

Visionary leadership for the achievement of the UNAIDS 90-90-90 targets

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KEY MESSAGES

Enhanced action is needed to increase domestic investment in health from the public and private sectors.

It is important to establish the interconnection between HIV/AIDS and the broader health and development agenda in order to equip the entire population with the resources needed to live safe and healthy lives.

Health should be viewed as an investment for driving economic growth and creating sustainable development.

INTRODUCTION

The 20th International Conference for AIDS and STIs in Africa (ICASA 2019), was an avenue to engage governments, non-governmental organizations, civil society, and key partners to hatch strategies and grow commitment in the fight against the AIDS epidemic.

Visionary leadership has proved to be effective in ensuring health for all and nurturing the HIV/AIDS response in line with achieving the UNAIDS 90-90-90 targets aimed at testing, treating, and ensuring viral load suppression among people living with HIV (PLHIV) on the continent and globally.

Leaders play a pivotal role in reducing the number of new HIV infections and protecting vulnerable groups, including women and adolescents. At the February 2019 African Union Summit, African leaders made a commitment to invest domestic resources in health.

At ICASA, leaders and partners reconvened to reinforce these commitments and provided an opportunity to enhance domestic funding from

the public and private sectors. On this aspect, the Organization of African First Ladies for Development (OAFLAD) championed by First Lady of the Republic of Rwanda, Jeannette KAGAME, met to assess the progress made in combating HIV/AIDS in Africa.

LEADERSHIP INVOLVEMENT: MEASURABLE IMPACTS

Key achievements include the free-to-shine campaign that reduced mother to child HIV transmission (MTCT) immensely in Botswana, Rwanda, Democratic Republic of Congo and Chad; and sensitization of adolescent girls on reproductive health, which helped to reduce new infections.

Leadership comes at the forefront of decision making and funding sound policies that impact the health agenda and response towards ending HIV/AIDS. For instance, the government of Rwanda championed the fight against HIV/AIDS. As a result, Rwanda lists among one of the first countries to achieve the UNAIDS 90-90-90 targets to end AIDS by 2030. The country achieved this through decentralization of services, increased

geographic and financial accessibility to health services, and the universal access to preventative and curative measures.

HIV testing has been simplified through the implementation of oral self-testing, early initiation of Antiretroviral Treatment through the “test and treat initiative”. Unique patient identification for people living with HIV has been put in place to allow proper cross-health facility follow-up across the country.

CONCLUSION

Despite progress made in achieving HIV epidemic control, there is still work to be done for political leadership to drive and mobilize domestic resources to ensure economic funding for HIV–STIs programs. At the center on the HIV/ STIs response strategies remains the importance of community-led leadership, youth leadership, and promoting the inclusivity of vulnerable populations in the fight to end AIDS.

