



U.S. Agency for  
International  
Development

Bureau for  
Global Health

# COUNTRY PROFILE

HIV/AIDS

## RWANDA

Rwanda is one of the least developed nations in the world, ranking 152 out of 162 in the United Nations Development Programme's Human

Development Index. Rwanda is also one of nine African countries hardest hit by the HIV/AIDS epidemic. At the end of 2001, according to UNAIDS, an estimated 500,000 Rwandans were living with HIV/AIDS. Of those who are infected with HIV, nearly 50 percent are women and 13 percent are children under 15. The epidemic has had a significant effect on the country's life expectancy: As of 2002, it stood at 39.5 years. In the absence of AIDS, life expectancy is estimated to have been 51.5 years.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	500,000
Total Population (2002)	8.1 million
Adult HIV Prevalence (end 2001)	8.9%

Source: UNAIDS

In 1994, Rwanda attracted worldwide attention as a war and genocide led to the deaths of approximately 800,000 people. Since the war, the population has become increasingly mobile, with large segments of the population moving to the cities, particularly Kigali. Approximately 38 percent of households are headed by women and thousands of children are growing up with neighbors, relatives, or on the street, where they may be vulnerable to sexual and other abuses.

The 2002 census showed a gender ratio of 91 men for every 100 women in the general population and 120 men to every 100 women in the capital city of Kigali. The male deficit has worsened largely as a result of higher male mortality and male outmigration during the period of the war and genocide. Millions of people crossed the borders to crowded, unhealthy refugee camps; most have since returned. In the intervening eight years, Rwanda has been rebuilding the foundation of basic services to its citizens in the context of these many challenges.

Factors contributing to the spread of HIV/AIDS in Rwanda include economic hardship and civil strife, high rates of multiple sex partnering, widespread availability of commercial sex, low condom use, and resistance to open discussion about sex. Additionally, low literacy rates pose barriers to implementation of HIV/AIDS education campaigns.



Map of Rwanda: PCL Map Collection, University of Texas

Data from a few small-scale studies in the late 1990s indicate HIV infection rates of up to 30 percent among pregnant women in the capital, Kigali. More recent data suggest that rural seroprevalence ranges between 2 percent and 7 percent. HIV prevalence rates among men seeking treatment for sexually transmitted infections were as high as 55 percent in various surveys.

In the wake of civil strife in Rwanda, people living in refugee camps endured overcrowding, violence, poverty, and despair—conditions that often led to unprotected sex. Rape—inside and outside refugee camps—has also played a part in spreading HIV

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in Rwanda. Some 3.2 percent of women surveyed by UNAIDS after the war reported being raped. Of this group, more than 50 percent were HIV-positive.

Extremely low rates of condom use have caused alarm among officials trying to stem Rwanda's AIDS epidemic. The 2000 Rwanda Demographic and Health Survey found only 0.4 percent of women and 1.8 percent of men reported having used a condom with their most recent sexual partner during the preceding month. While most respondents had heard of AIDS, 65 percent of men and 37 percent of women identified condoms as an HIV prevention method.

High rates of mother-to-child transmission of HIV have led the Rwandan government to introduce prevention of mother-to-child transmission programs in more than 30 hospitals and health centers, and to counsel mothers to breastfeed exclusively during the first six months after birth. Despite this effort, by 2015, AIDS is expected to increase the country's already high infant mortality rate of 107 per 1,000 live births. A joint report by the U.S. Agency for International Development (USAID), UNAIDS, and UNICEF estimated that 264,000 children orphaned by AIDS were living in Rwanda at the end of 2001.

## **National Response**

In mid-2002, Rwanda released a new Strategic Plan for HIV/AIDS, 2002–2006, which addresses the full spectrum of HIV/AIDS prevention, mitigation, and care and treatment. The plan was prepared in a participatory fashion with input from Rwandan public officials, nongovernmental organizations, people living with HIV/AIDS, church groups, youth clubs, women's organizations, and private sector groups. The cost of the five-year program is estimated at \$68.6 million.

The plan's key strategies aim to:

- Strengthen preventive measures by promoting multisectoral information, education, and communication activities; expand availability of voluntary counseling and testing services; promote condom use; reinforce management of sexually transmitted infections; ensure security of blood transfusions; and prevent mother-to-child transmission of HIV;
- Expand care and treatment by providing psychosocial and medical support to those affected by HIV/AIDS; and
- Carry out supportive activities, including research, training and capacity building, and enhanced coordination.

In 2002, the National Commission Against AIDS and the Treatment and Research AIDS Center, based in the Ministry of Health, assumed responsibility for implementing Rwanda's national HIV/AIDS strategy. The National Commission Against AIDS is mandated by the President to integrate all sectors in the national response to AIDS. The Treatment and Research AIDS Center focuses on HIV/AIDS surveillance, treatment of sexually transmitted infections, voluntary HIV counseling and testing, prevention of mother-to-child transmission of HIV, and clinical care and support.

