National Policy on Viral Hepatitis Prevention and Management in Rwanda

HIV-AIDS, STIS & OBBI DIVISION

Kigali, June 2015
FOREWORD

Viral hepatitis affects millions of people worldwide, causing illness and deaths from acute hepatitis infections, complications from liver cirrhosis and liver cancers. Although prevention methods against viral hepatitis are known since decades and new efficacious and more tolerable antiviral drugs are available. Control of viral hepatitis has been limited in low and middle income countries due to low awareness of viral hepatitis among the general population, and minimal access to life saving and tolerated antiviral treatments. Rwanda has a huge burden of morbidity and mortality due to both Hepatitis B and C infections. It calls us for action to control this public health concern. This policy document is the result of a fruitful collaboration between the Ministry of Health (MoH), Rwanda Biomedical Center (RBC), experts from referral hospitals, international and national implementing partners, the civil society, health insurance companies and the private sector. It sets out the general framework for the prevention, diagnosis and treatment of viral hepatitis at all levels of the health care system; highlights the leading role of the Rwandan government (GoR) and the required synergy of its partners in a multi-sectorial approach for the control of viral hepatitis. The policy aligns with the national goals of the Economic Development and Poverty Reduction Strategy (EDPRS II,\(^1\) the Millennium Development Goals (MDGs),\(^2\) and Rwanda Vision 2020\(^3\) and is inspired by the success of the management of infectious diseases, such as HIV/AIDS, tuberculosis and malaria among others. The current viral hepatitis policy builds on existing infrastructures and human resources, but also counts on community sensitization and participation. The successful implementation of universal coverage for the prevention, diagnosis and treatment of hepatitis B and C in Rwanda, proposed in this policy will be a historical milestone in the control of two of the most devastating yet manageable viral infections in the world.

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Minister of Health
# TABLE OF CONTENTS

FOREWORD .................................................................................................................................. I
TABLE OF CONTENTS .................................................................................................................... II
LIST OF ACRONYMS AND ABBREVIATIONS ........................................................................... III
EXECUTIVE SUMMARY ............................................................................................................... IV
1 INTRODUCTION .......................................................................................................................... 1
  1.1. Global Burden of Viral Hepatitis ......................................................................................... 1
  1.2. Viral Hepatitis Burden in Rwanda ....................................................................................... 1
  1.3. Health System Building Blocks ......................................................................................... 2
2 POLICY ORIENTATION ............................................................................................................... 4
  2.1. Mission and Vision Statement ............................................................................................. 4
  2.2. Guiding Principles and Values of Hepatitis Policy ............................................................. 4
  2.3. Goal ..................................................................................................................................... 5
  2.4. General Policy Objectives .................................................................................................. 6
  2.5. Policy Direction and Key Priorities ..................................................................................... 6
3 GOVERNANCE FRAMEWORK .................................................................................................. 8
  3.1. Organization and Management ........................................................................................... 8
  3.2. Partnership and Roles of Stakeholders .............................................................................. 8
      3.2.10. Provincial Hospital, District Hospitals and Health Centers ...................................... 16
      3.2.12. Traditional, Complementary and Alternative Medicine (CAM) ............................... 17
      3.2.13. Private Sector ........................................................................................................... 17
      3.2.14. Civil Society .............................................................................................................. 18
      3.2.15. Implementing and Non-Implementing Partners ......................................................... 18
4 POLICY FRAMEWORK ................................................................................................................ 19
  4.1. Target Groups ..................................................................................................................... 19
  4.2. Minimum Package ............................................................................................................. 20
  4.3. Monitoring, Evaluation and Accountability Mechanisms .................................................. 22
      4.3.1. Indicators, Data Sources, and Review ........................................................................ 22
      4.3.2. Reporting, Monitoring, and Evaluation ..................................................................... 22
      4.3.3. Mechanisms for Viral Hepatitis Program Performance Assessment .......................... 22
5 CONCLUSION ............................................................................................................................. 23
REFERENCES ................................................................................................................................. 24
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAM</td>
<td>Complementary and Alternative Medicine</td>
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<td>CBOs</td>
<td>Community Based Organization</td>
</tr>
<tr>
<td>CDC</td>
<td>Center for Diseases Control and prevention</td>
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<tr>
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<td>Economic Development and Poverty Reduction Strategy</td>
</tr>
<tr>
<td>ELISA</td>
<td>Enzyme-Linked Immuno-Sorbent Assay</td>
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<td>Government of Rwanda</td>
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<td>HBV</td>
<td>Hepatitis B Virus</td>
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<td>HCV</td>
<td>Hepatitis C Virus</td>
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<td>HCWs</td>
<td>Community Health Workers</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HMIS</td>
<td>Health Management Information System</td>
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<td>HTWG</td>
<td>Hepatitis Technical Working Group</td>
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<td>MCCH</td>
<td>Maternal Child and Community Health Division</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>MIGEPROF</td>
<td>Ministry of Gender and Family Promotion</td>
</tr>
<tr>
<td>MINALOC</td>
<td>Ministry of Finance, Ministry of Local Government</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MPPD</td>
<td>Medical Procurement and Production Division</td>
</tr>
<tr>
<td>MSM</td>
<td>Male having Sex with Men</td>
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<tr>
<td>NGOs</td>
<td>Non-Government Organizations</td>
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<td>NRL</td>
<td>National Reference Laboratory</td>
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<td>OBBI</td>
<td>Other Blood Born Infections</td>
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<td>RBC</td>
<td>Rwanda Biomedical Center</td>
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<td>RHCC</td>
<td>Rwanda Health Communication Center</td>
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<td>RPRPD</td>
<td>Rwandan Parliamentarians’ Network on Population and Development</td>
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<td>STIs</td>
<td>Sexually Transmitted Infections</td>
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<td>United Nations (UN) agencies</td>
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EXECUTIVE SUMMARY

