

CDC in RWANDA

Factsheet



HHS Funding: \$52 million (FY10)
Staffing: 7 US Direct Hires
8 Fellows / Contractors
33 Rwandan staff

Impact in Rwanda

46,300 individuals are receiving antiretroviral therapy with PEPFAR support¹

76% of eligible HIV+ adults nationally are receiving antiretroviral therapy²

861,700 people received HIV counseling and testing results in 2009¹

5,000 HIV-positive pregnant women received a full course of antiretroviral prophylaxis in PMTCT settings in 2009¹

68% of eligible HIV+ pregnant women nationally are receiving antiretroviral prophylaxis²

1,462,400 insecticide-treated nets procured through PMI³

7,672 health care workers trained in 2009 on malaria treatment³

¹ PEPFAR-Rwanda Annual Performance Report

² HIV and AIDS in Rwanda 2009 Epidemiologic Update

³ PMI-Rwanda Country Profile 2010

The Centers for Disease Control and Prevention (CDC) office in Rwanda was established in 2002 with support from the US President's Emergency Plan for AIDS Relief (PEPFAR) and the CDC Global AIDS Program. In 2006 the President's Malaria Initiative (PMI) and influenza programs were added. New projects on non-communicable diseases are being initiated. CDC-Rwanda has 34 staff members who specialize in epidemiology, laboratory, HIV prevention, care and treatment, health policy, surveillance and informatics, and program management, monitoring and evaluation. CDC-Rwanda staff are co-located in the US Embassy and Rwandan Ministry of Health (MOH).

Top 10 Causes of Deaths in Rwanda (2008)

1. Malaria	15.1 %	6. Cerebrovascular disease	5.9 %
2. Acute respiratory infections	13.7 %	7. Tuberculosis	3.8 %
3. HIV/AIDS	8.0 %	8. Malnutrition	3.3 %
4. Diarrheal diseases	7.2 %	9. Physical trauma	3.2 %
5. Premature birth	6.3 %	10. All other diseases	33.5 %

Source: Rwanda National HMIS Database

President's Malaria Initiative

The goal of President's Malaria Initiative (PMI) is to reduce malaria deaths by 50% in 15 countries in Africa by reaching 85% of the most vulnerable groups – principally pregnant women and children under 5 years of age – with lifesaving services, supplies, and medicines. PMI coordinates with national malaria control programs and international partners, including the World Health Organization; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank Malaria Booster Program; the Roll Back Malaria partnership; the Bill and Melinda Gates Foundation; NGOs; and the private sector. In support of Rwanda's National Malaria Control Program, PMI backs four key intervention strategies to prevent and treat malaria:

- Provision of long lasting insecticide-treated mosquito nets (ITNs);
- Indoor residual spraying (IRS) in targeted malaria high risk areas;
- Prompt and effective case management with use of Artemisinin-based combination therapy (ACT); and
- Prevention of malaria in pregnancy.

CDC supports a PMI technical advisor to assist the Rwanda MOH in the planning and implementation of these strategies. PMI activities commenced in Rwanda in 2007 and are now in the third year of implementation.

Influenza

Influenza activities are carried out through a CDC cooperative agreement with the Center for Treatment and Research on AIDS, Malaria, Tuberculosis and Other Epidemics (TRACPlus) within the Rwanda MOH. CDC supports TRACPlus 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.





PEPFAR: HIV/AIDS and Public Health Systems Strengthening

Over the past several years CDC-Rwanda has helped strengthen the scope, quality, and sustainability of HIV services at the district and community levels. Rwanda has achieved one of the highest national antiretroviral treatment (ART) coverage rates in sub-Saharan Africa, reaching an estimated 76% of those in need in 2009. Rwanda Ministry of Health projects to extend treatment services to 89% of all HIV-infected people in need by December 2011.

Other priority areas for CDC-Rwanda include prevention of mother-to-child transmission (PMTCT) and reduction of HIV transmission in discordant couples through the provision of couples HIV counseling and testing. Through the leadership of the MOH and the technical and financial support of CDC, the availability of PMTCT services has increased significantly. As of May 2010, 375 sites (73% of all health care facilities) in Rwanda were providing PMTCT services, with a national acceptance rate for HIV testing of 98.3% among pregnant women receiving antenatal care. Over 80% of partners who accompanied women to antenatal care services for PMTCT were also tested for HIV. Nationally, partner testing has increased from 13% in 2003 to 84% in September 2009.

Rwanda at a Glance

Population: 11,055,976¹

GNI per capita (PPP\$): \$1,060²

Life expectancy at birth women/men: 59 /56 yrs³

¹ US Census Bureau International Database, 2010

² World Bank GNIPC Estimates and Rankings, 2009

³ UNICEF State of the World's Children, 2009

In 2009, CDC-Rwanda began transitioning the management of clinical services from international NGOs to the Rwanda MOH. A Transition Task Force was created under the joint leadership of the Rwanda MOH and the US government. A limited number of sites were selected and transferred over to the Rwanda MOH in March 2010. Rigorous monitoring and support from the MOH, CDC, and international implementing partners are ongoing in order to ensure the continued quality of services at these sites.



With PEPFAR support, CDC also strengthens Rwandan health systems through cooperative agreements with the National Reference Laboratory, National Blood Transfusion Center, the Ministry of Health, and TRACPlus. CDC-Rwanda staff and implementing partners also provide focused technical assistance in health information systems, surveillance, operational research, and surveys.

In addition, CDC supports the Field Epidemiology and Laboratory Training Program (FELTP) through its cooperative agreements with TRACPlus and the School of Public Health. In 2009, two short courses were attended by 70 participants from district health facilities. The 2-year Master's degree course was offered in May 2010 and the first cohort includes 14 residents from a variety of Rwandan government institutions. As of July 2010 FELTP residents have investigated outbreaks of measles, cholera, and malaria.



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