Geneva IAPAC meeting , 13 October 2016

"TREAT ALL" HIV+ IN RWANDA

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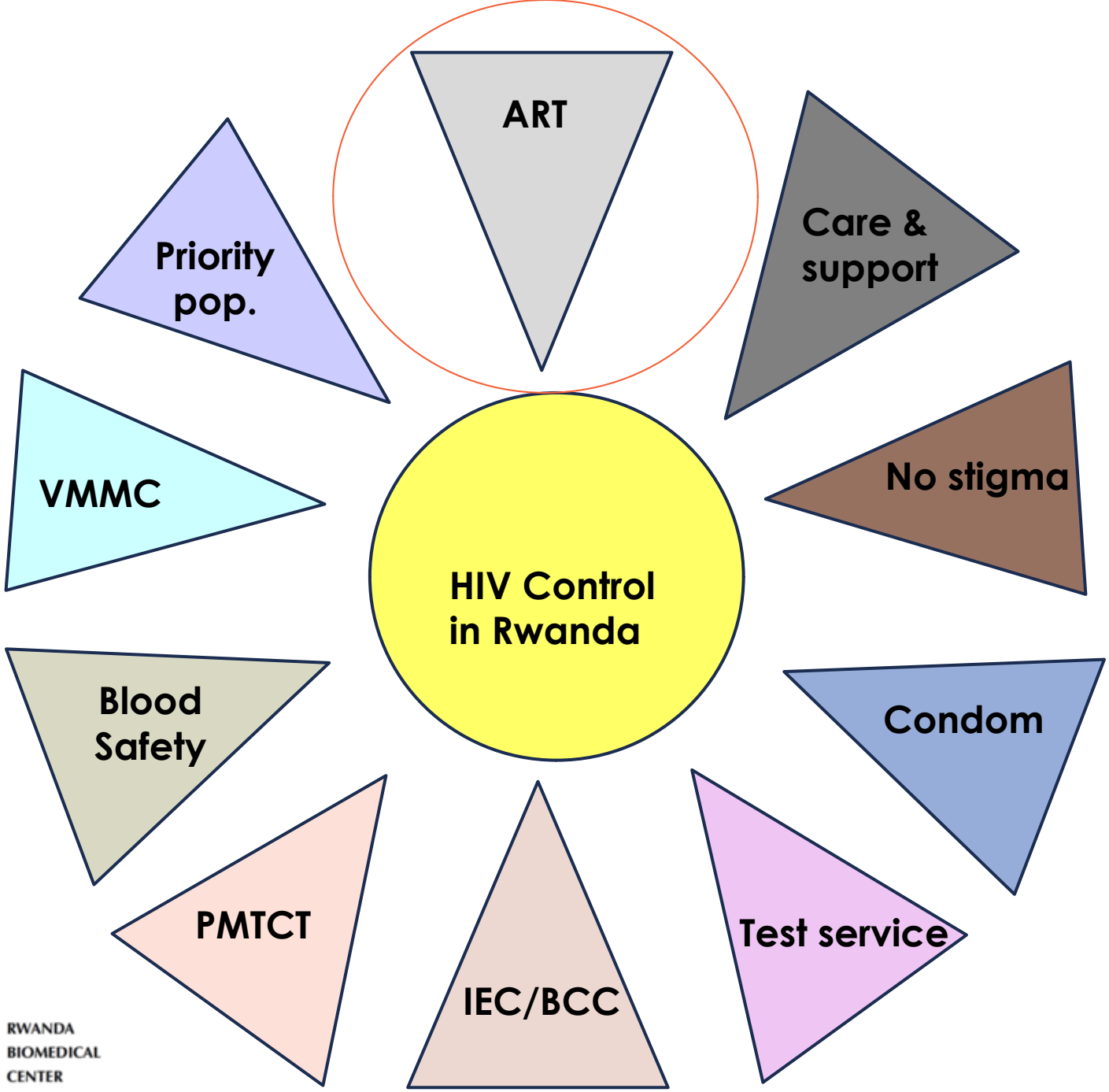
A Healthy People. A Wealthy Nation



