KABEHO!

CDC Rwanda Quarterly Newsletter

June—September 2014 Volume 1, Issue 2

The Centers for Disease Control and Prevention– Rwanda Office

Inside this issue:

PEPFAR Celebrates 10 years 1

Rwanda Stands against Ebola 1

Serving MSMs as a Way to Stop HIV Spread in Rwanda 4

Couple HIV Counseling and Testing: 5 years of Building Ground 5

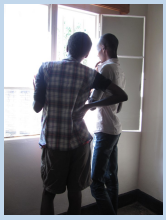
The Rwanda PEPFAR Portfolio Review Workshop Gathered all Partners to Share 7

What you should know about Ebola Hemorrhagic Fever 8

Success Stories 10

Stories from the Hills:

- MSMs telling others the truth about HIV



- Julie and her husband are happy to have a healthy heir

Rwanda Towards an AIDS-Free Generation with PMTCT

Photo: www.pedaids.com

HIV/AIDS is a disease that can be transmitted from mother to child, also called a vertically transmitted disease. This transmission can occur before (during pregnancy), during (during labor and delivery), and after (by breastfeeding) birth. Without intervention, the risk of mother-to-child HIV transmission is estimated at 30%–35%. As a result of antenatal HIV testing, combination antiretroviral drugs, and safer infant feeding, the risk can be as low as 1%. Antiretroviral Treatment (ART) for mothers both before and during delivery and to mothers and infants after delivery can drastically reduce the numbers of newborns who contract the virus from their mothers. Interventions for the Prevention of Mother-To-Child Transmission (PMTCT) should also be provided in the broader context of prevention, including primary prevention of HIV, preventing unintended pregnancies, and care and support to HIV-infected women and their families.

CDC Rwanda's vision is to be a trusted and effective partner supporting high quality public health services for a healthier population in Rwanda; has walked this walk with the Ministry of Health (MOH) to save Rwandan babies from contracting the virus from their mothers.

PMTCT in Rwanda

PMTCT implementation in Rwanda began effectively in 1999 with a pilot intervention in Kicukiro Health Centre. CDC Rwanda with other US agencies implementing PEPFAR have partnered with the Rwanda MOH in providing support to HIV services since 2005. Initial PEPFAR support for PMTCT services was provided to 64 sites in 2005; by May 2014, 494 health facilities in the country offered PMTCT services - a national coverage of 96% (MoH, 2011) and of these, 218 (44%) were directly supported by PEPFAR. By June 2014, Rwanda had 544 health facilities providing VCT services, 532 providing HIV/AIDS care and treatment services and 494 providing PMTCT services.

The PMTCT Program in the country is therefore focusing its efforts on increasing availability and accessibility of PMTCT services aiming to reduce new HIV infections in children through Elimination of new HIV infections by Mother-To-Child Transmission (eMTCT), ensuring all HIV positive pregnant women complete the full PMTCT services and ensuring all HIV positive women have access to family planning.

Additionally the country aims to expand its Early

Continue to page 9

Rwanda stands against Ebola

The current Ebola Viral Disease (EVD) outbreak is the biggest ever recorded and the first in West Africa. It has affected five countries in West Africa: Guinea, Liberia, Nigeria, Sierra Leone and Senegal. The US Centers for Disease Control and Prevention (CDC) is working with other agencies including the World Health Organization, and other domestic and international partners in an international response to the current EVD outbreak in West Africa.

CDC has activated its Emergency Operations Center (EOC) to help coordinate technical assistance and control activities with partners. More than 5864 cases have been reported, and the death toll rise to 2811deaths as of September 19, 2014.

Rwanda doesn't share a border with the affected countries, but as the world becomes a small village with frequent travels across countries, EVD represents a threat not only to countries on the borders of the affected countries, but also to the whole of Africa and to the rest of the world. Rwanda has therefore taken precautions to keep EVD from getting to the country , and initiated mechanisms to contain the disease should it be detected in Rwanda.

Continue to Page 6

WELCOME !

Hello, and welcome to Kabeho! Quarterly Newsletter!.'

Kabeho!' is a Kinyarwanda wish that translates '*Stay Alive*!'.

Kabeho Rwanda, Karame, Karambe! - Be alive Rwanda, Have a long life, Keep healthy and alive!

The Country Director's Message

Dr Maestro Evans, Acting Country Director, CDC-Rwanda

Dear Readers,

Welcome back to this second edition of the Kabeho Newsletter. The purpose of the newsletter is to keep you informed of new developments in our constantly evolving programs in Rwanda and around the world. A global approach to improving health and human opportunity is embedded in the mission of CDC. This underlies our international public health agenda, which has a major focus on detecting and stopping the spread of disease globally. Our mission is designed to protect health here in Rwanda.

We have had an exciting few months with a recent review of Rwanda's achievements toward reaching US President Obama's goal of an AIDS Free Generation. Nearly 90% of clinical service programs have continued to maintain (and some exceeding) their treatment goals. The Rwanda Ministry of Health and CDC continually strive for excellence in integrative treatment approaches for HIV/AIDS services.

In this edition we continue to highlight innovative programs; introduce some of our highly experienced staff, provide facts about Ebola Virus Disease, and announce a new implementing partner. In every newsletter, we provide health factoids; share new Testimonials from beneficiaries of program services; and highlight new current health issues from around the world.

As many of you are aware, World AIDS Day is held on 1 December each year and is an opportunity for people worldwide to unite in the fight against HIV, show their support for people living with HIV and to commemorate people who have died. World AIDS Day was the first ever global health day and the first one was held in 1988. However, it is more than just one day; we need to look to see how we continue these efforts year round. As World AIDS Day 2014 approaches, look for ways that you can be a part of reducing and/or eliminating the epidemic in Rwanda. After 1st December there is tomorrow; the efforts will not stop.

Please note we are aware that some people will prefer not to receive this newsletter. In that respect, if you would like to be removed from our distribution list, please reply to this email and insert "Unsubscribe" in the subject heading of the email and we will remove you from the list. For those who are happy to continue receiving the newsletter, I sincerely hope you enjoy the information we have provided. Please feel free to contact me should you wish to ask any questions or discuss any aspect of this newsletter or our programs further.

I thank you for your time and wish you all the best in health and happiness.

Maestro Evans.

Editorial Information:

Editor: Josiane Uwineza

Edition supervisor: Dr. Maestro Evans

Contributors: Dr. Antoine Rwego, Dr. Andre Mbayiha, Dr. Jared Omolo, Dr. Mutwa Philippe, Godfrey Gato, Mrs Gloria Manzi.

The Centers for Disease Control and Prevention (CDC) offices in Rwanda are within the United States Embassy, 2657 Avenue de la Gendarmerie, Kacyiru Sector, Gasabo District, Kigali Rwanda.

A Global Glance...

By Josiane Uwineza, Administrative Management Assistant.

Get to Know More about CDC: The Center for Global Health

In our last issue we introduced briefly the United States' Centers for Disease Control and Prevention (CDC), which has headquarters in Atlanta. This time, we introduce to you the Center for Global health, which is the center leading the agency's works outside the United States. CDC's Center for Global Health (CGH) coordinates and manages the agency's resources and expertise to address global challenges such as HIV/AIDS, malaria, emergency and refugee health, non-communicable diseases, injuries, and more.

