

HIV/AIDS Profile: Rwanda

Demographic Indicators

	with AIDS	without AIDS		with AIDS	without AIDS
Population (1000s)	7,229	7,842	Growth Rate (%)	1.1 %	2.1 %
Crude Birth Rate	35	36	Crude Death Rate	21	12
Infant Mortality Rate			Life Expectancy		
Both Sexes	120	106	Both Sexes	39	53
Male	129	114	Male	39	51
Female	111	97	Female	40	55

Percent Urban	5		Total Fertility Rate	5.1	

Note: Above indicators are for 2000.

Estimated % of adults living with HIV/AIDS, end 1999	11.2 %
Cumulative AIDS rate (per 1,000) as of 12/31/97	2.24
Cumulative AIDS cases as of 12/31/97	15,903

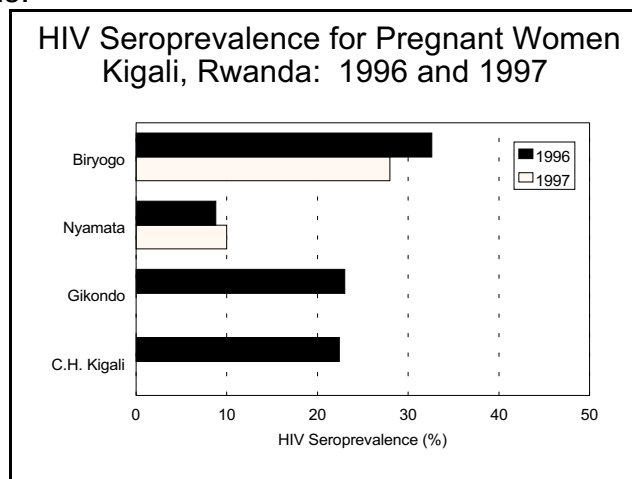
Sources: U.S. Census Bureau, UNAIDS, Population Reference Bureau, World Health Organization.

Epidemiological Data

Epidemic State: Generalized

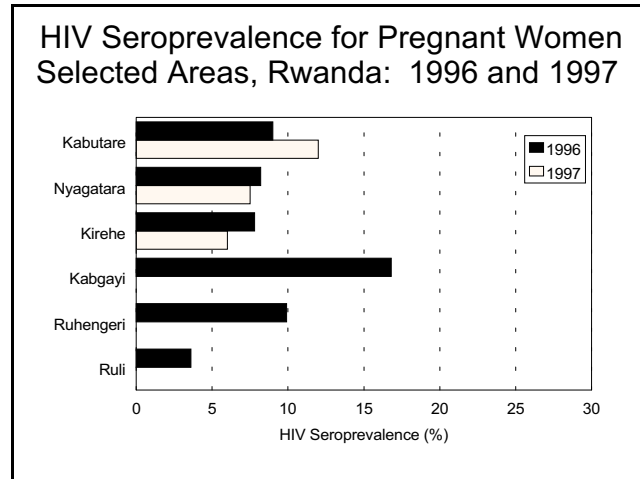
Prior to the civil unrest in 1994, Rwanda had one of the older and more severe HIV epidemics. Seroprevalence among pregnant women in Kigali seems to have plateaued; however, infection rates for pregnant women in rural areas continue to rise. Researchers suspect this is due to migration and acts of violence during the 1994 war. As Rwanda's population is predominantly rural, education and prevention should be aimed at these areas.

- Seroprevalence among pregnant women in four sites in Kigali, the capital, had already reached 30 percent by 1988. Data collected in 1996 shows prevalence rates around 22 percent among pregnant women in Kigali.