## **USAID Support**

USAID provided \$6.5 million in HIV/AIDS assistance to Rwanda in 2002, up from \$5.1 million in 2001. The current USAID strategy in Rwanda includes an emphasis on improving the availability of quality, decentralized HIV/AIDS services in targeted regions, and improving knowledge and perceptions related to HIV/AIDS.

USAID supports the following country programs:

### ***Antiretroviral treatment***

In early 2003, USAID/Rwanda launched a pilot program to provide a small number of HIV-positive patients with anti-retroviral treatment. The program, currently implemented at two medical centers, trains Rwandan physicians in HIV clinical management, including antiretroviral therapy; trains medical staff to administer antiretroviral therapy and ensure treatment compliance; counsels patients on compliance; and upgrades laboratory equipment to enable monitoring of patients on antiretroviral therapy. USAID expects to treat 250 HIV-positive Rwandan clients by 2004.

## ***Behavior change***

USAID/Rwanda has worked with Catholic and Protestant church networks to develop a series of HIV/AIDS messages and discussion guides. The Mission has also implemented a youth-oriented media campaign to “Break the Silence” about HIV/AIDS through football tournaments, town meetings, music concerts, and materials design. In 2002, USAID-supported HIV/AIDS peer-education programs exceeded targets and reached more than 79,000 Rwandan youth. Most recently, in collaboration with the office of the First Lady and the National Youth Council, USAID is supporting a live call-in radio program on AIDS, reconciliation, and general development issues related to youth with targeted support for youth listening clubs in the country.

## ***Capacity building***

Since 2000, USAID/Rwanda and the Centers for Diseases Control and Prevention have provided direct support to the National AIDS Control Program and the Ministry of Health to strengthen capacity to provide technical and policy guidance on HIV/AIDS activities throughout Rwanda. The Mission also supported several major studies to provide essential information on sexual behavior and perceived personal risk for HIV, including the Demographic and Health Survey, the behavioral surveillance survey, and a situation analysis of health facilities in target zones for HIV/AIDS interventions. The Centers for Disease Control and Prevention is supporting the Ministry of Health’s implementation of sentinel surveillance of HIV/AIDS at 25 antenatal clinics in rural and urban settings.

USAID is currently working with the umbrella organization of local associations of persons living with HIV/AIDS to reinforce their capacity to advocate for rights of persons living with HIV/AIDS, and promote community support for families affected by HIV/AIDS through home-based care.

## ***Care and support***

USAID programs support the Rwandan Ministry of Health and Ministry of Social Affairs in protecting children made vulnerable by HIV/AIDS. Programs provide training in appropriate care and counseling to caregivers of unaccompanied children and to some of the 30 percent of households headed by children in Rwanda. Another USAID initiative supports policy and technical guidance to the Ministry of Social Affairs to protect the rights and well-being of children affected by HIV/AIDS.

The Mission supports local nongovernmental organizations in developing activities to support people living with HIV/AIDS with psychosocial counseling. The Mission also provides food aid to children affected by HIV/AIDS. By 2004, USAID will extend HIV/AIDS care and support services to 9,750 individuals and 1,750 orphans and vulnerable children.

## ***Military***

In 2001, USAID supported three activities targeted at Rwanda’s military: an “HIV and the Military Town Meeting,” with call-in questions from six brigades nationwide; a behavior change communication campaign entitled “A Hero is Always Prepared” to promote condom use; and establishment of a voluntary counseling and testing center at a military hospital.

## ***Prevention of mother-to-child transmission***

USAID has worked with UNICEF to finalize protocols for expanding prevention of mother-to-child transmission services throughout Rwanda, and recently supported programs in seven health facilities. The Mission also provides ancillary outreach and community-support activities to create a holistic program of prevention and treatment at centers for prevention of mother-to-child HIV transmission. By the end of 2004, USAID will fund mother-to-child prevention services in at least 24 sites in Rwanda.

## ***Sexually transmitted infection management***

USAID has supported the development of the national guidelines for syndromic management of sexually transmitted infections, and currently supports supervision and evaluation activities in five provinces. Programs also provide training to health care workers in management of sexually transmitted infections.

## ***Voluntary counseling and testing***

From 2001 to 2002, USAID-supported voluntary counseling and testing centers in Rwanda increased from 12 to 16, serving more than 66,000 clients. The Mission supports development and adaptation of simple protocols and standards for voluntary counseling and testing activities, including a standardized curriculum for counselor training. Additional programs provide training for counselors and laboratory technicians to ensure technical quality control supervision at center sites.

## **For More Information**

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USAID HIV/AIDS Web site, Rwanda:  
[http://www.usaid.gov/pop\\_health/aids/Countries/africa/rwanda.html](http://www.usaid.gov/pop_health/aids/Countries/africa/rwanda.html)

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*For more information, see [www.usaid.gov/pop\\_health/aids/](http://www.usaid.gov/pop_health/aids/) or [www.synergyaids.com](http://www.synergyaids.com).*

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