The Center for Global Health leads the execution of CDC's global health approach, working in partnership to assist Ministries of Health to plan, manage effectively, and evaluate health programs; achieve U.S. Government program and international organization goals to improve health, including disease eradication and elimination targets; expand CDC's global health programs that focus on the leading causes of mortality, morbidity and disability, especially chronic disease and injuries; generate and apply new knowledge to achieve health goals; and strengthen health systems and their impact. CDC remains committed to ensuring that every dollar spent achieves maximum public health impact.

Visit www.cdc.gov/globalhealth for more

More than 50 CDC Experts Battling Ebola in West Africa

The Centers for Disease Control and Prevention has deployed more than 50 disease detectives and other highly trained experts battling Ebola on the ground in West Africa – successfully deploying in less than two weeks the surge of help it promised within 30 days. 350 CDC U.S. staff working on logistics, communications, analytics, management, and other support functions to the response 24/7.

"We are fulfilling our promise to the people of West Africa, Americans, and the world, that CDC would quickly ramp up its efforts to help bring the worst Ebola outbreak in history under control. We know how to stop Ebola. It won't be easy or fast, but working together with our U.S. and international partners and country leadership, together we are doing it" said CDC Director Tom Frieden. The incident manager for the CDC Ebola response Inger Damon also noted: "Our primary goal is to bring to an end the suffering of so many as well as develop the public health infrastructure there to help prevent future outbreaks."

> ***"We know how to stop Ebola. It won't be easy or fast, but working together with our U.S. and international partners and country leadership, together we are doing it."***
> **CDC Director , Tom Frieden**

Volunteers assemble for a lesson on personal protective equipment in Lagos, Nigeria (Photo: CDC twitter)

CDC currently has more than 100 staff deployed in the affected countries. While the number of CDC experts may change slightly from day to day, more than 60 CDC personnel are expected to remain in these four countries continuously.

The focus of the CDC effort is on stopping the outbreak. This means finding every person who is sick with Ebola and tracing their contacts. Ebola virus can remain in the body for weeks before making a person sick. If any of the people who were in contact with a person sick with Ebola develops a fever or other Ebola symptoms, that person is isolated and treated and the cycle starts again - and all of that person's contacts must be traced and followed for 21 days.

This response in Africa involves many healthcare personnel and community health workers. In West Africa, CDC experts train and coordinate health workers, support in setting up labs conduct Ebola testing, work to educate people about Ebola infections and ways to avoid it, and work with airport and border personnel countries to keep sick people in Ebola-affected areas from traveling.

Read the latest about this outbreak at http://www.cdc.gov/vhf/ebola/outbreaks/guinea/index.html

A gram of PREVENTION is better than a kilo of CURE!

Prevention Services for MSMs: A Key Prevention Strategy

Targeted services have helped MSMs to protect themselves and others against HIV

(Photo: CDC Rwanda)

Rwanda has been orchestrating efforts to stop the spread of HIV, which prevalence rate is at 3% in the general population. As articulated by the national strategy to reduce new HIV infections by focusing on key drivers of new infections in Rwanda (HIV/AIDS NSP 2013-2018), there is an urgent need of targeting key populations with prevention interventions on focus to make these efforts fruitful. Priority groups for key populations in Rwanda include sero-discordant couples (SDCs), Female Sex Workers (FSW) and Men who have Sex with Men (MSMs). One might wonder the reason why MSMs are considered key populations, and why reaching out to them is one of the most important strategies to reduce HIV spread.

HIV prevalence rates, as showed by different studies, are alarming among MSMs: studies reported that HIV prevalence among MSMs has been found to be as high as 25% in Ghana, 30% in Jamaica, 43% in coastal Kenya and 25% in Thailand. Even though in Rwanda no figures are yet available to show HIV prevalence among MSMs, a recent Modes of Transmission modeling exercise conducted in Rwanda estimated that 5% of new infections may be among MSMs, while prevalence among MSM in other East African Countries is over 17%. This situation shows the importance of availing HIV prevention services to them.

PEPFAR through CDC-Rwanda has been actively involved in different projects targeting Key populations, mainly FSWs and MSMs; with funding programs implemented by the Population Services International (PSI) and the University of Columbia Mailman School of Public Health (ICAP) among others. The main goal was to provide services to improve MSM's access to quality, MSM-friendly HIV care and treatment services in Kigali.

In 2010, ICAP began implementing activities aimed at increasing MSM access to HIV clinical services. Three health centers have been chosen to be the program sites in Kigali. Sensitization and training of health care providers were undertaken at the three program sites in MSM counseling in clinical examination and management of health issues specific to the MSM population. Condoms and Lubricants were also procured to provide for prevention needs of MSMs.

Abdul, 34, who is an MSM explains how the situation was, before such programs were availed to him and other MSMs: "We had tried to organize ourselves in associations in order to advocate for our rights, and to counter the violence that was made against us by our families, our workmates, and others. It is in these circles that the government and these other organizations such as PSI and ICAP found us and started mobilizing us and sensitizing us about HIV/AIDS. Many among us did not even know that one could contract HIV if you are not involved with women. Many could have health problems but were much discouraged to seek care by the mistreatment of health workers who only exposed our privacy to the rest of the nurses and laughed at us. When health workers at these three centers got trained, the difference in care and services was obvious that people come from the other edge of the city to get medical care in these three health centers"

Meetings with MSM to publicize the availability of MSM-friendly services were held. But these services are still not used by enough MSMs until a new approach came up. Outreach activities were organized where MSMs invited acquaintances to a particular venue, usually a place where many MSM gathered called "hangouts". Abdul noted that "thanks to the invitations, more than 300 MSMs could attend one event. He also pointed out that even bisexuals who are even married to women have been able to come to these events, and have benefitted a lot. "We got the much needed messages about HIV and how exposed we as MSMs are, and many grabbed the opportunity to get tested as health workers were also there to offer VTC services." During the program, condoms and lubricants were distributed, and as Abdul and Also MSMs who tested HIV positive were enrolled for free care and treatment at the said health centers, and these are still, to date, the hotspots to which MSMs still take their fellows to for HIV regular testing, screening of STIs, care and treatment for those in need, counseling and still receive condoms and water-based lubricants. During the first three months of this targeted outreach, 176 MSMs were counseled for HIV and 75% (132) were tested in this program only. In 2011, 307 MSM have been counseled and tested for HIV through the program, and nationally, between June 2013 and June 2014, 617 MSMs have been reached out by different targeted prevention interventions as the annual HIV report says.

"There is a lot of difference now for us", notes Gilbert, 23, who is also an MSM. "As MSMs, we have most of the time different partners as we cannot marry each other so far. Also, we know that we are much exposed due to the nature of homosexual anal sex. But we now know we need to use condoms, we now know lubricants can help. We knew none of that before, and even many among us, even educated people, still need to learn that to be able to protect themselves." Gilbert and Abdul recommended that programs such as the one they benefitted from, should be scaled-up even outside Kigali, as these 3 centers of excellence are in Kigali, and they are convinced a lot of MSMs are in provinces, and they also need these lifesaving services.

Editor

A gram of PREVENTION is better than a kilo of CURE!

Couple Counseling and Testing: A Five Year Journey

Emory University's Projet San Francisco (PSF) concluded on Friday September 5th 2014 a 5 year project on Couples HIV Counseling and Testing (CHCT) funded by PEPFAR through CDC-Rwanda. The project, worth 2.6 million US Dollars, was a partnership between CDC, PSF and the Ministry of Health's Institute of HIV Disease Prevention and Control (IHDPC). The core objectives were to provide technical assistance to the MOH and training for the scale-up of CHCT programs in government health facilities, to establish CHCT as the standard of care in Rwanda, and to follow-up discordant couples.

