



Dear Readers,

Just a few weeks ago, Rwanda successfully hosted the International Conference on AIDS and STIs in Africa (ICASA). This was a gathering of global/international/local scientists, leaders and activists working to address AIDS and STIs as global health challenges and assess progress made towards creating a free AIDS generation in Africa.

Among other targets, Rwanda reported to having achieved the 90-90-90 target one year before UNAIDS timeline, originally in 2020. This means that we were able to test 90% of all eligible Rwandans, put 90% of positive cases on HIV antiretroviral (ARVs) drugs and finally achieved viral load suppression in 90% of patients on ARVs before 2020. Rwanda is thus able to control new HIV infections and stabilize its prevalence for some years now as well as reduce HIV/AIDS caused morbidities and mortalities.

Rwanda attributes these accelerated achievements to strong political will and leadership as well as the decentralization of health services. With the support of our partners, Rwanda was able to ensure that health systems are generally strengthened, but has put a strong emphasis on HIV services, particularly those partnering the prevention of new infections. Decentralizing health services closer to communities has helped us to test and treat Rwandan communities in even remote areas of the country.

To date, Rwandans are serviced through condom kiosks, community level advocacy and investments were made to increase male circumcision rates and considerable efforts were also put in place to reduce mother to child infections. In addition, every Rwandan regardless of his/her sexual orientation has access to medications as prescribed.

As readers of the Rwanda public health bulletin, I would like to bring to your attention that regardless of all these strategies in place and achievements, unacceptable new infections are still being reported in some populations at high risks. I hope that all together as public health professionals, we can use this platform to share knowledge on potential innovative cost-effective and nationally applicable interventions to further reach these key populations and fully attain HIV/AIDS global targets.

I hope you enjoy reading the RPHB 3<sup>rd</sup> Issue.

A handwritten signature in black ink, which appears to read 'Diane Gashumba'.

Dr. Diane GASHUMBA  
Minister of Health, Rwanda