Hepatitis B and hepatitis C are infectious diseases caused by the hepatitis B virus (HBV) and the hepatitis C virus (HCV). They are spread through blood and other body fluids. Hepatitis B and C affect hundreds of millions of people worldwide, causing serious illness and death from acute hepatitis infection, liver cancer and liver cirrhosis. They are effective tools and strategies for the prevention and treatment of hepatitis. However, low awareness of hepatitis among the general population and key populations, has limited their impact, thus making the increase of awareness an important component of the public health response.\(^4\)

HBV and HCV, the most common viral hepatitis, together caused 1.4 million deaths in 2010, including deaths from acute infection, liver cancer and cirrhosis.\(^5\) Worldwide, an estimated two billion of people have been infected with HBV and approximately 360 million people are chronically infected while more than 185 million live with HCV chronic infection.\(^6\)

In Rwanda, the prevalence of HBV and HCV in the general population is not well known and the mortality related to these infections is not accurately established. However, results from Rwanda blood donor surveillance (2002-2012) suggested a prevalence of hepatitis B surface antigen (HBsAg) varying between 1.9% and 3.2%.\(^7\) The rate of hepatitis C antibody (HCVAb) seropositivity in blood donors in Rwanda between 2000 and 2012 varies between 0.76% and 3.17%.\(^8\) The Rwandan health sector has registered significant achievements in the control of infectious diseases in the previous years.\(^9\) However, there are challenges that need to be addressed in order to improve the quality of services delivery for viral hepatitis prevention and control, namely the lack of trained health care providers and the lack of accessibility of viral hepatitis services at all levels of the health care system. Additionally, there are insufficient fund mobilization frameworks at the global, regional and national levels, deficiency of essential drugs and advanced treatment as well as a lack of viral hepatitis data management.

This policy document provides an orientation that fosters the following main objectives:

1. To create health promoting environments and to promote community actions to reduce exposure to viral hepatitis risk factors.
2. To strengthen and mainstream viral hepatitis prevention, diagnosis, care and treatment and rehabilitation programs within the national health systems.
1 INTRODUCTION

Hepatitis B and C are infections that can be spread through contamination by blood and other body fluids. They affect hundreds of millions of people worldwide, causing serious illness and death from acute hepatitis infection, liver cancer and liver cirrhosis.\(^4\)

The most common hepatitis diseases are due to the hepatitis B virus (HBV), the hepatitis C virus (HCV) and the hepatitis D virus (HDV).\(^6\) There are effective tools and strategies for the prevention and treatment of hepatitis, however low awareness of hepatitis among the general population and key populations, has limited their impact. Since knowledge about the various risks and transmission routes is central to preventing the spread of hepatitis, increasing awareness is an important component of the global public health response.\(^10\)

Due to its often long asymptomatic, preclinical phase, viral hepatitis is a silent epidemic as most people are unaware of their infection.\(^4\)

