

## STRATEGIC FOCUS

Since 2002, the U.S. Centers for Disease Control and Prevention (CDC) has been committed to supporting the Rwandan Ministry of Health (MOH) to strengthen its capacity to prevent and detect diseases and respond to public health threats. Together we are working to address HIV and tuberculosis (TB) through workforce capacity building, epidemiology, HIV prevention among key and priority populations, improved case finding, provision of high-quality HIV and TB treatment, strengthening the national surveillance systems, laboratory infrastructure, health informatics network, and monitoring and evaluation (M&E) capacity.

**Strengthening Clinical Services:** CDC provides direct support and technical assistance (TA) to build expertise for MOH’s facility-based HIV/TB clinical services to provide comprehensive, integrated clinical prevention and treatment, including TB Preventive Treatment and 6 multi-month dispensation of antiretroviral therapy (ART) at all 189 CDC-supported care and treatment sites.

**Strengthening Laboratory Systems:** CDC supports a national testing laboratory network and quality management system, laboratory commodity procurement and distribution, workforce development, and laboratory information systems (LIS) for HIV and TB. Support towards sustained HIV epidemic control includes surveillance, recency testing, early infant diagnosis, and HIV viral load (VL). CDC also supports reduced turnaround times of core HIV test results, effective use of LIS by healthcare providers, and improved site-level lab/clinical interface.

**Strengthening HIV Prevention Activities:** CDC provides MOH with financial support and TA in Prevention of Mother-to-Child Transmission (PMTCT), Voluntary Medical Male Circumcision (VMMC), and targeted HIV case finding and prevention, including amongst key and priority populations.

**Strengthening Health Information Systems and Surveillance:** CDC supports and provides TA on use of electronic health information systems to collect and analyze data of HIV prevention, detection, treatment, and reporting. Using data from multiple digital systems, a case-based surveillance system (CBS), and a national, unique patient identifier will improve decision-making regarding HIV transmission, HIV prevention and treatment program performance, and individual health outcomes such as viral suppression, drug toxicity, co-morbidities, and mortality. CBS is providing HIV-related case data on newly identified HIV positives and people living with HIV (PLHIV) who are on treatment in health facilities that receive PEPFAR support. CDC, together with PEPFAR partners, provides updates on Bio-Behavioral Surveillance Surveys and Population Size Estimation data for the selected key populations (female sex workers, men who have sex with men) every three years.

## KEY ACTIVITIES AND ACCOMPLISHMENTS

**HIV Prevention and Clinical Services:** CDC maintains support for quality and sustainability of antiretroviral therapy (ART) services by supporting “Treat All” and the differentiated service delivery model, including monitoring and evaluation to identify challenges and inform strategic planning. Per PEPFAR 2020 data, with CDC support, implementing partners performed 243,998 VMMCs, scaled-up index testing nationally to increase HIV case detection, initiated pre-exposure prophylaxis (PrEP) in key populations, and adolescent girls and young women. A total of 7,221 new HIV-positive clients were initiated on ART with a minimum loss to follow-up of 0.2% (PEPFAR data 2020). CBS data is informing prevention activities, including identification of those eligible for PrEP due to their risk profile.

**PMTCT:** In 2020, the prevalence of HIV among all women in antenatal care (including those who already knew their status) was estimated at 2.3% (MOH National HIV Report 2020). National data indicates that 98.4% of HIV exposed infants tested at 24 months during PMTCT follow-up period were HIV-free.

**TB/HIV:** To reduce burden of TB among PLHIV on ART, PLHIV are routinely screened for TB disease. PLHIV diagnosed with TB receive TB treatment. Those without TB receive TB preventive treatment to significantly reduce their chance of acquiring TB. Rwanda’s TB treatment success rate is high and TPT is currently being scaled up.

**Laboratory Systems:** The National Reference Laboratory attained international accreditation in 2020 and is providing technical guidance to local laboratories to achieve local certification.

### Key Country Leadership

President:  
Paul Kagame

Minister of Health:  
Daniel Ngamije

U.S. Ambassador:  
Peter Vrooman

CDC/DGHT Director:  
Thierry Roels

[Country Quick Facts](https://worldbank.org/en/where-we-work)  
([worldbank.org/en/where-we-work](https://worldbank.org/en/where-we-work))

Per Capita GNI:  
\$780 (2020)

Population (millions):  
12.95 (2020)

Under 5 Mortality:  
34/1,000 live births (2019)

Life Expectancy:  
69 years (2019)

[Global HIV/AIDS Epidemic](https://aidsinfo.unaids.org)  
([aidsinfo.unaids.org](https://aidsinfo.unaids.org))

Estimated HIV Prevalence  
(Ages 15-49): 2.5% (2020)

Estimated AIDS Deaths  
(Age ≥15): 2,100 (2020)

Estimated Orphans Due to  
AIDS: 90,000 (2020)

Reported Number  
Receiving Antiretroviral  
Therapy (ART) (Age ≥15):  
198,393 (2020)

[Global Tuberculosis  
\(TB\) Epidemic](https://who.int/tb/country/data/profiles/en)  
([who.int/tb/country/data/profiles/en](https://who.int/tb/country/data/profiles/en))

Estimated TB Incidence:  
57/100,000 population  
(2019)

TB patients with known HIV  
status who are HIV-positive:  
21% (2019)

TB Treatment Success Rate:  
86% (2018)

Estimated TB Mortality:  
7.5/100,000 (2019)

**DGHT Country Staff: 41**  
Locally Employed Staff: 33  
Direct Hires: 7  
Fellows & Contactors: 1

Our success is built on the backbone of science and strong partnerships.

