TRAC *Plus*

Center for **T**reatment and **R**esearch *on **A**IDS, **M**alaria, **T**uberculosis and **O**ther **E**pidemics*

East Africa Community HIV Prevention Experts Think Tank Meeting

Rwanda Country Presentation

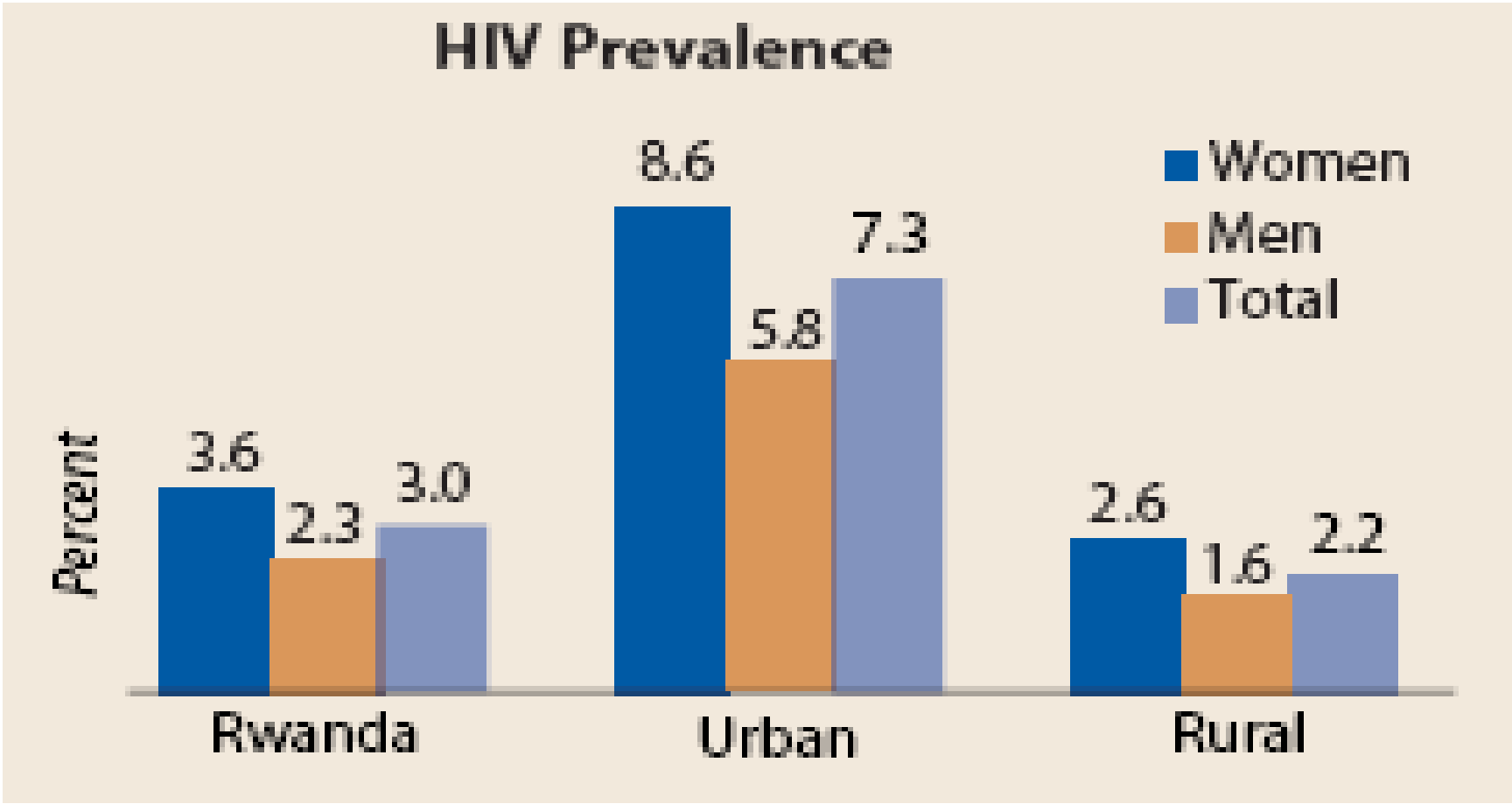
24 February 2009, Nairobi

United Nations RWANDA
Unity in Diversity

RWANDANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS

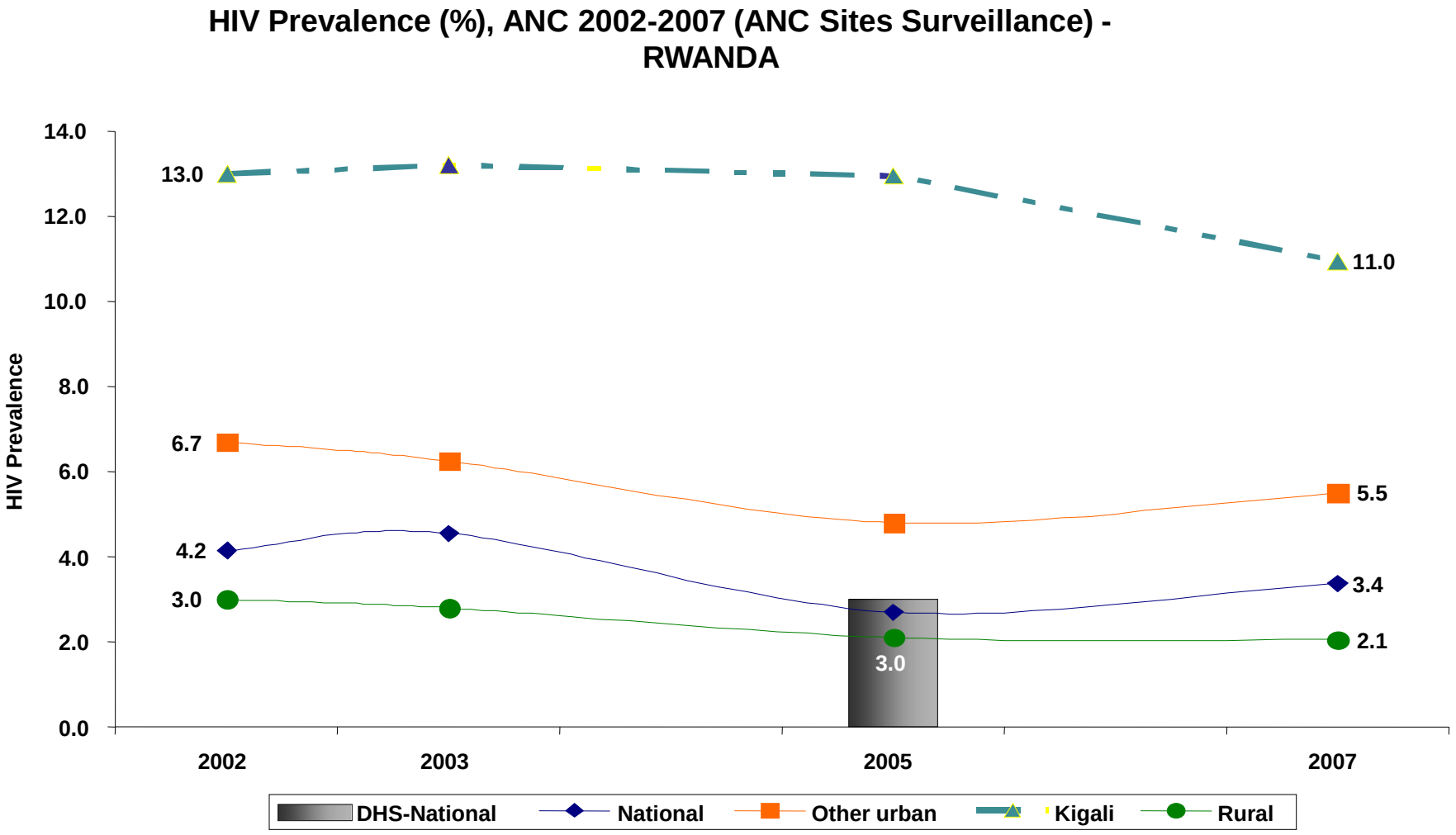
Update on the epidemic situation in Rwanda

Rwanda has a generalized HIV epidemic (DHS 2005)