1.1. Global Burden of Viral Hepatitis

According to the Global Burden of Disease estimates, hepatitis B and hepatitis C together caused 1.4 million deaths in 2010, including deaths from acute infection, liver cancer and cirrhosis.\(^5\) An estimate of 2 billion people have been infected with HBV and approximately 360 million people are chronically infected while more than 185 million live with HCV chronic infection worldwide.\(^6\) Prevention and control of hepatitis can therefore make a significant contribution to saving lives by preventing cancer and thereby reducing the mortality attributed to hepatitis B and hepatitis C.\(^4\)

1.2. Viral Hepatitis Burden in Rwanda

In Rwanda, the prevalence of hepatitis B and C infections in the general population is not well known and the mortality related to these infections is not accurately established. However, results from the Rwanda blood donor surveillance survey (2002-2012) show a prevalence of hepatitis B surface antigen (HBsAg) varying between 1.9% and 3.2% (Rwanda Blood Transfusion Center 2000-2012) yet this is a group that can be considered to be at low risk; while
a survey conducted among pregnant women in sentinel sites (2011) reported HBsAg prevalence of 3.7% and 2.6% HCVAb positive prevalence rate.\textsuperscript{11} In a study done among health care workers in a tertiary hospital in Rwanda, the prevalence of HBsAg positivity was 2.9% and anti-HCV positivity 1.3%.\textsuperscript{12}

Findings from the national program of active screening of HBsAg in HIV-positive people not receiving TDF-based regimens (2013-2014) show an overall hepatitis B infection prevalence of 3.8% with a higher rate in prisoners on the same regimen (6.0%).\textsuperscript{13}

1.3. **Health System Building Blocks**

The Rwandan health sector has registered significant achievements in infectious diseases in the previous years.\textsuperscript{14} However, there are challenges that need to be addressed in order to improve the quality of services delivery for viral hepatitis prevention and control.

1.3.1. **Human resources**

There are medical doctors, nurses and other health personnel throughout the health system and there is a long-term plan for human resources for health which will increase the number and capacity of health care providers. While in general the health workforce capacity in Rwanda is improving, a key challenge is that only a few health care providers found in referral and university teaching hospitals are trained on the management of viral hepatitis.

1.3.2. **Health services delivery**

Referral and university teaching hospitals and a few districts hospitals provide services for viral hepatitis prevention and management and the package of viral hepatitis services at all levels of the health care system are defined. However, there is lack of integration and accessibility of viral hepatitis services at all levels of the health care system and specialized viral hepatitis services and care centers are not yet established.

1.3.3. **Health financing**

The government’s budget allocated to the health sector is distributed to all diseases specific programs including viral hepatitis and functional health insurance schemes are in place.\textsuperscript{15} However, this budget is not sufficient to cover all the needs for viral hepatitis prevention and control, and the majority of the population which is ensured by community-based health insurance “Mutuelle de Santé” do not yet have access to private and some high level viral
hepatitis services. In addition, there is lack of funds mobilization frameworks at global, regional and national levels to have access to high price HBV and HCV laboratory tests and medications, especially for new oral HCV treatment.

1.3.4. Leadership and governance
The health sector has put in place clear leadership and governance for viral hepatitis prevention and control. However, there is a need to establish a clear multi-sectoral coordination mechanism in the context of hepatitis management.

1.3.5. Infrastructure and supply
Health facilities are equitably distributed across the country. However, there is little and scattered basic equipment and specialized infrastructure for viral hepatitis management. Most of viral hepatitis essential drugs are available, especially for hepatitis B but not always accessible. New oral HCV treatments are not yet affordable to the majority of patients yet available on the global market.

1.3.6. Health information systems
Rwanda Health Sector has a health information system that manages all specific disease programs and serve as evidence-based for decision-making and monitoring and evaluation. However, all viral hepatitis data are not captured in this system.
2 POLICY ORIENTATION

2.1. Mission and Vision Statement

2.1.1. Vision
To protect Rwanda's population from morbidity and mortality related to hepatitis B and C.

2.1.2. Mission
Alleviate the burden of hepatitis for all Rwandans through integrated prevention, diagnosis and quality care and treatment of hepatitis B and C.

