



KABEHO!

CDC Rwanda Quarterly Newsletter

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World AIDS Day 2014: In Focus



Mashirika group performs during the HIV Conference
Photo: CDC Rwanda

On December 1 each year, the world observes World AIDS Day as an opportunity to honor those living with HIV, those who have lost their lives to AIDS; but most importantly, an opportunity to review the global efforts to stop the epidemic and reach to an AIDS-Free generation. Organized for the first time as global health day in 1988, the World AIDS Day was thereafter celebrated every year by the world: UN agencies, governments and all sectors of civil society focusing on specific themes related to AIDS.

The United States' theme for 2014 – "Focus, Partner, Achieve: An AIDS-Free Generation" – reflects the American partnerships' drive to focus on interventions that work and partner with a broad range of stakeholders to achieve control of the epidemic and move closer to an

AIDS-free generation. In Rwanda, the theme was in line with the Global Theme of three zeroes – Zero new infections, Zero AIDS related deaths, zero stigma – as well as with Rwandan 2013-2018 National HIV Strategic Plan goals of lowering the new infection rate by two thirds, halving the number of HIV-related deaths per year and ensuring that people living with HIV (PLHIV) have the same opportunities as all others. It was centered on the role of Media in the fight of HIV and AIDS as a way to maximize the potential of this strong social tool in impacting on the population: "The Role of Media in early HIV treatment to reduce AIDS related morbidity and mortality".

Global statistics show that today 34 millions of people live with HIV and more than 35 million people have died from HIV worldwide since the 1980s. Sub-Sahara Africa accounts for 90% of the global burden of HIV disease. This translates into 70% of the global population living with the disease being in Sub-Sahara Africa. Within Rwanda, the prevalence rate is 3% in the general population, and higher among women than among men: The highest HIV prevalence is among women aged 35-39 (7.9%) and among men aged 40-44 (7.3%). It goes below 3% in the provinces, and in Kigali city attaining 7.3, being the highest rate in the country. The burden of HIV and AIDS falls heavily on Key Populations nationwide, where it is estimated to affect up to 51% of some members of this group; specifically, female sex workers. Most of the

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Stories from the Hills:

- ◆ An HIV positive family can have AIDS-free children



- ◆ Bosco: From Stigma to giving hope



NCBT Gets Regional Accreditation and NRL is Rated 5 Stars



The National Center for Blood Transfusion (NCBT) was awarded 2 stars (out of 3 max) accreditation rating by the African Society of Blood Transfusion (AfSBT) in

Nov 2014. This was after rigorous quality management system strengthening and overall excellent performance that has transformed blood safety in Rwanda. Since 2009, NCBT and the Regional Centers for Blood Transfusion (RCBT) have received support from CDC/PEPFAR and technical assistance from American Association of Blood Bank (AABB). This collaboration has been critical in system strengthening of blood safety services that include screening of all blood units for

transfusion transmissible infections. The NCBT is the first to be awarded this accreditation by AFSBT in the East and Central African region and their goal is to indeed attain full accreditation by the AABB.

East African Public Health Laboratory Network (EAPHLN) awarded NRL 5 stars in November 2014 after scoring 98.6% on the WHO/SLIPTA check list.

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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 Gene MacDonald
Country Director, CDC-Rwanda

Greetings Dear Friends and Colleagues,

It is a pleasure and honor to launch our first issue of 2015 of Kabeho Quarterly, from the CDC Rwanda team. We hope you have enjoyed the previous issues of the quarterly news as we share public health news, updates from the CDC Rwanda Team and take the opportunity to say thank-you to team members who are departing and to welcome the arrival of new members to the CDC family.

This is the first issue since my arrival as the new Country Director for Rwanda, and I would like to take this opportunity to start off this year's edition with a heart-felt thanks to all of you who have made my and my family's arrival to this beautiful country so warm! We greatly look forward to learning as much as we can about your culture, your history and your land. So let me start by saying, "Murakoze", to all for making us welcomed guests to your country!

Let me also take advantage of this opportunity to introduce myself to you, as we widen the wealth of collaborations already developed by my predecessors who were as motivated as I am to see Rwanda live healthier, longer and safer lives. As I have learned, it is in the culture to take time to get to know each other before going much further, and I am glad to tell you a bit about who I am.

I arrived in Kigali December 26, 2015 as the DGHA Program Director and CDC Country Director for Rwanda, accompanied by my family, and three of our five children, Sean, Paleasa and Caroline, with my husband, Jim Creighton. Our

two youngest children were born in Lesotho where they and their brother spent the first 8-10 years of their lives - and while Rwanda is very different from Lesotho, we all felt a sense of coming home when we stepped off the plane in Kigali. We have found Rwanda to be a very beautiful country and the people to be extremely warm and friendly.