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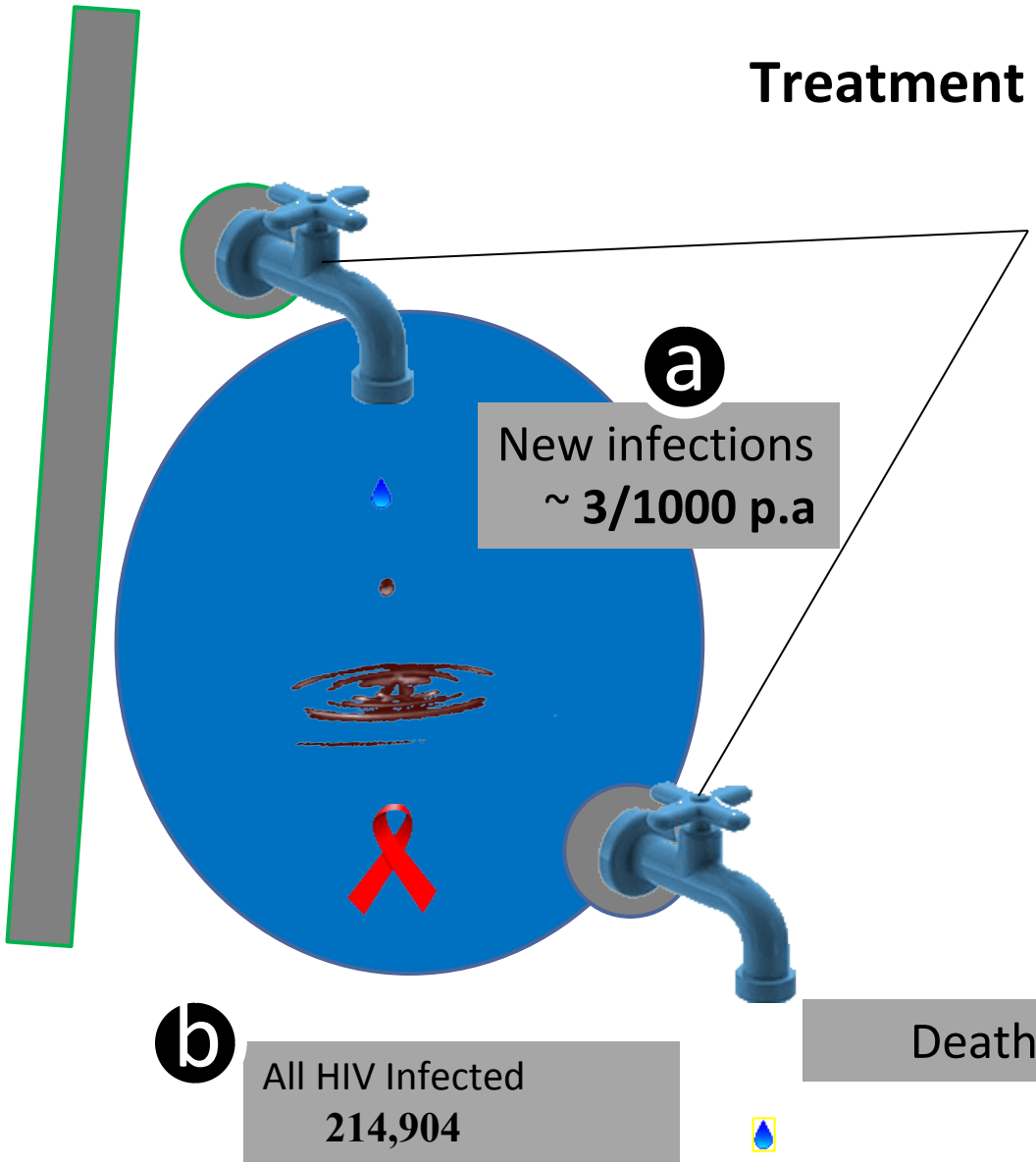
Treatment as Prevention (TasP)



