignment with national commitments relating to HIV and to disability. It may guide the development or review of policies, guidelines and programs by governmental entities such as the National AIDS Council (NAC), Ministries of Health, Welfare and Social Services, Justice, Constitutional Development and other related ministries, as well as disability advisors. The framework can also support civil society participation in and mobilization around policy development and review by important organizations such as Disabled Peoples Organizations (DPOs). Furthermore, Civil Society Organizations (CSOs) can use the tools and links to hold governments accountable in relation to disability inclusiveness.

1.5. Methodology

To accomplish the mission, IMANZI Ltd has used the literature review methods. Inclusion in this desk review has been based on a human rights-based approach, based on disability rights set out in the CRPD, and in its principles of universal design and reasonable accommodation. Additionally, the UNAIDS international Guidelines on HIV&AIDS and Human Rights (UNAIDS, 2006) was a guiding tool for the rights of persons living with HIV&AIDS.

Assessing existing documents was an important first step to gain insight into the current status of the mission as well as policies, laws, reports, and programmes and strategies related to HIV&AIDS and disabilities. Among others, the following documents have been the main object of our desk review: *Health Sector Policy, (2015); and sub-sector policies*

- Health Sector Research Policy, (2012);
- National Human Resources For Health Policy (2014)
- Adolescent Sexual reproductive Health and Right Policy, 2011-2015, Ministry Of Health, Rwanda, May 2012.
- Health Sector Strategic Plan III, 2012-2018.

National Guidelines for comprehensive care of care of People living with HIV in Rwanda (2011), and sub-sector policy and strategic plan

- National Policy On HIV&AIDS (2005)
- Rwanda HIV AND AIDS National Strategic Plan (2013)

National Health Promotion Policy, 2014, and sub-sector policy and strategic plans

Rwanda Community Based Health Insurance Policy (2010);

National Health Promotion Strategy; 2013-2018

2. LITERATURE REVIEW ON HIV/AIDS AND DISABILITY

2.1. International studies and advocacy

A number of publications and studies have been conducted amongst advocates for Persons with Disabilities internationally in an attempt to identify appropriate strategies for addressing the needs of this subpopulation in HIV&AIDS education, prevention, care and treatment programmes. These studies have been accompanied by a growing voice in local and national governments advocating for legislation to protect and encourage the sexual rights of Persons with Disabilities. The most comprehensive international study on the topic of HIV and Persons with Disabilities was published by the Yale School of Public Health and the World Bank in 2004. *"HIV and Disability: Capturing Hidden Voices. Global Survey on HIV&AIDS and Disability*" concludes that HIV represents a significant threat to individuals with disabilities around the globe.

A situational analysis of HIV and young Persons with Disabilities in Rwanda and Uganda examines the reality that many are not being included in safe-sex conversations, and outlines what steps must be taken towards further integration[7].
Uganda has demonstrated progressive thinking in their inclusion of members of the population with disabilities in educational programmes and government decision-making processes**.** In addition, the Disability Stakeholder's HIV&AIDS Committee in Uganda, a Coalition of over 15 Disabled Persons' Organizations, met with a Parliamentary HIV&AIDS Standing Committee to discuss the inclusion of disability into national strategies and policies. As a result of the meeting, the community of individuals with disabilities has been accorded a Self-Coordinating Entity (SCE) status, meaning that they are represented at the highest national HIV&AIDS Committee - the Partnership Committee - to participate in HIV policy formulation and programme implementation at the national level[8].

On March 12 2008, "The Kampala Declaration on Disability and HIV" was signed by all participants of the second meeting of the *Africa Campaign on Disability and HIV&AIDS*. The Declaration calls on all stakeholders, including African governments, HIV service providers and International Organizations to recognize the vulnerability of Persons with Disabilities to HIV infection and implement the accommodations necessary to address the issue. The signatories were also called upon to engage members of the disabled population in subsequent decision-making processes.

2.2. Inclusion of Disability in the National Strategic Plans on HIV and AIDS

The UN Convention on the Rights of Persons with Disabilities (CRPD) states that State Parties need to "enable persons with disabilities to live independently and participate fully in all aspects of life" Therefore, "State Parties shall take appropriate measures to ensure persons with disabilities on an equal basis with others, have access to the physical environment, to transportation, to information and communications, including information and communication technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas". To achieve this goal the convention has two guiding principles: (1) universal design and (2) reasonable accommodation. The UNAIDS (2006) International Guidelines on HIV/AIDS and Human Rights recommend that states adopt a rights based approach to HIV and

[7] Dr Aisha Yousafzi and Karen Edwards**,** *Double Burden, A situation analysis of HIV/AIDS and young people with disabilities in Rwanda and Uganda, 2004*

[8] Africa Campaign on Disability and HIV&AIDS (2008). Kampala Declaration on Disability and HIV & AIDS

AIDS. It provides concrete guidelines to states on legislative and policy measures to reduce HIV-related stigma and discrimination and to create an enabling legal and regulatory framework that reduces vulnerability to HIV and mitigates the impact of HIV on those affected, in particular amongst vulnerable populations[9].

