



CDC in Rwanda

The Centers for Disease Control and Prevention (CDC) established an office in Rwanda in 2002 to support HIV/AIDS prevention and control through the U.S. President’s Emergency Plan for AIDS Relief. CDC’s support expanded in 2006 to include interventions for malaria under the U.S. President’s Malaria Initiative. CDC continues to work with Rwanda to build laboratory and workforce capacity, support health systems strengthening for HIV and tuberculosis, and address influenza.

Photo Caption: CDC Rwanda Country Director, Dr. Gene MacDonald, together with Rwanda’s Minister of Health, Dr. Diane Gashumba, with senior MoH/RBC officials during a site visit to the National Reference Laboratory(NRL).



CDC STAFF

- 8 U.S. Assignees
- 32 Locally Employed



AT A GLANCE

- Population: 12,208,407 (2017)
- Per capita income: \$1,990
- Life expectancy at birth: F 69/M 65 years
- Infant mortality rate: 32/1,000 live births

Sources:
World Bank 2018, Rwanda
Population Reference Bureau 2018, Rwanda



TOP 10 CAUSES OF DEATH

1. Lower respiratory infections
2. Neonatal disorders
3. Tuberculosis
4. Diarrheal diseases
5. Stroke
6. Malaria
7. HIV/AIDS
8. Cirrhosis
9. Road injuries
10. Congenital defects

Source:
GBD Compare 2018, Rwanda



HIV and Tuberculosis

HIV is a leading cause of death and a health threat to millions worldwide. As a key implementer of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), CDC works with Rwanda to build a sustainable, high-impact national HIV response program to accelerate progress towards the UNAIDS global targets to control the HIV epidemic.

CDC works with the Rwandan Ministry of Health (MOH) to strengthen HIV prevention interventions, targeted HIV testing and counseling, scale up of optimized antiretroviral treatment (ART), and integration of tuberculosis (TB) and HIV services. CDC also supports laboratory systems strengthening, health informatics, surveillance, and monitoring and evaluation for TB/HIV. CDC focuses on strengthening clinical services to provide comprehensive, integrated clinical HIV prevention and treatment and “one-stop” TB/HIV integrated services at all CDC-supported MOH testing and treatment facilities.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Health Systems Strengthening

CDC supports the MOH in innovative use of electronic health information systems to support the prevention, detection, treatment, and reporting of HIV. Using data from multiple electronic systems, a case-based surveillance system with a national unique patient identifier is being developed to improve understanding of HIV transmission, program performance, and individual health outcomes.

Laboratory Capacity Building

CDC supports laboratory workforce development, infrastructure improvement, and implementation of laboratory quality management and assurance systems and programs. With CDC support, the National Reference Laboratory is working to meet international accreditation requirements and support other laboratories in meeting local certification requirements. CDC is also supporting Rwanda to reduce turnaround times for HIV test results and expand use of laboratory informatics by clinicians.

Field Epidemiology Training Program

CDC Rwanda supports the strengthening of Rwanda's capacities to detect, prepare for, and respond to infectious disease threats such as HIV, Ebola, cholera and typhoid. Through the Field Epidemiology Training Program (FETP), CDC helps to develop national epidemiological capacities needed to improve multi-disease surveillance systems, and use data to address priority health challenges and respond to public health threats. Since inception in 2010, FETP has enrolled five cohorts of 11-16 residents (cumulative enrollment of 70 trainees) who have helped investigate over 48 outbreaks, conducted over 50 surveillance evaluations, and carried out over 50 protocol-based studies on priority topics like HIV/AIDS, malaria, TB and influenza and other outbreak-prone diseases. FETP has also trained over 400 frontline health workers in disease surveillance and outbreak response. In 2019, CDC started to collaborate with the MOH to strengthen Ebola preparedness capacity in response to the outbreak in North Kivu, Democratic Republic of Congo.

Malaria

Malaria is a leading cause of death and disease in many countries, and young children and pregnant women are among the most vulnerable. Under the U.S. President's Malaria Initiative, CDC has assigned a resident advisor to the malaria-endemic country of Rwanda to support the MOH in planning and implementing malaria prevention and control interventions. These include providing long-lasting insecticide-treated nets, rapid diagnostic test kits, and antimalarial medication countrywide; supporting indoor residual spraying in districts with high malaria burden; preventing malaria in pregnancy; enhancing malaria diagnostics and case management; improving surveillance and use of data for decision making; and monitoring and evaluation of malaria-related activities.

Influenza

Influenza viruses are constantly evolving. Continued vigilance is required to protect the United States and the world from seasonal influenza and novel viruses that could trigger a pandemic. CDC works with the Rwanda Biomedical Center's Epidemic Surveillance and Response Division within the MOH to implement influenza-related activities through a cooperative agreement. The cooperative agreement was formed to build and maintain national capacity in routine influenza surveillance, strengthen outbreak preparedness and response, and improve communication exchange on avian and pandemic influenza at national and subnational levels.



CDC IMPACT IN RWANDA



CDC supported the launch of the Rwanda population-based HIV impact assessment survey, in October of 2018. This national survey will estimate Rwanda's progress toward achieving UNAIDS 90-90-90 goals by year 2020.



Rwanda achieved 92% viral load suppression among people living with HIV in 2018.



51% (over 117,000) of all HIV positive adult and children receive antiretroviral treatment through PEPFAR implementing partners.



88% success rates in TB treatment by mid-2018. An increase from 58% in 2003.

For more country information, visit:
www.cdc.gov/globalhealth/countries/rwanda

For more information, please contact:

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