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

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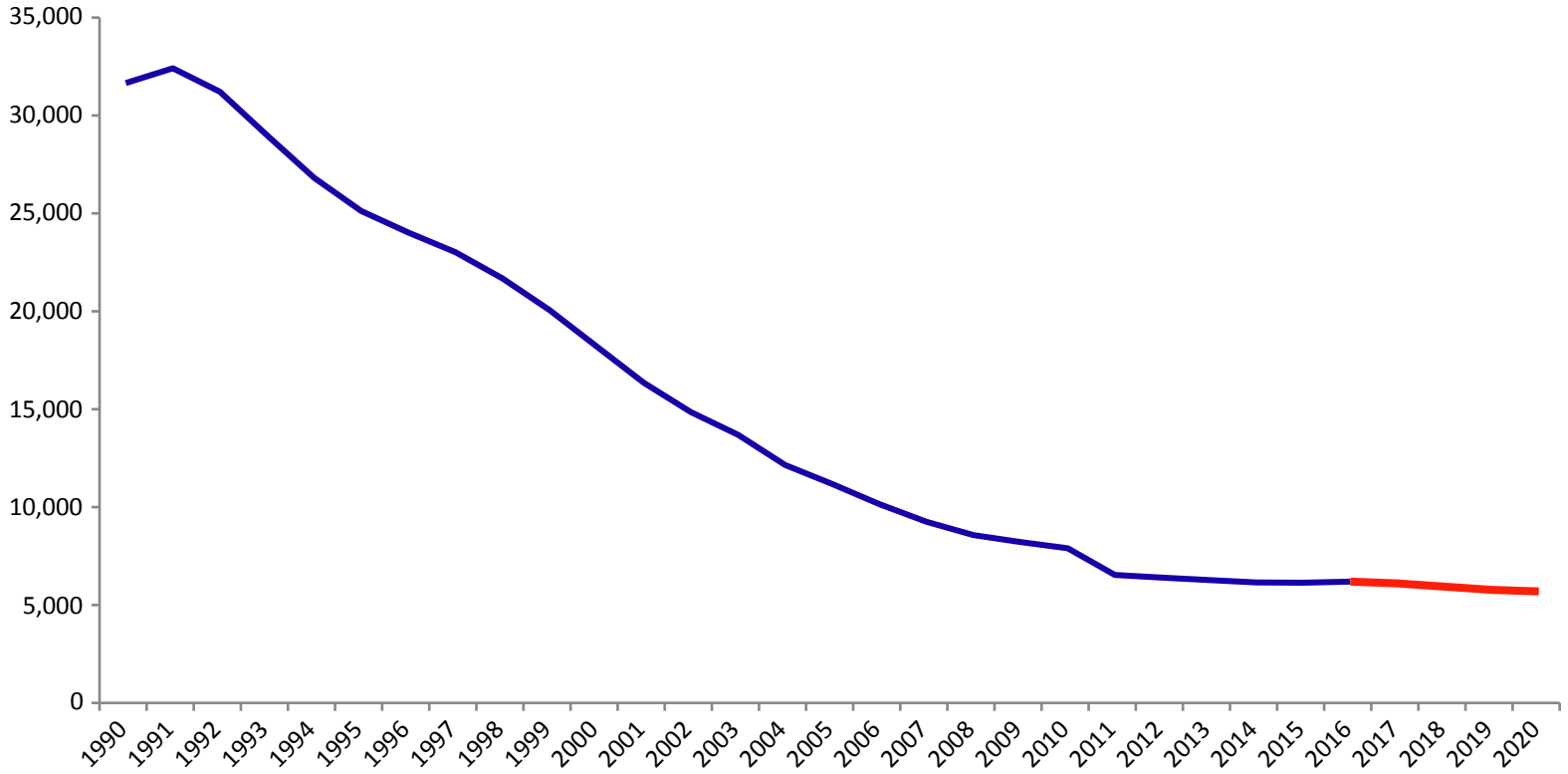
- *Nsanzimana et al, Abstract CROI 2015*