During the period of the current HIV National Strategic Plan 2013-2018, Rwanda has set a target to reduce new infections by two-thirds by June 2018 from 6000 new infections annually to 2000. To reach this target, the country is implementing a combination of HIV prevention programs focusing on key drivers of the HIV epidemic. It is estimated that most of the new infections among adults happen in individuals in stable heterosexual relationships (65%). Discordant couples being among the key populations, identifying and providing focused services to them is key, while reinforcing HIV negative couples in keeping them away from HIV, and concordant positive couples to be linked to care & treatment, and eventually to PMTCT and Family Planning programs as due.

> **"We congratulate the partnership between CDC, PSF and RBC that we successfully finished what we started 5 years ago. CDC will continue to partner with RBC/MOH in this next part of the journey as it takes over the Couples Testing and Counseling activities."**
> ***Maestro Evans, Acting Country Director , CDC-Rwanda***

After 5 years of extensive work, the project delivered enough services, technical assistance and expertise that are enough for the country HIV program to start the scale-up of the program throughout the country. Training curricula were developed and a big number of health professionals trained through the country. The follow-up of discordant couples was also carried out, as well as linkage to care and treatment. The project which also was intended to become a center of excellence through the region, organized international conferences in Kigali, and provided technical assistance to around 14 countries in Africa, plus Guyana and Haiti.

Trainings

One important core of the project was to provide skilled care providers on different levels. A total of 169 training sessions were carried out during the 5-year period, throughout the country, covering 503 health care facilities. 25 RBC Mentors from 13 districts were also trained, as well as 2359 CHCT counselors, 168 Directors of health centers and district hospitals, 143 Promotion Managers, 157 Lab technicians and168 Data Managers. CHCT curricula were co-developed with CDC.

Discordant couples follow-up

During the project, 3750 discordant couples registered at the 20 health centers between November 2011 and July 2014. Among the couples registered, 70% had at least one follow-up visit. From November 2011, mentorship has been carried out for the follow-up of discordant couples in 20 high-volume health centers in Kigali. 59% of discordant couples are identified through PMTCT services, 33% through routine VCT services and 8% through PIT/ART services. In the approach implemented by the project, both partners are counseled together, and the partner who is tested to be HIV positive is advised to initiate ARV. The couples were also counseled on condom use and family planning. The HIV negative partner is called to keep coming for regular testing and counseling each 3 months.

Way forward

This project enabled to experiment a number of factors that would assist in controlling HIV in couples. Before 2009, couples were counseled and tested separately. Today, the approach has changed to counseling, testing and disclosing results with both partners together, and Counselors in most health centers are now familiar with those joint CHCT procedures. The project also confirmed the trends that most of new infections are acquired from the cohabitating heterosexual partners. It was also observed that ART is associated with an 87%

Dr Maestro Evans, the Acting Country Director of CDC Rwanda addressing the audience to the CHCT close-out event

(Photo: CDC Rwanda)

HIV transmission risk reduction in discordant couples. At this level, CHCT is being implemented nationwide and it has been endorsed by the National HIV/AIDS Strategic Plan, making the close-out an occasion to hand it over to the Ministry of Health's Rwanda Biomedical Center (RBC) for national scale-up. At the occasion, the Director of HIV Prevention in RBC, Dr Placidie Mugwaneza, reiterated the commitment: "It has been a long journey with a lot to do, and now it is a good achievement in HIV control. Now we have minimum packaged services, we have guidelines and data supporting implementation, we have strong M&E team: we are committed to make this continue, to sustain this program." On the same note, CDC Acting Country Director, Dr Maestro Evans promised that "CDC will continue to partner with MOH/RBC in the next part of the journey of implementing CHTC."

Even though a lot have been achieved, issues such as the access of CHCT services to couples which are not young are still to be addressed. That is due to the fact that entry points remain VTC and PMTCT, as well as a relatively small intake from ART services. The majority of those who access the services are young couples still newly involved which each other, or at childbearing age. Men aged 40-44 and women aged 35-39 are the group with highest HIV prevalence in Rwanda, and the only less than 20% of those groups are enrolled in CHCT. More efforts are needed to bridge this gap in order to reduce even further new infections within couples.

Editor

Turning Research Into Practice... Take the TRIP with us!

Rwanda Stands Against Ebola (Continued)

The Rwanda Ebola Preparedness team meeting in the MOH. CDC-Rwanda's Denise Mupfasoni (on the right edge), Epidemiology & Infectious Disease Specialist, and Dr Jared Omolo, (second from the right), Rwanda FELTP Resident Advisor, are part of the team.
Photo: CDC Rwanda

Dr Thierry Nyatanyi, the head of Emerging Infectious Diseases (EID) Division in Rwanda Biomedical Center (RBC), described how a lot has been happening, starting with a high level meeting of country leaders chaired by the Prime Minister. This meeting created a high level task force with different tasks to maintain the security of Rwandans against the current Ebola outbreak. Others meetings have also taken place in the Ministry of Health, with a task force created at the ministry level, along with a technical team that meets daily to follow the continuous implementation of the measures and decisions taken by the taskforces.

Other disease control activities done at the Ministry level include: Health Care Providers have been trained on how to keep themselves safe in case Ebola enters Rwanda as they are the most exposed to the virus if protective measures are not well contained. All hospitals in Rwanda, from reference hospitals to health centers have had staff trained on handling Ebola. Personal Protective equipment (PPEs) have been distributed to all hospitals, each hospital has at least 25 PPEs. Tools such as disinfectants and boots have also been provided as protective measures to assure adequate infection prevention and control. New guidelines and ministerial statements have been issued on how to control the infection, how to report cases, how to maintain surveillance, and others policies in order to assure a well-coordinated response to protect the care providers as well as the population in general. There is also a media campaign to raise awareness among Rwandans. Different radio stations spread messages about Ebola and what to dons in order to keep safe. There is also a toll-free line, 114 to make it easy for anybody in need of information or who needs to report something.

Other measures have also been undertaken at points of entry into Rwandan territory. Travelers who come by road or any other means are screened. The screening is made by assessing if the traveler had been to countries affected by this outbreak, and to acquire information if he had been in contact with a person with, or suspected to have the virus. And then, travelers are also tested for fever. "Other steps are taken after this level according to what we found to make sure this person has not contracted the virus. Any person who has been exposed in one way or another to the virus is nevertheless followed-up very closely, as there are people who might have contracted the virus, but without any outward symptoms so far. We keep in contact with them on a daily basis and get updates on phone", says Dr. Nyatanyi. The national air carrier RwandAir has also had staff working in Lagos and Accra airports trained on how to screen passengers before boarding. To date, RwandAir is screening all passengers from Lagos and Accra as preventive measures to keep Ebola outside Rwanda. There are also nurses who have been identified by MOH and travelled to Accra/Lagos to support this.

So far, two people have been put in isolation facilities as they acknowledged having had contact with infected people and feeling sick; but laboratory results were negative for EVD, and they were released, thereafter. Some people have also been quarantined with suspicion that they might have had contact with infected people. They are kept away from the rest of the community for 21 days to monitor if they develop any symptoms so appropriate action can be taken. Dr Nyatanyi assures Rwandans that all possible measures are being taken that there is no Ebola in Rwanda today, and people are working hard to keep it away from them!