With the signing of the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD), many countries have now committed to providing services that are accessible to and inclusive of people with disabilities, including services for the prevention, treatment, care and support of HIV and AIDS[10].

The growing available evidence suggests a strong interrelationship between HIV, AIDS and disability. First, people with physical, intellectual, mental or sensory disabilities are as likely, if not more likely, to be at risk of HIV infection. They have insufficient access to HIV prevention information, they are sexually active and therefore might engage in unprotected sex, they are at increased risk of sexual violence, in particular women and girls with disabilities and they have less access to treatment services[11]. This increased risk is reflected in the few HIV-Prevalence Studies that include people with disabilities, which suggest that infection levels are equal to or higher than the national average, and that girls and women with disabilities are particularly at risk[12]. Despite the growing evidence on the interrelationship between disability and HIV, PWD have largely been excluded from the national response to HIV and AIDS and existing related frameworks[13]. National Strategic Plans (NSP) often fail to identify the vulnerability of people with disabilities to HIV as well as the reverse relationship of PLWHA to disability.

Inclusion in this framework allows a human rights-based approach, based on disability rights set out in the CRPD, and its principles of universal design and reasonable accommodation. Additionally, the UNAIDS International Guidelines on HIV&AIDS and Human Rights (UNAIDS, 2006) is a guiding tool for the rights of persons living with HIV/AIDS[14].

A National Strategic Plan's background analysis needs to include HIV and disability issues such as:

- Information on incidence and prevalence of HIV amongst people with disabilities (PWD);

[9] UNAIDS, *Disability and HIV Policy Brief*, UNAIDS, Editor. 2009.

[10] United Nations, UN Convention on the Rights of Persons with Disabilities, UN, Editor. 2008.

[11] UNAIDS, Framework for the Inclusion of Disability in the National Strategic Plans on HIV and AIDS, 2013, p2.

[12] BANK, Guidelines for Inclusion of Individuals with Disability in HIV/AIDS Outreach Efforts, 2008.

[13] WHO and World bank, *World Disability Report*, WHO, Editor. 2011, WHO: Geneva.

[14] UNAIDS, *Disability and HIV Policy Brief*, UNAIDS, Editor. 2009.

- PWD, in particular girls and women with disabilities, as a vulnerable population;
- An accurate description of the impact of HIV and AIDS on PWD;
- An understanding of the specific vulnerabilities of people with disabilities;
- An understanding of the disabling impact of HIV upon those infected;
- A quantitative analysis of HIV-related disability found in this particular context;

The CRPD (2008) as well as the UNAIDS International Guidelines on HIV/AIDS and Human Rights (2006) emphasize a rights-based approach towards disability or HIV/AIDS. The following key principles should form part of a disability inclusive national framework to address HIV and AIDS:

- Inclusion of PWD in the national response to HIV and AIDS;
- Protection of the rights of PWD and the prohibition of unfair discrimination based on HIV and disability
- Provision of accessible HIV-related prevention, treatment, care and support services accommodating the needs of PWD and using the principles of equality, non-discrimination,universal design and reasonable accommodation;
- Provision of information and training on the rights of PLHIV and PWD as well as provision of accessible legal services;
- Inclusion of disability in mainstream research, monitoring and surveillance of the epidemic

Each National Strategic Plan tends to include detailed provisions for the national institutional framework to govern the response to HIV and AIDS. These structures and processes need to involve people with disabilities (PWD). Representatives of people with disabilities should be:

- Included on national multi-sectoral structures set up to guide and oversee the national response to HIV and AIDS (e.g. as a key sector in the National AIDS Councils).
- Involved in the design, implementation, monitoring and evaluation of the national response through various mechanisms.

Traditionally, people with disabilities are marginalized. A large number of these persons are among the world's poorest. The national framework needs to provide formal mechanisms to facilitate ongoing dialogue and input from the disability sector. Disabled Peoples Organizations (DPOs) may need capacity building to participate effectively in policies and programs development. Support for the development of this infrastructure should be included in the national framework[15].

[15] WHO, Disability and Rehabilitation Action Plan 2006-2011. 2006, WHO: Geneva.

3. GAPS AND RECOMMENDATIONS

3.1. Gaps related to policies, guidelines and programs in Rwanda

The field of HIV/AIDS and disability is rapidly developing, but the majority of HIV/AIDS policies, guidelines and programs would still missing directions, resources and commitment to ensure their activities are disability-inclusive.
The literature review of different policies and programs highlight the several factors that restrict participation for people with disabilities in health and HIV&AIDS policies and programs. The Report has documented widespread evidence of gaps, including the following.