Designed , Claude, N, Sabin N, 2015

Declines in new HIV infections in Rwanda 1990-2016



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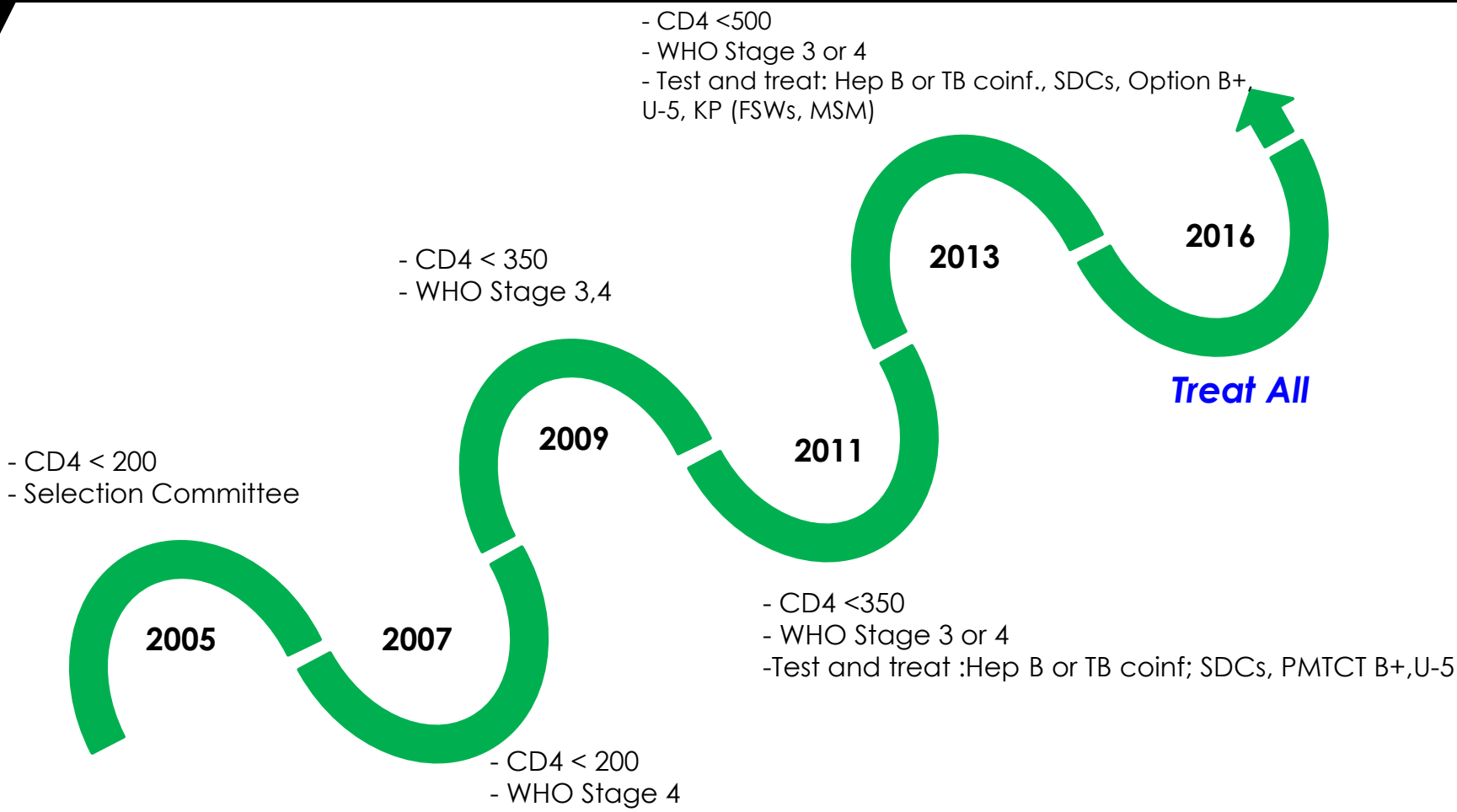
National HIV guidelines changes over 10 years



