

CDC in Rwanda

Factsheet



Staffing

10 U.S. Assignees
31 Locally Employed

Impact in Rwanda

- 1,245 HIV-positive pregnant women received antiretroviral drugs to prevent transmission of HIV to their infants PEPFAR annual program results FY2012
- 29,912 men, women, and children received antiretroviral drugs in 2012 PEPFAR annual program results FY2012
- 88% TB treatment success rate in 2012, an increase of 58% from 2003
- 180 of 197 diagnostic and treatment centers offer “one-stop” TB/HIV integrated services in FY 2012 TB division report FY 2012
- 70% of children under age five had slept under an insecticide treated net in 2010 compared with 13% in 2005 Demographic Health Survey (DHS)



The Centers for Disease Control and Prevention (CDC) office in Rwanda was established in 2002 with support from the US President’s Emergency Plan for AIDS Relief (PEPFAR) and the CDC Global AIDS Program. In 2006 the President’s Malaria Initiative (PMI) and influenza programs were added. New projects on noncommunicable diseases are being initiated. CDC-Rwanda has 49 staff members specializing in epidemiology, laboratory services, HIV prevention, care and treatment, health policy, surveillance and informatics, program management, and monitoring and evaluation. CDC-Rwanda staff is colocated in the U.S. Embassy and Rwandan Ministry of Health (MOH).

Top 8 Causes of Death in Rwanda

1. Premature Birth	13%	5. Malaria	6%
2. Acute Respiratory Infections	9%	6. Tuberculosis	4%
3. Cardiac diseases	9%	7. Malignant Tumors	3%
4. HIV and Opportunistic Infections	7%	8. Physical Injuries	3%

Source: Rwanda Ministry of Health Annual Health Statistics Booklet 2011

Malaria

Under the President’s Malaria Initiative (PMI), CDC assigned a resident advisor to Rwanda as a part of an interagency team with USAID to support the MOH in implementing malaria prevention and control interventions. These include providing long-lasting insecticide mosquito nets and indoor residual spraying, preventing malaria in pregnancy, improving diagnostics and case management, surveillance, and monitoring and evaluation of malaria-related activities. An example of CDC technical support is its collaboration with a three year longitudinal bed net durability study to evaluate how long bed nets remain effective in the field and when they should be replaced. Results indicate that over 50% of bed nets become ineffective between 18 - 24 months due to holes, but insecticide concentration remains relatively stable and effective. CDC has strengthened monitoring capacity within the National Malaria Control Program, ensuring timely and accurate collection of insecticide resistance data. CDC has also supported Rwanda’s transition to a new health management information system in health facilities and a community information system to help track community health worker activities.

Immigrant, Refugee and Migrant Health

CDC conducted a Rapid Health Assessment of Congolese Refugees in Rwanda that included screening for common infectious diseases and chronic conditions. The Congolese will be a large resettlement population in the United States with up to 50,000 arriving in the next four years. The screening information will help U.S. state and local health departments prepare for their arrival and help CDC and partners improve the refugees’ health while waiting for resettlement.



Rwanda at a Glance

Population:	10,815,000 ¹
GNI per capita (PPP\$):	\$1,130 ²
Life expectancy at birth women/men:	57 /54 yrs ²

¹ US Census Bureau International Database, 2012

² PRB 2011 World Population Data Sheet



HIV/AIDS

Key activities include improving and expanding HIV/counseling and testing services, TB/HIV integrated service delivery, and blood safety services. Health system strengthening support includes building country capacity in public health workforce development, epidemiology, surveillance, health information systems, and program monitoring and evaluation to assess and adapt services to changes in the HIV/AIDS epidemic.

A specific example of health information systems work includes the innovative use of cell phone and internet technology to develop a national HIV reporting system and to contributions to the national e-Health strategy through its support for Health Management Information Systems.

CDC supports developing in-country laboratory workforce capacity, progressing toward laboratory accreditation at 10 laboratories, improving laboratory infrastructure and information systems, and building capacity at individual facilities to deliver high-quality clinical lab services. CDC has also worked with the MOH to increase the capacity of its reference laboratory through enhanced laboratory diagnostics and through deploying national quality management systems.

Influenza

Influenza activities are implemented through a CDC cooperative agreement with the Rwanda Biomedical Center (RBC) Center for Treatment and Research within the Rwanda MOH. CDC supports RBC in preparedness and communication, surveillance and disease detection, and response and containment to improve Rwanda's capacity to identify and manage outbreaks of avian and pandemic influenza. The cooperative agreement, Preparedness and Response to Avian and Pandemic Influenza in Rwanda, was formed to build capacity to strengthen preparedness and communication for avian and pandemic influenza, to initiate human influenza surveillance, and to develop a rapid response team at national and subnational levels.

Health Systems Strengthening

The Field Epidemiology and Laboratory Training Program (FELTP) works with MOHs worldwide to strengthen national and local public health systems and to address the severe shortage of skilled epidemiologists. By detecting disease outbreaks and improving disease monitoring systems, FELTP residents provide science and data information to public health leaders to use in public health policy and programming. FELTPs are two year, in-service training programs. The students, typically MOH employees, spend 25% of their time in the classroom and 75% of time conducting mentored field work. In addition, CDC supports the FELTP through its cooperative agreements with the RBC and the School of Public Health. FELTP residents have performed more than 30 outbreak investigations, 15 surveillance evaluations, and 15 operational researches on various topics including anemia in children, injuries, avian influenza, HIV/AIDS, malaria, tuberculosis, and bacterial antimicrobial resistance since inception of the program. Additionally, residents trained over 300 health workers in outbreak investigation and response, public health surveillance, and data management to improve disease detection and response.

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