My family and I have lived many years in southern and western Africa working in health areas of HIV/AIDS, TB and Avian Influenza, as well as in USG poverty reduction programs. I have many years' experience in the fields of scientific research, as well as public health and development programs overseas. My passion, since a child was about all things living. As I matured, this passion developed into a driving desire to help others, combined with a fascination to understand how diseases worked - how viruses and microbes can outwit the ultimately sophisticated human immune system, and how they impact human populations. These two driving forces in my life led me to the field of public health with a focus on infectious diseases and putting that knowledge to work in countries with limited resources to fight epidemics such as HIV/AIDS.

It is my commitment and passion to dedicate my time and effort here in Rwanda to lead the CDC Rwanda Team, alongside with the other USG agencies to assist Rwanda to build its capacity fight the HIV/AIDS and malaria epidemics and to prevent new outbreaks, such as SARs and Ebola, from ravaging this country and its people.

I am honored to work with such a tremendous group of committed and highly professional colleagues, both within the CDC team and in our partnerships with the Government of Rwanda and the Ministry of Health and others, to improve the lives of all Rwandans. I recognize and respect the tremendous capacity existing in the Ministry of Health and its achievements, and I am dedicated to strengthening the existing USG- GOR partnerships to help the Ministry of Health achieve an AIDS-free and malaria-free Rwanda.

Looking forward, I would like to thank our team

for their excellent stewardship of the COP15 development process and recognize their very long hours of work and dedication. This has been a challenging, but fruitful period as we work together with other USG agencies alongside with the Ministry of Health to collectively focus PEPFAR and Ministry resources to most effectively and expediently achieve HIV epidemic control using data-driven strategic planning. We look forward to continuing this partnership to assist the Ministry to continue to develop data-driven long term planning. Challenges remain, especially in the face of reducing donor support, but we are committed to standing side-by-side in achieving these goals.

Let me conclude by welcoming you to this issue of CDC Rwanda quarterly Newsletter. We are again ever glad to share with you updates on the major events taking place. The World AIDS day is always a time for us to review what is so far achieved in controlling this epidemic. We will have a snapshot on the situation and how the USG contributed in the outstanding Rwandan achievements. We also celebrate in this issue the 5 stars rating awarded to NRL, which is earning Rwanda regional accreditation. We will also learn more about the TB/HIV achievements as we observe World TB day this March.

Finally, I would like to express my deepest thanks to staff who have left CDC for their contribution to the CDC Program. Please remember you remain part of the CDC family, and we look forward to staying in touch. Finally, I would like to close by welcoming Pamela Gruduash, as our new CDC Deputy Director, effective December 28, 2014. Welcome also to Ida Kankindi, Enock Karekezi, Canisious Musoni, Wassila Niwemahoro and Jackson Bamwesigye who joined CDC in the last months.

Your feedback and inputs are welcome, and my door is always open.

Murakaza neza!

Gene MacDonald



A Global Glance...

By the Editor

Get to Know More About CDC: Division of Global HIV/AIDS (DGHA)



We are again here to tell you about CDC and its organizational scope through which comes CDC Rwanda Office. After we introduce you to what the Centers for Disease Control and Prevention and to the Center for Global Health (CGH), now comes time for explaining about one of the Divisions that make up the CGH: The Division of Global HIV AIDS.

The Division of Global HIV/AIDS (DGHA) is one of the four CGH Divisions that lead the United States health activities on the global level, the others are: the Division of Global Immunization, Division of Parasitic Diseases and Malaria, and the Division of Global health Protection. DGHA provides technical assistance to host governments, working through its strong partnerships with Ministries of Health and local and international partners to implement integrated HIV/AIDS clinical and preventive services and systems; develop and strengthen laboratory services; and provide epidemiologic science, informatics, and research support to develop sustainable public health systems in resource-constrained countries. CDC/DGHA HIV clinicians, prevention specialists, epidemiologists, laboratory scientists, public health advisors provide technical assistance to over 60 countries through its country and regional offices with headquarters support; with its 400 staff at headquarters and over 1,800 staff in the field, over 1,000 of whom are locally employed. DGHA is mainly funded through PEPFAR, which is the United States' Presidential Emergency Program For AIDS Relief: the largest effort by any nation to combat a single disease worldwide. PEPFAR will be our focus in the next issue!

Visit for more <http://www.cdc.gov/globalaids/default.html>

The USA's New Initiatives to End HIV/AIDS in the World

The United States of America unveiled on 3 December two new initiatives to scale up efforts to end the AIDS epidemic by 2030. Reaching out to some of the most vulnerable populations being left behind in the AIDS response, the new initiatives will focus on adolescent girls and on scale up of the development and delivery of drugs to treat pediatric AIDS. The United States commitments highlights the urgent need for more effective programs to reduce the disproportionately high levels of new HIV infections in young women and to urgently scale-up treatment services for children.