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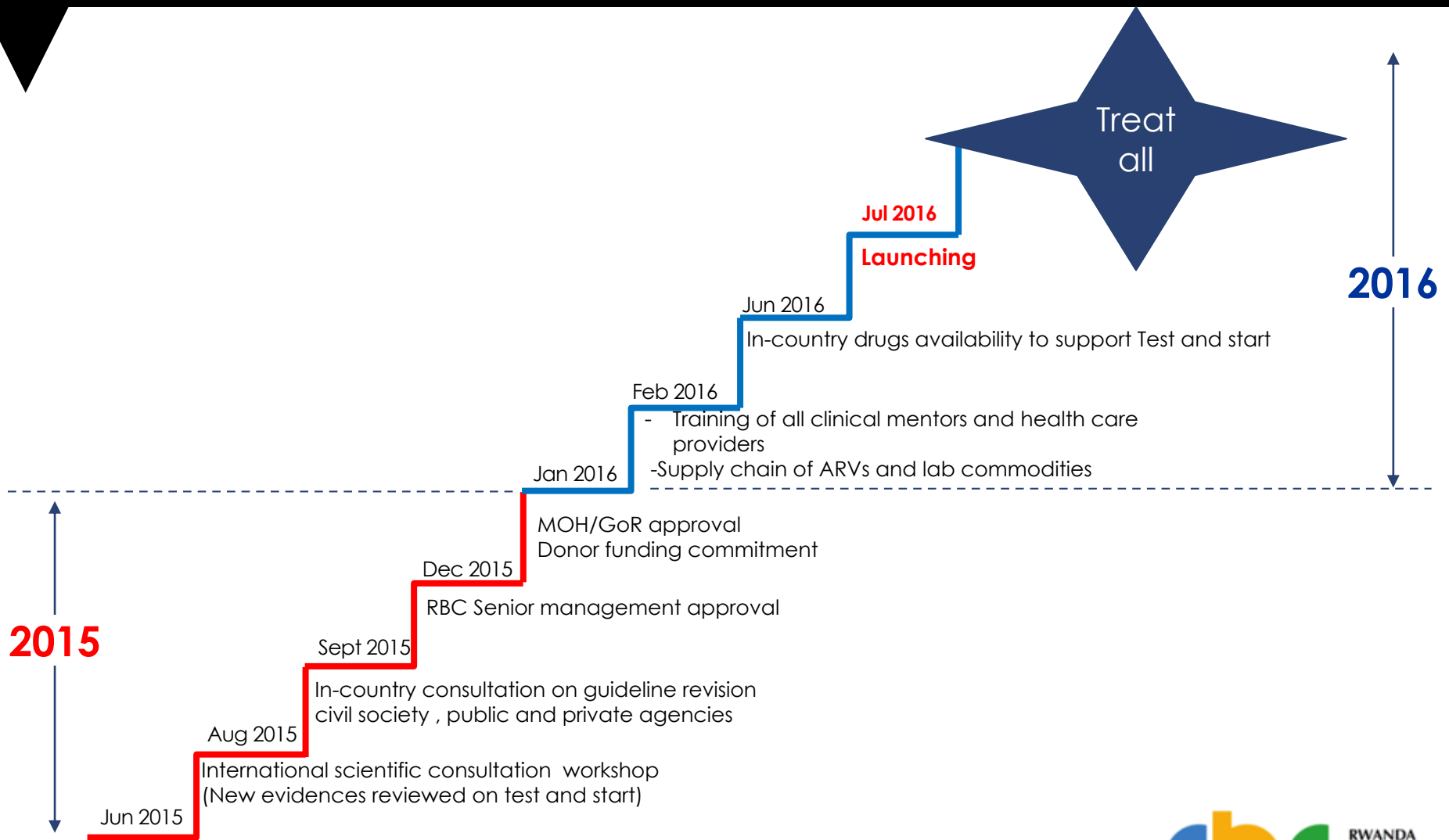
Adapted , RBC 2016

Implementation *Treat All* Approach in Rwanda



Adapted , RBC 2016

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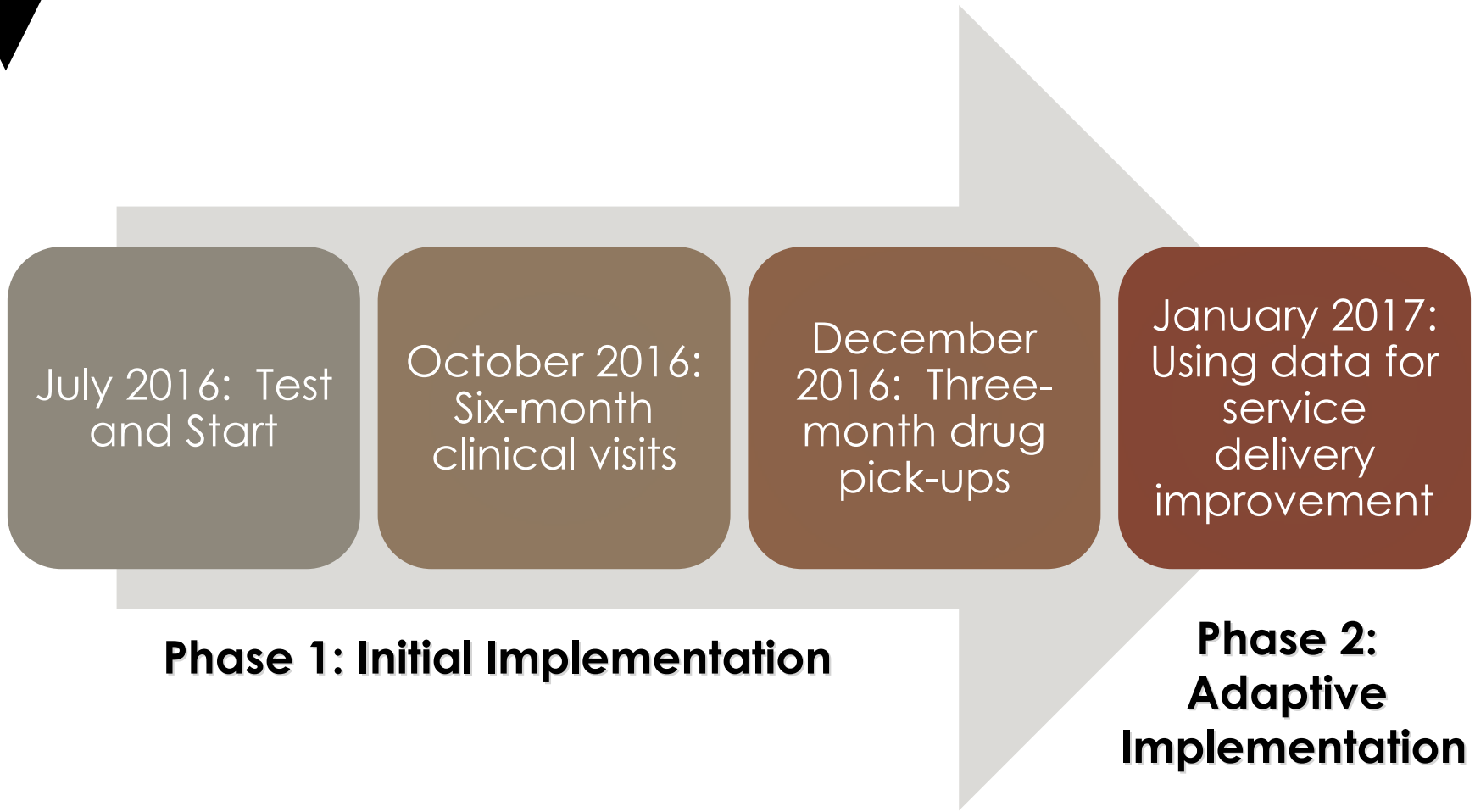
Reconfiguring Rwanda HIV service delivery , 2016



