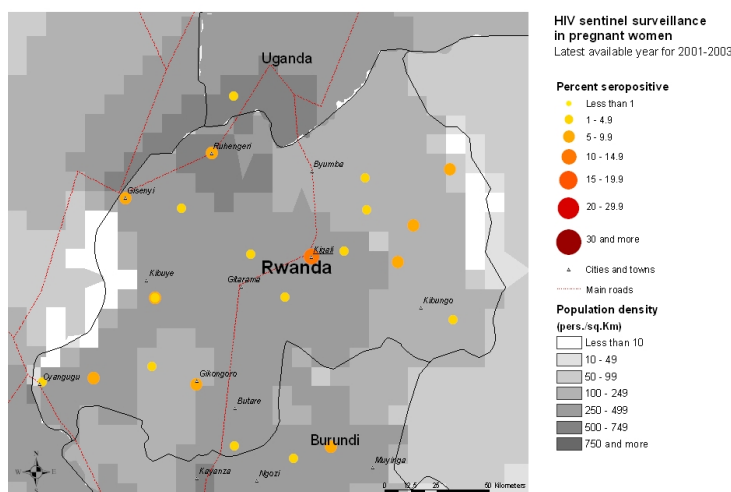


WHO estimate of number of people requiring treatment - end 2004: 39 000  
 Antiretroviral therapy target declared by country: 32 973 by the end of 2005



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



## 1. Demographic and socioeconomic data

## 2. HIV indicators

	Date	Estimate	Source
Total population (millions)	2004	8.5	United Nations
Population in urban areas (%)	2003	17.7	United Nations
Life expectancy at birth (years)	2002	44.3	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	2002	0.431	UNDP

	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 (15-49 years)	March 2005	10 346	WHO/UNAIDS
Estimated total number needing antiretroviral therapy in 2004	Dec 2004	39 000	WHO/UNAIDS
HIV testing and counselling sites: number of sites	March 2005	150	Ministry of Health
HIV testing and counselling sites: number of people tested at all sites		not available	
Prevalence of HIV among adults with tuberculosis (15-49 years)	2002	36.9%	WHO

## 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 the adult prevalence rate is in the range of 4% to 11%. 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) co-infection 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. 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. As of March 2005, 150 sites were providing services for voluntary counselling and testing and prevention of mother-to-child transmission.

**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 treatment at the lowest possible cost.

**Assessment of overall health sector response and capacity**  
 In March 2001, Rwanda established a National HIV/AIDS 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. Political commitment to fight the epidemic is high, as demonstrated by the establishment of the National HIV/AIDS 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. Efforts are ongoing to 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.

**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 procurement, storage and management of medical supplies need to be strengthened further. 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. A number of 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.

SUMMARY COUNTRY PROFILE FOR HIV/AIDS TREATMENT SCALE-UP



#### 4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004-2005

- WHO estimates that between US\$ 49.7 and US\$ 90.21 million is 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).
- Of government resources, an estimated US\$ 6 million is anticipated to be available for scaling up treatment during 2004-2005.
- 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. 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 and two-year approved funding of US\$ 8.4 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. Of the total Global Fund resources, an estimated US\$ 8.6 million is anticipated to be available for scaling up treatment during 2004-2005.
- The United States President's Emergency Plan for AIDS Relief is expected to provide up to US\$ 11.6 million during 2004-2005 in support of scaling up treatment in Rwanda.
- Rwanda is 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.
- An estimated US\$ 3.7 million is anticipated to be available for scale-up from multilateral partners during 2004-2005 and US\$ 13 million from bilateral partners.
- Taking into account the funds committed to date, WHO estimates that Rwanda will face a funding gap of between US\$ 6.4 and US\$ 46.9 during 2004-2005 to reach 18 000 people by the end of 2005.

#### 5. Antiretroviral therapy 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 2004, WHO/UNAIDS estimated that the need in Rwanda had risen to 39 000 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.
- The Government of Rwanda has 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.
- In April 2005, the Clinton Foundation pledged additional financial support for the procurement of antiretroviral drugs.

#### 6. Implementation partners involved in scaling up antiretroviral therapy

##### 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 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.

##### Antiretroviral therapy 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 management of opportunistic infections and for strengthening laboratory facilities. The Belgian Cooperation provides support for development of the health system. The Clinton Foundation has recently pledged support for drug procurement.

##### 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 Network of People Living with HIV/AIDS coordinate the participation of people living with HIV/AIDS. 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 AIDS.

##### Strategic information

The Treatment and Research AIDS Center and the National HIV/AIDS Commission provide leadership in surveillance and monitoring of the epidemic. They collect information for partners involved in scaling up antiretroviral therapy. 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.

#### 7. WHO support for scaling up antiretroviral therapy

##### 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
- Supporting the adaptation of WHO Integrated Management of Adult and Adolescent Illness guidelines for HIV and training health workers
- 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
- 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
- Supporting the development of a proposal for Round 5 of the Global Fund

##### 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 in harmonizing monitoring and evaluation of the response to the epidemic

##### Staffing input for scaling up antiretroviral therapy and accelerating prevention

- Current WHO Country Office staff responsible for HIV/AIDS and sexually transmitted infections include 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 "3 by 5" Country Officer and a National Medical Officer responsible for TB/HIV is currently under way.