2.2. Guiding Principles and Values of Hepatitis Policy

The fulfilment of this mission is based on values and guiding principles that orient and underlie the provision of health services. These guiding principles are classified under three key orientations: (1) People-centered services, (2) Integrated services and (3) Sustainable services.

a- People Centered Services
- The first principle is that the health system ensures universal demand and access to affordable quality services for hepatitis prevention and control;
- The health system encourages and values community inputs to identify hepatitis priorities and needs expressed by the population;
- It is focused on the well-being of individuals and communities, and more specifically of targeted population;
- It fosters equity and inclusion and integrates marginalized groups.
b- Integrated Services

- The health system is aligned with national goals, among which Vision 2020 and EDPRS II overarching goal for poverty alleviation;\(^{16}\)
- It leverages and builds on existing assets in terms of infrastructures and human resources, but also on cultural values and institutional bodies;
- It develops and strengthens decentralized services whenever possible while remaining coordinated;
- All sectors of the Rwandan population are actively involved, including the private sector and civil society.

c- Sustainable Services

- To ensure the quality of services, the health system builds the capacity of people, communities and institutions to prevent and control hepatitis;
- It prioritizes value for investment, seeks cost effectiveness, uses appropriate technology and adopts creative innovations to maintain the achievement of outcomes in a context of scarce resources; among cost effective interventions, health promotion, communication and prevention are prioritized;
- It promotes rigor and transparency of outcomes and ensures the collection and dissemination of hepatitis quality information so that decisions and choices are based on evidence;
- In the context of decreasing external support, the health system develops self-reliance of organizations and individuals by mobilizing domestic resources, advocating for greater financial ownership by the public sector and promoting investment and involvement by the private sector and civil society in the fight against hepatitis and control of their risk factors.

2.3. Goal

The overall goal of the viral hepatitis policy is to alleviate the burden of viral hepatitis and their risk factors and protect the Rwandan population from premature morbidity and mortality related to hepatitis B and C.
2.4. **General Policy Objectives**

- To create health promoting environments and to promote community actions to reduce exposure to hepatitis B and C risk factors
- To strengthen and mainstream hepatitis B and C prevention, diagnosis, care and treatment and rehabilitation programs within the national health systems
- To document national trends and determinants of hepatitis through monitoring and evaluation systems and research for evidence-based interventions.

2.5. **Policy Direction and Key Priorities**

The success of the management of several infectious diseases, such as HIV/AIDS, highlighted the need to tackle the silent epidemic of viral hepatitis to further improve the life expectancy of the Rwandan population.\(^{17}\)

In order to reach each objective, the following key priorities are set up:

**Objective 1: To create health-promoting environments and to promote community actions to reduce exposure to hepatitis B and C risk factors**

i. Community mobilization and sensitization on hepatitis and their risk factors will be done through information education communication (IEC) programs based at the community, district, and central level. The sensitization has to target all population at different levels through different and existing channels of communication;

ii. The reduction of exposure to hepatitis risk factors will also be ensured through laws and regulations, namely targeting safe sex, safe practices in regards to human fluids contact and hygiene among others;

iii. The HBV vaccine, for both children and adults will be used as a way to reduce the hepatitis B burden;

iv. Efforts to address infectious risk factors for hepatitis will be strengthened in coordination with other disease-specific programs (e.g. HIV and STIs prevention and treatment, impact of prevention and treatment of NCDs on liver diseases);

v. A multi-sectorial task force for hepatitis prevention and control including different ministries, non-governmental partners, health insurances, civil society including faith-based organizations, and academicians will be needed to conjugate efforts in the fight against hepatitis and reduce their risk factors.
Objective 2: To strengthen and mainstream hepatitis prevention, diagnosis, care and treatment and rehabilitation programs within the national health systems

i. Hepatitis services should be extended away from referral level and become more simplified and fully integrated within the health system to ensure that hepatitis services are available and accessible to all population in Rwanda;

ii. The population will be ensured access to high quality care and treatment including palliative care;

iii. Health facilities have to be equipped with necessary equipment, supplies, consumable, and medicines, standards, guidelines, and protocols according to the package of services that need to be offered at each level including the community. This includes also improved infrastructure for hepatitis specialized services;

iv. Health professionals at different levels will need to be trained in hepatitis management. Beside in-service training and specialized courses, hepatitis management will be more emphasized in medical and nursing schools and specialized training will be provided according to needs.