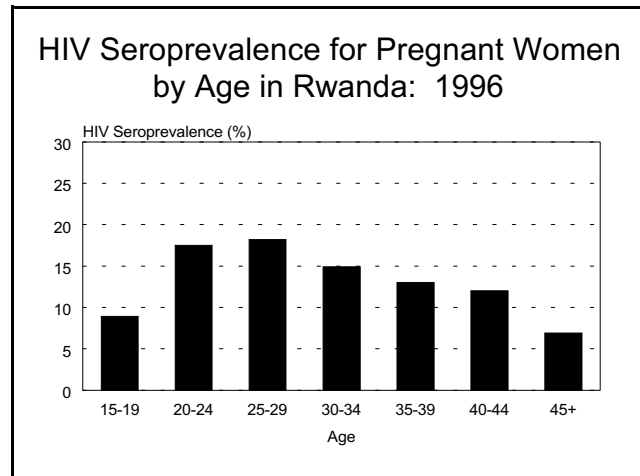


Rwanda

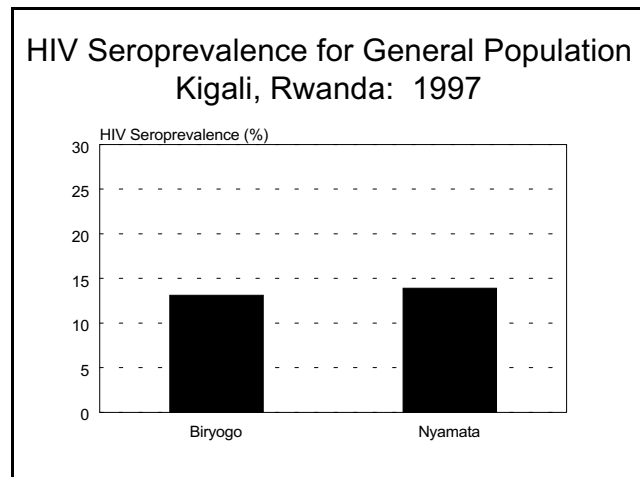
- HIV prevalence for pregnant women in Rwanda varies by area; Kabgayi had the highest prevalence with 17 percent of pregnant women infected in 1996.



- HIV seroprevalence among pregnant women for ten sites in Rwanda showed the highest infection level in the 20-29 year age group at 18 percent. The prevalence is also high for 15-19 year olds; 9 percent of pregnant women in this age bracket are infected.

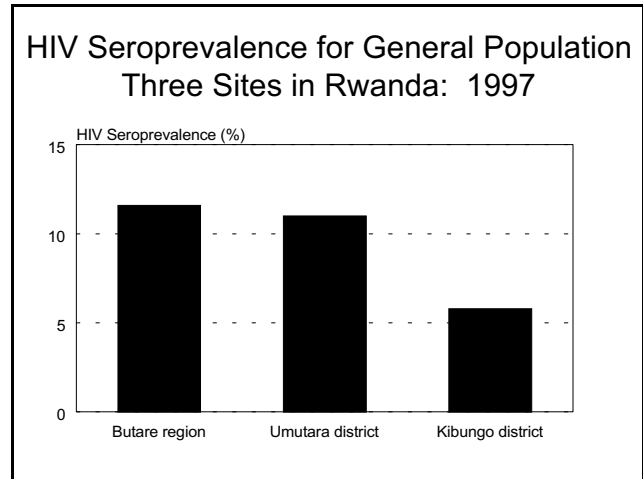


- In 1997, a survey conducted at the Health Center of Biryogo, located in the center of Kigali showed around 13 percent of STD clinic patients are infected. Nyamata, another surveillance site in Kigali has a slightly higher prevalence, at almost 14 percent

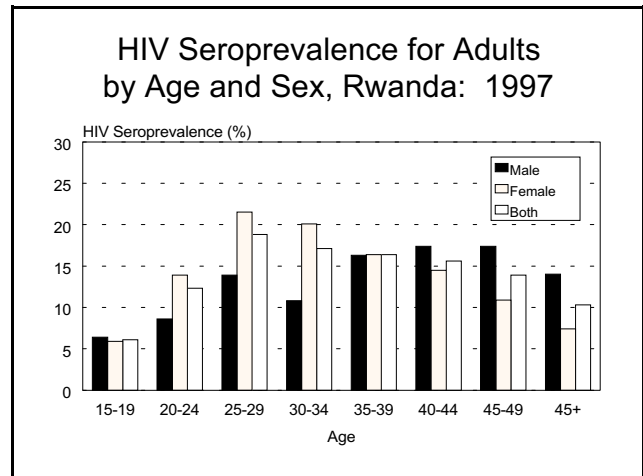


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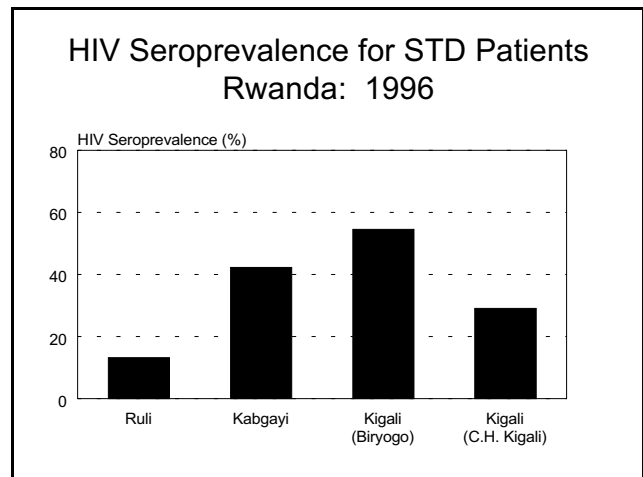
- HIV seroprevalence among the general adult population in different districts of Rwanda varies. Whereas infection levels in Butare region and Umutara district are between 12 and 11 percent respectively, prevalence in Kibungo district is substantially lower at nearly 6 percent.



- As a result of younger women pairing with older men, seroprevalence among females in Rwanda is higher for adults in their twenties and early thirties, while prevalence is higher for males in their forties. Among 15-19 year olds, 6 percent of males and females were HIV positive.