UNAIDS Executive Director Michel Sidibé welcomed the announcement and commended the United States President's Emergency Plan for AIDS Relief (PEPFAR) on its significant achievement in increasing the numbers of people on HIV treatment. "We congratulate PEPFAR on these two new initiatives. If we are to meet our goal of ending the AIDS epidemic by 2030,

"We congratulate PEPFAR on these two new initiatives. If we are to meet our goal of ending the AIDS epidemic by 2030, we must all fast-track our work to reduce new infections to less than 500 000 a year, scale-up treatment to meet the 90-90-90 targets, and eliminate stigma and discrimination"

Michel Sidibé, UNAIDS Executive Director



A giant red ribbon displayed on the White house to honor the World AIDS Day 2014. (Photo: www.whitehouse.gov)

we must all fast-track our work to reduce new infections to less than 500 000 a year, scale-up treatment to meet the 90-90-90 targets, and eliminate stigma and discrimination," said Mr Sidibé. "We will continue to need the United States to help lead the way towards the achievement of these ambitious targets.

PEPFAR also released a new report titled PEPFAR 3.0 – Controlling the Epidemic: Delivering on the Promise of an AIDS-free Generation. The report documents the program's progress and unveils PEPFAR's strategy for working with partners to reach the UNAIDS 90-90-90 targets and to achieve an AIDS-free generation.

The PEPFAR program is currently providing life-saving HIV treatment to 7.7 million people and has provided HIV testing and counseling for more than 56 million people in 2014.

You can visit www.pepfar.gov to learn more

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

All Up Against Violence Done on Women



Anti-GBV one-stops centers are one of the strategies in place to counter GBV and all violence done on Women.

Photo: www.togetherrwanda.com

From 25 November to 10 December, the world observed the 16 Days of Activism against Gender-Based Violence (GBV) Campaign, as it celebrates the International Day for the Elimination of Violence against Women, observed every November 25. It is a time the UN calls everyone to galvanize action to end violence against women and girls around the world. The term violence against women refers to any act that results in, or is likely to result in, physical, sexual and psychological harm to women and girls, whether occurring in private or in public. Violence against women is a form of Gender-Based Violence (GBV), which is an umbrella term for any harmful act that is perpetuated against a person's will, and that is based on socially ascribed (gender) differences between males and

females.

Women and HIV

Violence against women (physical, sexual and emotional) particularly increases women vulnerability to HIV. Forced sex can contribute to HIV transmission due to tears and lacerations resulting from the use of force. Women who fear or experience violence lack the power to ask their partners to use condoms or refuse unprotected sex. Fear of violence can prevent women from learning and/or sharing their HIV status and accessing treatment. Studies indicate that the risk of HIV among women who have experienced violence may be up to three times higher than among those who have not.

CDC/PEPFAR Response

The President's Emergency Plan for AIDS Relief (Emergency Plan/PEPFAR) PEPFAR is involved in responding to Violence against women as all other GBV forms through USAID, CDC and different other US government agencies. PEPFAR supports significant work in the field to mainstream gender into existing HIV programs, including empowering women socio-economically, promoting education and proving support in case of GBV.

CDC, as a PEPFAR implementing agency pro-

vides public health action in countering GBV in the world. In Rwanda, activities are organized and carried out through its Cooperative Agreement with the Ministry of Health. CDC-Rwanda, under PEPFAR provides support against GBV and Violence Against Women through supporting a number of One-Stop Centers in the country and clinical support to GBV victims. CDC Rwanda supports Rubavu One-Stop Center, and has contributed in starting up other one-Stop centers in Rwanda. CDC also supports clinical services provided to GBV victims, including counseling, HIV testing and prophylactic treatment to 3,112 people, including 2,400 women and girls, in the Fiscal Year 2014. Those comprise 1,854 sexual violence cases and 1,258 physical violence cases.

However, much is still needed to overcome GBV and its consequences, especially HIV and STDs. Existing facilities and systems should keep being empowered and shelters availed for GBV victims who are not yet safe in their homes. Most importantly, mobilizing all efforts to stop children abuse is essential, as this sad trend becomes more and more accentuated throughout time. More researches should also assist to clarify and contextualize realities, and help to design proper evidence-based reaction.

Editor

Care and Treatment!

CDC Supports TB Treatment to defeat HIV deaths

March 24 is international Tuberculosis (TB) Day. Tuberculosis (TB) is a disease caused by germs that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. A person with TB can die if they do not get treatment.

Rwanda sees a lot of progress in treating TB: This year the RBC counts 89.6 % of treatment success rate; 99.2 % of HIV testing among TB suspects; 99 % of HIV testing among TB patients; and 90.1 % of HIV+ TB patients under ART. CDC Rwanda provides technical support in TB/HIV area: in infection control activities, in intensified case finding, in TB screening among HIV, and more.

Countering TB in people living with HIV is critical in reducing HIV deaths, as TB is the deadliest opportunistic infection causing HIV

deaths. HIV infection weakens the immune system. If a person's immune system gets weak, TB infection can activate and become TB disease. Someone with TB infection and HIV infection has a very high risk of developing TB disease. Without treatment, these two infections can work together to shorten the life of the person infected with both.

It is especially important for people with both TB and HIV infections to take their TB medication. The HIV-weakened immune system makes it much more likely for them to develop TB disease than people who are not HIV infected. TB is one of the few diseases related to HIV infection that is easily prevented and cured with medication.

