



Adapting, Responding, Thriving: Rwanda's Journey in Strengthening Health Resilience



Republic of Rwanda
Ministry of Health

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BACKGROUND

Despite funding reductions, Rwanda has sustained progress toward the 95-95-95 targets, achieving 96-98-98 per PEPFAR COP23 estimates. HIV service delivery, viral suppression, and outreach to key populations remain priorities. Strong government leadership and decentralized services have ensured provider retention and continuity of services, which are supported by reliable digital platforms (HMIS, EMR, eBuzima) and laboratory networks.

In 2024, the government contributed 10% to the HIV National Strategic Plan, while external partners provided 90%. 53% from the Global Fund and 37% from the U.S. Government. Although external funding is declining, national and private sector commitment to bridging the gap remains firm.

Rwanda continues to sustain coordination, optimize supervision and mentorship, and strengthen capacity through e-learning and tele-mentorship. Service realignment guided by epidemiological trends and supported by increasing domestic funding, partnerships and service integration ensures continued HIV testing and ART delivery.

ADAPTIVE APPROACHES TO RESOURCE CONSTRAINTS

Rwanda is addressing resource needs through increased domestic financing and private sector engagement to close funding gaps; strengthening workforce capacity via retention, and e-learning; sustaining technical assistance through national mentorship and digital platforms such as tele-mentorship; fostering meaningful community participation through structured partnerships with civil society and key population networks; and enhancing program resilience through integrated service delivery and data-driven planning.

