

## 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 disease and respond to public health threats. Together we are working to address HIV and tuberculosis (TB) through workforce capacity building, epidemiology, case finding, surveillance, HIV and TB treatment, laboratory and blood safety, health informatics, and monitoring and evaluation.

**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 the scale-up of "one-stop" TB/HIV services at all 189 care and treatment sites.

**Strengthening Laboratory Systems:** CDC supports a national testing laboratory network and quality management system, workforce development, and laboratory information systems (LIS) for HIV and TB. HIV epidemic control support includes surveillance, recency testing, and viral load suppression analysis. The National Reference Laboratory is working to achieve international accreditation and lead the other laboratories towards accreditation. 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 Male Medical 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 to the MOH 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, implementation of partner and program performance, and individual health outcomes. An early CBS prototype is providing HIV-related case data on newly identified HIV positives and people living with HIV (PLHIV) who are on treatment in 23 health facilities.

## KEY ACTIVITIES AND ACCOMPLISHMENTS

**HIV Prevention and Clinical Services:** CDC maintains support for quality and sustainability of antiretroviral treatment (ART) services by supporting "Treat All" and the new Differentiated Service Delivery Model (DSDM), including monitoring and evaluation to identify challenges and inform strategic planning. In 2018 through CDC support, implementing partners provided 75,338 voluntary medical male circumcisions, scaled-up index testing nationally to increase HIV case detection, initiated Pre-exposure prophylaxis (PrEP) in key populations and discordant couples, and placed 7,221 new HIV-positive clients on treatment with a minimum loss to follow-up of 0.2% of those currently on treatment (2018 PEPFAR program data).

**PMTCT:** In Fiscal Year (FY) 2018, 97% of health care facilities provided PMTCT services. Of pregnant women attending antenatal care, 99% accepted an HIV test (MOH National HIV Report 2018). National data indicate that the mother-to-child HIV transmission rate at 18 months continues to drop from 1.76% in 2016 to the current 1.51%. This is one of the lowest rates in Africa.

**Laboratory Systems:** Rwanda's National Center for Blood Transfusion received international standards accreditation level three award (the highest), and is now a regional center of excellence in blood banking, and provides technical expertise to centers throughout the region. Rwanda is meeting needed viral load testing capability and initiating HIV recency testing.

**Drug Resistance Study:** During 2018/2019, CDC is conducting Acquired HIV Drug Resistance (HIVDR) and pre-treatment HIVDR surveys to improve clinical management of PLHIV on or initiating ART and identifying factors contributing to sub-optimal ART service delivery.

**TB/HIV:** CDC supports integration of TB services in HIV care and treatment settings and integration of HIV services in TB settings. PLHIV on ART are routinely screened for TB disease and have a high TB treatment success rate. All health facilities with TB services provide directly observed TB treatment (DOT).

## Key Country Leadership

President:  
Paul Kagame

Minister of Health:  
Diane Gashumba

U.S. Ambassador:  
Peter Vrooman

CDC/DGHT Director:  
Gene MacDonald

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

Per Capita GNI:  
\$780 (2018)

Population (million):  
12.30 (2018)

Under 5 Mortality:  
38/1,000 live births (2017)

Life Expectancy:  
67 years (2017)

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

Estimated HIV Prevalence  
(Ages 15-49): 2.5% (2018)

Estimated AIDS Deaths  
(Age ≥15): 2,600 (2018)

Estimated Orphans Due to  
AIDS: 100,000 (2018)

Reported Number  
Receiving Antiretroviral  
Therapy (ART) (Age ≥15):  
186,181 (2018)

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

Estimated TB Incidence:  
57/100,000 population  
(2017)

TB patients with known HIV  
status who are HIV positive:  
22% (2017)

TB Treatment Success Rate:  
86% (2016)

TB Mortality:  
4.9/100,000 population  
(2017)

## DGHT Country Staff: 42

Locally Employed Staff: 35  
Direct Hires: 7  
Fellows & Contactors: 0

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

