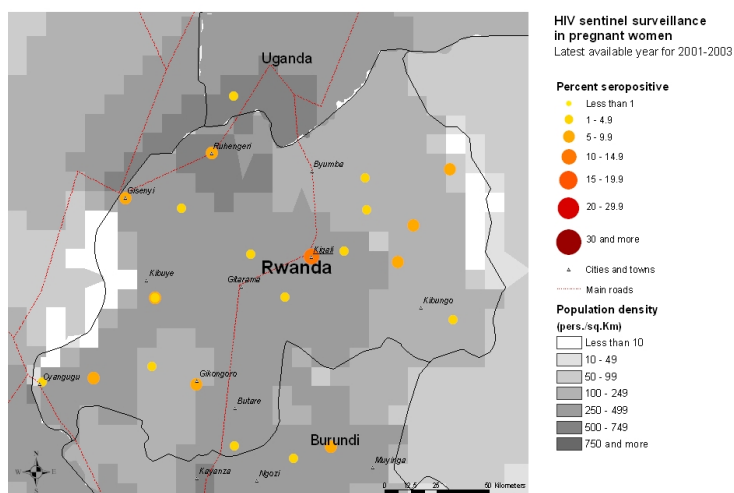


Estimated number of people needing antiretroviral therapy (0-49 years), 2005: 49 000  
 Antiretroviral therapy target declared by country: 32 973 by the end of 2005

49 000



Map Data Source:  
 WHO/UNAIDS Epidemiological Fact Sheets  
 and the United States Census Bureau  
 Map production:  
 Public Health Mapping & GIS  
 Communicable Diseases (CDS)  
 World Health Organization



World Health  
 Organization

## 1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	8.5	United Nations
Population in urban areas (%)	2005	21.7	United Nations
Life expectancy at birth (years)	2003	45	WHO
Gross domestic product per capita (US\$)	2002	207	IMF
Government budget spent on health care (%)	2002	13.4	WHO
Per capita expenditure on health (US\$)	2002	11	WHO
Human Development Index	2003	0.45	UNDP

\* = Percentage of young people 15-24 years who correctly identify two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy looking person can transmit HIV.

\*\* = Percentage of young people 15-24 years reporting the use of a condom during sex with a non-regular partner in the last 12 months.

\* Data for November 2005 were received after the global '3 by 5' progress report of December 2005 had gone to press.

\*\* Demographic and Health Surveys

## 2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	3.4 - 7.6%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	170 000 - 380 000	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (0-49 years), 2005	Nov 2005	17 781*	Ministry of Health
Estimated number of people needing antiretroviral therapy (0-49 years), 2005	Dec 2005	49 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	Dec 2005	223	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites	Dec 2005	250 000	Ministry of Health
Knowledge of HIV prevention methods (15-24 years)% - female*	2000	23	DHS**
Knowledge of HIV prevention methods (15-24 years)% - male*	2000	20	DHS**
Reported condom use at last higher risk sex (15-24 years)% - female**	2004	28	DHS**
Reported condom use at last higher risk sex (15-24 years)% - male**	2005	41	DHS**

## 3. Situation analysis

### Epidemic level and trend and gender data

Rwanda is among the ten countries in Africa most severely affected by HIV/AIDS. The country is facing a generalized epidemic. National estimates indicate that in 2005, the adult prevalence rate is in the range of 4% to 11% among women attending antenatal care services and 3% among the general population. An estimated 250 000 adults and children were living with HIV/AIDS at the end of 2003. Prevalence rates have been documented to be higher in urban areas than in rural areas. In 2003, the HIV prevalence in Kigali among women attending antenatal clinics was 13.2%. Outside major urban areas, the median prevalence among pregnant women tested was 3.1%. Prevalence rates appear to have stabilized in urban areas but continue to rise slightly in rural areas. An estimated 160 000 children younger than 17 years had lost one or more parent to the disease at the end of 2003. The burden of HIV and tuberculosis (TB) coinfection is high (estimated to be between 40% and 60%). Factors contributing to the rapid spread of the disease include the low levels of awareness on HIV/AIDS, high incidence of multiple sex partners, low rates of condom use, early onset of sexual activity and the overall civil crisis of the 1990s.

### Major vulnerable and affected groups

The most highly affected groups include sex workers and men attending sexually transmitted disease clinics. With close to one third of households in Rwanda headed by females, the epidemic is exerting a disproportionate impact on women, who are economically, socially and sexually vulnerable. Young people under 20 years are also highly vulnerable.