Currently, some epidemiologists from the CDC country office are working to the Ministry to provide technical assistance, and they are part of the technical team which is coordinating and overseeing the preparedness and response activities. Dr Nyatanyi notes that they know that whenever there is need, CDC Rwanda will bring in even more support, as it has in the past, providing diagnostic support and other necessary capacities that may not be available in country. "We know CDC Rwanda is a partner we can rely on" , he concludes.

Editor

Turning Research Into Practice... Take the TRIP with us!

PEPFAR Portfolio Review Workshop for More Shared Responsibility

Globally, PEPFAR aims to create and maintain an AIDS-free generation (AFG), this will be enhanced by focusing on accountability, transparency, and impact. The performance indicators are measured through site-level periodic reports such the Annual Performance Report (APRs) and Semi-Annual Performance Reports (SAPR). The reports illustrate the country strategy towards sustainable impact, efficiency, partnership, and human rights – including support for positive policy changes for access and reduction of stigma and discrimination. Data for decision-making requires proper understanding on data with consideration of previous trends for ideal planning. Given that, PEPFAR holds program review in what is dubbed portfolio review workshop to refocus on the current versus future model for Country Operation Plan (COP).

The first PEPFAR-Rwanda portfolio review workshop took place on July 29th to 31st, 2014, gathering the four US Government agencies (CDC, USAID, DOD and Peace Corps) implementing PEPFAR program; and joined by 23 implementing partners. It was an opportunity to discuss and align PEPFAR program to the overall Rwanda- Ministry of Health in HIV/AIDS program response. This process places Rwanda PEPFAR supported Program in a better position responding to the COP 2015-2016 requirements to deliver the intended results with increased and shared responsibility on the part of the Government of Rwanda (GOR) through MOH. Equally the forum was an occasion for data sharing and drawing effective recommendations for the future plans.

The process of the workshop included the program area group work sessions and, later, plenary sessions where participants shared key activities, achievements, encountered challenges and way forward to pursue the ultimate goal of AIDS-free generation. The Ministry of Health through RBC presented its priorities as stipulated in NSP (2013-2018). Besides, the PEPFAR shared data for decision-making reflected program areas such as; Prevention, Care & Treatment, Social Mitigation, Strategic Information, Lab & Commodities and HRH with programmatic implications.

The portfolio review workshop gathered 4 USG agencies implementing PEPFAR, the MOH and 23 other implementing partners
Photo: CDC Rwanda

Results of the workshop

Among the outputs from the workshop, the groups came up with a number of best practices that each should take home as well as a number of solutions proposed to overcome challenges identified in program implementation.

To site but a few among key points raised by the participants, for example, the prevention team appreciated as best practices the use of unique ID for Key Populations in HIV testing, as well as the outreach programs on hotspots. They recommended the increased identification of discordant couples through ART services. The HRH team named among the key best practices, health professional councils with its work in governing educational licensing, training and CME requirements, or complaints for health professionals. They proposed, in order to address the challenges related to supply chain, to evaluate in order to identify and address weaknesses. They also talked about the new laws regarding supply chain. For the Lab team, among the achievements are the fats that the five RCBTs were said to have been renovated and equipped, and that blood components production was introduced. Key challenges included the length of procurement process which proposed solution was to improve the specifications, skills in quantification and in supply planning. Strategic information team mentioned trainings of trainers in monitoring and evaluation and data management among the key achievements. Best practices included the harmonization of data collection tools in both registers and information systems, while they mentioned in future plans the introduction of PEPFAR Information Management platform. The social impact mitigation team mentioned among the best practices, the family-centered programming. To the challenge of children dropping out of school, they proposed an establishment of local mechanisms to detect early signs of drop-over in order to prevent.

General recommendations were also articulated for future planning as well as questions left for the technical working groups, and sometimes with proposed answers. Also when needed, the group members elaborated additional points discussed in the groups, worthy of being shared for the purpose of the workshop. Further, all these notes presented to the whole group of participants in the plenary that concluded the 3 days' workshop. At the conclusion of the workshop, PEPFAR, US government agencies were satisfied of the outcome which promised to improve the next year planning, as well as further plans.

Editor.

WHAT YOU SHOULD KNOW ABOUT DISEASES...

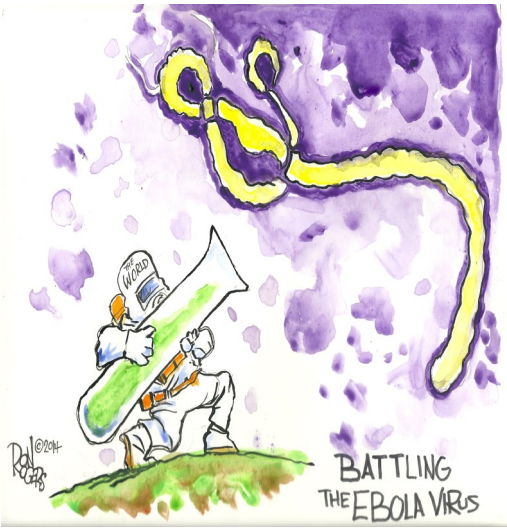
What you should know about the Ebola Hemorragic fever

Ebola hemorrhagic fever (Ebola HF) is one of numerous Viral Hemorrhagic Fevers. It is a severe, often fatal disease in humans and nonhuman primates (such as monkeys, gorillas, and chimpanzees).

Ebola HF is caused by infection with a virus of the family Filoviridae, genus Ebolavirus. When infection occurs, symptoms usually begin abruptly. The first Ebolavirus species was discovered in 1976 in what is now the Democratic Republic of the Congo near the Ebola River. Since then, outbreaks have appeared sporadically. There are five identified subspecies of Ebolavirus. Four of the five have caused disease in humans: Ebola virus (Zaire ebolavirus); Sudan virus (Sudan ebolavirus); Taï Forest virus (Taï Forest ebolavirus, formerly Côte d'Ivoire ebolavirus); and Bundibugyo virus (Bundibugyo ebolavirus). The fifth, Reston virus (Reston ebolavirus), has caused disease in nonhuman primates, but not in humans.

The natural reservoir host of ebolaviruses remains unknown. However, on the basis of available evidence and the nature of similar viruses, researchers believe that the virus is zoonotic (animal-borne) with bats being the most likely reservoir. Four of the five subtypes occur in an animal host native to Africa. A host of similar species is probably associated with Reston virus, which was isolated from infected cynomolgous monkeys imported to the United States and Italy from the Philippines. Several workers in the Philippines and in US holding facility outbreaks became infected with the virus, but did not become ill.

Symptoms of Ebola :typically include fever (greater than 38.6°C or 101.5°F), severe headache, muscle pain, weakness, diarrhea, vomiting, abdominal (stomach) pain and lack of appetite. Symptoms may appear anywhere from 2 to 21 days after exposure to ebolavirus, although 8-10 days is most common. Some who become sick with Ebola are able to recover. We do not yet fully understand why. However, patients who die usually have not developed a significant immune response to the virus at the time of death. Laboratory tests are the ones to confirm the virus.



http://getintoon.wordpress.com/2014/08/07/war-on-ebola-virus/

Transmission: Because the natural reservoir of ebolaviruses has not yet been proven, the manner in which the virus first appears in a human at the start of an outbreak is unknown. However, researchers have hypothesized that the first patient becomes infected through contact with an infected animal.

When an infection does occur in humans, the virus can be spread in several ways to others. The virus is spread through direct contact (through broken skin or mucous membranes) with a sick person's blood or body fluids (urine, saliva, feces, vomit, and semen); objects (such as needles) that have been contaminated with infected body fluids and infected animals.