NATIONAL PRIORITIZED PREVENTION, TESTING, AND TREATMENT SERVICES

PREVENTION SERVICES			TESTING SERVICES			TESTING SERVICES			TREATMENT SERVICES			TREATMENT SERVICES				
Component	Intervention	RWA	Component	Intervention	RWA	Component	Intervention	RWA	Component	Intervention	RWA	Component	Intervention	RWA		
Infant prophylaxis	Infant PEP HR 0-6w	Keep	Blood products	Blood product screening	Keep	Community-based (virtual and in-person)	CB HIVST points >15	Keep	ART continuity	Uninterrupted ART for all	Keep	OI management	TB Xpert for symptomatic	Keep		
	Infant PEP HR 6-12w	Keep		Symptomatic testing (entry)	Keep		CB HIVST points 95-gap	Keep		MMD 3-6 months	Keep		TB treatment	Keep		
	Infant PEP LR	Keep		ANC first test	Keep		CB HIVST points KP	Keep		Annual clinical review	Keep		TPT per regimen	Keep		
PEP	Facility PEP (guidelines)	Keep	ANC late retest	Keep	HIVST digital outreach		Keep	Enroll less-intensive DSD		Keep	CRAG for symptomatic		Keep	AHD package	Cryptococcal treatment	Keep
	Community PEP (GBV/KP)	Keep	Postnatal PBFW 6-monthly	Keep	KP high-volume outreach		Keep	Maintain facility DSD-indiv		Keep	LAM S3/4 seriously ill		Keep		CRAG S3/4 IPD	Keep
Condoms	Facility condoms/lube	Keep	HEI 6w/6-9-18m EPI	Keep	KP all outreach sites		Keep	Maintain community DSD-indiv		Keep	CRAG S3/4 IPD		Keep	AHD package	CD4 S3/4 new or >90d	Keep
	KP condom points	Keep	HEI birth test	Keep	AGYW targeted outreach		Keep	Maintain client-managed groups		Keep	CD4 S1/2 new or >90d		Keep		CRAG S1/2 CD4<200	Keep
PrEP continuation	Facility PrEP KP 3MMD/6m	Keep	TB clients (newly diagnosed)	Keep	Men targeted outreach		Keep	Maintain adolescent groups (HCW)		Keep	LAM S1/2 CD4<200		Keep	Integration	CRAG S1/2 CD4<200	Keep
	Facility PrEP PBFW 3MMD/6m	Keep	TB clients (presumptive TB)	Keep	Men workplace testing		Keep	Maintain community DSD-indiv		Keep	Fluconazole pre-emptive		Keep		PAP smear never-screened	Keep
	Facility PrEP others 3MMD/6m	Keep	STI clients (new STI)	Keep	Children targeted outreach		Keep	Active transfer same-day 3MMD		Keep	HPV screen never-screened		Keep	Tracking and tracing	Hypertension integration	Keep
	Annual PrEP review	Keep	Hep B/C (new)	Keep	Prisoners: On entry/discharge	Keep	Maintain DSD groups (HCW)	Keep	Diabetes integration	Keep	Phone trace abnormal labs	Keep				
	PrEP review 6-monthly	Keep	Inpatient (new admission)	Keep	Prisoners' entry/annual	Keep	Maintain DSD groups (HCW)	Keep	Family planning integration	Keep	Phone trace >28d missed	Keep				
	Facility PrEP DSD-indiv	Keep	Children in malnutrition clinics	Keep	ABYM targeted outreach	Keep	Active transfer same-day 3MMD	Keep	VIAC annually WLHIV	Keep	Home trace abnormal labs	Keep				
	Out-facility PrEP DSD	Keep	EPI child post-screen	Keep	Recency testing	Keep	CTX adults S3/4/CD4<350	Keep	Home trace high-risk	Keep	Home trace >28d missed	Keep				
	Virtual PrEP refills	Keep	FP initiation clients	Keep	Recency testing	Recency testing	CTX adults high-risk	Keep	Home trace high-risk	Keep	ART start literacy	Keep				
	Adherence/risk counselling	Keep	FP <25 init+annual	Keep			PN EPN + HIVST/FBT	Keep	CTX for HIV/TB	Keep	Home trace >28d missed	Keep	Adherence assessment visits	Keep		
	Continue DVR PrEP	Keep	FP init+biennial+change	Keep			PN APN + FBT (virtual)	Keep	CTX for CLHIV	Keep	VL and DSD prep	Keep	EAC for high VL	Keep		
Continue LAI PrEP	Keep	FP init+annual	Keep	PN APN + community test			Keep	CTX for HEI	Keep	Child disclosure support	Keep	MH screening at start	Keep			
PrEP initiation (& re-initiation)	Start PrEP PBFW self-ID	Keep	Self-initiated HIVST (annual)	Keep			Female index: child FBT/HIVST	Keep	Fluconazole secondary proph	Keep	MH screening high VL	Keep	MH screening all visits	Keep		
	Start PrEP PBFW at-risk	Keep	VCT/HIVST any frequency	Keep			Female index: child CBT	Keep	Initiate <5 years	Keep						
Harm reduction for people who inject drugs	Start PrEP KP	Keep	PrEP users 1m+6m	Keep			PN EPN + HIVST (VL>1000)	Keep	Initiate PBFW	Keep						
	Start PrEP AGYW self-ID	Keep	PrEP users 1m+3m	Keep			PN EPN + HIVST (FP/ANC<25)	Keep	Initiate symptomatic/AHD	Keep						
	Start PrEP others self-ID	Keep	VMMC clients	Keep			PN EPN + HIVST (FP/ANC)	Keep	Initiate all positives	Keep						
	Test post-start 1-3m	Keep	PN EPN + HIVST/FBT	Keep			KP SNT + HIVST	Keep	Initiate stage 3/4 or CD4 low	Keep						
VMMC	Facility-first NSP+naloxone	Keep	PN APN + FBT (virtual)	Keep	AGYW SNT + HIVST	Keep	Initiate stage 1/2 (CD4 high)	Keep								
	Community NSP+naloxone	Keep	PN EPN + HIVST (VL>1000)	Keep	PN EPN + HIVST (95s STI-neg)	Keep	VL for suspected failure	Keep								
	Continue OAMT refills (PWID)	Keep	PN EPN + HIVST (FP/ANC)	Keep	PN EPN + HIVST (STI-neg)	Keep	Repeat VL at 3m	Keep								
	Initiate/continue OAMT (PWID)	Keep	PN EPN + HIVST (STI-neg)	Keep	PN APN + FBT (STI-neg)	Keep	First VL by 6m	Keep								
	Targeted VMMC scale-up	Keep	PN APN + FBT (STI-neg)	Keep			First VL (no prior)	Keep								