Health sector policy, 2015

The health Sector policy gives orientations for the sector which are further developed in the various sub-sector policies guiding key health programs and departments. All health sub-sector policies are updated in line with the health sector policy. The health sector policy is the basis of national health planning and promotional services for all Rwandans. It sets the health sector's objectives, identifies the priority health interventions for meeting these objectives, and the first point of reference for all actors working in the health sector. The overall aim of this policy is to ensure universal accessibility (in geaographical and financial terms) of equitable and affordable quality health services (preventive, curative, rehabilitative outlines the role of each level in the health system, and provides guidelines for improved planning and evaluation of activities in the health sector.

Health Sector policy, in its policy directions, stipulates to improve demand, access and quality of essential health services to Persons with Disabilities by reducing mortality and morbidity due to events causing disabilities, preventive and promotive interventions that must be strengthened, such as protective legislation against traffic accidents (use of seat belts, policing…) and guidelines disseminated on handling of trauma, disabilities, and rehabilitation. The policy stipulates that access to health services for people with disabilities is progressively being improved (physical accessibility, adapted services depending on the type of disability). According to health sector policy, protocols for disability-friendly services will be established in all hospitals and consultation services will be available at health center level for this vulnerable group.[16] It also targets to

[16]MOH, (2015), Rwanda Health Sector Policy, p 18.

strength the Health Sector Governance mechanisms by doing social integration of people living with disabilities[17].

While Health Sector policy, emphasizes only on protective legislation against traffic accidents (use of seat belts, policing…) and guidelines disseminated on handling of trauma, disabilities, and rehabilitation), it should address other major cause of disabilities in Rwanda like disease or illness, as it has been shown by National Institute of Statistics of Rwanda in its 2014 Thematic Report on Socio-economic characteristics of persons with disabilities, where almost halfof all persons aged five and above with disabilities have illness ascause oftheirdisability[18].

The health policy addresses the issues related to disability in general but does not distinguish categories of disability and specific services that must be provided to each group of people like services adapted to marginalized key populations (discrimination from community and health care providers, self-stigma of marginalized individuals). The gaps are highlighted in sub-sector policies where issues related to children with disabilities[19] and women with disabilities[20] were not addressed. Policy design does not always take into account the needs of people with disabilities, or existing policies and standards are not enforced. Examples include a lack of clear policy of inclusive education, a lack of enforceable access standards in physical environments, and the low priority accorded to rehabilitation.

Resources allocated to implementing policies and plans are often inadequate. Strategy papers on poverty reduction, for instance, may mention disability but without considering funding. A lack of rigorous and comparable data on disability and evidence on programmes that work often impedes understanding and action.

The Ministry of Health seeks also to ensure the protection of vulnerable populations in the implementation of research programs in Rwanda for cognitive/communicative vulnerability[21], which includes people with learning disabilities, people living with mental health problems, children, neonates, foetuses (pregnant women), and those with a

[17]MOH, Health Sector Policy, 2015, p18

[18]National Institute of Statistics of Rwanda(2014).Socioeconomic characteristics ofpersons with disabilities

[19]Ministry of health(2011). Adolescent Sexual reproductive Health And Right

[20]UN, New York, Convention On The Rights Of Persons With Disabilities And Optional Protocol, 2008

[21]MOH, Health Sector Research Policy, 2012, p13.

language barrier[22]. But this Policy focuses only on research programs for the protection of vulnerable people included Persons with Disabilities and does not plan to develop research programs addressing specifically Persons with Disabilities and their inclusion in HIV&AIDS programs. To improve validity of estimates – further research is needed on different types of investigation, such as self-report and professional assessment. To gain a clearer understanding of people in their environments and their interactions – better measures of the environment and its impacts on the different aspects of disability need to be developed. These will facilitate the identification of cost-effective environmental interventions.

To understand the lived experiences of people with disabilities, more qualitative research is required. Measures of the lived experience of disability need to be coupled with measurements of the well-being and quality of life of people with disabilities. To better understand the interrelationships and develop a true epidemiology of disability – studies are needed that bring health condition (including co-morbidity) aspects of disability into a single data set describing disability, and that explore the interactions between health conditions and disability and environmental factors.

Data and information to inform national policies on disability should be sought in a wide range of places – including data collected by statistical agencies, administrative data collected by government agencies, reports by government bodies, international organizations, nongovernmental organizations, and disabled people's organizations – in addition to the usual academic journals. It is vital that such information – including on good practices – be shared among a wider network of country.