Editor

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

(Continued from P1) NCBT Gets Regional Accreditation and NRL is Rated 5 Stars



From left: DR Marc Herant, DG of Rwanda Biomedical Center, Mrs Pamela Gruduah of CDC, Hon. Minister Agnes Binagwaho of Health Ministry, DR Wangeci Gatei of CDC in a cocktail celebrating the accreditation achievements.

Photo: CDC Rwanda

Labs cohort, 4 of the 5 laboratories enrolled including NRL received zero stars with the remaining laboratory receiving a two-star



This was to be the case for the next cohorts with all receiving zero stars in their baseline assessments. The following graph shows how all three cohort were rated. (source: NRL)

The last assessment involving NRL and the five Cohort 2 Labs was the culminating point Rwanda labs has achieved so far: The NRL were assessed, and NRL achieved the highest score (more than 95%), rating it five stars, and the five satellite labs located near Rwandan borders - namely Gihundwe, Byumba, Nyagatare, Gisenyi and Kibungo - were rated four stars (85 to 94%).

A Hopeful Step

In Rwanda, laboratories enrolled in the SLMTA program demonstrated measurable improvements. Performance based financing, intensive monitoring and supplementary financial resources have contributed to gains in Cohort II laboratories. Strengthening of an effective laboratory technical working group is needed to oversee the accreditation preparation process. Mobilizing of resources from MOH and clinical partners at health facilities will further strengthen the long-term sustainability of quality laboratory systems. Expanding the use of performance-based financing to incentivize the quality improvement process in Rwanda may contribute to accreditation readiness and quality sustainability.

The Minister of Health, Honorable Agnes Binagwaho acknowledged to the role of CDC and MOH partnership to strengthen lab systems: "We have reached a step, thanks to our partners. We started this process with CDC's former Country Director" she noted. "This rating proves that our laboratories have the ability to offer better services to our patients, to provide specialized diagnostic services and conduct drug resistance monitoring at international level. But we have polished the floor, and now the sky is the limit", she insisted.

Sustaining the gains and further expansion of the SLMTA program to meet country targets will require continued program strengthening. Sustainability is a critical issue for SLMTA and other improvement programs, and CDC-Rwanda is committed to continue supporting this, "It is an honor to be part of what is happening in Rwanda, it is our commitment to continue to collaborate and partner with them, to continue to maintain success and continue succeeding", said Mrs. Pamela Gruduah on behalf of CDC-Rwanda Country Director.

In 2015, there will be another exit assessment of cohort 4 laboratories and NRL aims to build on the momentum to further strengthen its quality systems and apply for ISO 15189 Accreditation.

This was a culmination of a lot of hard work that started in 2009, when the Strengthening Laboratory Management Towards Accreditation (SLMTA) was first launched in Kigali. SLMTA is now in applied in numerous PEPFAR countries to strengthen laboratory systems. The other 5 EAPHLN supported satellite labs were awarded 4 stars each achieving an accelerated star rating having started their process in 2012. This marks one of the biggest achievements Rwanda has made in improving Laboratory systems.

The need to strengthen health systems, especially Lab systems was much accentuated in the region. Public health systems in particular clinical laboratories in sub-Saharan Africa have long remained fragile due to fundamental limitations and lack of prioritization of human, financial and training resources. Of the 340 accredited laboratories in Africa in 2013, only 28 (8.2%) are in sub-Saharan Africa. Sub-Saharan Africa has a population of more than 800 million, the majority of whom rely on government services for health care. The increasing burden of priority diseases such as HIV, tuberculosis and malaria in the region continues to challenge the weak existing systems with the lack of reliable laboratory support, disease diagnosis, and management of patient care.

In consideration of the depth of the problem, a number of key resolutions have brought laboratory systems strengthening to the forefront of health systems strengthening. The Resolution AFR/RC58/R2 (2008) called for strengthening of public health laboratories in the African Region. The Maputo Declaration focused on integrated laboratory support for major diseases and urged Member states to develop and implement national laboratory policies and strategic plans. In 2009, the World Health Organization Regional Office for Africa (WHO AFRO) and partners launched two initiatives in Kigali: a laboratory quality improvement program called Strengthening Laboratory Management Toward Accreditation (SLMTA), and what is now called the Stepwise Laboratory Quality Improvement Process Towards Accreditation (SLIPTA).

The Path to Success

Since the first SLIPTA baseline assessment in 2009 for the initial Central

CONTINUED... (From P1)**World AIDS Day 2014: In Focus**

Continued from P.1)

new infections among adults are reported in individuals in stable heterosexual relationships (65%), sex workers and their clients (20%), and individuals in casual heterosexual sex (10 %).

Even though there is still a long way to go, Rwanda was able to show positive results of this long fight to control the epidemic. Under MDG 6 "Towards an HIV-free generation", the government has been able to stabilize the national HIV prevalence rate at 3% from an estimated high prevalence of 6.9% in adults aged 15-49 years old. UNAIDS states that new HIV infections fell 60.3% and AIDS-related mortality fell 82.1% between 2000 and 2012. HIV services have been rolled out across the country. As a result, by June 2014 the country had achieved 95.5% antiretroviral therapy, ART, coverage and retained 93.6% of adults and 94.3% of pediatric patients after 12 months on ART. Currently, 89% of pregnant women in need are able to receive ARTs for Prevention of Mother to Child Transmission (PMTCT) thereby reducing transmission rate to 1.83 %.

