

Rwanda turning tide on HIV/AIDS

Rwanda appears to be stemming the tide of the HIV/AIDS epidemic as health experts report that the HIV prevalence rate in this small East African nation has fallen below 3% from a staggering 13% in the 1990s.

The country has “dramatically” reduced the burden of HIV/AIDS by scaling up education and awareness programs, prevention activities and access to treatment, says Dr. Placidie Mugwaneza, head of HIV prevention at TRAC Plus, the nation’s centre for infectious disease control.

The first case of HIV in Rwanda was reported in 1983. Just three years later, with a national HIV prevalence of more than 17% among urban populations, Rwanda was one of the African

nations hardest hit by the epidemic (www.usaid.gov/our_work/global_health/aids/Countries/africa/rwanda.pdf).

Much of the country’s health infrastructure was gutted during the 1994 genocide (in which an estimated 20%, or 800 000, of the Tutsi population was massacred by the Hutu regime), and widespread rape caused HIV infection to spread rapidly, particularly in “squalid, violent” refugee camps (www.moh.gov.rw/index.php?option=com_docman&task=doc_download&gid=137&Itemid=14).

Today, the country’s adult HIV prevalence rate has dropped to less than 3%, or about half the rate of other East African nations such as Uganda and Kenya, down from 13% in 2000, says Dr. Anita Asimwe, executive secretary

of Rwanda’s National AIDS Control Commission.

Rates of new HIV infections and AIDS deaths also decreased in the same period, she adds. “Quite a lot has been done to be able to achieve this,” not least the “massive sensitization of the population to understand the HIV epidemic, and be able to take preventative measures.”

“Most people are now aware there is an HIV/AIDS epidemic in our country, and understand both how they can contract and prevent HIV/AIDS,” Asimwe explains.

The expansion of preventive testing and counselling services has played a “critical role,” she says. “Back in 2000, barely any health facilities offered voluntary counselling and testing services,



Reuters/Lucas Jackson

Paul Kagame, president of the Republic of Rwanda, updates the United Nations General Assembly about his country’s advances in treating AIDS while speaking at the 2011 High Level Meeting on AIDS at the UN Headquarters in New York City, New York, in June.

but now more than 85% of the health facilities across the country offer these services to Rwandans.”

Some 417 Rwandan health facilities now provide voluntary counselling and testing services, up from just 15 in 2001 (www.moh.gov.rw/index.php?option=com_docman&task=doc_download&gid=223&Itemid=14). Testing has become far more commonplace among Rwandan couples, rising to 84% in 2009, from 13% in 2003.

Services for preventing mother-to-child transmission of HIV have also been scaled up, with the number of facilities offering dedicated mother-to-child-transmission prevention services having mushroomed to 382 in 2010 from 11 in 2001.

Some 98% of pregnant women who receive antenatal care are now tested for HIV, and 90% of HIV-infected pregnant women receive antiretroviral drugs to prevent transmission to their newborns, says Mugwaneza. As a result, mother-to-child transmission rates decreased to 2.3% in 2010 from 30.5% in 2001. HIV prevalence among pregnant women dropped to 2.6% from 9.1% over the past decade.

Moreover, Rwanda has now achieved one of the highest coverage rates of antiretroviral therapy in Africa, with more than 97% of those who are eligible for the therapy receiving it. As of 2007, Rwanda boasted 150 antiretroviral therapy centres and, for most patients, treatment is free.

Although more than three-quarters of Rwandans now live within five kilometers of a health facility, gaps in coverage remain, Asiimwe says. “There are still, for example, Rwandans who have to travel quite a distance to get to the facilities that offer these services.”

Many Rwandans, particularly in urban areas, also continue to engage in risky behaviours, she adds. To achieve an “HIV-free generation,” Rwandans must “take full responsibility for their sexual health and not leave the fight against HIV/AIDS to national programs and institutions.” — Lauren Vogel, *CMAJ*

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