Persons with Disabilities are also not taken into consideration in Rwanda community based health insurance policy[23]. The document does not consider Persons with Disabilities as specific group which needs special care, services and treatment[24]. This fact create a big gap as we know that Persons with Disabilities need health services which can be higher expensive than services provided to people without disability. According to UNCRDP, States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

a) Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons,

[22]MOH, Health Research sector, 2012
[23]MOH, Rwanda Community Based Health Insurance Policy, 2010.
[24] MHO, Rwanda community based health insurance policy, 2010

including in the area of sexual and reproductive health and population-based public health programmes;

b) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;
c) Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;
d) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability[25].

National guidelines for comprehensive care of people living with HIV in RWANDA, 2011

In Rwanda, the expansion of antiretroviral treatment to reach all patients who meet the eligibility criteria is one of the priorities of the Ministry of Health[26]. There is evidence that starting eligible HIV-infected patients on ART alleviates their suffering and reduces the devastating impact of the pandemic.[27] This also presents a good opportunity for an efficient response by involving persons living with HIV&AIDS, their families and the communities in the provision of care. This will strengthen prevention of HIV by increasing knowledge and the demand for counselling and testing as well as reducing stigma and discrimination.

The guideline aims at;

- Ensuring an adequate level of care to the concerned patients;
- Reducing the mortality and morbidity related to HIV-AIDS;
- Increasing the quality of life of the concerned patients;
- Promoting prevention through increasing access to screening.[28]

The growing available evidence suggests a strong interrelationship between HIV, AIDS and disability. First, people with physical, intellectual, mental or sensory disabilities are as likely, if not more likely, to be at risk of HIV infection.
They have

i. insufficient access to HIV prevention information,

[25]UN, Convention on the Rights of Persons with Disabilities and Optional Protocol, 2008. P18.
[26]MHO,Rwanda HIV and AIDS national strategic plan, 2013
[27]MOH, National Guidelines on Management of HIV in Rwanda, Edition 2013.
[28]MOH, National Guidelines for comprehensive care of people living with HIV in Rwanda, 2011.p10.

ii. are sexually active and therefore might engage in unprotected sex,
iii. are at increased risk of sexual violence, in particular women and girls with disabilities and;
iv. Have less access to treatment services[29] .

This increased risk is reflected in the few HIV-Prevalence Studies that include people with disabilities, which suggest that infection levels are equal to or higher than the national average, and that girls and women with disabilities are particularly at risk.[30]
Second, it has been argued that people living with HIV (PLHIV) experience disability as a result of HIV-related stigma and discrimination that they experience[31].

Third, there is increasing evidence that PLHIV may experience HIV-related disability either as a result of HIV, AIDS or, as a side-effect of HIV-related treatment HIV-related disability can result from a diverse range of HIV-associated conditions affecting the body such as neurological conditions resulting in strokes, cardiovascular system changes that result in heart attacks, musculoskeletal problems related to osteoarthritis and accelerated osteoporosis, changes in sexual function, changes in the digestive system, HIV dementia, mental health problems, as well as problems with vision and hearing[32].

However, despite the growing evidence on the interrelationship between disability and HIV, PWD have largely been excluded from the national response to HIV and AIDS and existing related frameworks. National guidelines for comprehensive care of people living with HIV in Rwanda often fail to identify the vulnerability of people with disabilities to HIV as well as the reverse relationship of PLHIV to disability. Inclusion in this framework allows a human rights-based approach, based on disability rights set out in the CRPD, and its principles of universal design and reasonable accommodation. Additionally, the UNAIDS International Guidelines on HIV/AIDS and Human Rights (UNAIDS, 2006) is a guiding tool for the rights of persons living with HIV/AIDS.

The UN Convention on the Rights of Persons with Disabilities (CRPD) states that State Parties need to “enable persons with disabilities to live independently and participate fully in all aspects of life” Therefore, “State Parties shall take appropriate measures to ensure persons with disabilities on an equal basis with others, have access to the

[29]WHO, *Disability and Rehabilitation Action Plan 2006-2011*. 2006
[30]Groce, N.E. *Global Survey on HIV/AIDS and Disability*. 2004
[31] UNAIDS, *Disability and HIV Policy Brief*, UNAIDS, Editor. 2009
[32] O'Brien, K., et al., *Putting episodic disability into context: a qualitative study exploring factors that influence disability experienced by adults living with HIV/AIDS.* Journal of the International AIDS Society, 2009

physical environment, to transportation, to information and communications, including information and communication technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas". To achieve this goal the convention has two guiding principles: (1) universal design and (2) reasonable accommodation[33]. The UNAIDS (2006) International Guidelines on HIV/AIDS and Human Rights recommend that states adopt a rights based approach to HIV and AIDS. It provides concrete guidelines to states on legislative and policy measures to reduce HIV-related stigma and discrimination and to create an enabling legal and regulatory framework that reduces vulnerability to HIV and mitigates the impact of HIV on those affected, in particular amongst vulnerable populations. The rights articulated in these two international documents form the basis for this framework. Some features of inclusion of PWDs in HIV/AIDS Guidelines and strategic plan can be highlighted using the following checklist[34]:

