

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 work 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 (TPT) and six-month 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. 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. The Rwandan Government used the lab network and health information systems established under PEPFAR for their national COVID-19 response.

Strengthening HIV Prevention Activities: CDC provides MOH with financial support and TA in Prevention of Mother-to-Child Transmission (PMTCT), Pre- and post-exposure prophylaxis (PrEP and PEP), Voluntary Medical Male Circumcision (VMMC), and targeted HIV case finding and prevention, which includes key and priority populations.

Strengthening Health Information Systems and Surveillance: CDC supports and provides TA on using electronic health information systems to collect and analyze data for 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, drug resistance, co-morbidities, and mortality. CBS provides data on individuals newly identified with HIV infection and treatment outcomes of people living with HIV (PLHIV) in CDC-PEPFAR-supported health facilities. CDC and its partners, provide updates on Bio-Behavioral Surveillance Surveys and Population Size Estimation data for 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 the quality and sustainability of ART services by supporting “Treat All” and the differentiated service delivery models, including monitoring and evaluation to identify challenges and inform strategic planning. Per PEPFAR 2021 data, CDC implementing partners performed 259,323 VMMCs, scaled-up index testing nationally to increase HIV case detection, and initiated 7,928 persons on pre-exposure prophylaxis (PrEP) from key populations, sero-discordant couples, and adolescent girls and young women. A total of 4,896 new clients with HIV infection were initiated on ART with a minimum loss to follow-up of 0.2percent. CBS data are informing prevention activities, including identification of those eligible for PrEP due to their risk profile.

PMTCT: In 2021, the HIV prevalence among all women in antenatal care (including those who already knew their status) was estimated at 2.08 percent (MOH National HIV Report 2021). National data indicate that 98.6percent of HIV exposed infants tested at 24 months during the PMTCT follow-up period were HIV negative.

TB/HIV: To reduce the TB burden among PLHIV on ART, PLHIV are routinely screened for TB disease. PLHIV diagnosed with TB receive TB treatment. Those without TB receive TB Preventative Treatment (TPT) to significantly reduce their chance of acquiring TB. Rwanda’s TB treatment success rate for all forms of TB is 87 percent, and TPT services are currently being scaled up to reach 550 sites nationally.

Laboratory Systems: The National Reference Laboratory attained international accreditation in 2021 and provides technical guidance to local laboratories to achieve local certification.

Key Country Leadership

President:
Paul Kagame

Minister of Health:
Daniel Ngamije

Chargé d’Affaires:
Deborah MacLean

CDC/DGHT Director:
Thierry Roels

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

Per Capita GNI:
\$850 (2021)

Population (millions):
13.28 (2021)

Under 5 Mortality:
40.5/1,000 live births
(2020)

Life Expectancy:
69 years (2020)

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

Estimated HIV Prevalence
(Ages 15-49): 2.3% (2021)

Estimated AIDS Deaths
(Age ≥15): 2,100 (2021)

Estimated Orphans Due to
AIDS: 89,000 (2021)

Reported Number
Receiving Antiretroviral
Therapy (ART) (Age ≥15):
204,504 (2021)

[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:
58/100,000 population
(2020)

TB patients with known HIV
status who are HIV-positive:
19% (2020)

TB Treatment Success Rate:
87% (2019)

DGHT Country Staff: 39
Locally Employed Staff: 32
Direct Hires: 6
Fellows & Contractors: 1

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