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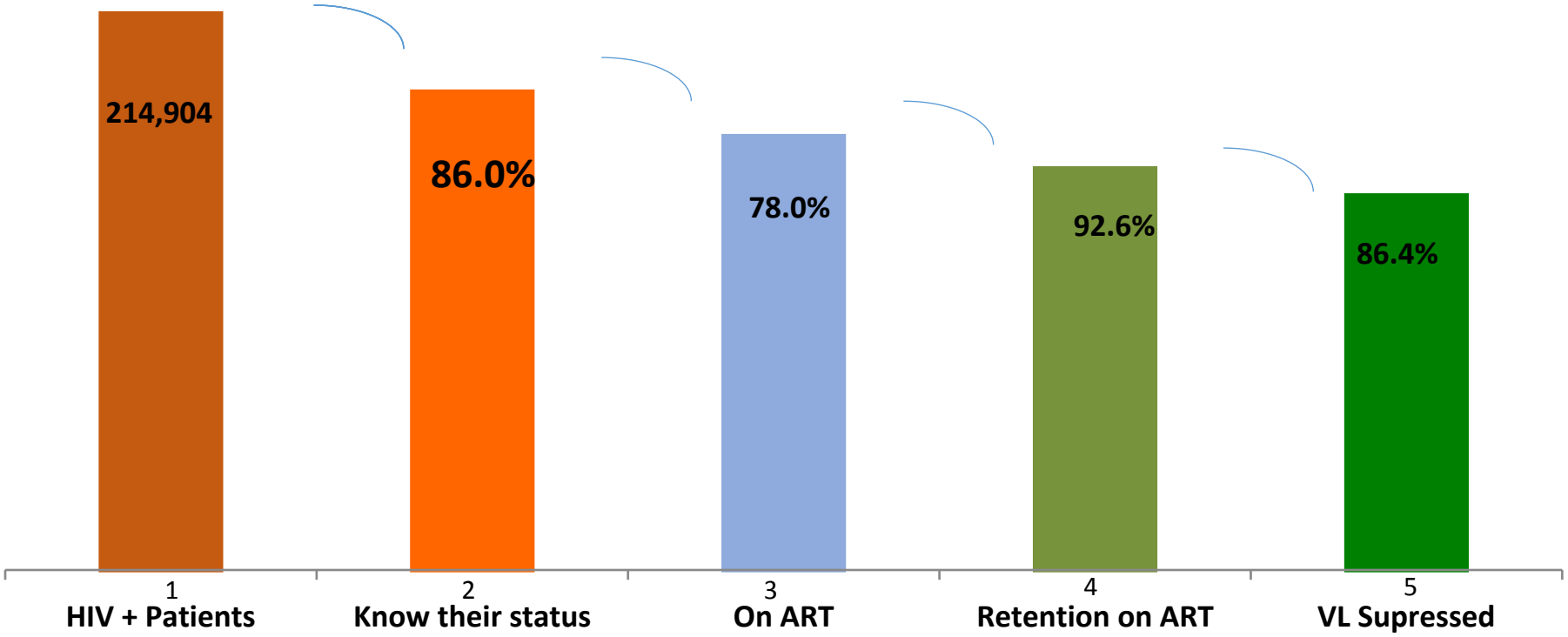
HIV cascade of Care in Rwanda , 2016