The United States responds to HIV in Rwanda

Since 2003 the close partnership between the United States and Government of Rwanda has seen remarkable progress toward achieving an AIDS-free generation in Rwanda.

"We measure our successes by results — lives saved and new infections averted. Our programs will be evaluated by how well we work together to target and tailor our efforts toward controlling the epidemic in Rwanda. The United States and PEPFAR are committed to a continued partnership with Rwanda to achieve an AIDS-free generation with enduring results"

US Ambassador Donald Koran

Government of Rwanda has seen remarkable progress toward achieving an AIDS-free generation in Rwanda. To date the U.S. Government has committed more than \$700 million to support Rwanda's HIV/AIDS response. In 2014, 80% of Rwanda's HIV-positive population in need of anti-retroviral treatment (ART) receives this critical lifesaving medication, and the United States through the President's Emergency Plan for AIDS Relief (PEPFAR) has provided support for over 82,000 of the 139,000 men, women and children on treatment. Over the past year, PEPFAR has directly supported over 60,000 orphans, vulnerable children and their families with needed education, health and other services. PEPFAR's efforts with the Ministry of Health and other partners to prevent the transmission of HIV from mothers to newborns have allowed more than 90 percent of all HIV-positive mothers to receive ART, greatly increasing the likelihood that their babies will not be infected with HIV. This partnership has led to great successes. "We measure our successes by results — lives saved and new infections averted. Our programs will be evaluated by how well we work together to target and tailor our efforts toward controlling the epidemic in Rwanda. The United States and PEPFAR are committed to a continued partnership with Rwanda to achieve an AIDS-free generation with enduring results" said the US Ambassador Donald Koran in a World AIDS Day Op-Ed.

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CDC as the public health research agency implementing PEPFAR has been closely collaborating with the Ministry of Health and other health sector actors in Rwanda, to respond to HIV/AIDS Rwanda with evidence-based public health action. Key activities include HIV prevention

services, improving and expanding HIV/counseling and testing services, Prevention of Mother-to-Child Transmission (PMTCT) HIV care and treatment services, Tuberculosis/HIV integrated service delivery, blood safety service and laboratory accreditation. CDC support has played a key role in a number of Rwanda program successes. As of June 2014, CDC contribution in ART provision was estimated at 24%. About 89% of HIV-positive pregnant women tested in ANC received ART based on the Option B+ guidelines with Mother-to-Child Transmission rate of less than 2%. Today, 41,107 people are receiving ART through CDC funded-project. 7,588 adult males received Voluntary Medical Male Circumcision (VMMC) services with CDC funds. CDC also leads the transition of health facilities that were managed by other stakeholders to the Ministry of Health. Between October 2013 and September 2014 65 sites have been transitioned with CDC technical support.

Rwanda celebrates in a research conference

Among the highlights of World AIDS Day 2014, the government of Rwanda celebrated it through an International HIV Research Conference, which theme was 'Using evidence to save lives'. This conference brought together around 500 leading HIV researchers and scientists, public health experts, policy makers, civil society organizations from 10 countries; to provide updates on recent HIV researches and its application to strengthen HIV and AIDS response. To learn more about the conference and what it yielded, see the full story on page 4.

In her opening remarks, the Rwandan Minister of Health, Honorable Agnes Binagwaho took the opportunity to officially launch the 2014 World AIDS Day media campaign entitled 'Role of Media on early HIV treatment to reduce AIDS related morbidity and mortality' as the National theme of the year goes. The campaign shall run through 2015 and the media committed to focus on many HIV control activities.

The conference was closed by Her Excellency, Mrs Jeannette Kagame, the first lady of Rwanda, who commended the achievements made so far in efforts to control HIV/AIDS in Rwanda. She urged managers to follow the conference recommendations to save lives. "HIV has brought the world together to solve a problem, as no other global health issue has ever done. With high level commitment international partnership, ending HIV/AIDS is possible" she noted.

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Rwanda First Lady, Mrs
Jeannette Kagame



Editor.

STORIES FROM THE HILLS...**Tribute to those living with HIV****An HIV-Positive Family Can Have AIDS-free Children!**

Leonard's family, at Ruhunda health center, where they receive PMTCT and ART services.

Photo: CDC Rwanda

Leonard and Jeanne* are 57 and 55 years old, and they live in Ruhunda sector, Gishari District. They have been married for quite long when they discovered they were HIV positive. All of their 3 children they had died before they reach three months. One day, they decided to go for an HIV test, and they were found HIV positive. Jeanne was at only 32 CD4 at that time, and both were very often sick and

visibly not sure they will someday be healthy, fit and even have children. At that moment, life was over for Jeanne and Leonard that was 2000.