Objective 3: To document national trends and determinants of hepatitis through M&E system and research for evidence-based interventions

i. M & E system will integrate hepatitis indicators in HMIS and generate evidence-based for planning and decision-making;

ii. Research priorities for hepatitis need to be identified and carried out, and generated information to be used as evidence-based for planning, decision-making, and improve the practice;

iii. A partnership with academicians will be put in place in order to promote research on hepatitis prevention and control.
3 GOVERNANCE FRAMEWORK

With reference to existing national policy orientation services delivery, viral hepatitis prevention and control will be integrated into existing health system structure from central to the community level. The Ministry of Health and the Rwanda Biomedical Center have the responsibility of planning and implementing viral hepatitis specific programs in Rwanda.

3.1. Organization and Management

The Ministry of Health is responsible for the overall coordination and ensures that national capacity, leadership, and governance for hepatitis B and C prevention and control are strengthened. The MoH is also responsible of advocacy, funds mobilization and their equitable distribution, multi-sectorial action and partnerships to accelerate national response for prevention and control of viral hepatitis B and C. Rwanda Biomedical Center (RBC) is the implementing entity for viral hepatitis B and C prevention and control activities through the HIV, AIDS, STIs and OBBI Division. It oversees the overall coordination of viral hepatitis B and C related interventions, strengthens international cooperation and is responsible of the day to day implementation of interventions related to viral hepatitis B and C prevention and control at all levels.

3.2. Partnership and Roles of Stakeholders

3.2.1. The Government of Rwanda

Reference to the Rwanda’s leading planning framework Vision 2020, the following three goals guide the overall development in Rwanda: 1. Become a middle-income country having halved the percentage of people living in poverty; 2. Raise life expectancy to 66 years; and 3. Reduce its aid dependency level.

“The general objective of Vision 2020 is to build a modern and prosperous nation, strong and united, worthy and proud of its fundamental values; politically stable, without discrimination among its sons and daughters”; and achieving these objectives in social cohesion and equity.
There is a strong political and institutional orientation towards integration of planning and implementation of infectious diseases programs with the following objectives: (i) Increase the knowledge, behaviors and practices towards specific infectious diseases prevention methods for the general and key populations, (ii) Increase the demand and use of health services for infectious diseases, (iii) Provide and improve early detection, diagnosis, confirmation, care and treatment of infectious diseases in the general and targeted populations, (iv) Regulate emerging and re-emerging infectious diseases control measures.

Service delivery for infectious diseases is already integrated but the viral hepatitis program needs more efforts at all levels as an emerging area.

The planning, training, supervision and mentorship need to be better coordinated and integrated with the existing health system. Collaboration between the central levels (MOH), decentralized local government and health infrastructures, civil society and communities, private sector and other non-health sectors must be strengthened for integrated interventions.

Continuing capacity development of health care providers, epidemiologists and public health specialists for improved blood borne viral hepatitis services at all levels of the health care system is a priority as this type of pathologies represents one of the main causes of morbidity and mortality. Capacities need to be strengthened for prevention, diagnosis and management of blood borne viral hepatitis.

To develop adapted services to priority target groups (high risk populations), capacities of health care providers and institutions have to be strengthened and the general population and key populations need to be sensitized on human rights promotion and community participation.

Regulations and procedures will be revised to enhance involvement of private sector in service provision and management of viral hepatitis.
3.2.2. Specific Roles and Responsibility of the Ministry of Health

As the leading institution responsible for the implementation of the viral hepatitis policy, the MoH will:

- Ensure periodic review of the programs of ministries, departments, agencies and engagements with NGOs and other institutions involved in the implementation of the hepatitis B and C guidelines and policy
- Advocate, promote and coordinate the operationalization of the policy and strategic plan at both national and sub-national levels
- Advocate for policies that facilitate viral hepatitis B and C programs and services at the national, referral hospital, provincial hospital, district hospital, health center and community levels
- Advise the government of Rwanda on resource mobilization for viral hepatitis B and C services and monitor their utilization during the implementation at all levels
- Build the capacity of providers to ensure that the service provision conforms to the standards and quality of care set out in the hepatitis B and C guidelines and protocols
- Facilitate and support researches in hepatitis B and C area, document best practices and disseminate results
- Strengthen linkages with other ministries and departments, development partners, NGOs and the private sector involved in hepatitis B and C programming
- Spearhead the implementation of the hepatitis B and C guidelines and policy towards the realization of national goals
- Develop standards for care and services in the provision of hepatitis B and C related services at all levels.