Healthcare workers and the family and friends in close contact with Ebola patients are at the highest risk of getting sick because they may come in contact with infected blood or body fluids.

During outbreaks of Ebola HF, the disease can spread quickly within healthcare settings (such as a clinic or hospital). Exposure to ebolaviruses can occur in healthcare settings where hospital staff are not wearing appropriate protective equipment, such as masks, gowns, and gloves.

Proper cleaning and disposal of instruments, such as needles and syringes, is also important. If instruments are not disposable, they must be sterilized before being used again. Without adequate sterilization of the instruments, virus transmission can continue and amplify an outbreak.

Prevention: Because we still do not know exactly how people are infected with Ebola, few primary prevention measures have been established and no vaccine exists. When cases of the disease do appear, risk of transmission is increased within healthcare settings. Therefore, healthcare workers must be able to recognize a case of Ebola and be ready to use practical viral hemorrhagic fever isolation precautions or barrier nursing techniques. They should also have the capability to request diagnostic tests or prepare samples for shipping and testing elsewhere. If a patient with Ebola dies, direct contact with the body of the deceased patient should be avoided.

For more on Ebola HF, read http://www.cdc.gov/vhf/ebola/index.html

CONTINUED... (fromP.1)

Rwanda Towards an AIDS-Free Generation with PMTCT

Continued from P.1)

Infant Diagnosis (EID) program in public and private health facilities through a systematic follow up and care to the mother –infant pairs to ensure that all exposed infants are tested 6 weeks after birth, and followed every month after that, up to 18 months to ensure they get the right medical attention and follow up.

The achievements

According to the Rwanda DHS 2005 and 2010 the number of women who received ANC from a trained provider has remained high over the years – 94% and 98% respectively and this ensures that most women receive counseling and testing.

Figure 2 and 3 illustrate data from all Rwanda PMTCT sites and PEPFAR-

Fig1: Number of Pregnant women counseled, tested and received results

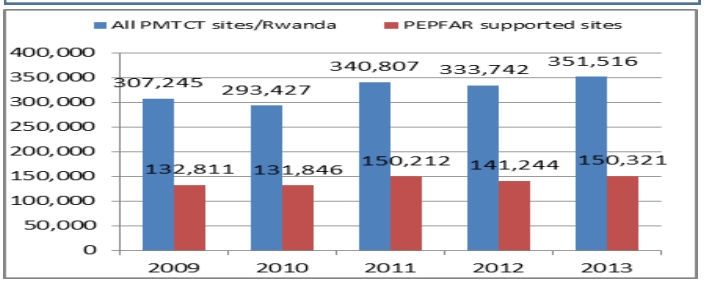
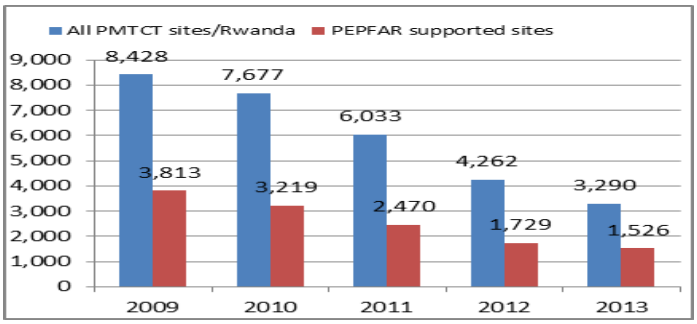


Fig2: Number of Pregnant women who tested HIV+ at ANC



supported sites for two key PMTCT indicators.

By March 2014, 2,276 HIV positive pregnant women received their ARV prophylaxis at PEPFAR supported sites. There has been a near stable tendency of ARV prophylaxis coverage over the four year period (2008 – 2013) at PEPFAR supported sites.

The data further suggests that the proportion of infants who test positive at 18 months has decreased significantly over the last few years at -2.54% per year (p=0.01), with the coefficient of determination close to 1; this is an indication of the success of the PMTCT program in reducing transmission of HIV to infants. The decrease in proportion of number of exposed infants who test HIV positive addresses PMTCT Prong 3, one of the 4 components that support the ultimate goal of elimination of MTCT through the various government and partner supported interventions at the facility and community level.

In summary, the expansion and full integration of PMTCT services into MCH services has led to an increase in the number of pregnant women reached with PMTCT services and improvement in key PMTCT indicators over the years. Health facility data shows that HIV infection rates through MTCT is reducing - from 9.5 % in 2008 to 1.83% by June 2014 (Annual Report on HIV AND AIDS 2013-2014).

The main contributors to these achievements

Co-location of HIV care and treatment services is a proven mechanism to effectively ensure the continuum of care for clients and patients. All of the PMTCT sites in the country provide both PMTCT and Care and Treatment (Pre-ART/ART) services. This closeness of services resulted in keeping mothers and children in the program in an easier way.

The revision of PMTCT protocols to follow WHO recommendations also played an important role, as it was made easier by strong political will of the country leadership. In accordance with the WHO recommendation, in 2010, the Rwanda MoH revised the PMTCT protocol to align with Option B - HAART (Tenofovir based/regimen) for all HIV+ pregnant women from 14 weeks of gestation up to the end of breastfeeding (weaning).

To enable effective implementation of these protocols, the Rwanda Ministry of Health took a step further to increase the number of health workers with skills to provide the required care for mothers and exposed infants through task shifting training of health workers - a total of 8,532 health workers were trained in 2013 country wide with PEPFAR support.

Furthermore, the campaign to eliminate Mother to Child Transmission of HIV (eMTCT) was honored by Rwanda's First Lady, Jeannette Kagame on May 12, 2011. This is in line with the UNAIDS call for the elimination of vertical HIV transmission (below 2%) by 2015 and paves the way to change the current PMTCT protocols to Option B+ in 2012 whereby all PMTCT sites started to provide ART for life to all HIV+ pregnant women. The aims for the eMTCT strategy is to keep the new pediatric HIV infections below 2% by 2015.That is done in conjunction with PMTCT Plus; in all 494 PMTCT sites, Early Infant Diagnosis guidelines are followed to ensure testing and follow up of exposed infants and ART prophylaxis is provided to all HIV exposed infants. Between July 2013 and June 2014, 351,516 pregnant women were tested for HIV in ANC services, 3,842 pregnant women were tested HIV-positive and initiated ART based on the Option B+ guidelines and 7,213 infants received ART prophylaxis.

Maternal and child health initiatives in Rwanda contributed to the successes of the PMTCT program. Part of those is good Monitoring & Evaluation tools. As part of strengthening stakeholder capacities in monitoring and evaluation of HIV services, PEPFAR has been supporting the development and printing of HIV registers overtime including those for PMTCT in accordance with the PMTCT protocols. Good quality of materials and opportunities for behavior change communications have been availed to community and facility health workers and providers. A concerted effort to promote male involvement in Reproductive Health has led to the increase of those tested under the PMTCT Program from 16% (2003) to 84% (June 2014) as well. Good dissemination of Family planning services and other related Maternal and Child Health interventions have been among the supportive elements that upkeep the PMTCT in Rwanda.

Editor.

STORIES FROM THE HILLS...

Happily ever after—Julie and Vincent

Julie and Husband, both blind and both HIV positive
Photo: CDC Rwanda

Julie is a 46 years old lady whose history might sound just sad in the beginning: She is blind and HIV positive, and married to a blind and HIV positive husband as well. However, there is a shining light today in this family's life; as their son, has just been tested HIV-negative after Julie has taken all PMTCT measures to keep him safe. Today, Joel has finished the 18 months of being breastfed by her HIV-positive mum, and both have taking all the medications as directed by HIV service providers.