### Policy on HIV testing and treatment

Rwanda has developed national policies on testing and treatment for HIV/AIDS. In 2002, the Treatment and Research AIDS Center was established to expand access to testing and counselling, prevention of mother-to-child transmission and clinical care and support for people living with HIV/AIDS, including antiretroviral therapy. Guidelines for antiretroviral therapy, voluntary counselling and testing, treatment of opportunistic infections and prevention of mother-to-child transmission have been developed and recently revised in line with international standards. Guidelines for antiretroviral therapy for children are being developed. With support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, Rwanda plans to establish a national network on voluntary counselling and testing, with the objective of expanding the number of sites at the provincial level.

### Antiretroviral therapy: first-line drug regimen, cost per person per year

The first-line drug regimen in Rwanda is stavudine + lamivudine + nevirapine. The average cost of treatment is close to US\$ 400 per person per year. The government has shown commitment to provide subsidized treatment at the lowest possible cost.

### Assessment of overall health sector response and capacity



In March 2001, Rwanda established a National HIV/AIDS Control Commission under the office of the President. In 2002, Rwanda released a National Strategic Plan for HIV/AIDS for 2002-2006 that addresses prevention, care and treatment of HIV/AIDS. The national response is multisectoral, involving a range of government ministries, nongovernmental organizations, people living with HIV/AIDS, faith-based organizations and the private sector. A National Health Sector Strategic Plan for HIV/AIDS 2002-2009 has also been developed to guide the health sector response. Political commitment to fight the epidemic is high, as demonstrated by the establishment of the National HIV/AIDS Control Commission under the office of the President and the creation of a Ministry of State in charge of AIDS, Tuberculosis and Malaria within the Ministry of Health. A national team to coordinate the scale up of antiretroviral therapy has been established. Efforts are ongoing to strengthen health sector capacity at the district level and build synergy among prevention, care and treatment. With support from Round 3 of the Global Fund, the government plans to decentralize the overall management of people living with HIV/AIDS and expand services at the provincial level. Health workers are being trained in providing care and treatment to people living with HIV/AIDS within the framework of the WHO Integrated Management of Adult and Adolescent Illness (IMAI) strategy. Community and home-based care programmes are undertaken by nongovernmental organizations. An electronic national antiretroviral therapy information system has been developed and is being deployed progressively to all treatment sites. A national plan for monitoring and evaluation of the national response is being developed.

#### Critical issues and major challenges

Rwanda's health infrastructure was severely damaged by the war and genocide. Although significant progress has been made in rebuilding the health system in recent years, the country still faces the challenge of inadequate infrastructure and equipment, inadequate human resource capacity in the health sector and a lack of financial resources. National capacity to scale up the treatment of sexually transmitted infections and opportunistic infections thus remains limited. Systems for procuring, storing and managing medical supplies need to be strengthened further. Surveillance of adherence to treatment and of drug resistance needs to be initiated. Financial barriers to accessing health services are a key concern, especially for the most vulnerable groups. Stigma and discrimination remain significant. Community involvement in health promotion needs to be strengthened. Several national and international partners are engaged in initiatives to build the health system and expand HIV prevention and care. Coordination among the various initiatives needs to be strengthened.

## 4. Resource requirements and funds committed for scaling up treatment and prevention in 2004-2005

- WHO estimates that between US\$ 49.7 and US\$ 90.21 million was required to support scaling up antiretroviral therapy in Rwanda during 2004-2005 to reach the WHO "3 by 5" target of 18 000 people, based on 50% of estimated need (2003).
- A large number of donor agencies are supporting the government of Rwanda to finance the rapid scale-up of HIV/AIDS services.
- Rwanda submitted a successful proposal to the Global Fund in Round 3, with a total funding request of US\$ 56.6 million and two-year approved funding of US\$ 14.8 million. The proposal focuses on decentralizing care and treatment activities and monitoring the people receiving antiretroviral therapy. As of December 2005, US\$ 14.3 million has been disbursed. Rwanda also submitted a joint HIV and TB proposal to the Global Fund in Round 1, with a total funding request of US\$ 14.6 million. The focus of the proposal is to increase access to and use of integrated voluntary counselling and testing services in the country and to strengthen links between voluntary counselling and testing and TB services. As of December 2005, US\$ 13.8 million has been disbursed. In 2005, Rwanda submitted a successful proposal to Round 5 of the Global Fund for US\$ 33.9 million with a focus on strengthening the health system.
- Rwanda is a beneficiary of the United States President's Emergency Plan for AIDS Relief. Under the Emergency Plan, Rwanda received US\$ 39.3 million in 2004 to support a comprehensive HIV/AIDS prevention, treatment and care programme. In 2005, the United States committed approximately US\$ 56.4 million to support Rwanda's efforts to combat HIV/AIDS.
- Rwanda is also a beneficiary of a loan of US\$ 10 million from the World Bank Multi-Country HIV/AIDS Program for Africa, which includes financial support to scaling up treatment. Some financial support is also available from United Nations agencies.