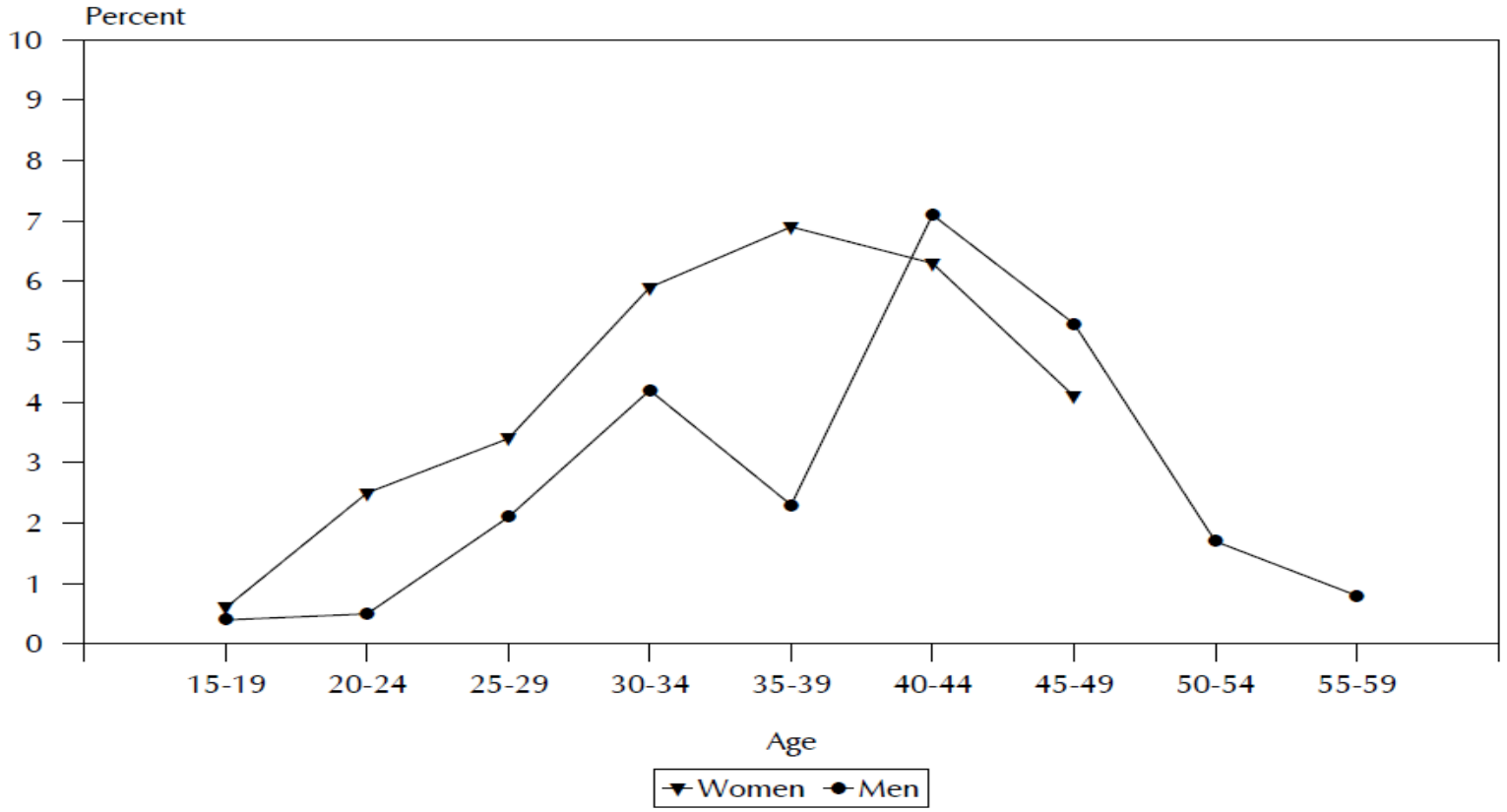
Significant Urban-Rural differences

RDHS 2005: great variation between urban areas (7.3%) and rural areas (2.2%)



Disparity in Age and Sex HIV Prevalence

- From DHS 2005: There is age prevalence disparity between men and women



- Age/Sex distribution of HIV prevalence probably suggests that younger women may be infected by older men

National data on behaviors

Self- Reported STI