"We were scared of dying one day without leaving behind a heir. So, when we learnt we had chances of having AIDS-Free children, we decide to go ahead! It was a golden for us, for our family." Says Leonard. They also learnt they had chances of having uninfected children. They therefore decided to take the chance. With CDC/PEPFAR support, they were provided with PMTCT services through which HIV positive women have less than 2% chances of infecting their new born. They got their first child, and now their youngest is 9 months old. "Our lives changed completely, and I am now strong enough to work and feed my family, my wife can cultivate as if nothing ever happened to us, and now we are looking at 2015 with hope, 15 years after we know we have HIV. We never really thought this was possible, but it is!" Said

Leonard.

Joining the association was the beginning of another chapter in this family's life. Surrounded by community health workers and HIV counsellors, they were mentored on how to optimize the treatment they received for free, and how to complete it with good nutrition and health practices.



Patrick, one of their AIDS-Free children, still on follow-up for 9 more months.

Photo: CDC Rwanda

Editor

Bosco: From Stigma to Giving Hope

Bosco went through hopelessness and extreme stigma, but he now gives others hope and strength despite living with HIV/AIDS

Photo: CDC Rwanda

moment she accidentally found out I was positive, I was put in isolation by my family: a corner of my own to sleep in, my spoon, my plate, and nobody could touch what I touched. My wife told my children and everyone else about my status, and I was looked down upon by quite everyone", relates Bosco.

The following part of his story was complete stigma in his own home.

Bosco* is a 53 years old man, married with eight children. He lives in Gisagara district of the southern province but works in Kigali. Bosco is also a HIV peer educator from Twisungane association (of PLWHIV). He believes he has HIV since 1995 even though he got tested in April 2005. "When I found out I was HIV positive, I could not afford to tell my wife. The

At a moment, Bosco family started depriving him food, wishing he was dead, since then social security funds could be useful to them, helping out with school fees and other needs. "I decide to come to Kigali and try to get treatment, as ART was only limited to certain areas in those times", he says. He started ART in Muhima Health Center in the end of 2006, and went from 37 to 63kgs. When he recovered, regained strength got a job and went back to his home; they could not believe their eyes. "They were surprised to see me, because they thought I was dead and forgotten". Bosco put back children that had dropped in school with his newly earned money, and started again living with his wife, but following strictly medical advice to prevent infecting his wife."

Being a peer educator for Bosco was a rebirth: He is happy to see that his testimony gives hope. "I volunteered to be a peer educator because I know where I came from, thanks to treatment. It showed me that God wanted me to be the example for many others who have hard time accepting the reality. I am happy to advise them, strengthen them, and keep by their side through this life for the best. My main message is: Acquiring HIV is not your death, it is your life, and maybe even a greater life. Seeing people coming to me to say thanks, praising for me to be blessed... That in itself is a precious payment to me!" Bosco proudly notes.

Editor.

OUR PARTNERS

Get to Know the University of Maryland Baltimore (UMB)



University of Maryland School of Nursing professor Rani Khan, MSN teaches midwifery in Byumba.

Photo: www.newswise.com

University of Maryland Baltimore (UMB) is the prime partner in a CDC-Rwanda Cooperative Agreement (CoAg) with UMB, The University of Rwanda's School of Public Health and Kigali health Institute since 2012. This CoAg's purpose is to strengthening Rwandan institutions by working through them rather than by establishing long-term foreign technical presence in country: it works to assist the Government of

Rwanda (GOR) in achieving the Health Goals set out in the HSSP-II, and help CDC meet their commitments to the GOR as outlined in the Rwanda Partnership Framework, in order to ensure that comprehensive health services are offered with a high level of quality, are consistent with Rwandan guidelines and protocols, and follow international standards.

UMB is the oldest public medical school in the U.S. It has been in Rwanda since 2005, working through the PEPFAR Track 1.0 AIDSRelief program, a consortium that includes Catholic Relief Services and Futures Group, as

the technical lead. UMB has provided Technical Assistance in a variety of areas at the national level and in the district of Nyamasheke. In 2008 UMB signed a Memorandum of Understanding with the Ministry of Health MOH for technical support which has guided the institution's work in the country.

UMB's other works in Rwanda has included the following: A MOH HIV guidelines review and update, and reviewing UMB and updated MCH protocols, strengthening clinical competencies of TRACPlus staff and development of district mentorship teams, Clinical capacity strengthening for staff and facilities in the districts of Nyamasheke and Burera for HIV management, TB/HIV integration, laboratory quality assurance, community-based treatment support for adherence, and introduction of CQI initiatives at all facilities within these two districts; and many more.

In the PHSS CoAg, the UMB brings resources to bear from its Schools of Medicine, Nursing, Social Work and Pharmacy. The School of Medicine takes the lead, utilizing its Institute of Human Virology, Division of Infectious Diseases, Departments of Paediatrics, Obstetrics and Gynaecology, Emergency Medicine and Public Health to support the goals of the grant. UMB is active as a USG prime or sub-grantee in Rwanda, Nigeria, Zambia, Uganda, Kenya, Tanzania and Ethiopia.

CDC Grants Team

We interact...

