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## KEY ACHIEVEMENTS IN PMTCT PROGRAM: RWANDA 2006-2016

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**Background:** PMTCT program in Rwanda was initiated in 1999 with a piloting phase in one Health Centre. Subsequently, PMTCT service delivery has been expanded and now over 542 (96%) of public health facilities are covered. Further, the country aims to maintain mother to child transmission as low as 2% by 2020. We report on trend analysis of national program data that was carried for the last 10 years.

**Methods:** we reviewed National PMTCT guidelines and analysed national data on HIV testing among pregnant women, their partners and children in national PMTCT program from January 2006 to December 2016.

**Results:** In Rwanda, PMTCT protocol changed over time based on new evidences, it started with single dose Niverapine during labour then AZT for the pregnant mother and Nevirapine for exposed children (option A) to tri-therapy from 14 weeks of pregnancy up to the weaning period (option B), since 2012 the country is implementing option B+ requiring that the pregnant woman receive life-long antiretroviral therapy. Pregnant women tested for HIV increased from 88 to 99% and their prevalence decreased from 5.5% to 0.7% between 2006 and 2016. Women who accessed antiretroviral therapy increased from 80% in 2006 to 98.5% in 2016, this resulted into a decrease of HIV transmission among infants aged 18 months from 9.3% to 1.5%. Of male partners tested in PMTCT, the percentage increased from 30% in 2006 to 84.9% in 2016, their prevalence decreased from 5.4 to 0.9% in the same period.

**Conclusions & Recommendations:** PMTCT program have been scaled up successfully in Rwanda, there is an increase in HIV testing and a decline in HIV prevalence among pregnant women, partners and their children, indicating successful HIV prevention efforts. The success of PMTCT program in Rwanda result to political commitment, involvement of stakeholders and the whole community.

#### Biography

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