Keep (No Change)
Keep (Modify)
Drop
Not applicable
Not Prioritized

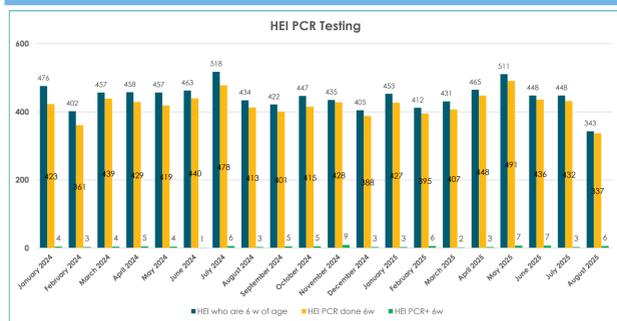
Existing HIV prevention interventions across different subgroups were maintained without change

HIV testing interventions across different subgroups were maintained without change

HIV treatment interventions were maintained without modification

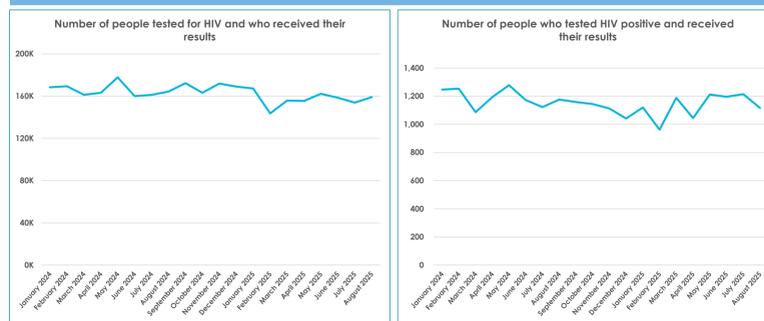
SELECT HMIS HIV SERVICE DELIVERY INDICATORS: TREND OVER TIME, 2024-2025

Fig 1: Trends in Monthly PCR+ at 2 Months



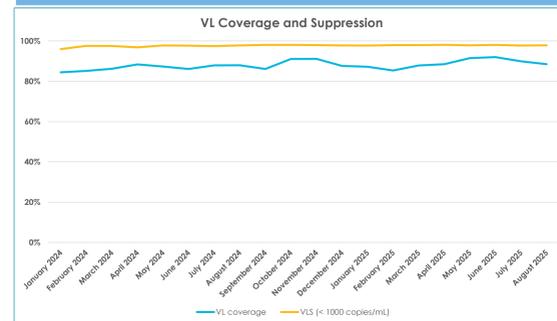
HEI PCR testing at 6 weeks achieved coverage ranging from 89% to 98% between January 2024 and August 2025

Fig 2: HIV Testing and Positivity Trends



HIV testing services continued across all facility-based entry points and through outreach for key populations (KP). Monthly testing volume ranged from 143,622 to 177,797 individuals between January 2024 and August 2025.

Fig 3: VL Coverage and Suppression Trends



VL coverage remained below 90% in most months from January 2024 to August 2025. VLS (<1000 copies/mL) was consistently above 95% during the same period.

SYSTEMS & SERVICES ADAPTATIONS

Rwanda has sustained its HIV response under funding constraints through strong governance involvement, innovative financing, and system optimization, including:

- Fostering to increase domestic contributions and engaging the private sector to strengthen financial sustainability.
- Service delivery has been optimized through expanded differentiated, integrated care models, and community engagement.
- Onsite supervision has been reduced and complemented with strengthened digital platforms such as HMIS, EMR, eBuzima, e-learning and tele-mentorship platforms to maintain continuous capacity building and technical support.
- Supply chains and laboratory networks have been reinforced to ensure uninterrupted testing and treatment services.

NEXT STEPS / WAY FORWARD

- Strengthen domestic and private sector resource mobilization to sustain HIV services and community engagement.
- Prioritize high-impact interventions and optimize service integration for programs efficiency amid funding constraints.
- Expand and maintain digital platforms for e-learning, tele-mentorship, and virtual supervision.
- Support key and priority populations through targeted advocacy, retention strategies, and community-led initiatives.
- Enhance monitoring and evaluation to ensure implementation fidelity and data-driven decision-making.
- Foster partnerships with CBOs, NGOs, and private sector actors for integrated service delivery.