



CDC in Rwanda

The Centers for Disease Control and Prevention (CDC) office in Rwanda was established in 2002 with support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and CDC's Division of HIV/AIDS and TB. In 2006 the President's Malaria Initiative (PMI) and influenza programs were added. New projects on noncommunicable diseases are being initiated. CDC Rwanda staff specializes 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).



CDC STAFF

9 U.S. Assignees
38 Locally Employed



AT A GLANCE

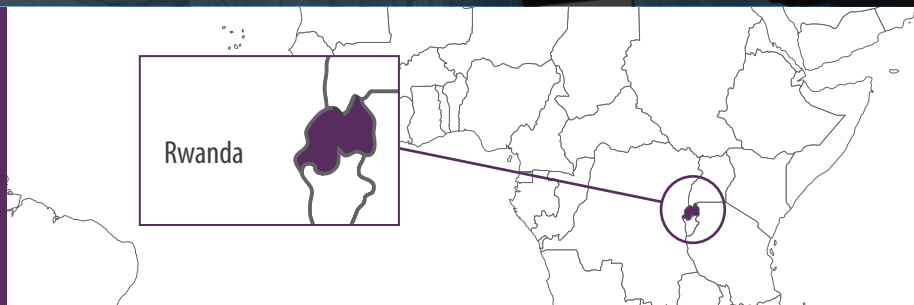
Population: 11,331,300
Per capita income: \$1,530
Life expectancy at birth: W 66/M 63 yrs



TOP 10 CAUSES OF DEATH

1. Lower Respiratory Infections
2. HIV
3. Diarrheal Diseases
4. Congenital Birth Defects
5. Cancer
6. Preterm Birth Complications
7. Encephalopathy
8. Neonatal Sepsis
9. Protein Energy Malnutrition
10. Road Injuries

Source: Population Reference Bureau: Rwanda, 2015
Source: GBD Compare: Rwanda, 2015



HIV/AIDS and Tuberculosis (TB)

CDC Rwanda's HIV work includes building country capacity in public health workforce development, epidemiology, surveillance, health information systems, and program monitoring and evaluation. 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 Rwanda 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.

People living with HIV are up to 30 times more likely to develop active TB than those who are not. CDC Rwanda's key HIV and TB activities include improving and expanding HIV counseling and testing services, TB/HIV integrated service delivery, and blood safety services. This work has led to higher TB treatment success rates and a stronger, more sustainable TB program.

Malaria

Under the 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 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 and 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.

Influenza

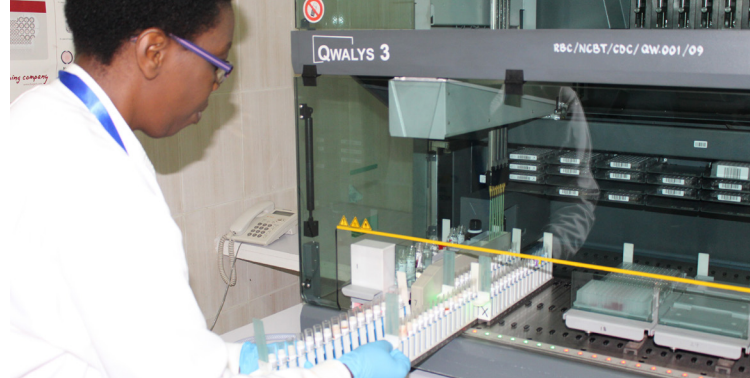
Influenza activities are implemented through a CDC cooperative agreement with the Rwanda Biomedical Center (RBC) Center for Treatment and Research within the Rwanda MOH. CDC supports RBC in preparedness and communication, surveillance and disease detection, and response and containment to improve Rwanda's 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

CDC's 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, TB, and bacterial antimicrobial resistance since the 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.

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 its partners improve the refugees' health while waiting for resettlement.



IMPACT IN RWANDA



On July 1st, 2016, the government of Rwanda (GOR) adopted the new WHO-recommended 'Treat All' strategy, becoming one of the first African countries to implement it. As a result, by December 2016, Rwanda had achieved one of the highest national antiretroviral treatment (ART) coverage rates in sub-Saharan Africa, reaching an estimated 80% of those eligible for ART.



CDC supports 52% of all Rwandan adults and children receiving ART in Rwanda, through PEPFAR. As of December 2016, CDC Rwanda was supporting ART for 90,085 of the 169,286 people living with HIV in Rwanda.



TB treatment success rates in Rwanda increased from 58% in 2003 to 90% by mid-2016.



In 2016 all health facilities that offered TB services also provided directly observed TB treatment.



In 2016 Rwanda's National Center for Blood Transfusion (NCBT) qualified for the highest award in international standards accreditation (Level 3) from the African Society for Blood Transfusion, the second African country after Namibia to receive this honor.

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