In 2000, STI Self Report by Women (2.7%), compared to (5.0%) – Whereas, men STI Self Report in 2000 (2.1%), and in 2005 (2.7%)

Behaviors

2+ partners in last 12 months

Women (0.6%), Men (5.1%)

Condom use at last high-risk sex

Women (19.7%), Men (40.9%)

Ever Tested

Women 2000 (4.8%) 2005 (24.2%), Men 2000 (7.1%), 2005 (21.9%)

Youth: First Sex before age 18

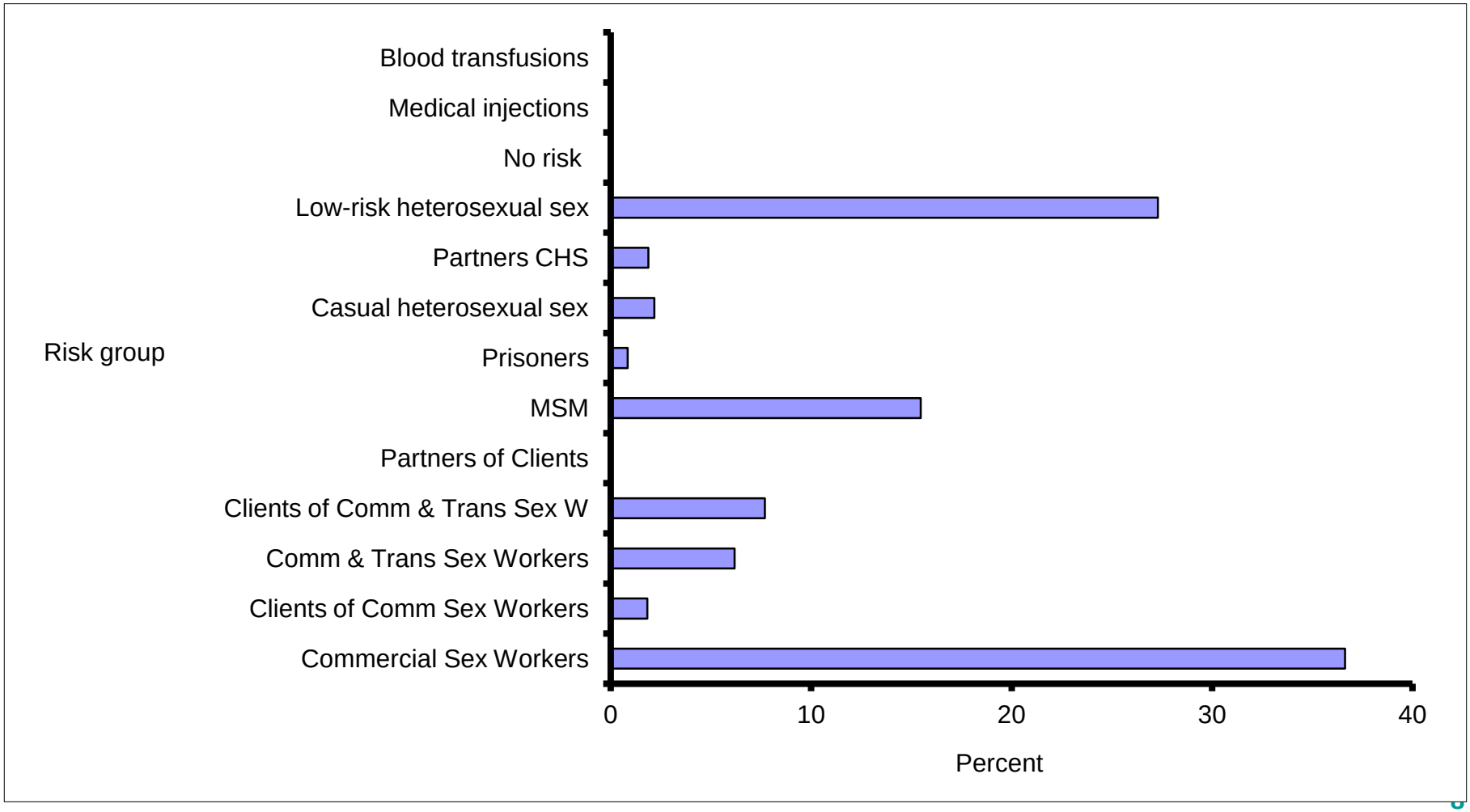
Women (17.6%), Men (27.2%)