## 5. Treatment and prevention coverage

- In 2003, WHO/UNAIDS estimated Rwanda's total antiretroviral therapy need to be about 36 000 people, and the WHO "3 by 5" target was calculated as 18 000 people (based on 50% of estimated need). In 2005, WHO/UNAIDS estimated that the need in Rwanda had risen to 49 000 people requiring treatment.
- In 2003, an estimated 4000 people, all adults, were receiving antiretroviral therapy. By August 2004, the number of people reported to be receiving antiretroviral therapy had risen to 5165, representing treatment coverage of 18%. As at March 2005, an estimated 10 346 people were receiving treatment. There were 15 975 people reported to be receiving antiretroviral therapy in September 2005, and by November 2005, 17 781 people were receiving antiretroviral therapy in Rwanda. The number of sites providing antiretroviral therapy increased from 16 at the end of 2003 to 76 in September 2005; 85% of districts had access to at least one antiretroviral therapy site.
- The Government of Rwanda declared a national target of providing treatment to 32 973 people by the end of 2005.
- In 2003, the United States Agency for International Development office in Rwanda launched a pilot programme to provide antiretroviral therapy to people living with HIV/AIDS, with a target of treating 250 people by the end of 2004.
- The Global Fund Round 3 proposal plans to provide antiretroviral therapy to 19 350 people by the end of the five-year project through the Centre Hospitalier Universitaire de Kigali and other hospitals at the provincial level.
- Coverage of services for voluntary counselling and testing and for preventing mother-to-child transmission have increased in recent years. At the end of 2003, there were around 50 sites providing services for voluntary counselling and testing and for prevention of mother-to-child transmission. By December 2005, there were 223 sites providing voluntary counselling and testing services in Rwanda and 197 sites providing services for prevention of mother-to-child transmission, covering all districts with at least one such site.

## 6. Implementation partners involved in scaling up treatment and prevention

#### Leadership and management

The Ministry of Health and the Ministry of State in charge of AIDS, Tuberculosis and Malaria within the Ministry of Health are responsible for coordinating the multisectoral aspects related to the fight against HIV/AIDS through the National HIV/AIDS Control Commission. The Commission is decentralized. It sets the broad national strategic and multisectoral guidelines and coordinates the operations of the provincial committees and district committees. The Ministry of State provides leadership in all technical areas related to health aspects of HIV through the Treatment and Research AIDS Center, including coordination, training, accreditation and supervision of accredited sites. A number of United Nations agencies provide support to HIV/AIDS interventions at the government level, including WHO, UNICEF, United Nations Population Fund, UNAIDS and the World Food Programme.

#### Service delivery

The Treatment and Research AIDS Center provides leadership in building human resource capacity and development of normative tools and guidance. The National Reference Laboratory, an autonomous institution under the Ministry of State in charge of HIV/AIDS and other epidemics, provides leadership in laboratory services. The Centrale d'Achat des Médicaments Essentiels du Rwanda (CAMERWA), a central autonomous body, is responsible for drug procurement and supply chain management for the public sector. With support from Round 3 of the Global Fund, the Ministry of State has begun to decentralize the overall management of people living with HIV/AIDS, including the expansion of antiretroviral therapy provision at provincial and district hospitals. The provision of antiretroviral therapy is supported by ESTHER (Ensemble pour une Solidarité Thérapeutique Hospitalière en Réseau), Médecins sans Frontières and the United States Agency for International Development. The Treatment and Research AIDS Center also provides leadership in accelerating prevention. Services for preventing mother-to-child transmission are offered at public hospitals and health centres, supported by UNICEF, the United States Agency for International Development, the United States President's Emergency Plan for AIDS Relief, Luxembourg and the Italian Cooperation. In addition, the United States Agency for International Development provides support for training health care personnel in HIV clinical management, expanding voluntary testing and counselling services, and for strengthening laboratory equipment to monitor people on antiretroviral therapy. Luxembourg provides support for managing opportunistic infections and for strengthening laboratory facilities. The Belgian Cooperation provides support for development of the health system. The William J. Clinton Foundation has recently pledged support for drug procurement. Family Health International is actively involved in supporting expansion of services for preventing mother-to-child transmission. WHO provides normative guidance to the national response, including support for training health workers, decentralizing the provision of HIV/AIDS services and strengthening the health system.