3.2.3. The Role of the Ministry of Health in Financing and Advocacy

Within its mission, the MoH will identify funding for the implementation of this plan. In the short-term, the hepatitis B and C programs will rely on donor support for key population while the general population will cover the cost related to services and products through the existing health insurances. However, in the medium and long-term, more sustainable financing mechanisms will need to be considered. In addition to increasing budget allocations for hepatitis B and C programs, the government will have to explore other funding sources such as insurance coverage for population at risk and more vulnerable to hepatitis B and C.
The MoH will continue to advocate with other GoR ministries and agencies, including but not limited to the Rwandan Parliamentarians’ Network on Population and Development (RPRPD), the Ministry of Finance, Ministry of Local Government (MINALOC) and Ministry of Gender and Family Promotion (MIGEPROF), the ministry of internal security, the ministry of defense for resource allocation for policy interventions. It will also advocate with other partners such as international agencies, to mobilize external resources and to help build the system by providing technical support and service delivery

3.2.4. Role of Partners of the Ministry of Health
The need to harness the shared roles and responsibilities of all stakeholders will be critical in the realization of the goals of this policy. The MoH will ensure that complementarities of the roles and responsibilities of all ministries and agencies, development partners, religious organizations and faith-based institutions, research institutions, CBOs and NGOs are identified in line with their mandates. Linkages will be further strengthened to ensure joint formulation, implementation, monitoring and evaluation of hepatitis B and C programs.

3.2.5. The Role of Hepatitis Technical Working Group (HTWG)
At the central level, a hepatitis technical working group (HTWG) has been established since 2012 to facilitate dialogue between the main stakeholders (national institutions, representatives of civil society and development partners) involved in different programmatic areas and to advise on the design, development, and implementation of the national viral hepatitis guidelines, strategies and policy.

This HTWG composed of the MOH, RBC, experts from referral hospitals, implementing partners, UN agencies, the CDC, the civil society, health insurance companies and the private sector is chaired by the HIV, AIDS, STIs and OBBI Division Manager and co-chaired by CDC-Rwanda, meets on regular basis.

3.2.6. The Role of the Rwanda Biomedical Center (RBC)
The mission of RBC is to promote quality affordable and sustainable health care services to the Rwandan population through innovative and evidence based interventions and practices guided by ethics and professionalism. With regards to viral hepatitis, the following key divisions will
play a big role in the coordination, design and implementation of the viral hepatitis program countrywide:

A. HIV, AIDS, STIs and Other Blood Born Infections Division

The main role of the HIV, AIDS, STIs and Other Blood Born Infections Division is to coordinate the planning and implementation of all activities related to viral hepatitis program in Rwanda.

This will include:

- Coordinate the planning and resources mobilization
- Coordinate the HTWG
- Coordinate all partners and stakeholders involved in viral hepatitis program implementation
- Lead the design, development and implementation of the viral hepatitis standard reference documents (guidelines, protocols, communication tools, prevention messages, training modules)
- Capacity building of health care providers of the viral hepatitis program (training of trainers, training of providers, clinical mentorship)
- Ensure supervisions, monitoring and evaluation of the viral hepatitis program
- Coordinate all clinical and non-clinical research in the viral hepatitis field to inform the program, decision makers and service delivery especially for populations in greatest need
- Ensure implementation science in viral hepatitis prevention and management in Rwanda
- Build partnership for scientific communications, funds mobilization and capacity building
- Collaborate with other divisions and institutions to ensure community sensitization, coordinated implementation of priority interventions at all levels to reach both the general population and key populations
- Coordinate public and private health facilities work on viral hepatitis B and C prevention, diagnosis, treatment and procurement services countrywide.

B. Rwanda Health Communication Center (RHCC)

Within the context of increasing the awareness of the general population, health promotion is one of the priority areas for both hepatitis B and C diseases prevention and control.

To strengthen this field of intervention, the Rwanda Health Communication Center (RHCC) is established to lead the planning and implementation of all related activities. Its role will be to create public awareness and facilitate individuals, families and communities to participate,
promote and maintain access to viral hepatitis B and C health services and healthy behavior. It will also advocate for an environment that enables all stakeholders to translate health information into desired actions.