There is no evidence for improved knowledge since 2005. Forthcoming DHS and BSS should provide more answers

Key drivers of the epidemic

Modes of Transmission Model

Medium size estimates



Key drivers of the epidemic

Discordant Couples

- 2.2% of couples are discordant in general population, greater number with positive men (RDHS). 12% of couples tested in CVCT Kigali (PSF) and 2.7% in PMTCT (national)
- From DHS modelling of data published, **55·1% to 92·7%** of new infections in Rwanda occur within serodiscordant cohabiting relationships (Lancet article, 2008, 371: 2183-2191)

Key drivers of the epidemic (cont'd)

Women Sex Workers

- Prevalence 19.2%, PSI 2007; 16.4% PSI 2008 (mobile VCT)
- Only 36.2% had comprehensive knowledge of HIV
- No special health/prevention services

Youth

- Overall low prevalence; women>men (3.9%>1.1 % urban; 1%>0.3 %rural)
- Low and decreasing condom utilization (lower for females) and increased high risk intercourse in past 12 months
- Youth have different categories, different high risk situations (youth out of school, child headed houses, vulnerable employments…etc)

Key drivers of the epidemic (cont'd)

Prisoners

- Mobile VCT prevalence declined from 10% in 2006 to 4% in 2007; remains static (4%) as of July 2008.
- Condoms are contraband, poor condom knowledge
- MSM for food, security, power, no alternative partner
- While outside the prison, work team engage in transactional sex, with own partners
- Since 2008, HIV program coverage in prisons

Truckers

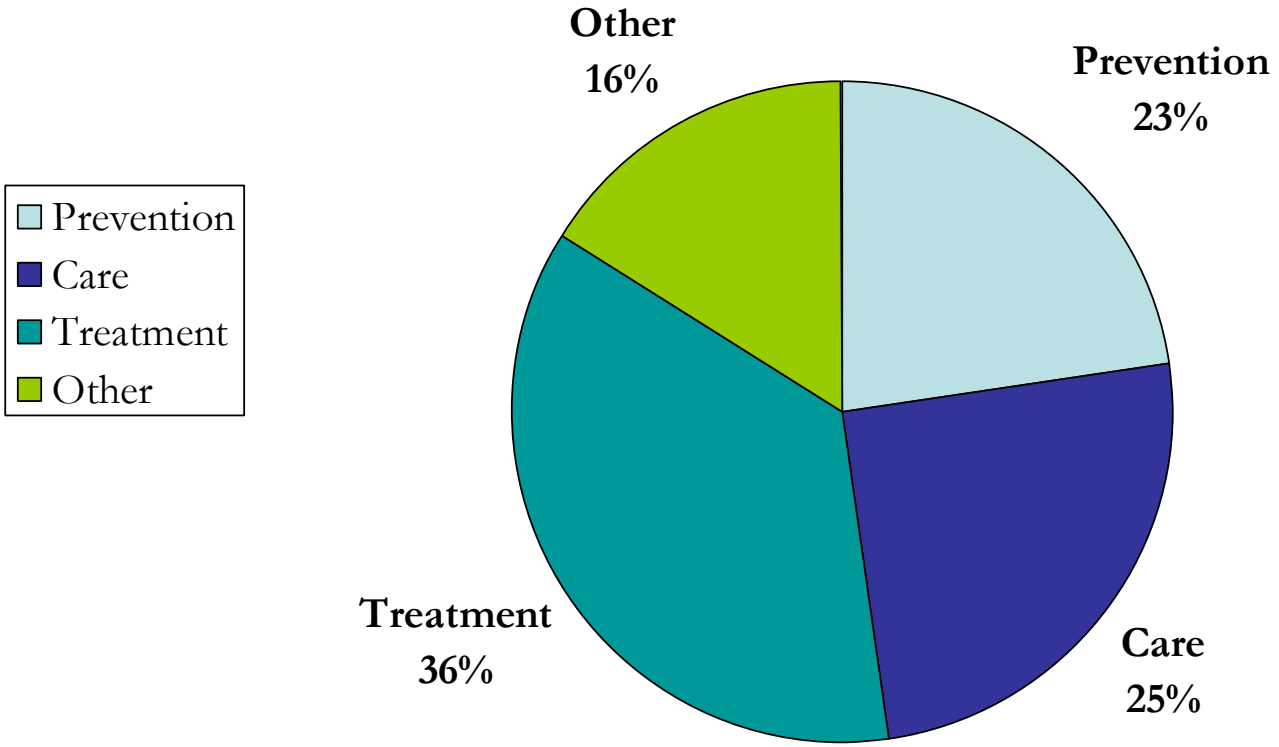
- Prevalence higher than general population 17.4% (2007; mobile VCT; PSI) vs. 6.9% (2008; mobile VCT; PSI)
- Interaction between truck drivers and sex workers decreasing (BSS 2006)
- Many interventions carried out