- Is data being collected regarding the needs and priorities of people with a disability during planning and throughout the entire program cycle?
- Has awareness-raising on dispelling myths on HIV/AIDS and disability been delivered?
- Have HIV/AIDS health staffs been trained in communicating with people with a disability?
- Is there budget allocation to cover participation expenses and attendance time for consultations with people with a disability and Disability People Organizations (DPOs)?
- Are people with a disability employed within the program?
- Are DPOs being engaged with for consultation in all phases of HIV/AIDS programs?
- Have people with a disability been identified within DPOs for targeted capacity building on HIV/AIDS awareness so as to deliver training to DPO members?
- Is data on disability type, age and gender being collected in HIV/AIDS programs?
- Is promotional and educational material available in accessible formats such as large print, Braille, plain language, pictorial and audio formats?
- Are meetings being held in accessible venues?
- Are alternative communication options available for HIV/AIDS services based on individual requirements?
- Is transport made available for people with a disability to access HIV/AIDS services?

[33] United Nations, *UN Convention on the Rights of Persons with Disabilities*, UN, Editor. 2008
[34] World Bank. (2004). *Disability and HIV/AIDS at a Glance.*

- Are financial barriers for people with a disability being addressed, including in access to medication?
- Are they lived experiences of people with a disability being shared in awareness raising and training?
- Are statistics on disability and HIV/AIDS being used in advocacy efforts?
- Are justice systems representing the rights of people with a disability?
- Are program outcomes and impacts for people with a disability being measured?

One of the gaps of the National guidelines for comprehensive care of people living with HIV in RWANDA was the exclusion of Persons with Disabilities as we know that Persons with Disabilities are in the category of vulnerable groups which are in high risk of being infected by HIV&AIDS. The guide and its related policies like *National policy on HIV&AIDS, 2015; Adolescent sexual reproductive health and right policy,2011-2015;* do notgive a special attention to vulnerable groups, specifically Persons with Disabilities.[35]The national guidelines on HIV/AIDS need to include HIV and disability issues such as:

- Information on incidence and prevalence of HIV amongst people with disabilities (PWD)
- PWD, in particular girls and women with disabilities, as vulnerable population;
- An accurate description of the impact of HIV and AIDS on PWD;
- An understanding of the specific vulnerabilities of people with disabilities;
- An understanding of the disabling impact of HIV upon those infected;
- A quantitative analysis of HIV-related disability found in this particular context.

The CRPD (2008) as well as the UNAIDS International Guidelines on HIV/AIDS and Human Rights (2006) emphasise a rights-based approach towards disability or HIV/AIDS. The following key principles should form part of a disability inclusive national framework to address HIV and AIDS[36]:

- Inclusion of PWD in the national response to HIV and AIDS;
- Protection of the rights of PWD and the prohibition of unfair discrimination based on HIV and disability;
- Provision of accessible HIV-related prevention, treatment, care and support services accommodating the needs of PWD and using the principles of equality, non-discrimination, universal design and reasonable accommodation;
- Provision of information and training on the rights of PLHIV and PWD as well as provision of accessible legal services;

[35]MOH, *Adolescent sexual reproductive health and right policy,2011-2015, P13*
[36]United Nations, *UN Convention on the Rights of Persons with Disabilities,* UN, Editor. 2008

- Inclusion of disability in mainstream research, monitoring and surveillance of the epidemic

National Health Promotion policy, 2014

National health promotion policy promotes disease prevention, empower communities to translate health information into desired action, and encourage community participation and ownership of health promotion related activities. It provides overall framework for health promotion development and practices in Rwanda, it highlights the fact that determinants of health of the population go beyond health services and calls for multi-sector partnership approaches as the way forward to attaining effective health promotion. Rwanda health promotion policy is identified as a programmatic area of focus and details the need to develop the capacity of health promotion providers to improve coordination of health promotion programs across the country.

National health promotion policy is based on the following principles;

- Ownership of programs by individuals and communities through their participation in all activities;
- Equity in health to ensure access, availability and affordability of health promotion services for all;
- Human rights and gender equity to protect vulnerable groups;
- Inter-sectorial and inter-sectorial collaboration and coordination of various players to promote health;
- Mutual accountability and shared responsibility among national beneficiaries in order to monitor implementation progress including financial management and agreed commitments, using evidence. The implementation of national health promotion policy is done through National Health promotion strategy 2013-2018.