HIV prevalence: 3%



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

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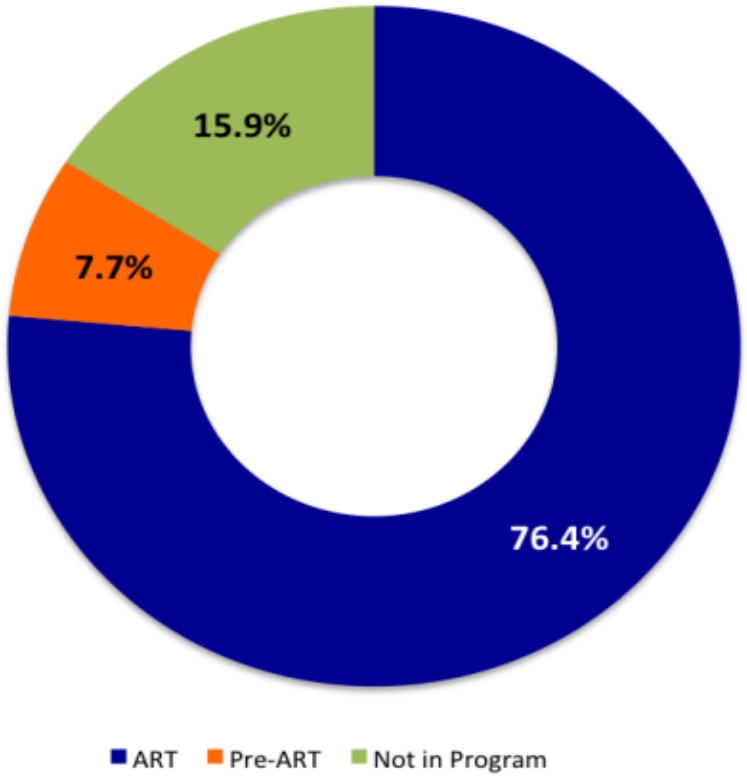
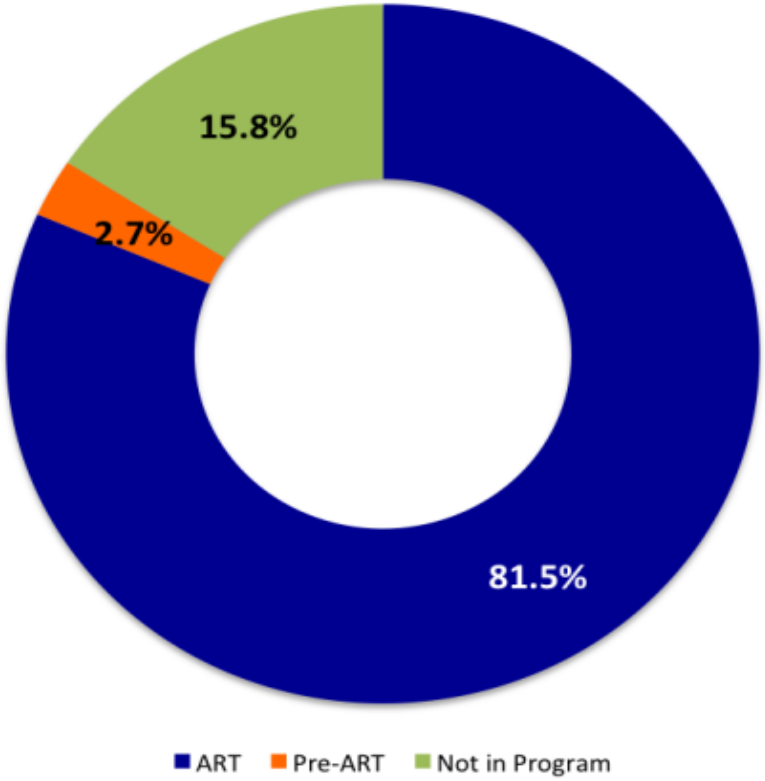
Patient coverage in Rwanda National HIV program