The National Responses to HIV Prevention and Budget Allocations

National AIDS Spending Assessment

Spending category by NSP Axis	Indicative Expenditures 2005	Real amount spent 2006	Indicative budgets/ declared Expenditures 2007	Indicative budgets/declared exp. 2008
Prevention programmes	**19,694,545 (23%)**	**20,944,419 (24%)**	**35,461,168 (25%)**	**41,415,987(21%)**
Treatment and care components	31,674,758	27,227,955	75,923,495	115,271,517
Coordination	20,019,669	26,524,292	16,813,456	22,667,158
Impact Mitigation	11,536,992	12,708,434	13,755,288	16,635,219
Surveillance	2,068,661	486,880	0	0
Total	**84,994,625**	**87,891,981**	**141,953,407**	**195,989,881**

Prevention Funding in relation to other Program areas (e.g. Proposed COP 09 Funding by PEPFAR in Rwanda)



EABC (IEC / behaviour change)

Implementation of programmes

- Number of people trained to deliver IEC/BCC

People trained	**2006**	**2007**
Total people trained on « Abstinence and Be Faithful » only (and % in relation to total trained)	13,513 (82%)	20,228 (89%)
Total people trained	**16,396**	**18,989**

- Number of people reached by different prevention

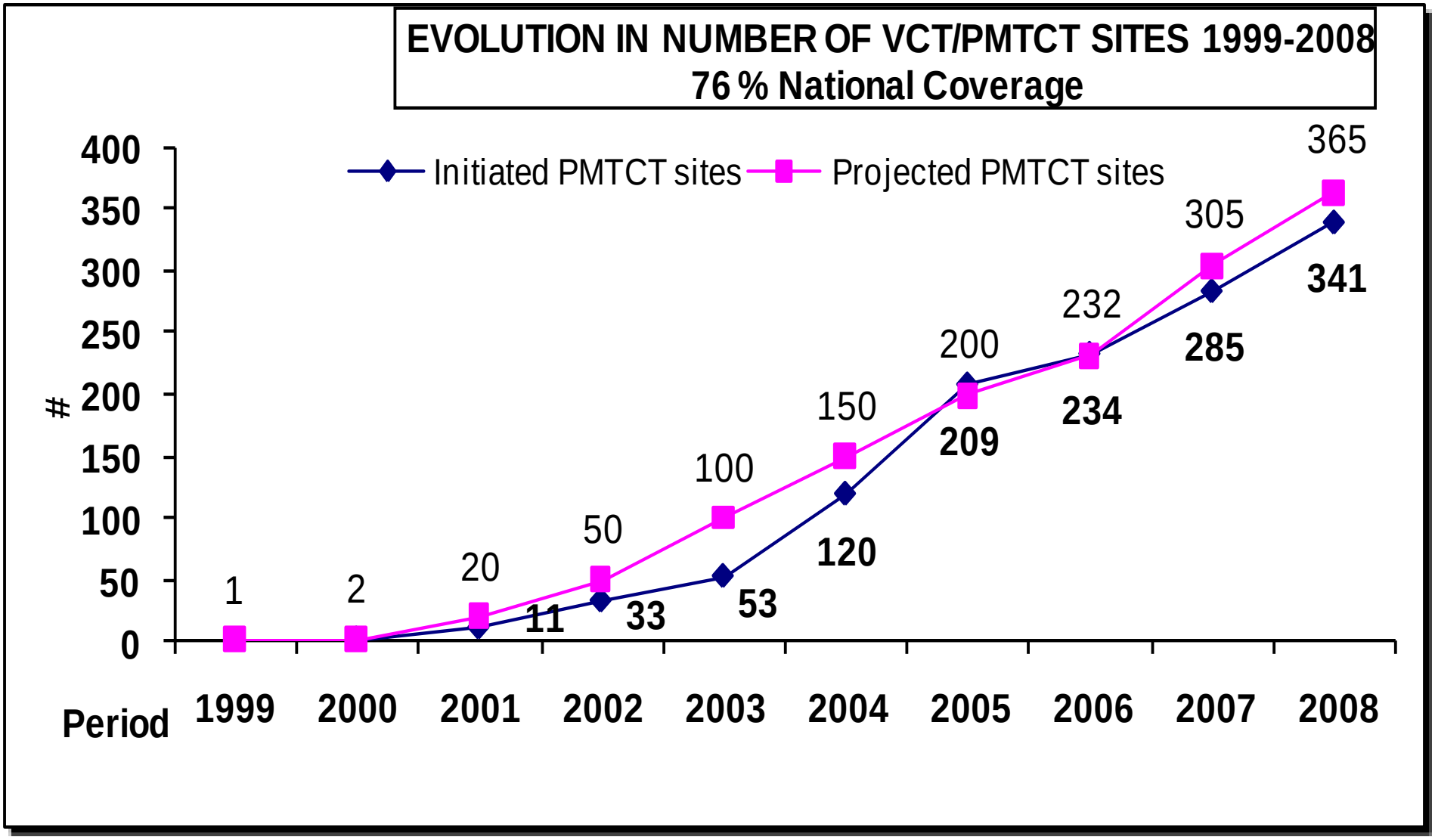
People reached	**2006**	**2007**	**Jan-June 2008**
Total people reached by outreach/CCC methods	912,288	1,947,687	>1,534,580