When she told us her story, last year, she confessed nothing was easy in the beginning: "For many years I knew my HIV status and it troubled me a lot. People used to wonder who infected a blind woman, and I would feel ashamed. I decided not to give birth because I believed I would infect my child and they would never forgive me." Julie says.

Julie received HIV services from a PEPFAR funded program implemented by Handicap International, and was later trained as a peer educator. Through this experience, she says, "I developed self-esteem. I was encouraged by other people in the same group. I started teaching other blind people and felt good and worth about myself. While in training as a peer educator, Julie also learned about ways to prevent mother-to-child HIV transmission. "I decided to have a child, took all the prevention medicines given at the health center, and I now have a beautiful child who is not HIV positive," she said. "I am also doing well with my small business. The program improved my life tremendously."

Julie and her HIV-free son, Joel who has just completed his last HIV test after 18 months.
Photot: CDC Rwanda

MSMs telling others the truth about HIV

Gilbert and Abdul, the Rwandan MSMs who are teaching others to keep away from HIV/AIDS
Photot: CDC Rwanda

Gilbert is 23 years old, he has recognized himself as a gay since he was in Secondary school. "As a science student, I knew one could get HIV. But even so, I did not see clearly what were my options , especially that I did not want to disclose my status as a homosexual." After secondary school, Gilbert met with other MSMs who introduced him to others, and he learnt about different services that they have been offered. I learnt about the use of lubricants for the first time in the associations as they received educators on how they can protect themselves, using condoms and lubricants. "I have gained a lot in the services that ICAP provided to us, because it was in their outreach event that was organized by the project that I got tested for HIV for the first time. Services for testing and counseling and everything related to HIV are there, and I know I can take advantage of them anytime I want"

Gilbert said he also advised other MSMs that he heard saying they even did not think if you are not involved with a woman you might get AIDS. It took them sometime. "Even big learnt people were thinking they were not exposed to HIV because they were gay. It was my time to share with them what I had learnt from the project". ICAP (The University of Columbia Mailman School of Public Health) implemented a CDC/PEPFAR funded project targeting HIV prevention services to key populations between 2011 and 2013.

Editor.

OUR PARTNERS

The UPHLS: CDC-Rwanda Newest Partner

Health practitioners in a training on sign language used in HIV and AIDS, Sexual Reproductive Health, organized by UPHLS in collaboration with the Rwanda Union of the Deaf (RNUD) and Rwanda Biomedical Center (RBC), with UNAIDS support.

Photo: www.uphls.org

The Umbrella of People with Disabilities in the Fight against HIV and AIDS in Rwanda (UPHLS) is the newest CDC Rwanda implementing partner in the struggle to control HIV/AIDS with the United States' President's Emergency Plan for AIDS Relief (PEPFAR). On September 29, 2014, UPHLS began implementing a 3 year project entitled "Local Nongovernmental Partnerships for Sustained Country Leadership in Rwanda" .

The project will focus on the following outcomes:

- Supporting the organizations of People Living with Disabilities (PLWDs) to be sustainable and have the capacity to advocate for integration of HIV, Care and Treatment services into Rwanda's National Health System

- Increasing the number of guidelines and trained providers related to PLWDs and HIV/AIDS Prevention, care and treatment services for PLWDs in Rwanda, and improved quality of care,

- And providing to increase the number of PLWDs trained to provide HIV prevention, care and treatment services

Who is the UPHLS?

The Umbrella of People with Disabilities in the Fight against HIV and AIDS in Rwanda (UPHLS) fights for the rights of people with impairments whether they are physical, sensory, mental or intellectual. It is a Rwandan non-governmental organization (NGO) based in Kigali, Rwanda, created in September 2006 by PWDs, and works in 30 districts countrywide.

UPHLS works in a number of ways: advocacy, increasing awareness about the rights of people with disabilities (PWDs), and lobbying to mainstream the needs of disabled people.

Currently they have distributed radios to people who are blind or have visual impairments so that they can hear health education programs. They organize voluntary counseling and testing (VCT) sessions for different categories of disabled people - arranging transport for those who cannot travel on the bus because they have a physical impairment. Across all of their work they consider the most vulnerable groups in need of special support, and their strategy includes separate objectives for women, children and orphans who have a disability.

Read more about them on their website: www.uphls.org

Editor.

TALK TO US...

Let us hear from you at cdcrwanda@cdc.gov

YouthTalk

Sex education to prevent HIV in Youth

In Rwanda, sexual activity is beginning at a young age as depicted by the Demographic Health Survey (DHS) of 2010. Among young people aged 15-24, 3.8% of young women and 11.3% of young men reporting having had sex before the age of 15. Within this age group, those aged 15-19 more frequently reported sexual debut before 15 years than those aged 20-24 (4.8% of girls and 13.3% of boys aged 15-19,compared with 2.8% of women and 8.8% of men aged 20-24). This might be interpreted as a trend toward earlier sexual debut now than five years ago.

Much is being done to help the youth adopt proactive behaviors before it is too late. Promoting sex education is among the strategies that are believed to address this situation, and providing with youth maximum information on sex and the dangers of unsafe sex, including contracting HIV. Sex education is to be made compulsory in every secondary school and higher learning institution across the country in a move to deter teenage pregnancy, as the New Times. Students will be required to learn about contraception, safe sex, and how critical thinking can lead to more informed decisions when it comes to sexual relationships.

Despite that such measures are being taken to prevent youths "Among black cultures it is taboo to discuss sex with your own children. However, empowering parents to speak to their children about sexuality can actually prevent sexual activity and risky behavior." Says Hilda Maringa, CDC's youth specialist in South Africa.

Q: What do you think Sex education to youth should be in order to be effective?

CONTRIBUTE TO MAKE A HEALTHIER RWANDA! Your insights, thoughts, and recommendations on issues that affect our health are important! Share them with us on cdcrwanda@cdc.gov or at JUwineza@cdc.gov

WomenTalk

The US agenda on women promotion

Advancing the full participation of women and girls in the political, economic, and social realms of their countries is a key goal of U.S. foreign policy. Globally, women and girls are disproportionately affected by poverty and discrimination. Gender-based violence remains pervasive in both developed and developing countries, in times of both peace and conflict. Same as traditional harmful practices such as early and forced marriage; and higher vulnerability to disease and infections, such as HIV. Adolescent girls in developing countries face particular challenges, including poorer educational outcomes.

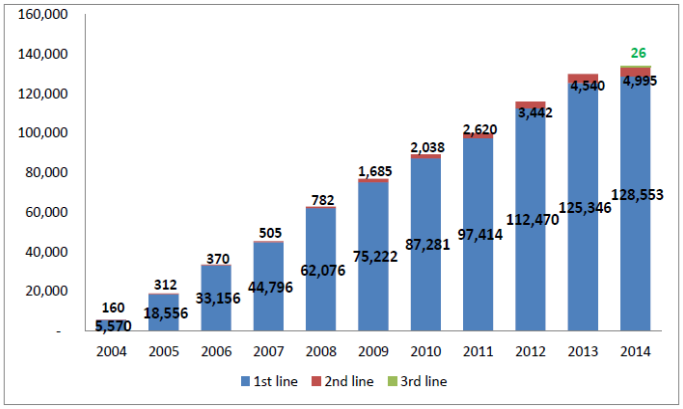
Photo: CDC, DGHA

President Obama has placed women, girls, and gender equality at the heart of his global health agenda, including through the Global Health Initiative (GHI). The President's Emergency Plan for AIDS Relief (PEPFAR) has ensured a comprehensive approach to gender issues in HIV prevention, treatment, and care, including working to provide access to life-long anti-retroviral treatment for both mothers and their children. Education is at the center of the change that is intended to give more chances to women as educated woman know better how to have safe childbirths, breastfeeding, vaccinations, and many other knowledge that will save her and her world.