June 2016



September 2016



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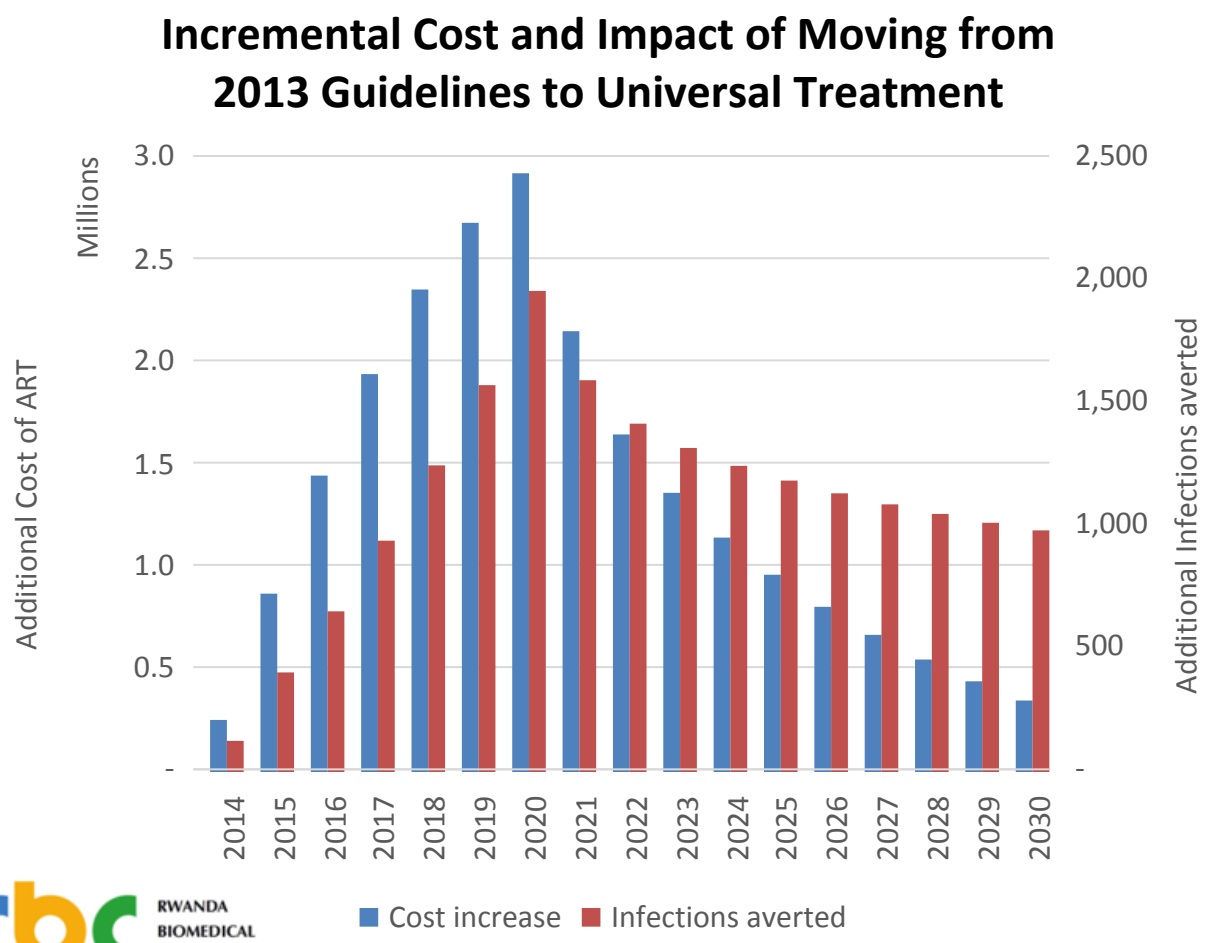
Sources: Spectrum 2014 estimates of total HIV+; HMIS data on current program enrollment

Benefits of *Treat All* in Rwanda

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



Average additional annual costs for ARVs and labs

= $ 1.4 million p.a

Additional Infections Averted by Scaling Up

17,800

SAVING:

1st line ARV costs for 17,800 people

= $3.5 million a year

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"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