National health promotion policy tends to include detailed provisions for the national institutional framework to govern the response to HIV and AIDS. These structures and processes need to involve people with disabilities (PWD).Representatives of people with disabilities should be:

- Included on national multi-sectoral structures set up to guide and oversee the national response to HIV and AIDS (e.g. as a key sector in the National AIDS Councils)
- Involved in the design, implementation, monitoring and evaluation of the national response through various mechanisms.

National Health promotion strategy 2013-2018 provides strategic guidance to the health sector for five years. it provides a detailed account of the objectives, priorities, interventions, and innovations that all the major programs, all the health support systems, the various levels of service delivery, and the governance institutions are planning to continue, initiate, or roll out in the coming years. It is expected that the various interventions and innovations adopted for National Health promotion strategy form the basis for the annual and operational planning of all the programs, systems, levels, and governance interventions. In this way, the National Health promotion strategy is operational and at the same time —strategic in the sense that it sets the agenda and the priorities for the coming years.

National Health promotion strategy 2013-2018 identifies specific priority areas in relation to prevention, treatment, care and support in order to reduce the spread of HIV as well as manage the impact of HIV and AIDS on those infected and affected by the disease. All prevention and health services should recognize the barriers to access to services and reasonably accommodate the needs of people with disabilities. Prevention, treatment, care and support programmes therefore need to be provided in an accessible and appropriate format through:

- Developing universal designs of services such as the inclusion of ramps in buildings;
- Developing specialized formats such as material and packaging in Braille, sign language interpretation and simplified information to compensate for intellectual challenges;
- Including the provision of rehabilitative and mental health services for people living with HIV who experience HIV-related disability;
- Including measures to address HIV and disability-related stigma and discrimination within health services;
- Developing a disability sector plan that provides more detailed and practical guidance on how to implement disability inclusive services;
- Providing budget allocation for disability services.

Although Health services for people living with disabilities is not a separate program within the structure of the health sector, accessibility of quality health services for this group represents a priority within National Health promotion strategy[37].
National Health promotion strategy states that factors such as physical dependence, life in institutions, and lack of access to legal rights, make Persons with Disabilities vulnerable to infection and abuse. Furthermore Persons with Disabilities have poor

[37]MOH, National Health Promotion Policy, 2014.

access to HIV and community health information and services where it shows that 1% to 2% of children with disabilities receive an education, therefore they automatically miss school-based HIV and health education programs[38].

National Health promotion strategy prioritizes strategies and interventions regarding disabilities as follows:

- Put in place preventive, promotive, and rehabilitative interventions to reduce mortality and morbidity causing disability:
- Produce various types of devices for people with disabilities;
- Advocate for enforcement of protective legislation, ex. policing;
- Develop and disseminate guidelines on handling of trauma, disabilities and rehabilitation;
- Conduct intensive mobilization of communities for early detection and proper treatment of disorders of sight and hearing in order to minimize complications;
- Collaborate with social development sector to initiate community-based rehabilitation;
- Conduct studies aimed at determining the burden of disability in Rwanda[39].

- Improve access to health services for people with disabilities.
- Rehabilitate health facilities to make them accessible to people with various forms of disabilities;
- Develop and disseminate a protocol for provision of services to people with disabilities;
- Train health workers on control, prevention and treatment of injuries and disabilities

National Health promotion strategy also formulates HIV and AIDS strategies and interventions aiming to:

- Sensitize the general population and key populations (sex workers, mobile populations, vulnerable children, and people with disabilities) on HIV prevention and ensure access to the minimum package of services;
- Improve treatment monitoring and treatment as prevention, targeting key high-risk populations (sex workers, men having sex with men, sero-discordant couples);

[38]MOH, National Health Promotion Strategy 2013-2018,

[39]Dr Aisha Yousafzi and Karen Edwards, *Double Burden, A situation analysis of HIV/AIDS and young people with disabilities in Rwanda and Uganda, 2004*

- Increase coverage of HIV counselling and testing services to the general population and integration of HIV testing with other routine services and screening programs (cancer, immunization, etc.);
- Increase accessibility of male circumcision as an additional strategy for HIV prevention through advocacy and community mobilization;
- Remove socioeconomic barriers for HIV services and train health providers to provide services in a non-stigmatizing and non-discriminatory way for Persons with Disabilities.
- Ensure equal opportunities for vulnerable groups (youth, women, Persons with Disabilities) and people living with HIV and AIDS (PLWHA):
- Strengthen social and economic protection and empowerment for PLWHA and orphans and vulnerable children (OVC) and Persons with Disabilities;
- Reduce stigma;
- Strengthen the multi-sectoral approach, especially mainstreaming gender in all HIV programs; accelerate the integration of HIV care and treatment into the national health system and improve and maintain quality of services[40].