#### Community mobilization

The Ministry of Health, the Ministry of State and the National HIV/AIDS Commission lead and manage activities related to community mobilization. Many nongovernmental organizations, both national and international, as well as community-based organizations, United Nations agencies and bilateral partners (including the United States Agency for International Development) provide support to programmes on behavioural change communication, HIV/AIDS counselling, home-based care and overall assistance to people living and affected by HIV/AIDS. The Association Nationale de Soutien aux Personnes Vivant avec le VIH/SIDA (ANSP+) and the Rwandan Network of People Living with HIV/AIDS coordinate the participation of people living with HIV/AIDS. The Association des Veuves du Génocide is undertaking activities to provide home-based care and support at a pilot site. Médecins Sans Frontières supports prevention efforts and the expansion of voluntary counselling and testing services. The United Kingdom Department for International Development provides support for building the capacity of civil society. UNICEF provides support for efforts to raise awareness among young people and to provide psychosocial support to people living with HIV/AIDS.

#### Strategic information

The Treatment and Research AIDS Center and the National HIV/AIDS Commission provide leadership in surveillance and monitoring of the epidemic. The Treatment and Research AIDS Center also provides leadership in operational research. The United States Centers for Disease Control and Prevention provide support to the Treatment and Research AIDS Center in implementing surveillance activities. The Rwanda HIV Reference Group was established in 2005 to coordinate HIV estimations and projections. The group brings together the Treatment and Research AIDS Center, the National HIV/AIDS Commission and WHO in close collaboration and technical assistance with the Futures Group.

## 7. Staffing input for scaling up HIV treatment and prevention

WHO's response so far

- Supporting national authorities in strengthening the health system
- Supporting national authorities in developing a decentralized and integrated approach to HIV prevention, care and treatment
- Providing guidance for developing normative guidelines for managing HIV infection
- Supporting the development of the National Health Sector Strategic Plan for HIV/AIDS 2002-2009
- Supporting the adaptation of WHO Integrated Management of Adult and Adolescent Illness (IMAI) guidelines for HIV and training health workers, especially nurses, in collaboration with Columbia University
- Supporting national authorities in strengthening the management of procurement and logistics of HIV/AIDS drugs and related supplies
- As part of the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS, providing support for increasing access to voluntary counselling and testing, prevention of mother-to-child transmission, strengthening management of opportunistic infections, strengthening syndromic management of sexually transmitted infections and building institutional capacity to improve the coordination of activities to fight HIV/AIDS in pilot sites
- As part of the WHO/Italian Initiative on HIV/AIDS in Sub-Saharan Africa, supporting the re-establishment of a national HIV sentinel surveillance system, expanding the availability of HIV/AIDS services at the decentralized level and improving the clinical management of HIV and opportunistic infections
- Supporting implementation of the Great Lakes Initiative on AIDS, which covers Burundi, the Democratic Republic of Congo, Kenya, Rwanda, Uganda and the United Republic of Tanzania

#### Key areas for WHO support in the future

- Supporting national authorities in strengthening coordination among various partner initiatives in HIV/AIDS prevention, care and treatment
- Supporting national authorities to expand HIV/AIDS services at the decentralized level
- Supporting national authorities in harmonizing monitoring and evaluation of the response to the epidemic
- Supporting capacity-building for managing information systems, including implementing the WHO Service Availability Mapping tool to map and monitor health services in the country
- Supporting training to build human resource capacity
- Strengthening the capacity of the WHO Country Office for Rwanda with the recruitment of an international HIV/AIDS Country Officer

#### Staffing input for scaling up HIV treatment and prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections includes one National Programme Officer for HIV/AIDS and a focal point for implementation of the WHO/OPEC Fund Multi-country Initiative on HIV/AIDS. The recruitment of an international HIV/AIDS Country Officer and a National Medical Officer responsible for TB/HIV is currently underway.