Rwanda

Population (in millions) (2011)	**10.9**
Country classification (2012)	**Low-income**
Gross national income per capita (PPP int $) (2011)	**$1270**
Total health expenditure as % of GDP (2010)	**10.48%**
Per capita total health expenditure (PPP int $) (2010)	**$121.01**
Per capita government health expenditure (PPP int $) (2010)	**$60.59**
Life expectancy at birth (in years) (2009)	**59**
Human Development Index (2011)	**0.429**
Median age (in years) (2010)	**19**
Total fertility rate per woman (2010)	**5.4**

The Government of Rwanda reports as follows.

National coordination

There is no written national strategy or plan that focuses exclusively or primarily on the prevention and control of viral hepatitis.

There is a designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. It has two staff members. There are two full-time equivalent staff members who work on hepatitis-related activities in all government agencies/bodies.

The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific populations: health-care workers (including health-care waste handlers), people living with HIV, children under the age of one year and soldiers.

Awareness-raising and partnerships

The government did not hold events for World Hepatitis Day 2012 and has not funded other viral hepatitis public awareness campaigns since January 2011.

The government does not collaborate with in-country civil society groups to develop and implement its viral hepatitis prevention and control programme.

Evidence-based policy and data for action

There is no routine surveillance for viral hepatitis.

There are standard case definitions for hepatitis B. It is not known whether deaths, including from hepatitis, are reported to a central registry. The percentage of hepatitis cases reported as "undifferentiated" or "unclassified" hepatitis is not known.

It is not known whether liver cancer cases are registered nationally. Cases with HIV/hepatitis coinfection are not registered nationally.

The government does not publish hepatitis disease reports.

Hepatitis outbreaks are required to be reported to the government and are further investigated. There is adequate laboratory capacity nationally to support outbreak investigations and other surveillance activities for hepatitis B and hepatitis C, but it is not known whether this is the case for hepatitis A and hepatitis E.

There is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted regularly; the target population is pregnant women. The last serosurvey was carried out in 2011.

Prevention of transmission

There is no national policy for hepatitis A vaccination.

The government has established the goal of eliminating hepatitis B but did not provide information about a specific timeframe for this.

Nationally, no newborn infant in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 97% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

There is a national policy that specifically targets mother-to-child transmission of hepatitis B (Annex B).

There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. Health-care workers are not vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

There is a national policy on injection safety in health-care settings, which recommends the following types of syringes for therapeutic injections: single-use and auto-disable syringes. Single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

Official government estimates of the number and percentage of unnecessary injections administered annually in health-care settings are not known.

There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

There is no national policy relating to the prevention of viral hepatitis among people who inject drugs.

The government does not have guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

Screening, care and treatment

Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools for health professionals (pre-service education), on-the-job training, postgraduate training and international conferences/workshops.

There are no national clinical guidelines for the management of viral hepatitis. There are national clinical guidelines for the management of HIV, which include recommendations for coinfection with hepatitis B.

The government does not have national policies relating to screening and referral to care for hepatitis B or hepatitis C.

People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are not free of charge for all individuals, but they are free of charge and compulsory for blood donors.

Publicly funded treatment is available for hepatitis B. The following group is eligible: people coinfected with HIV and hepatitis B. Publicly funded treatment is not available for hepatitis C. The amount spent by the government on publicly funded treatment for hepatitis B is not known.

The following drugs for treating hepatitis B are on the national essential medicines list or subsidized by the government: lamivudine and tenofovir. No drug for treating hepatitis C is on the national essential medicines list or subsidized by the government.

The Government of Rwanda welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).