Let us hear from you at cdrwanda@cdc.gov

YouthTalk

Rwanda Youths Behavior Change vis-à-vis HIV/AIDS

Globally today, there are 1.6 billion people aged 12-24—the largest generation of adolescents and young people ever. In 2010 young people aged 15-24 accounted for 42% of new HIV infections in people aged 15 and older. Among young people living with HIV, nearly 80% (4 million) live in sub-Saharan Africa, a bigger part is made of those who were born with HIV. Globally, young women aged 15-24, have HIV infection rates twice as high as in young men, and account for 22% of all new HIV infections and 31% of new infections in Sub-Saharan Africa.

However, again recorded is the decline in HIV prevalence among young people (aged 15-24 years) in 21 of 24 countries with national HIV prevalence of 1% or higher. The decline in HIV prevalence and falling new HIV infections among young people worldwide and especially in sub-Saharan Africa, are occurring simultaneously with behavioral changes such as waiting longer to become sexually active, having fewer multiple partners and an increased use of condoms among young people with multiple partners, says reports from UNAIDS.

Points to wonder about in Rwanda: do we really see youths waiting longer to become sexually active than past years? Do Rwandan youth have less multiple partners or more? Do Rwanda youth use condoms more today than yesterday? What does this predict? A raise or a decline in new HIV infections among youth?

Adolescents, Especially Girls at a Higher Risk of Contracting HIV

Eighteen-year-old David Kimenyi is sure he infected his girlfriend with HIV. They had unprotected sex many times, even after he discovered he was HIV-positive. "I am afraid that I would have infected my girlfriend with HIV/AIDS," he said. "We used to enjoy a good time together and we trusted each other to have unprotected sex," Kimenyi said of the girlfriend he began dating in 2008. Kimenyi's girlfriend has left him the day he told him he had HIV. Today, research still shows that young girls are still being infected with HIV disproportionately than boys of the same age.

In Rwanda, young girls between 20 and 24 years of age are six times infected by HIV, more than boys of the same age. Some infected through unprotected sex, like David's girlfriend. Different reasons might be behind this reality, one of them being that women in this age group are married, or a huge number among them are sex workers. Epidemiological data from the U.S. Centers for Disease Control and Prevention (CDC) indicate that 89% of all recent adolescent heterosexually acquired HIV infections occurred in girls.

What do Rwanda girls need to do, or what do parents and guardians need to do to help young girls change sexual behaviors?

WomenTalk

CDC RWANDA: Staff News

Meet CDC Rwanda New Leadership



Meet CDC-RWANDA New Country Director: Dr Gene MacDonald, PhD, MPH, MA.

Dr. MacDonald brings extensive experience working with developing countries on public health issues including HIV/AIDS, TB, and avian influenza, and has significant expertise in developing and working with public-private partnerships. Dr. MacDonald earned a PhD from the University of North Carolina, Chapel Hill; an MPH from the University of Massachusetts School of Public Health; an MS from Yale University; and an MA from Wake Forest University. She is also trained and certified in negotiation, facilitation, and mediation. She has over 10 years. She was officially received in Kigali in reception organized by the Deputy Chief of Mission of the US Embassy in Kigali Rwanda, on Thursday, January 15, 2015.

Dr. MacDonald first joined CDC in 2006, when she served as Branch Chief for Laboratory and Strategic Information for CDC-South Africa's programs in global AIDS and avian human influenza. From 2007-2012, she served as Resident Country Director for the US Embassy in Lesotho, where she oversaw a \$363M Millennium Challenge Corporation grant. Her responsibilities during that time included oversight and capacity-building of Lesotho's Head of Government and key government ministers to ensure effective implementation of activities to strengthen the health, water, and private sectors through legislative/policy, infrastructure, and technical reforms. Since 2012, she has provided consulting services for public health, development programs, and workplace and conflict mediation.



CDC Rwanda New Deputy Director: Pamela Gruduah, BBA.

Pamela joined the Center for Global Health, Division of Global HIV/AIDS, Country Operations Branch, as a Public Health Advisor - Sr. Grants Manager to CDC/Rwanda in June 2013. She became CDC Rwanda Country Deputy Director for Management and Operations in January 2015.

Pamela started her public health career with HHS/CDC in September 1983. She has worked at City, County, State and Federal levels in the United States. Pamela served as a disease intervention specialist, front-line supervisor, city manager, director of field services, regional consultant, and HIV Prevention manager with the National Center for Infectious Diseases in the Division of Sexually Transmitted Diseases for 15 years. At HHS/CDC in Atlanta, Mrs. Gruduah served as a project officer with the National Center for Injury Prevention and Control, the Division of Violence Prevention with a focus on prevention and control programs of Intimate partners violence for 3 years; she then returned to the National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Division of HIV/AIDS Prevention, HIV Incidence and Case Surveillance Branch as a program consultant for nearly 4 years. In her most recent position in Atlanta, she served as the Deputy Branch Chief in the HIV Incidence and Case Surveillance Branch for nearly 5 years.

Pamela has a Bachelor of Business Administration from University of West Georgia College and graduate studies at Medical College of Virginia and Touro International University

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...