Increase access to and use of condoms

Implementation of programmes

- Condoms distributed through commercial sector, social marketing (subsidised) and for free, the latter in particular in workplaces

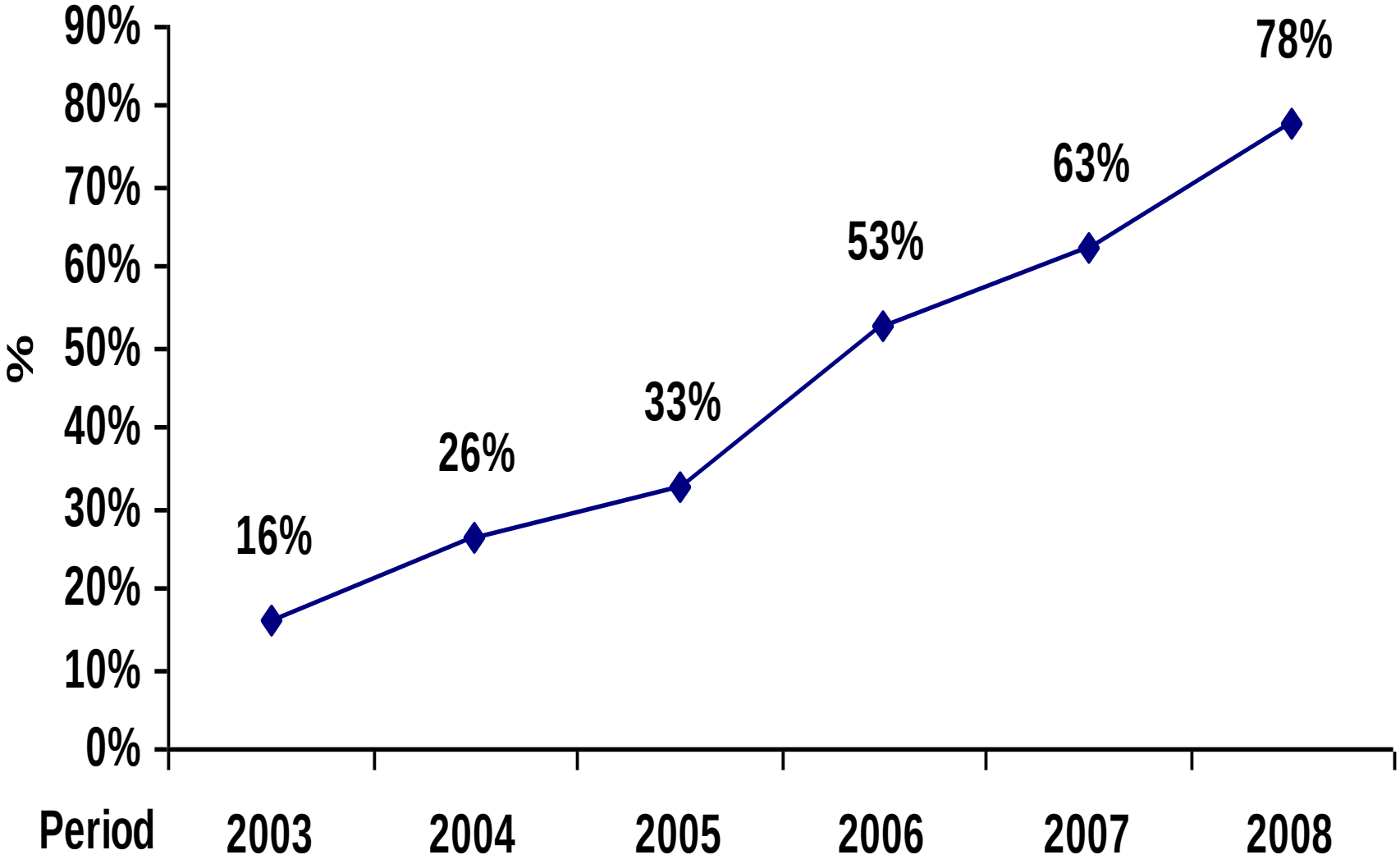
Condom programming situational analysis report, 2008	**2006**	**2007**	**2008**
Sold (social marketing)	9,979,100	7,508,400	7,552,900
Distributed through public sector	833,900	1,649,300	4,561,500
Total male condoms distributed	**10,813,000**	**9,157,700**	**12,114,400**
Number sold as a percentage of total	*92%*	*82%*	*69%*
Female condoms: less than 5000 per year			