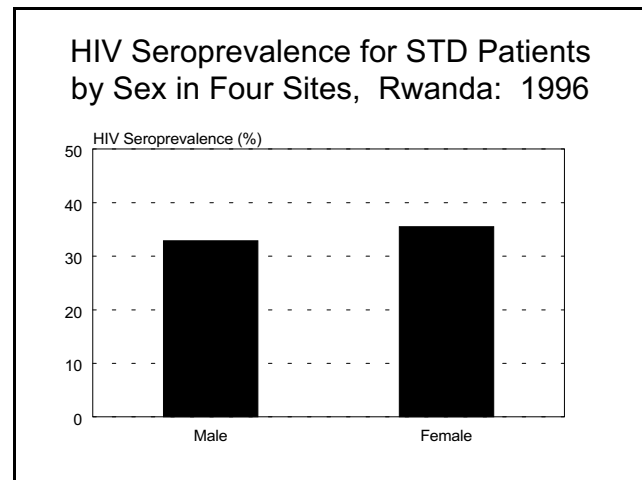


- Seroprevalence in STD patients is highest in the Biryogo area in downtown Kigali where infection levels reached 55 percent in 1996.

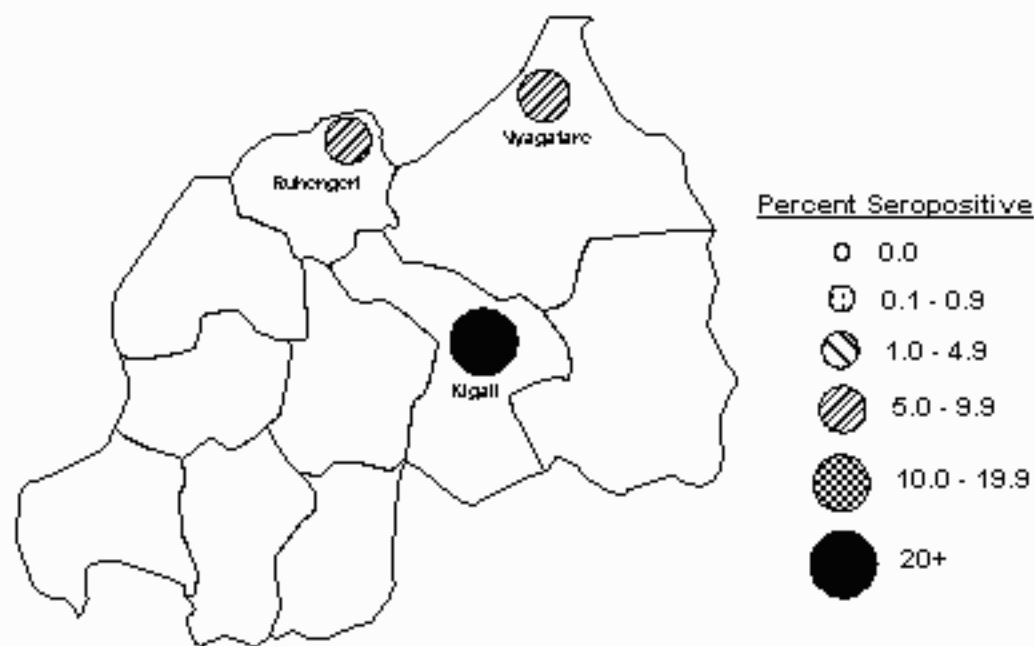


Rwanda

- There is little difference in the levels of seroprevalence in male and female STD patients in Rwanda. In 1996, 36 percent of females and 33 percent of males tested HIV positive.



Seroprevalence of HIV-1 for Pregnant Women Rwanda: 1996



U.S. Census Bureau, Population Division,
International Programs Center,
Country Profile, September 2000.

Sources for Rwanda

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- R0171 Rwanda Ministry of Health, 1998, 1997 Population Based Serosurvey, Ministry of Health, Programme National de Lutte Contre le SIDA, Republic of Rwanda, January, unpublished report.
- V0089 Van Hove, D., P. Ntawiniga, I. Ntaganira, et al., 1997, HIV Sentinel Surveillance among Sexually Transmitted Disease Patients in Rwanda, Xth International Conference on AIDS and STD in Africa Abidjan, Cote d'Ivoire, 12/7-11, Poster B.455.
- V0090 Van Hove, D., P. Ntawiniga, I. Ntaganira, et al., 1997, HIV Sentinel Surveillance among Pregnant Women in Rwanda, Xth International Conference on AIDS and STD in Africa Abidjan, Cote d'Ivoire, 12/7-11, Abstract B.1162.
- V0091 Van Hove, D., C. Kabagabo, G. Asimwe, et al., 1998, How Suitable are Antenatal Clinic Attenders as a Sentinel Population to Estimate HIV Prevalence in Rwanda?, 12th World AIDS Conference, Geneva, 6/28 - 7/3, Poster 43572.