The subsector policy "Community Based Health Insurance policy of 2010 which can be considered as one of the ways to implement the National Health promotion strategy, does not address issues related to Persons with Disabilities as specific group which needs special care, services and treatment. This fact creates a big gap as we know that Persons with Disabilities need health services which can be higher expensive than services provided to people without disability. According to article 25 (e) of CRPD, State Parties shall prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner[41].

In conclusion, the analyses of policies, guidelines and programs on HIV/AIDS and disability highlighted gaps related to the lack of Information on incidence and prevalence of HIV amongst people with disabilities (PWD; an accurate description of the impact of HIV and AIDS on PWD, an understanding of the specific vulnerabilities of people with disabilities; inclusion of disability in mainstream research, monitoring and surveillance of the epidemic; inclusion on national multi-sectoral structures set up to guide and oversee the national response to HIV and AIDS (e.g. as a key sector in the National AIDS Councils) and involvement in the design, implementation, monitoring and evaluation of the national response through various mechanisms.

[40] MOH, Health Sector Strategic Plan, 2012-2018.
[41] Convention on the Rights of Persons with Disabilities. Geneva, United Nations, 2006

3.2. Recommendations

Disability is complex and the interventions required to overcome disability disadvantage are multiple, systemic, and will vary depending on context. This point summarizes the Report's findings about key solutions to gaps that have been highlighted from the desk review of different policies, guidelines and programs about disability and HIV/AIDS and makes final recommendations to assist policy developers and stakeholders in overcoming the barriers that people with disabilities experience in accessing health and HIV/AIDS intervention, care and treatments.

3.2.1. Policy developers

- Integrating disability and HIV&AIDS into the existing national structures and mechanisms.
- Including disability as a sector within the National HIV&AIDS Strategic plan structures (minimal costs for accommodating special needs).
- Initiating country-level situational assessments to inform policy development.
- Collect appropriate information, including statistical and research data, to enable them to formulate and implement policies.
- Rights-based protection in a National Health Strategic Plans should include protection on the basis of HIV and disability.
- Reviewing laws and policies to protect the rights of people on the basis of disability and HIV/AIDS.
- Developing education programmes that increase understanding and reduce stigma and discrimination against PLHIV, PWD and other vulnerable populations.
- Strengthening mechanisms to monitor and enforce the rights of PLHIV and PWD.
- Mainstreaming disability into all relevant programmes such as prevention, treatment, care, support and surveillance.

3.2.2. Stakeholders

- Documenting and sharing promising practices in integrated HIV&AIDS and disability programming;
- Promoting the inclusion of disability issues in the formal education of medical and other health care providers;

- Advocating for inclusion of Persons with Disabilities in national HIV&AIDS strategic plans and inclusion of HIV&AIDS in CRPD guidelines, monitoring and reporting processes;
- Mobilising partnerships and resources to develop a disability sector plan/strategy
- Advocating for the inclusion of Persons with Disabilities in all work on sexual and reproductive health.

3.2.3. Persons with Disabilities' Associations

- Networking and sharing good practices across a region.
- Developing a disability sector plan and submitting it to funders.

3.2.4. Researchers

- Developing a standard process for monitoring and reporting in order to establish baseline data and consistent evidence base on disability and HIV&AIDS.
- Improving measurement and collection of data on disability and HIV&AIDS, including the establishment of research teams to disaggregate information from existing sources.
- Disseminating research findings from academic case studies.
- Exploring and promoting opportunities for new research on disability and HIV&AIDS.

CONCLUSION

The intersectionality of HIV&AIDS and disability is emerging as an important area of national policy development. However, despite the growing evidence on the interrelationship between disability and HIV&AIDS, Persons with Disabilities have largely been excluded from the national response to health and HIV / AIDS and existing related frameworks. National policies often fail to identify the vulnerability of people with disabilities to HIV&AIDS as well as the reverse relationship of PLHIV to disability.

Inclusion in this desk review allows a human rights-based approach, based on disability rights set out in the CRPD, and its principles of universal design and reasonable accommodation. The recommendations addressed in this document must inspire policies, programs and guidelines makers and stakeholders in overcoming the barriers that people with disabilities experience in accessing health and HIV&AIDS prevention, care and treatments.

