



RWANDANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS

Country Profile: Rwanda

HIV/AIDS in Rwanda

Adults and Children Living with HIV: 190,000¹
AIDS Deaths (Adults and Children): 21,000¹
AIDS Orphans: 210,000¹

The Demographic and Health Survey carried out in 2005 reported a three percent prevalence of HIV in Rwanda. The epidemic is not equally distributed throughout the urban and rural areas of the country. While there is a high use of prenatal services with 92 percent of pregnant women attending at least one prenatal visit in Rwanda, home delivery remains the norm with only 26 percent of Rwandans delivering in a health care facility.² These patterns of service have important implications for the design and execution of prevention of mother-to-child HIV transmission (PMTCT) interventions. According to the United Nations Joint Programme on HIV/AIDS (UNAIDS), roughly 22,000 of the 250,000 persons infected with HIV/AIDS in Rwanda are children under the age of 16.³



U.S. Government Response

The Government of Rwanda has a national HIV/AIDS action framework developed collaboratively with the U.S. Government (USG) and other major partners. The USG works with the Government of Rwanda to coordinate resources in support of the Rwanda National HIV/AIDS Strategic Plan (2002-2006), the HIV/AIDS Treatment and Care Plan (2003-2007) and the National Prevention Plan. The USG also provides advisors and technical assistance to institutions in the Office of the Minister of State for HIV/AIDS and the Ministry of Health.

The U.S. President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) response in Rwanda includes:

- Building human capacity, including training medical staff and building capacity in an evolving decentralized health care system;
- Engaging new partners;
- Supporting mass media and faith-based campaigns addressing HIV risk;
- Integrating HIV prevention activities with community-based care programs;
- Assisting national drug procurement to improve procurement procedures, storage and distribution, quality assurance/quality control systems, physical infrastructure and information systems;
- Supporting the National Tuberculosis (TB) Program to integrate TB and HIV services at health facilities throughout Rwanda; and
- Rebuilding and improving health clinics to provide antiretroviral treatment (ART).

Recognizing the global HIV/AIDS pandemic as one of the greatest health challenges of our time, President George W. Bush announced the Emergency Plan in 2003 – the largest international health initiative in history by one nation to address a single disease. Under the leadership of the U.S. Global AIDS Coordinator, USG agencies implement the Emergency Plan, working collaboratively as integrated, interagency country teams under the direction of the U.S. Ambassador. These teams capitalize on the expertise of each USG agency and leverage partnerships with host governments, multilateral institutions, nongovernmental organizations and the private sector to implement effective programs for combating HIV/AIDS and ensure efficient use of USG resources.

Rwanda is one of 15 focus countries of the Emergency Plan, which collectively represent approximately 50 percent of HIV infections worldwide. Under the Emergency Plan, Rwanda received more than \$39.2 million in Fiscal Year (FY) 2004 and \$56.9 million in FY2005 to support a comprehensive HIV/AIDS prevention, treatment and care program. In FY2006, the United States plans to provide approximately \$72.1 million to support Rwanda's efforts to combat HIV/AIDS.

¹ UNAIDS, Report of the Global AIDS Epidemic, 2006.

² Ministry of Health, Demographic and Health Survey 2005, 2005.

³ UNAIDS, Report of the Global AIDS Epidemic, 2004.

President George W. Bush's Emergency Plan for AIDS Relief is the largest commitment ever by any nation for an international health initiative dedicated to a single disease—a five-year, \$15 billion, multifaceted approach to combating the disease around the world.

U.S. Department of State

U.S. Agency for International Development

U.S. Department of Defense

U.S. Department of Commerce

U.S. Department of Labor

U.S. Department of Health and Human Services

Peace Corps

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Emergency Plan Achievements in Rwanda to Date

Challenges to Emergency Plan Implementation

Rwanda is among the world's least developed countries, ranking 159 of 177 in the United Nations Development Program's 2004 Human Development Index. Some 60 percent of the population lives in poverty. During the three months of genocide in 1994, mass rape, sexual torture and psychological trauma were common. Massive population flows following the genocide have resulted in an increase in the urban population. The shortage of human resources throughout the health sector is a significant constraint. Of Rwandans killed or displaced during the genocide, a disproportionate number were highly skilled and educated members of society, including doctors, nurses and other health workers. Many health centers lack essential physical facilities, equipment and supplies. Electricity supply is erratic throughout Rwanda, impacting hospitals, health centers and laboratories. Blood safety, data management and drug storage are all impacted by the erratic electricity supply. While stigma continues to be a problem for people with HIV, it would appear that the situation is slowly improving due to good information-sharing at all levels about HIV/AIDS.