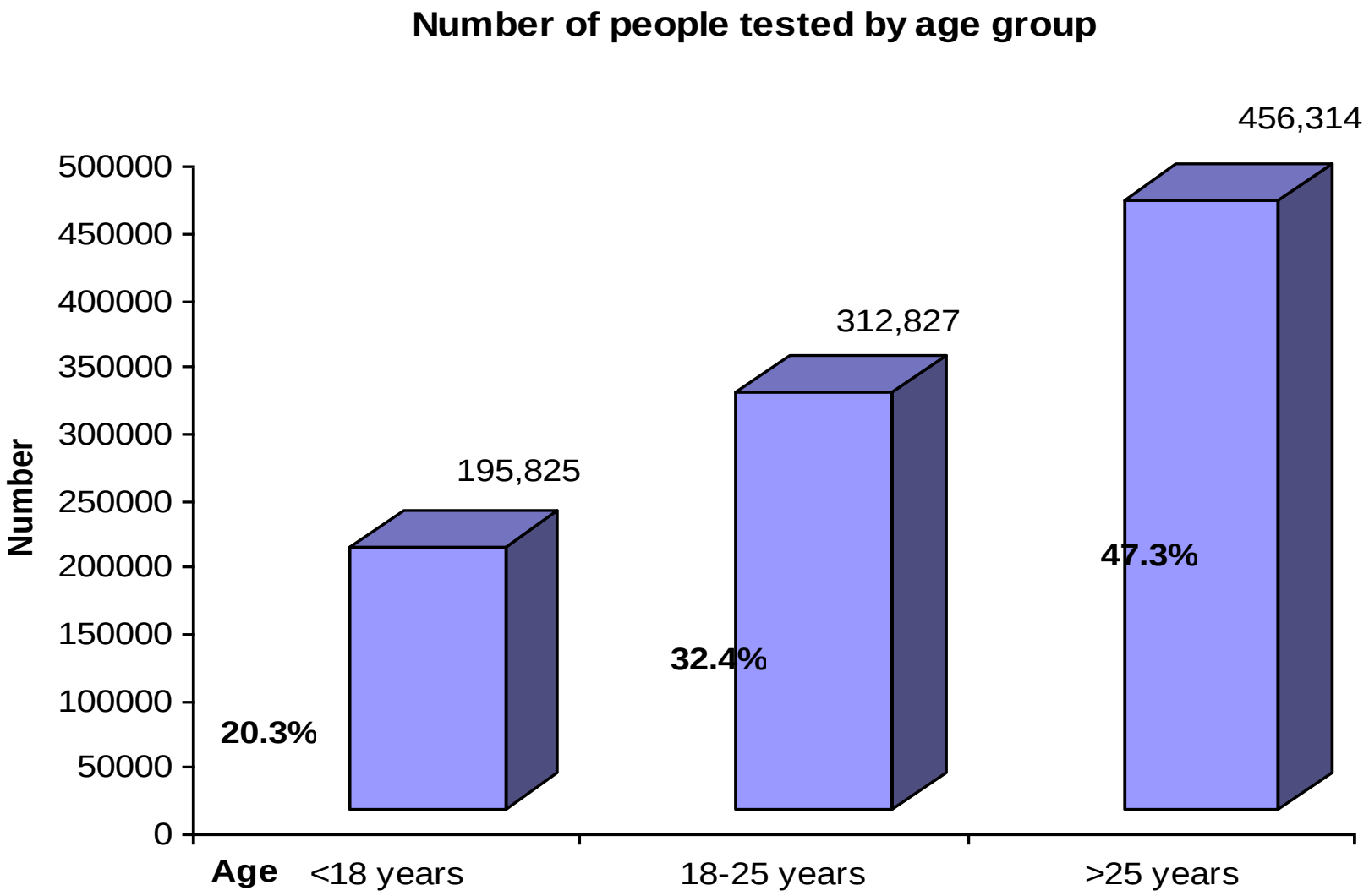
PMTCT prophylaxis success: 82% get prophylaxis in ANC and 93% at get prophylaxis at delivery.