C. National Reference Laboratory (NRL)
Reference to its core mission, the national reference laboratory will play a key role in coordinating all viral hepatitis related laboratory services countrywide. These include:
- Validation of tests to be used in the country
- Quality control of all laboratories
- Advanced viral hepatitis related tests (genotyping, viral load)
- Capacity building and supervision of all laboratories
- Provide technical specifications before procurement of laboratory commodities
- Ensure appropriate and cost effective samples transportation

D. Medical Procurement and Production Division (MPPD)
The medical procurement and production division, within the Rwanda Biomedical Center, MPPD/RBC, will be the primary supplier of pharmaceutical commodities, including generic essential medicines, medical supplies, and laboratory reagents for hepatitis B and C.
All public health institutions shall procure viral hepatitis related pharmaceutical commodities through the MPDD and private health institutions shall be supervised by the MPPD to make sure they are complying with national policies.
In order to accomplish this, any private pharmacy or clinic shall be required to register with the MoH through the MPDD to procure hepatitis B and C related drugs and laboratory commodities.

E. Maternal Child and Community Health Division (MCCH)
This division will be coordinating the implementation of the routine hepatitis B vaccination (in children and adults) program at the national level and ensure that the high risk groups are targeted by the HBV vaccination program.
It will also facilitate access to universal access to the birth dose HBV vaccine as part of the national immunization program.

F. National Center for Blood Transfusion (NCBT)
This division will be responsible for screening all blood and blood products before transfusion and provide appropriate information to donors who screen positive for hepatitis B and C.
It will also work closely with HIV, AIDS, STIs and OBBI Division to link donors who screened positive to care and treatment through a referral system.

G. Non Communicable Diseases Division (NCDD)
A linkage between HIV, AIDS, STIs and OBBI Division and Non-communicable Diseases Division will be put in place in order to offer appropriate healthcare services to people with advanced liver diseases including liver cirrhosis, liver cancer as well as their complications.

3.2.7. Other Ministries and Government Institutions
All ministries and other government institutions have the role of integrating viral hepatitis prevention and control in their priorities in order to reduce the burden of hepatitis B and C and their risk factors among their employees (systematic screening for HBV and HCV and vaccination against HBV) as well as the entire population.

The following key ministries and government institutions among others will play specific roles in this regard:

A. Ministry of Education
Integration of the viral hepatitis prevention and control messages in their curricula and strengthening their awareness campaign.

B. Ministry of Local Government
- Integration of viral hepatitis prevention and control in decentralized entities’ agenda and increase awareness to the population through the “Umuganda” community work activities.
- Posting viral hepatitis prevention and control messages in all administrative offices.
- Collaboration with the Ministry of Health to identify all traditional practitioners and other complementary therapies operating at the community level and ensuring their official registration.
- Ensure that cosmetic and hair dressing saloons nation-wide provide viral hepatitis prevention messages to their clients and that they use adequate sanitary practices in their day to day running of activities.

C. Ministry of Infrastructure
Delivering viral hepatitis prevention messages through public boards and in all common transport vehicles.
D. Ministry of Gender and Family Promotion
Increase awareness on viral hepatitis prevention and control in families, mainly on safe household practices (not sharing toothbrushes and sharp objects, eradicate sexual abuse, avoid risky close contact with an HBV/HCV family member among others).

E. Ministry of Internal Security
Put in place policy, law and regulations related to viral hepatitis risk factors and ensure appropriate measures and interventions targeting incarcerated people as high-risk group for both HBV and HCV are being implemented.

F. Ministry of Youth, Information and Technology
Promoting awareness activities among the youth for prevention of viral hepatitis and ensure that ICT is appropriately used to disseminate the viral hepatitis prevention and control messages.

G. Rwanda Standards Board
Reinforce regulation and control of all imported and local products related to viral hepatitis and their risk factors.

3.2.8. University of Rwanda/College of Medicine and Health Sciences

- Readily apply current and best practices knowledge to formal training curriculum of health professionals;
- Active participation in development of tools such as for monitoring and evaluation and treatment protocols, training curricula and updated guidelines.
- Conduct researches to inform the policy and national viral hepatitis programs

3.2.9. Referral Hospitals Level
Viral hepatitis services must be integrated at referral hospitals. Referral facilities will deliver high level viral hepatitis specialized care and generating evidence-based for policy and decision-making and planning. Those hospitals are expected to support provincial and district levels through training and mentorship. They also have to actively participate in the development of required tools to guide viral hepatitis management and control. Those include monitoring and
evaluation and treatment protocols, training curricula and updated guidelines; document best practices in viral hepatitis care; evaluate and report viral hepatitis care activities to the central level (MoH, RBC and development partners).