# of individuals reached with community outreach HIV/AIDS prevention programs that promote Abstinence and/or Being Faithful in FY2005 ¹	732,500
# of individuals reached with community outreach HIV/AIDS prevention activities that promote Condoms and related prevention services in FY2005 ¹	269,300
# of USG condoms shipped in Calendar Year 2005	3,891,000
# of pregnant women receiving prevention of mother-to-child HIV transmission (PMTCT) services since the beginning of the Emergency Plan ^{3,4}	182,200
# of pregnant women receiving antiretroviral prophylaxis for PMTCT since the beginning of the Emergency Plan ^{3,5}	10,000
# of individuals receiving counseling and testing (in settings other than PMTCT) in FY2005 ^{3,4}	310,600
# of HIV-infected individuals who received palliative care/basic health care and support in FY2005 ³	59,000
# of Orphans and Vulnerable Children (OVCs) who were served by an OVC program in FY2005 ³	29,700
# of individuals receiving downstream site-specific support for treatment as of September 30, 2006 ¹	14,700
# of individuals receiving upstream system strengthening support for treatment as of September 30, 2006 ²	15,300

Note: Numbers may be adjusted as attribution criteria and reporting systems are refined. Numbers above 100 are rounded to nearest 100.

¹ Number of individuals reached through downstream site-specific support includes those receiving services at U.S. Government-supported service delivery sites.

² Number of individuals reached through upstream systems strengthening includes those supported through contributions to national, regional and local activities such as training, laboratory support, monitoring and evaluation, logistics and distribution systems, protocol and curriculum development.

³ Total results combine individuals reached through downstream and upstream support.

⁴ It is possible that some individuals were counseled and tested more than once.

⁵ It is possible that some pregnant women received antiretroviral prophylaxis more than once over the two-year period, e.g. HIV positive women who were pregnant more than once.

Critical Interventions for HIV/AIDS Prevention

- Supported PMTCT services at 64 sites in 20 health districts.
- Supported the implementation of a three-step safe injection strategy in coordination with the World Health Organization and the Safe Injection Global Network, the aim of which is to reduce the burden of HIV transmission due to unsafe or unnecessary medical injections and contact with infectious medical waste.
- Supported the efforts of the Transport Corridor Initiative to stem HIV transmission and mitigate the consequences of HIV/AIDS on vulnerable people along major East African transport corridors. This project targets high-risk mobile populations – drivers and their assistants, prostitutes, members of the uniformed services, and stop-over site communities – with regionally coordinated messages and new or improved services tailored to meet each community's needs.
- Reached 732,500 people through community outreach programs that promote HIV/AIDS prevention through abstinence and/or being faithful.

Critical Interventions for HIV/AIDS Treatment

- Worked with other partners, including the World Bank MAP and the Global Fund to Fight AIDS, Malaria and Tuberculosis, to support the rapid scale-up of ART services. As of September 30th, 2005, 62 sites (both hospitals and health centers) provided ART to more than 13,800 people.
- Participated in a coordinated national procurement of antiretroviral drugs (ARVs), where partners purchase drugs according to their own regulations and ARVs are then distributed to treatment sites based on clinical needs. This practice results in average savings of US\$400 per patient per year, as well as improved data management for ARVs.

Critical Interventions for HIV/AIDS Care

- Supported voluntary counseling and testing services at Gihembe refugee camp in Byumba Province.
- Provided support to care for 89,700 people living with HIV/AIDS and their families, including 29,700 orphans and vulnerable children. Care services included school fees, healthcare, livestock support, food and basic household supplies.
- Supported efforts to reduce community isolation and discrimination through training for community volunteers to provide home-based care for people living with HIV/AIDS.