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APPENDIX

STRATEGIC ACTION PLAN TO MAKE EXISTING HIV AND AIDS TOOLS, POLICIES AND LEGISLATION DISABILITY FRIENDLY

Health sector policy, 2015 and its sub-sector policies					
Gaps	**Activities**	**Sub-activities**	**Responsible and stakeholders**	**Time frame**	**Budget**
-Do not distinguish categories of disability -Do not address gender issues among Persons with Disabilities	- To do an advocacy to the Ministry of Health and other Policy developers for inclusion of Persons with Disabilities in the national response to HIV and AIDS and reviewing existing health policies in order to address issues of each category of Persons with Disabilities and HIV&AIDS. -To negotiate with MOH, MIGEPROF, and MINALOCfor undertaking a	-To clarify the specific types of disabilities and their needs; - Validation of findings of the study -Dissemination of findings (meetings, position paper, media, …), - Robbing Meeting with relevant institutions (MPs, MoH, RBC, etc) - To conduct a study on the causes of disabilities in Rwanda	UPLHs NCPD RBC MoH MINALOC MINEDUC DPOs FAMILIES OF PWDs UPHLS MIGEPROF UNFPA		

-Do not consider all major causes of disability and particular vulnerable groups such as women, youth and children	baseline study to establish the number of Persons with Disabilities by category and on basis of gender. -To plead for allocating resources to disability in key stakeholder's strategic plans (in budget and/or operational plans and action plans) -To advocate for integrating disability indicators into national surveys and prevalence studies -To Collect appropriate information, including statistical and research data which must guide the formulation and implementation of policies/programs	-To include preventive measures according to each type of disability	GMO RNP NWC, etc. UPHLS MIGEPROF UNFPA MINECOFIN NISR UPHLS MIGEPROF UNFPA NISR MINALOC UPHLS MINALOC NISR		

Do not take care of inclusion of Persons with Disabilities in Health programs	-Demonstrate the effectiveness of disability inclusion or specific programmes; -Mainstreaming disability into all relevant programmes such as prevention, treatment, care, support and surveillance	-Training on signs language to service providers and Training of Trainers	UPLHs NCPD RBC MoH, MINALOC, MINEDUC		
National guidelines for comprehensive care of people living with HIV in RWANDA, 2011					
Gaps	**Suggestions**	**Sub-activities**	**Responsible**	**Timing**	**Resources**
Exclusion of Persons with Disabilities in HIV&AIDS guidelines Lack of special attention to issues related to Persons with Disabilities and HIV&AIDS prevention, care and treatment	-Plead for inclusion of PWD in the national response to HIV and AIDS for the inclusion of disability in mainstream research, monitoring and surveillance of the epidemic -Identifying specific priority areas	Dissemination of findings (meetings, position paper, media, …), - Robbing Meeting with relevant institutions (MoH, RBC,etc) -Explain legally recognized categories of	UPLHs NCPD RBC MoH MINALOC		

(Communication barriers…) Exclusion of Persons with Disabilities in HIV&AIDS guidelines	related to prevention, treatment, care and support - Advocating for inclusion of Persons with Disabilities in national HIV&AIDS strategic plans and inclusion of HIV&AIDS inguidelines -Plead for inclusion of PWD in the national response to HIV and AIDS for the inclusion of disability in mainstream research, monitoring and surveillance of the epidemic	disability to the decision makers Raise awareness on HIV&AIDS prevention and treatment -To include DPOs in guidelines elaboration			

Lack of special attention to issues related to Persons with Disabilities and HIV&AIDS prevention, care and treatment (Communication barriers…)	-Identifying specific priority areas related to prevention, treatment, care and support -Advocatingforinclusionof Persons with Disabilitiesinnational HIV&AIDSstrategicplansandinclusionof HIV&AIDS inguidelines		UPLHs MoH RBC NCPD MINALOC		
National Health Promotion policy, 2014					
Gaps	**Suggestions**	**Sub-activities**	**Responsible**	**Timing**	**Resources**
Does not link national health strategy to CRPD principles.	-To advocate for domesticating all CRPD principles into legal frameworks, laws and policies.	- Dissemination of findings (meetings, position paper, media, …), -Robbing Meeting with relevant institutions (MoH, RBC,etc) -To organize the field surveys on the implementation of RCPD	UPLHs - MINEDUC - MOH MINIJUST -Civil society - Media		

		(Evaluation)			
Does not emphasize on the inclusion of Persons with Disabilities in HIV&AIDS programs and sexual reproductive health	-To plead for integrating disability as a sector within the National HIV&AIDS strategic plan, -Advocating for the inclusion of Persons with Disabilities in all work on sexual and reproductive health.		UPLHs MOH MINALOC CIVIL SOCIETY		
Does not consider Persons with Disabilities in Community based health insurance	-Advocating for taking all appropriate measures to ensure access for persons with disabilities to health services that are gender sensitive, including health insurance,	-Capacity building for Home Based Care providers about the inclusion of PWDs in HIV/AIDS care and , treatment services -To carry out a survey on HIV/AIDS prevalence among PWDs - To conduct a study on disability caused by HIV/AIDS infection	UPLHs MoH MINALOC RBC NCPD UPHLS MoH RBC		