Q: What is the biggest challenge that is faced by women in Rwanda and which might cause health problems for them and their families?

FACTOIDS...

Fact 1: Distribution of patients on treatment by ART line, 2004 - June 2014



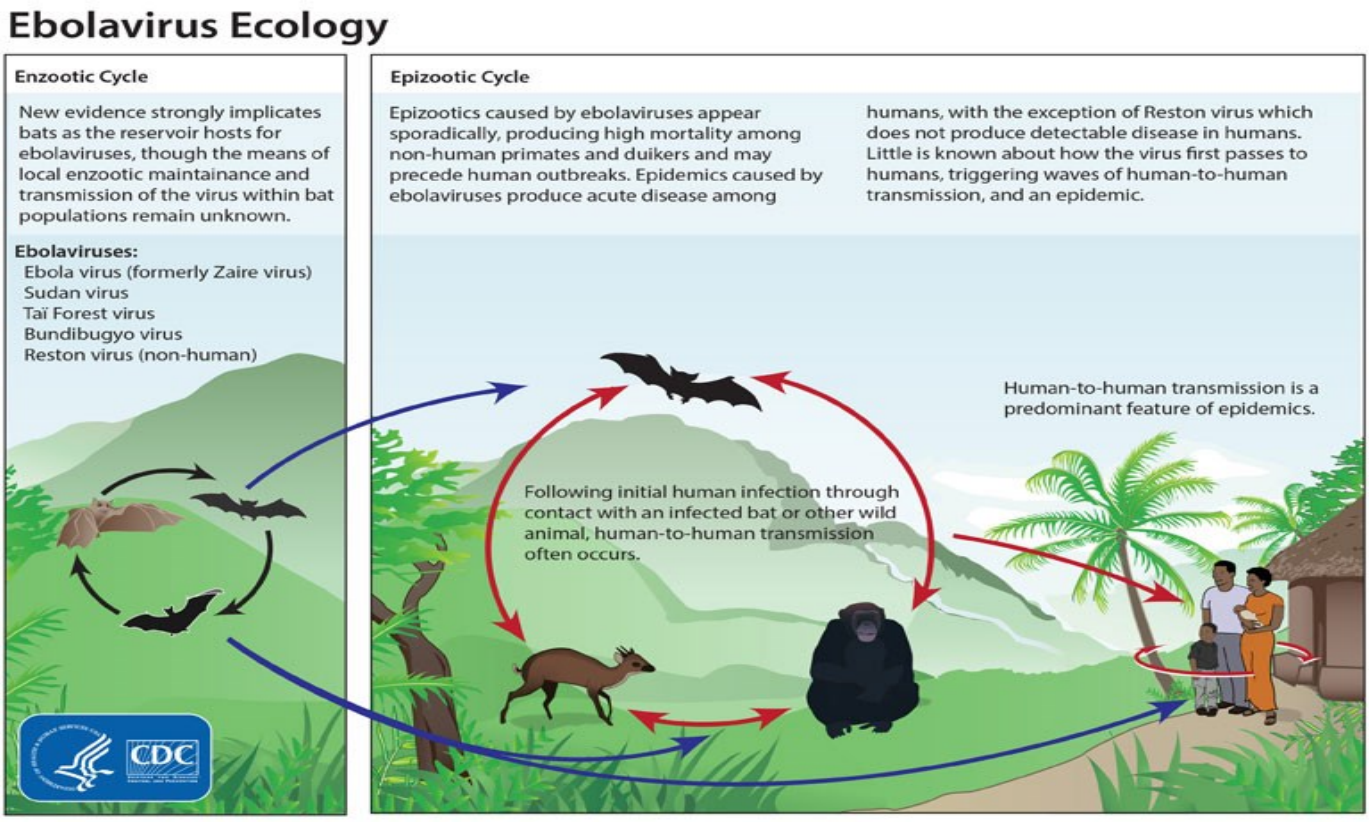
Source: National HIV Annual Report 2013-2014

More and more HIV positive people are accessing ART throughout the country.

CDC Role: CDC Rwanda has been one of the primary funders of ART since 2002 in order to provide for Rwandans in need of ART

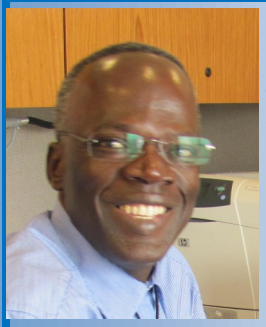
Fact 2: Did you know this about mosquitoes?

FACT 2: What science says about the Ebola Virus



CDC RWANDA: Meet the Staff!

Meet CDC Rwanda Staff



Meet Jean Baptiste Koama, MD, MSc, CDC Rwanda's HMIS Advisor and Strategic information team lead: Jean Baptiste graduated from the University of Ouagadougou /Burkina Faso (M.D.) and Tulane University (M.P.Hand Walden University (Master of Science in Health Informatics/MSC). He joined CDC Rwanda in as Health Management Information System (HMIS) Coordinator in October 2008.

He has more than 17 years of professional experience in health programs and Health Management Information Systems. Prior to joining CDC Rwanda, from 2007 to 2008, he worked as Chief of Party of a CDC-Funded project implemented by VOXIVA for the TRACnet Project. He has also, before that, worked as Senior Monitoring and Evaluation Advisor with Social Impact (US-Based Company) for a USAID-funded project in Rwanda (CHAMP). He worked with Plan International Burkina Faso as Health Program Advisor (2001 – 2006) and as Health Program Coordinator (1997 – 2001). He also worked as Health District Officer at the Ministry of Health in Burkina Faso and as District Hospital Director in Burkina Faso.

Why Public Health? *Prevention is at the core of the public health and need smart and committed individual to make that happens for the sake of the humanity*

Your hopes for Rwanda? *Healthy Rwandans for sustainable development that makes a difference.*

Meet Denise Mupfasoni MD, MSc; CDC Rwanda's Epidemiology and Infectious Disease Specialist: She holds a degree in Medicine from the National University of Rwanda, and a Master's of Sciences Degree in Epidemiology and Biostatistics from Witswaterand University in South Africa. She joined CDC Rwanda in September 2011, and is seconded to the Ministry of Health.

She has over 7 years of epidemiology, public health practice and leadership experience. She led the Neglected Tropical Diseases (NTD) Control Program in the Access Project (2007 – 2011), and provided leadership in the establishment of the first ever NTD Control Program in Rwanda as a clinical officer in WE-ACTx and in charge of malaria case management for the National Malaria Control Program. She has conducted research on the prevalence of Soil Transmitted Helminths, Schistosomiasis, Trachoma and Lymphatic Filariasis in Rwanda.

.**Why Public Health?** *I choose public health career because i want to help as many people as possible regarding their health especially by preventing them to get sick.*

Your hopes for Rwanda? *My hopes for Public Health in Rwanda are that all citizens become proactive consumers of their health services.*

Every issue, meet three of CDC Rwanda employees who are part of a highly valuable team that spend energy and time to contribute in a building a healthier and safer Rwanda…

Meet Philippe Mutwa Rwatana, MD, Mmed, CDC Rwanda's Adult Care, TB and Opportunistic Infection Specialist and Clinical Services Team Lead : June 2011 as the Team Lead. He was trained as a Medical doctor at and Acting da and received his Masters in Medicine (Mmed) from the National University of Rwan- in 2011. He started his PhD training in 2007 at Amsterdam the National University of Rwanda Medical center (AMC) in the Netherlands, with concentration in Pediatric HIV.

Prior to joining CDC, between 2006 and 2010, he was the principal investigator for the INTERACT project and an Assistant lecturer at the National University of Rwanda, Faculty of Medicine. He was the country program manager for the Adaptive Eyewear Project (a UK Based NGO) and the acting Medical Officer overseeing HIV-infected children at King Faisal National Referral Hospital, Kigali Teaching Hospital and Butare teaching Hospital between 2009 - 2010.

Why public health? *I have chosen Public Health as a career, because of passion to make difference in my community, to affect people's lives and to help others. As clinician, I realized that I was able to make a difference in the life of one, but public health can make a difference in the lives of tens, hundreds, and even thousands or millions.*

Your hopes for Rwanda? *The effort to fight HIV/AIDS and other OIs related is one of the most successful public health initiatives Rwanda and partners has initiated for the country; this initiative has save thousands of lives, people were able to come back to work for their lives, families and the country. More importantly, I hope that the continued synergy of efforts for all public health stakeholders will contribute to the sustained health of your community's populations.*

CDC RWANDA... Staff news

DR. PATRICK NDIMUBANZI: CDC-RWANDA EMPLOYEE APPOINTED STATE MINISTER

The US Ambassador in Kigali, Donald Koran (left) congratulates Hon. State Minister Patrick Ndimubanzi, together with Dr. Maestro Evans, Acting Country Director for CDC Rwanda (right).

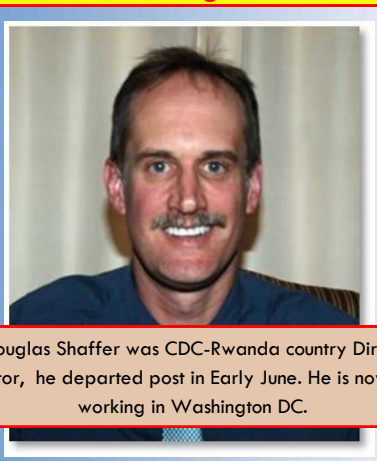
Hon. Patrick Ndimubanzi stops by the USG Site Improvement Monitoring Systems (SIMS) training to say farewell to his inter-agency health team colleagues.

In a Government of Rwanda's Statement released this July 24th, 2014, His Excellency Paul Kagame, the President of the Republic of Rwanda has appointed new Ministers and State Ministers of the new Government, led by the new Prime Minister appointed a day before, the Right Honorable Anastase Murekezi. CDC Rwanda is overjoyed by the appointment of Dr. Patrick Ndimubanzi as the new State Minister in charge of Primary Health Care in the Rwandan Ministry of Health.

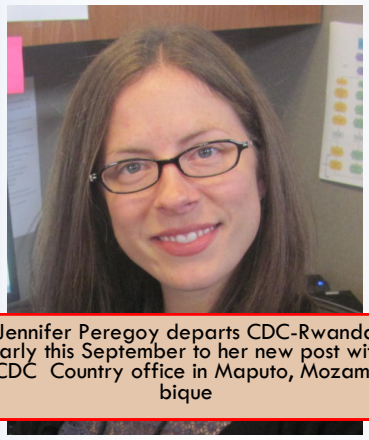
Dr. Patrick Cyaga Ndimubanzi, MD., MSc. was a CDC locally employed staff who joined CDC Rwanda in November 2009 as the Pediatric HIV Care &Treatment Specialist, and was currently acting as Clinical Services Team Lead. He completed his Masters in Science with a major in Epidemiology from the University of Oklahoma, which he attended as a Fulbright Scholar. He also has a Bachelor of Science in human biology and a Doctorate Degree in medicine from the National University of Rwanda.

In CDC, Dr Ndimubanzi was such a dedicated person who was pursuing excellence in his work. Greatly knowledgeable in his attributions, result-oriented and cooperative with everyone, he has been among the most impressive staff in CDC Rwanda. Even though he will be missed within the team, CDC Rwanda and the whole CDC family congratulate him and wish him the best in his new attributions.

Farewell to colleagues, and welcome to new colleagues



Douglas Shaffer was CDC-Rwanda country Director, he departed post in Early June. He is now working in Washington DC.



Jennifer Peregoy departs CDC-Rwanda early this September to her new post with CDC Country office in Maputo, Mozambique

Marion Barends was CDC's Laboratory Resident Advisor for Rwanda's Field Epidemiology and Laboratory Training Program (RFELTP). departed post in June, 2014.

Henita Kuntawala was CDC Program assistant, and she moved to be the PEPFAR Program Management Specialist for PEPFAR-Rwanda

Welcome!

Welcome to Andre Mbayiha, CDC –Rwanda's Public Health Specialist for Prevention among Key Population. He joined the team in August, 2014.

Kabeho Quarterly is brought to you by the Centers for Disease Control and Prevention (CDC) in Rwanda.

Kabeho Rwanda! Stay alive and healthy!

2657 Avenue de la Gendarmerie,
Gasabo District, Kigali.
Telephone: +250 252 596 642
Fax: +250 252 580 325
Email: cdcrwanda@cdc.gov
JUwineza@cdc.gov

Stay in touch with CDC and Public Health action in Rwanda...

Subscribe! *Write to JUwineza@cdc.gov to subscribe to Kabeho! Quarterly!*

Like the US Embassy Kigali Facebook page http://www.facebook.com/kigali.usembassy

Follow us on Twitter https://twitter.com/CDCRwanda

KEEP THE DATES:

8 September: International Literacy Day [UNESCO]

12 September: United Nations Day for South-South Cooperation

6 October: World Habitat Day

11 October: International Day of the Girl Child

15 October: International Day of Rural Women

16 October: World Food Day [FAO]

17 October: International Day for the Eradication of Poverty

24 October: United Nations Day

10 November: World Science Day for Peace and Development

14 November: World Diabetes Day

19 November: World Toilet Day

20 November: Universal Children's Day

25 November: International Day for the Elimination of Violence against Women

1 December : World AIDS Day

3 December : International Day of Persons with Disabilities

5 December: International Volunteer Day for Economic and Social Development

5 December : World Soil Day

10 December : Human Rights Day

20 December: International Human Solidarity Day

Photo credit: REMA

OPPORTUNITIES, NEWS

TRAVELLERS HEALTH INFO:: **Read CDC advise on travels, vis-à-vis Ebola outbreak in WEest Africa: http://wwwnc.cdc.gov/travel/diseases/ebola**

Follow the Latest News and Opportunities Announcements from the US Embassy in Kigali: rwanda.usembassy.gov

The Diversity Visa Lottery has started!!! Stand a chance to immigrate to the United States with DV Lottery:

Start your journey here:

www.dvlottery.state.gov

This information is distributed by the country office of the Centers for Disease Control and Prevention (CDC) in Rwanda for sole purpose of public information on its public action, under applicable information quality guidelines. It does not represent and should not be construed to represent final agency conclusions or recommendations