Farewell to colleagues



Maestro Evans was CDC-Rwanda Deputy Country Director, in Rwanda since 2011. He departed post in Early January 2015, to Dar-Es-Salaam, Tanzania.



Venerand Bigirimana was CDC Histopathology Technical Advisor from April 2011 He departed post in March 2015.



James Barnes was CDC-Rwanda Health System Strengthening Advisor from 2012. He departed post in early October 2014



Your dedication and hard work are still appreciated!



Monica Kajuba was CDC Administrative assistant from February 2013. She departed post in October 2014.



Denise Mupfasoni has worked with CDC from 2011 as Epidemiology and infectious Diseases specialist. She departed in January 2015



Gloria Mukankusi Manzi was CDC Prevention Program Assistant from May 2008. She departed CDC in March 2015, and is now with State Department.



Eric Tongren was CDC Rwanda's Malaria Advisor and Liaison to USAID for PML He departed post in January 2015.



Welcome to colleagues

Welcome to new people in new positions...



Ida Kankindi started at CDC Rwanda as Adult Care & Treatment Specialist (TB/OI)



Gene MacDonald is CDC new Country Director since December 2014



Jackson Bamwesigye joined CDC as M&E specialist since April 2015



Canisius Musoni transferred from USAID Rwanda to CDC Rwanda as Pediatric HIV Care & Treatment Specialist in January 2015



Karekezi Enock is Laboratory Resident Advisor for Rwanda's Field Epidemiology and Laboratory Training Program (RELTLP) since November 2014



Emah Ndengo in CDC since 2009, but she became in February 2015 CDC new Grants Assistant



Pamela Gruduah in Rwanda since 2013, is now CDC Rwanda new Deputy Country Director since December 2014.



Wassila Niwamahoro joined CDC as the Administrative Assistant (Procurement/travel) since January 2015

FACTOIDS...

Fact 1: FY2014 PEPFAR Annual Results for Rwanda

QUICK FACTS ABOUT HIV RESPONSE IN RWANDA:

Between October 2013 and September 2014, PEPFAR supported people to access HIV services in Rwanda.

1,647,427 People received HIV testing and counseling & received results

163,196 pregnant women were tested for HIV

82,677 Adults and Children received antiretroviral therapy

906 Health Care Workers graduated from a pre-service training institutions or program with PEPFAR support



FACT 2: HIV/AIDS Pandemic at a Glance

WORLD AIDS DAY DECEMBER 1

**35 MILLION PEOPLE
ARE LIVING WITH
HIV/AIDS GLOBALLY**

 **NEW HIV INFECTIONS
DECREASED
38% GLOBALLY
SINCE 2001 TO 2.1 MILLION**

**NEW PEDIATRIC HIV INFECTIONS
DROPPED
58% GLOBALLY** 
SINCE 2001 TO 240,000

CDC helps more than
60 countries
strengthen their national
HIV/AIDS programs

Content source: UNAIDS - www.unaids.org/



NEWS, UPDATES, ANNOUNCEMENTS



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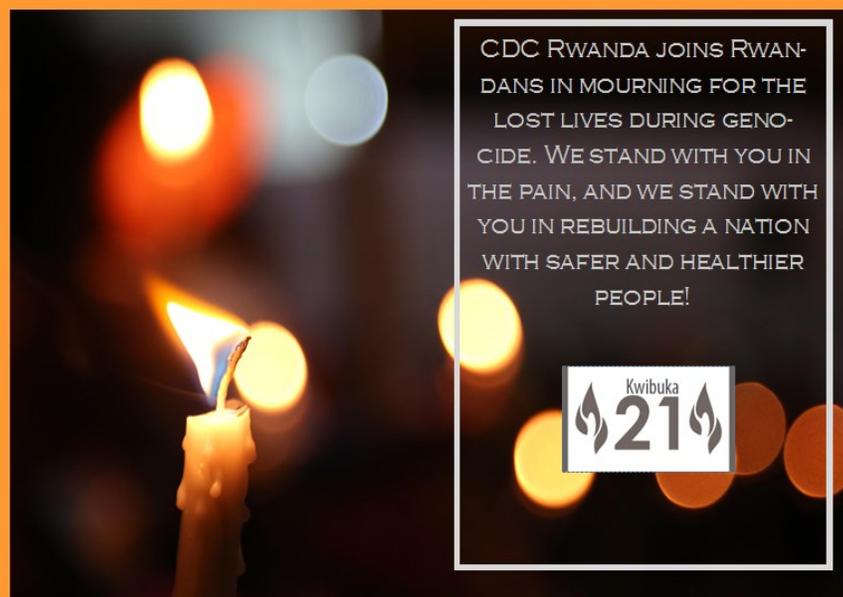
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CDC RWANDA JOINS RWANDANS IN MOURNING FOR THE LOST LIVES DURING GENOCIDE. WE STAND WITH YOU IN THE PAIN, AND WE STAND WITH YOU IN REBUILDING A NATION WITH SAFER AND HEALTHIER PEOPLE!