PMTCT transmission rate is at 6.7% at 18 months – breastfeeding

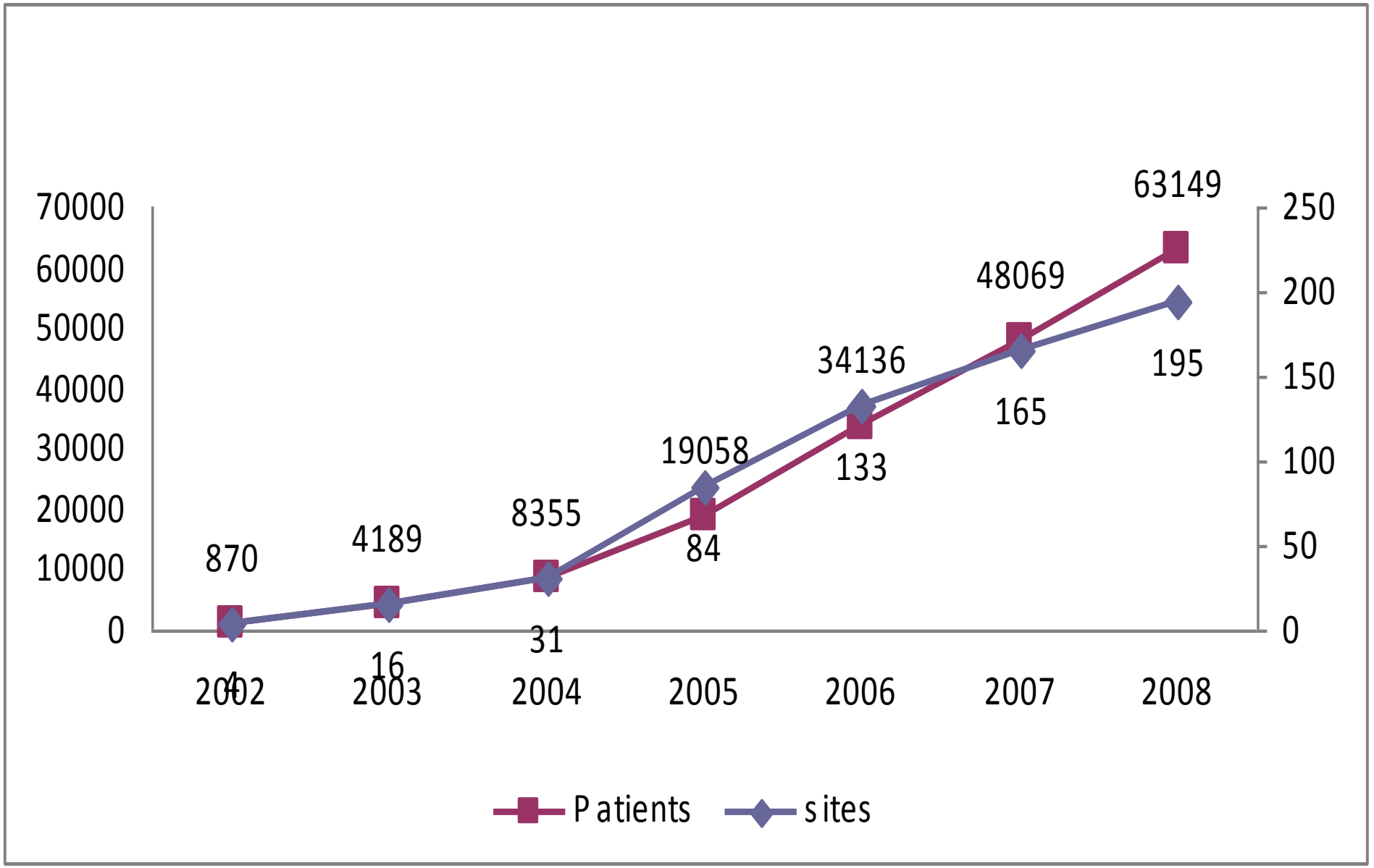
UPTAKE OF MALE PARTNERS IN PMTCT (2003 - 2008)



VCT data in 2008 (20% of all 15-49 population)



Number of people receiving ART and number of sites – 2002-08



Extent to which the Prevention Responses address the key drivers

Prevention Responses: New evidence is being used to develop the New Rwanda National Strategic Plan 2009-12 and address current gaps:

- Couples Counseling and Testing, Identifying and designing Follow-up Programs for discordant couples
- High Risk Groups: New Focus on comprehensive, Targeted, Evidence Based Interventions for specific High Risk Group
- Treatment for STIs: To be integrated with other prevention interventions (STI/HIV integration model)
- Prisons: Strengthening of HIV Prevention Programs In Prisons
- Changing Epidemic: Include new risk groups in national surveillance (prisoners, street youth,…)
- Programming for young girls as a risk group especially in terms of transactional and transgenerational sex

Behavioral and other strategies

- Promoting safer sex and delayed intercourse
- Reducing multiple concurrent partners (MCP)
- Increase condoms use
- Prevention with Positives
  - Partner Testing
  - Disclosure
  - Adherence Support
  - STI Screening and Rx
  - Safer ways to become pregnant
  - Condoms
- Promoting male circumcision at different ages

Key issues/challenges

Key issues

- Data for Evidence Based Programming: Little availability of programme data over time and lack of specific evaluations to test the effectiveness of intervention approaches
- Reaching Most at Risk Populations with Prevention interventions in sufficient numbers (critical mass) and continue to implement broader strategies for the general population;
- Combination prevention-a combination of behavioral, structural, and biomedical approaches based on scientifically derived evidence ;
- Ensure continuity for Prevention Interventions. Prevention Strategies need to be comprehensive, with appropriate resources and deliverables, and with a view toward sustainability.

Challenges to HIV Prevention

1. Effectiveness of HIV prevention strategies;
2. Difficulty in changing human behavior;
3. Difficulty in measuring prevention success;
4. Inadequate Funding;
5. Plethora of unproven/disproven interventions


Conference on Couples' VCT
& HIV Vaccines
Kigali, Rwanda
19-21 November 2003
TRAC • PSF • IAVI