3.2.10. Provincial Hospital, District Hospitals and Health Centers

Viral hepatitis services have to be integrated in the existing health care delivery system through training and mentorship of health care providers in their respective areas. Those services include:

- Prevention messages to the general population
- Screening and diagnosis of HBV and HCV for those in need with the use of the available resources
- Initiation of treatment and patients follow up including timely referral of complicated viral hepatitis cases to higher level according to the national guidelines
- Ensuring that all health care providers with high risk receive a prevention package
- Ensuring the monitoring and evaluation of the program implementation process and provision of the timely reports of activities to the designated entity
- Collaboration with the central level (MoH) and local institutions to identify all traditional practitioners and other complementary therapies operating at the community level and ensuring their official registration

3.2.11. Community Level

For a better implementation of the viral hepatitis prevention and control program, the community will play a big role through CHWs to:

- Provide prevention message through information, education and communication (IEC) for behavior change
- Provide information to the general population on available services for viral hepatitis prevention and control
- Provide adherence support, care education and counseling for patient and family
- Inform or alert the health center when patients need medical evaluation, and active case findings
Alert the health center when any unhygienic practice of non-medical risk associated activities, such as manicures, tattoos, traditional surgical and scarification practice, hair dressing salons among others are identified within the community.

Notify health centers if any birth occurs out of the health care settings for immediate intervention.

### 3.2.12. Traditional, Complementary and Alternative Medicine (CAM)

**a- Traditional Health Care Sector**

The GoR recognizes that an important proportion of the population uses traditional medical practices. However, there is evidence of the potential harm to the liver due to some of natural products and herbal medicines used in such practices. Furthermore, the common use of unhygienic cosmetic practices such as traditional surgeries and scarification practices exposes users to the high risk of acquiring hepatitis B and C infections. Therefore, the MoH will develop legal and logical framework to determine how traditional medical services can operate without causing any harm alongside health services within districts.

The establishment of safety standards of traditional medicines and set up all quality assurance mechanisms including quality control, registration and inspection of traditional medicines as well as the guidelines and protocols for local production of traditional medicines and promotion of their proper will be prioritized.

**b- Complementary and Alternative Medicine (CAM)**

The country is facing a significant increase of CAM practices and a number of Rwandan citizens are adhering to it. To mitigate any malpractice and threat to the health of the public, the MoH in collaboration with the existing health professionals’ councils will develop a regulatory framework, which will define components of CAM, the scope of their practices and code of conduct as well as requirements for practicing. While waiting for the definitive regulatory authority of CAM, all existing four health professional councils (Allied Health Professional; Nutritionists, Pharmacy Council, Nurse & Midwives Council and the Council Medical & Dental Council) shall identify members to constitute a steering committee to regulate the CAM.

### 3.2.13. Private Sector
Actively participate in the country initiative for viral hepatitis prevention and control activities. Different professional associations will provide the needed expertise for the implementation of the viral hepatitis prevention and control plans.

All private clinics, pharmacies and laboratories providing viral hepatitis related services should be registered by the MoH and comply with the national policy and guidelines.

3.2.14. **Civil Society**

Community-based organizations, umbrella and others civil society entities will play a role in community sensitization and ensuring involvement of people living with or affected by viral hepatitis in impact mitigation of the disease.

3.2.15. **Implementing and Non-Implementing Partners**

National, regional and international partners will play a role in implementing delivery of viral hepatitis, facilitating quality, decentralization and standardization services.
4. POLICY FRAMEWORK

4.1. Target Groups

Based on the burden of viral hepatitis, and taking into consideration the common routes of transmission as well as challenges in the management of infected people, this policy targets the following stakeholders:

- General population
- High risk groups for hepatitis B and hepatitis C which includes:
  - People who have used intranasal drugs
  - People who have received medical or dental interventions in health-care settings where infection control practices are substandard
  - People who have had tattoos, body piercing, scarification or traditional surgical procedures done where infection control practices were inadequate
  - Pregnant women
  - Individuals infected with HIV
  - Health care workers exposed to biological fluids
  - People who ever received blood or blood products
  - Inmates of correctional facilities
  - Household and sexual contacts of HBsAg positive people
  - Sex workers
  - Male having sex with men (MSM)
  - Patients undergoing renal dialysis
  - People needing immunosuppressive therapy
  - People who have ever injected drugs
  - Children born to HBV or HCV positive mothers
  - History multiple sexual partners or STIs
4.2. Minimum Package

This policy prescribes a range of services to be provided under the viral hepatitis program as a minimum package depending on the level and skills of implementers as follows: