

Geneva IAPAC meeting , 13  
October 2016

# “**TREAT ALL**” HIV+ IN RWANDA

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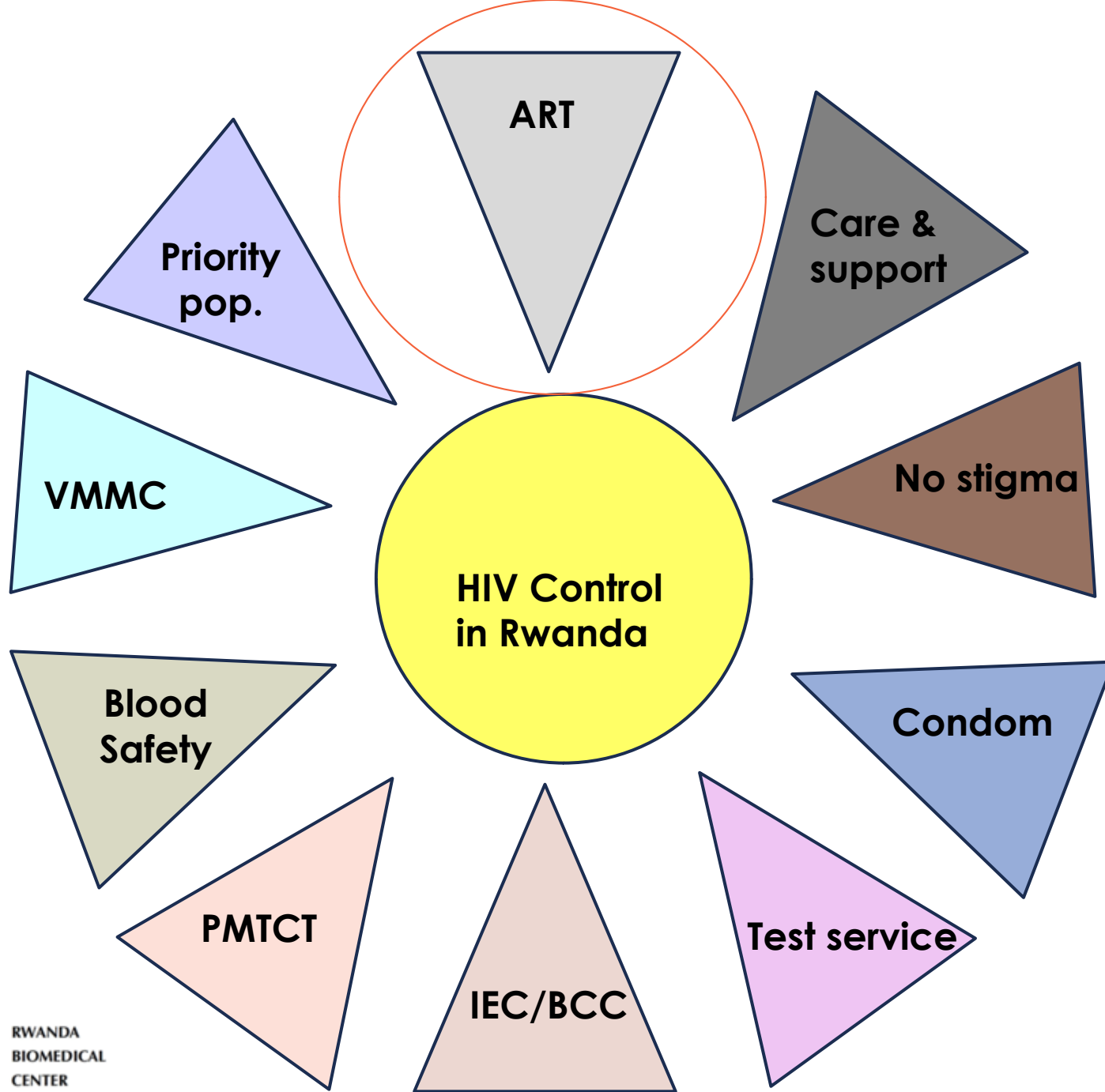
Rwanda Biomedical Center

AND

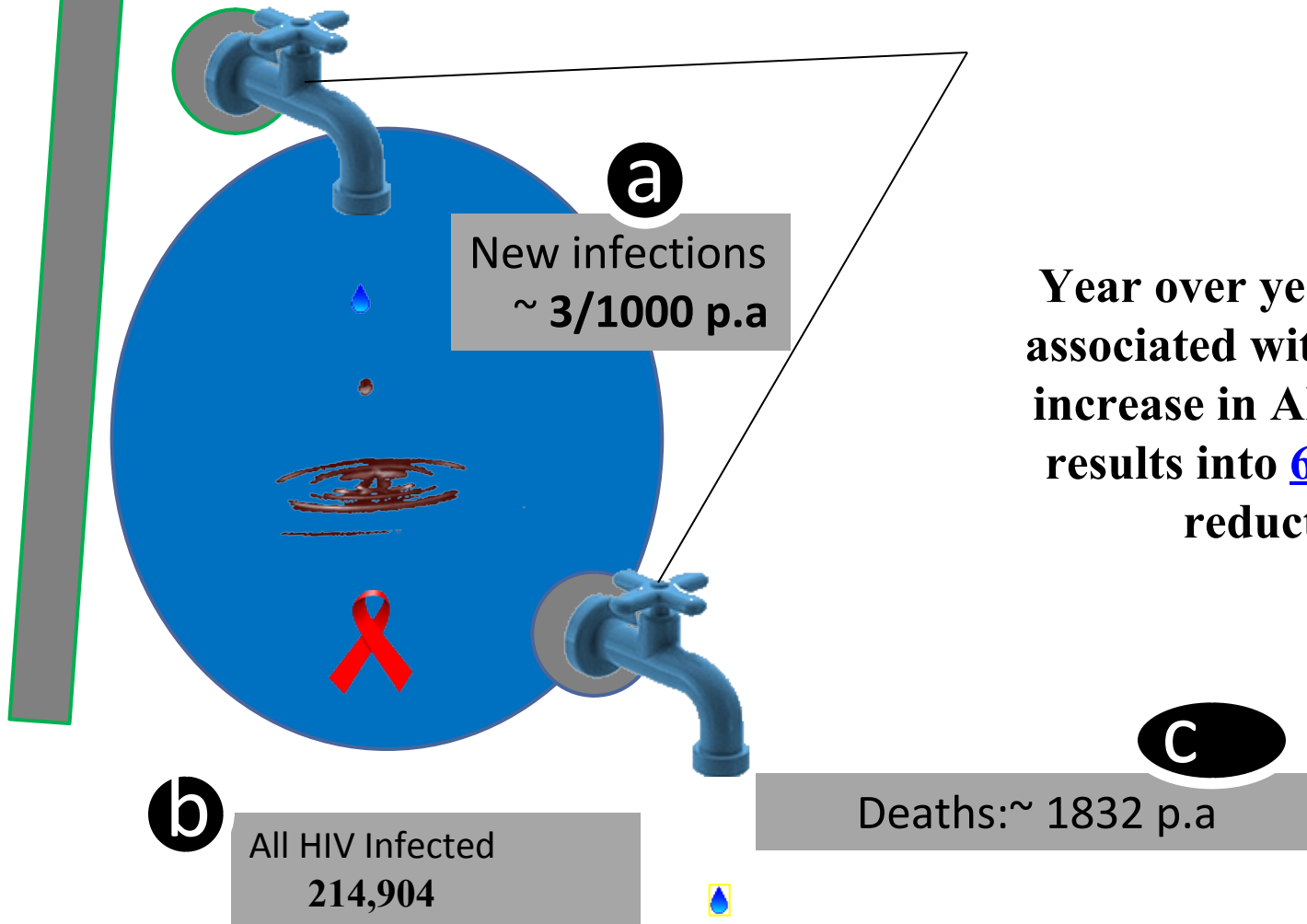
Basel Clinical Epidemiology & Biostatistics and SwissTPH , University of Basel, Switzerland



A Healthy People. A Wealthy Nation

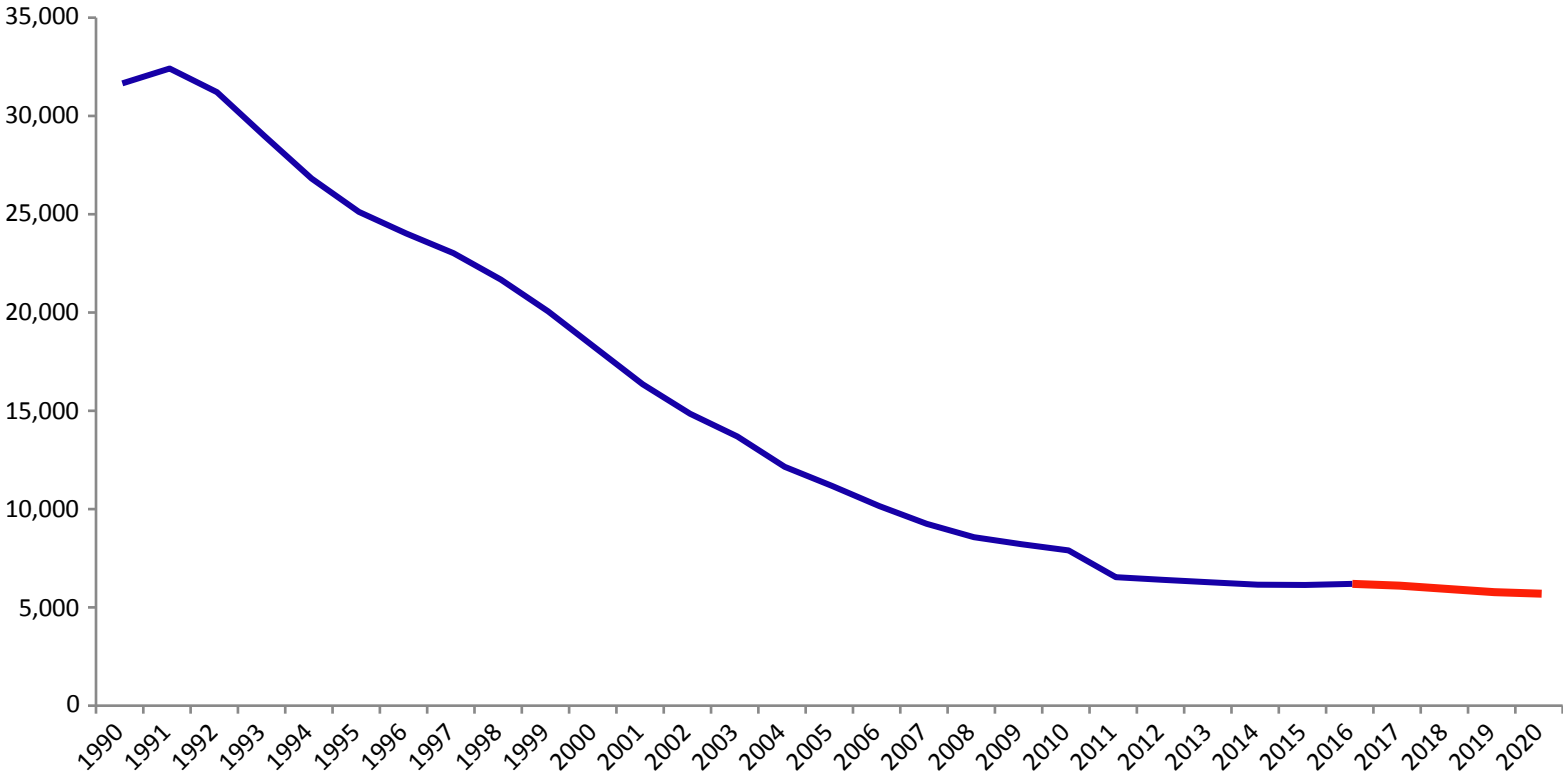


# Treatment as Prevention (TasP)

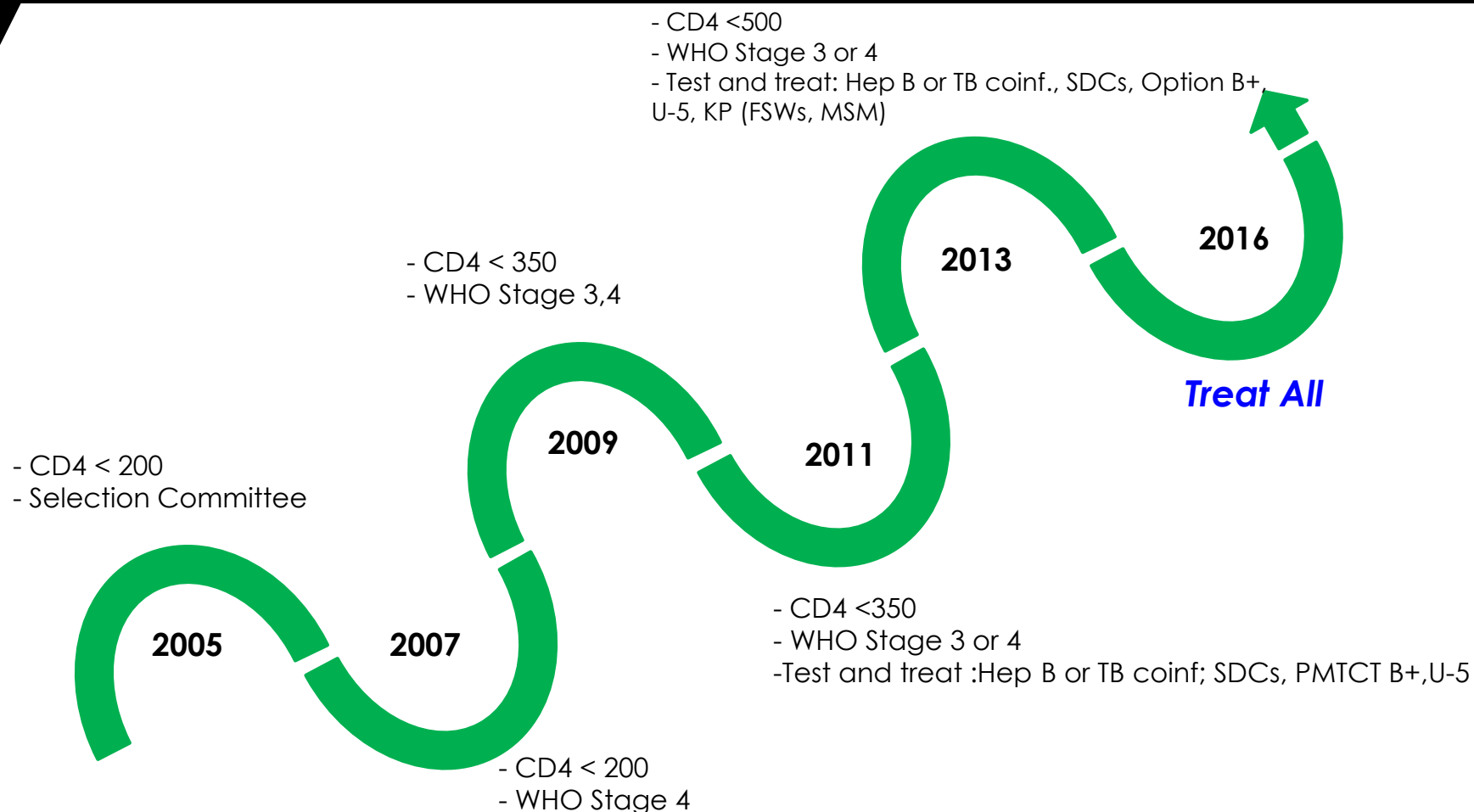


Year over year reduction associated with every 10% increase in ART coverage results into 6% incidence reduction \*

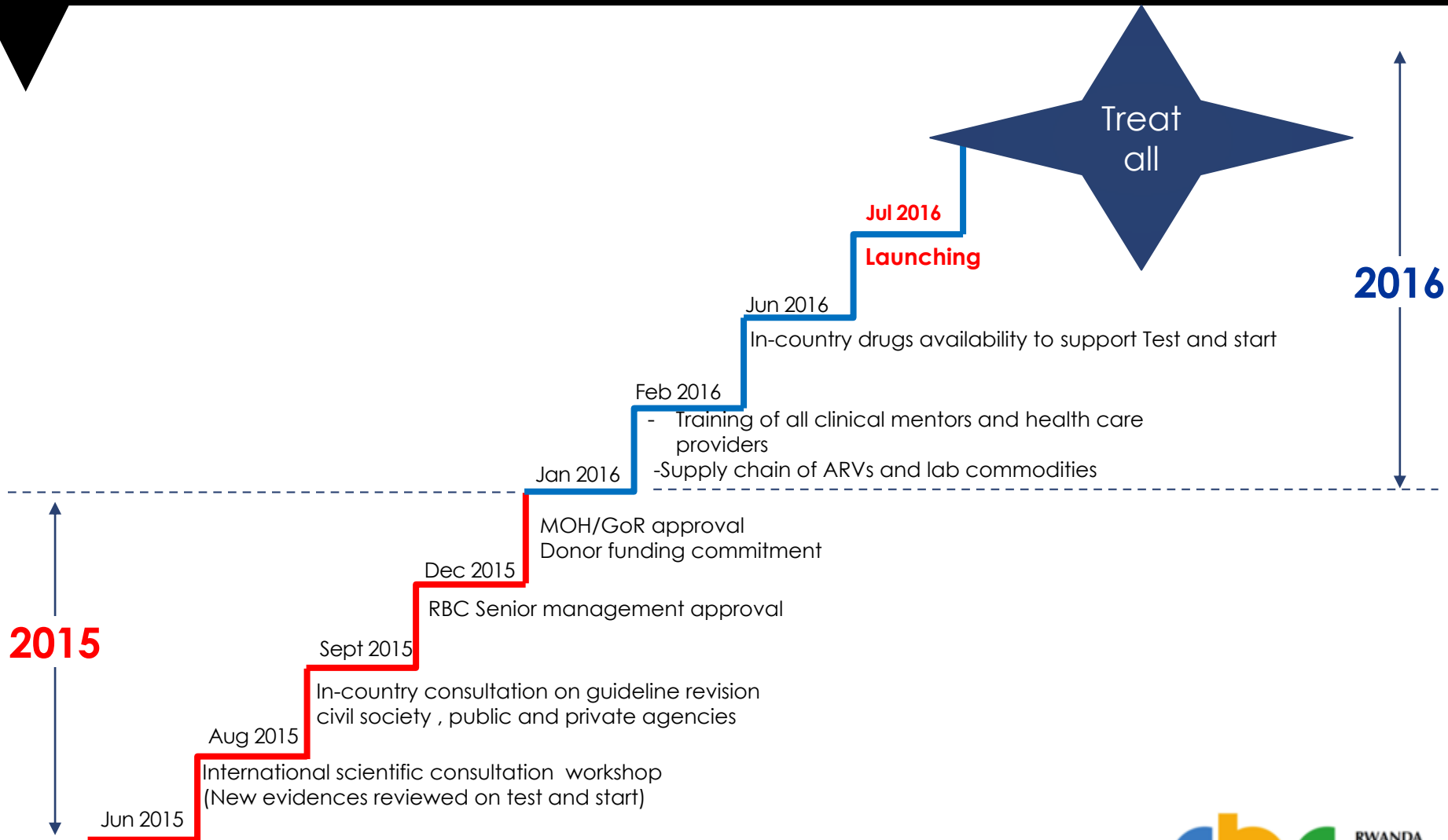
# Declines in new HIV infections in Rwanda 1990-2016



# National HIV guidelines changes over 10 years



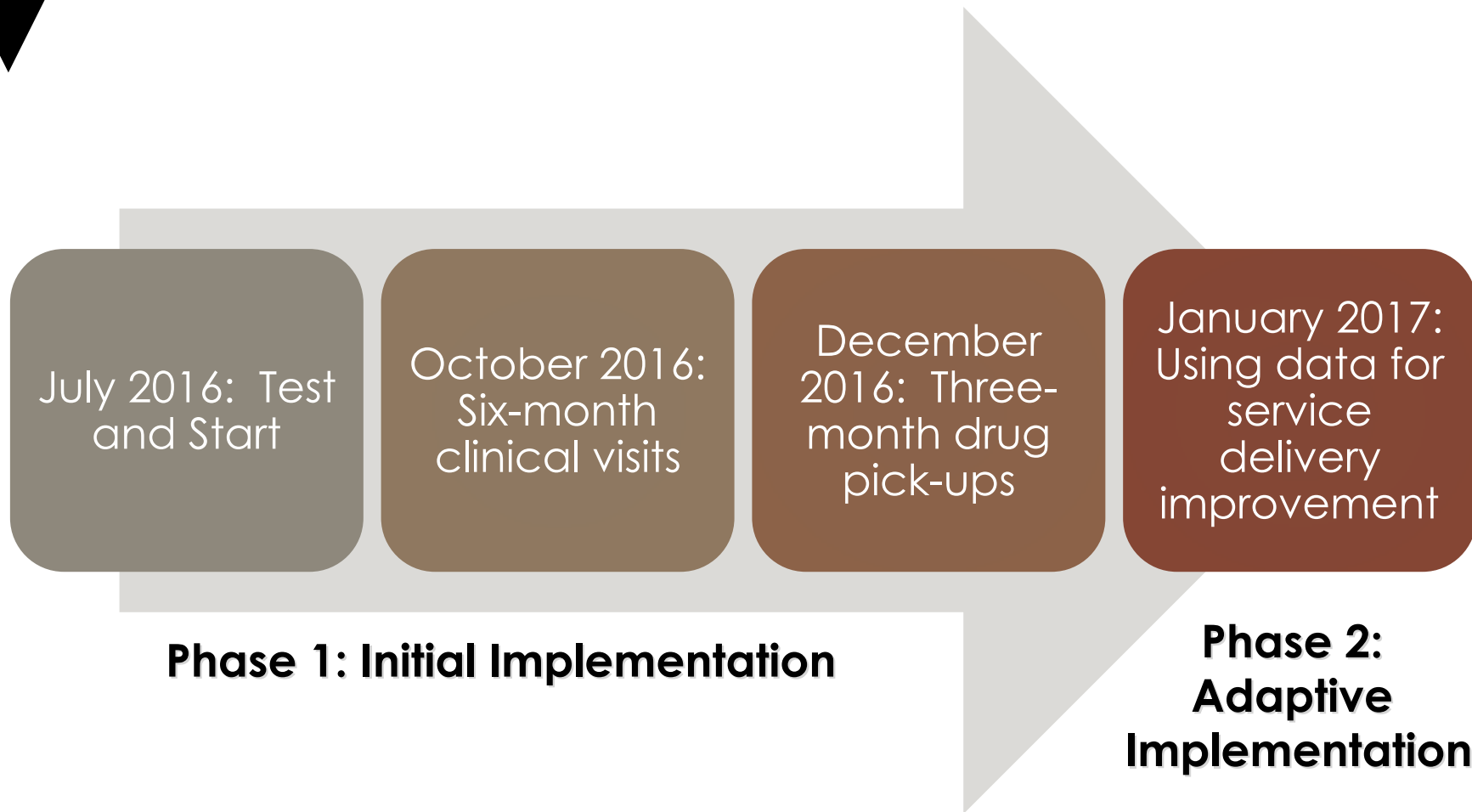
# Implementation *Treat All* Approach in Rwanda



2015

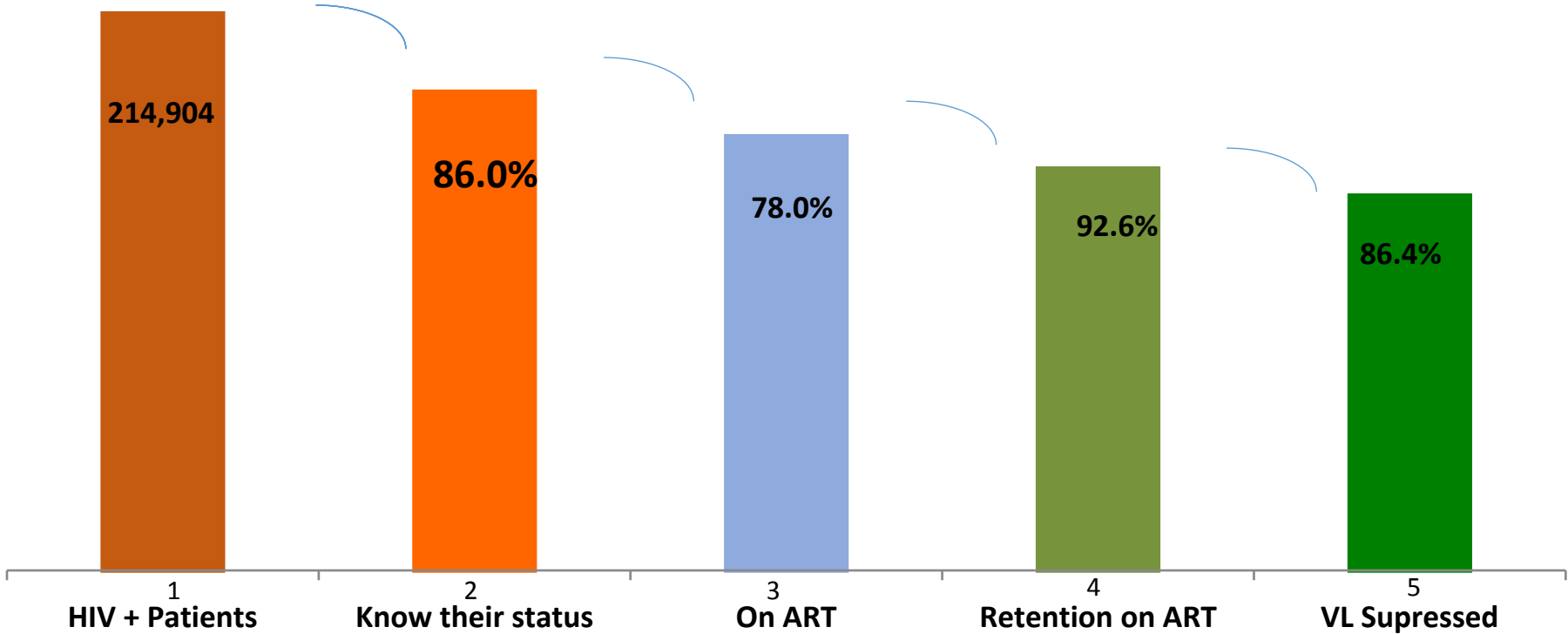
2016

# Reconfiguring Rwanda HIV service delivery , 2016



# HIV cascade of Care in Rwanda , 2016

HIV prevalence: 3%

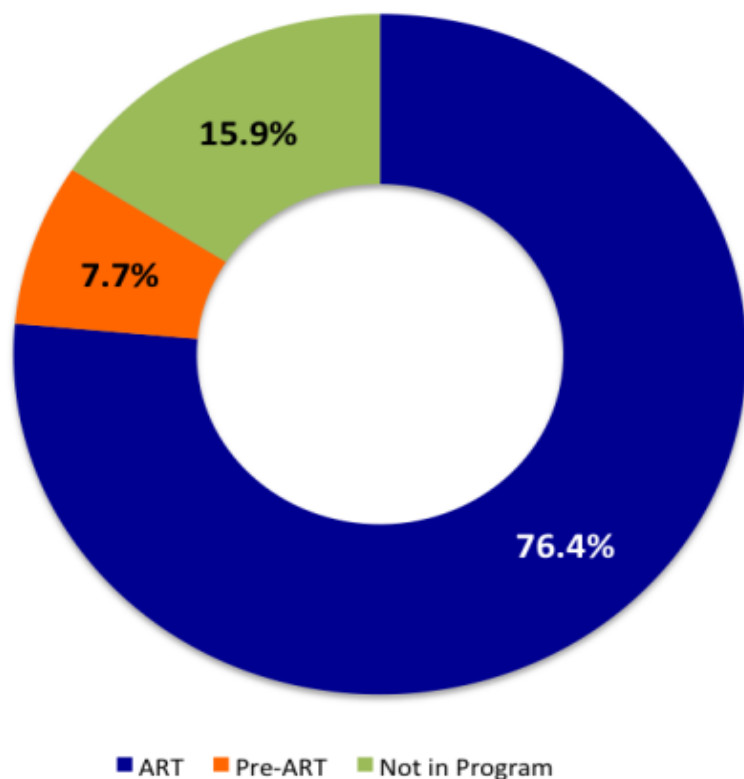


Data sources: 1. Epi spectrum estimates 2015; 2.DHS2015; 3,4,5: HMIS June 2016

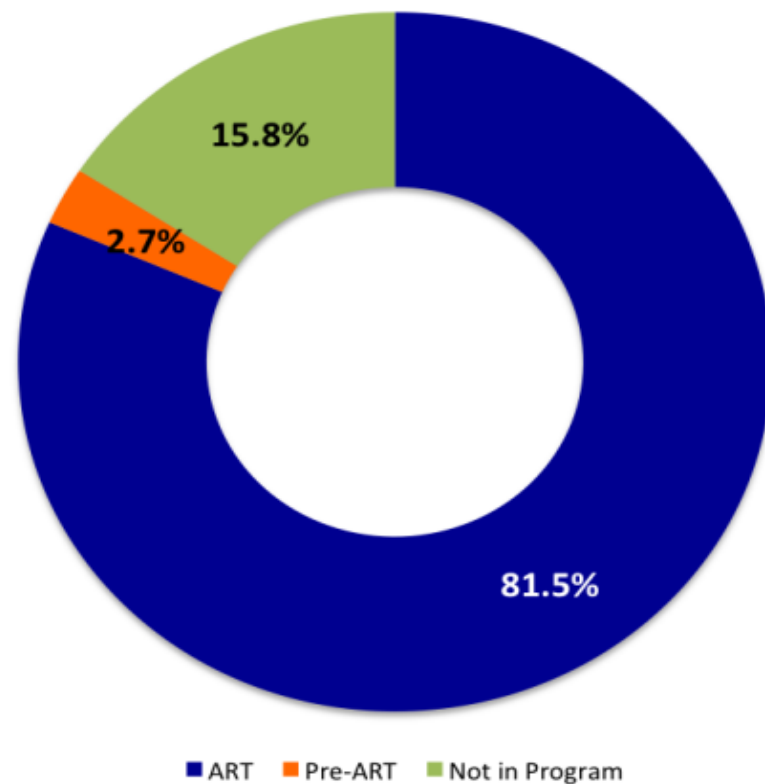


# Patient coverage in Rwanda National HIV program

June 2016



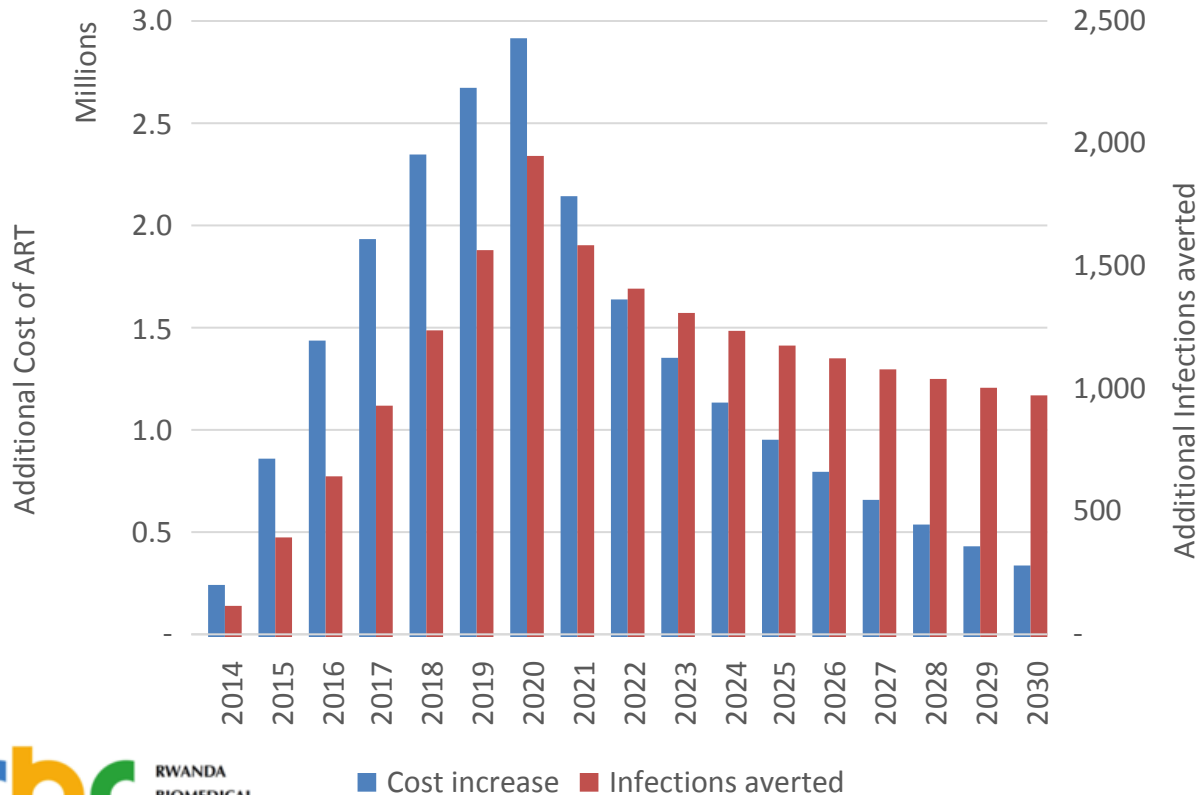
September 2016



# Benefits of *Treat All* in Rwanda

By adopting *Treat All*, Rwanda may be able to avert 17,800 more infections

**Incremental Cost and Impact of Moving from 2013 Guidelines to Universal Treatment**



**Average additional annual costs for ARVs and labs**  
= \$ 1.4 million p.a

**Additional Infections Averted by Scaling Up**  
**17,800**

**SAVING:**  
**1<sup>st</sup> line ARV costs for 17,800 people**  
**= \$3.5 million a year**

# “Treat all” implementation challenges

- Funding to sustain the gains
- Differentiated services delivery models implementation
- Supply chain of ARVs for multi months drug picks
- Access to VL and genotyping for all HIV+
- Monitoring and Evaluation of Treat all and new service delivery model
- Adherence and retention

**Thank you**



**CONTROLLING THE HIV EPIDEMIC WITH ANTIRETROVIRALS**  
Progress, Risks, and Opportunities | 13-14 October 2016