RWANDA

DHAPP

DEPARTMENT OF DEFENSE HIV/AIDS PREVENTION PROGRAM

REDUCING THE INCIDENCE OF HIV/AIDS AMONG UNIFORMED PERSONNEL IN SELECTED AFRICAN NATIONS AND BEYOND

WINNING BATTLES IN THE WAR AGAINST HIV/AIDS

BACKGROUND

Country Statistics

The population of Rwanda is estimated to be 8.4 million people, with an average life expectancy of 47.0 years. The low life expectancy has been significantly affected by the HIV/AIDS epidemic. Kinyarwanda, French, and English are the official languages; the literacy rate is 70.4%, distributed disproportionately between men and women. Rwanda is a rural country with about 99% of the population engaged in agriculture. It is the most densely populated country in Africa, with few natural resources and minimal industry. Per capita income in Rwanda is estimated to be $1,300.

HIV/AIDS Statistics

The HIV/AIDS prevalence rate in the general population is estimated at 5.1%, with approximately 250,000 people living with HIV/AIDS. The epidemic in Rwanda appears to have stabilized in recent years, although prevalence is still rising in some areas. Prevalence is more than twice as high in urban areas as in rural areas. HIV in Rwanda is mainly transmitted through heterosexual intercourse. Factors that have contributed to the rapid spread of the disease include low rates of condom use, high incidence of multiple sex partners, early onset of sexual activity, and the overall civil crisis of the 1990s. Youth and young adults are more severely affected than other age groups.

Military Statistics

The size of the armed forces is approximately 70,000. As of this annual report, no information regarding HIV prevalence in the military was available.

PROGRAM RESPONSE

Military-to-Military Technical Assistance

DHAPP staff members provided technical assistance to the military of Rwanda during an in-country assist visit, 29 August–10 September 2005. The purpose of the trip was twofold. The first week included review, assistance, and preparation of the President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan (COP) for fiscal year 2006. The second week included military-specific planning and technical assistance to the Rwandan Defense Forces (RDF) and US Embassy representatives.

During the 2-week visit, DHAPP staff members met with all involved US Government agencies that are providing prevention, care, and treatment of HIV patients and spoke about capacity and the possibility of expansion, visited multiple care and treatment facilities, met with the head of the military HIV/AIDS program, visited military sites for care facilities to be established, visited Population Services International sites, and visited a mobile unit on the Tanzania border providing HIV counseling and testing (CT). During these meetings, DHAPP staff members provided feedback on better organization and implementation of CT, discussed military policies and guidelines, and in consultation with the RDF, developed policies and guidelines for military personnel. These guidelines included prevention programs, as well as care and treatment for HIV-positive troops.

Proposed Future Activities

As a President's Emergency Plan for AIDS Relief (PEPFAR) focus country, the RDF submitted a comprehensive HIV/AIDS prevention, care, and treatment proposal to the Office of the Global AIDS Coordinator (OGAC) via their PEPFAR country team's overall Country Operational Plan. Military activities for FY06 were approved by technical and program review committees at OGAC, as well as by agency principals, and these will commence in the new fiscal year.

OUTCOMES & IMPACT

Prevention/Care/Treatment

DHAPP staff members have maintained contact and collaborative interaction with military officials and US Embassy staff in Rwanda to plan to expand their established comprehensive HIV/AIDS prevention/education program for military members in their country, specifically in the area of care. As of this reporting date, DHAPP desk officers have maintained active roles as members of the Rwanda country core team at the OGAC, providing support to the country team in its implementation of PEPFAR funding.

During July 2005, the RDF sent 2 physicians to the *Military International HIV/AIDS Training Program* in San Diego. They were provided with training in prevention, CT, care, and treatment methods, as well as policy development and capacity building. Participants relayed positive feedback from the course and stated that they felt it would enhance their ability to establish prevention, care, and treatment programs for HIV in their country. The implementation of DHAPP-funded prevention efforts in Rwanda has not yet commenced. DHAPP anticipates significant progress in prevention, care, and treatment in the RDF programs during FY06.