ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

The Republic of Rwanda is a small state in central East Africa with a population of over 11 million people. There are more females than males with a population split of just over 52% to just under 48% males according to 2015 Rwandan national statistics. The country has had a troubled past culminating in the 2014 Rwandan genocide against the Tutsi minority but it is now one of the fastest growing economies in central Africa. It also has the most women in parliament in the world with 63.8% of parliament positions being held by women compared to 22% worldwide. Much development and progress has been made sine 1994 and foreign investment has helped to support and revitalise the economy, however 63% of the population still live in severe poverty defined as less than $1.25 USD per day by the World Bank, according to the 2016 World Forum on Africa. There has been improved spending in the country on healthcare and life expectancy, literacy and primary school attendance has all gone up in the past 10 years. Rwanda has a universal health system and is considered to be one of the highest quality health systems in Africa. In 2012 96% of Rwandans had a health insurance policy. The number of doctors in Rwanda is 0.01 per 1000 of the population (WHO 2010 statistics) compared to 2.81 per 1000 in the UK (WHO 2015 statistics). We can assume that the figure for Rwanda has increased since 2010 but is still behind the UK.

Women's health in Rwanda is a big part of every hospital in the country. Rwanda performed well in fulfilling the 4th and 5th millennium development goals to reduce child mortality by two thirds and improve maternal mortality ratio by three quarters between 1990 and 2015.

Home births in Rwanda are becoming less common, 20 years ago the majority of pregnant women gave birth at home. This has far decreased now with women able to get to a hospital or birthing centre attending. The rates of fistula resulting from obstructed labour have decreased but are still higher than in the UK. The annual mortality rate due to obstructed labour has decreased 64.2% since 1990 per 100,000 of the population according to the 2013 Global Burden of Disease Study.

HIV prevention is a big issue facing Rwandans today and a lot of investment has been made to improve HIV services across the country. According to the 2016 Annual Report from the Rwanda Ministry of Health, over 97% of health facilities provide HIV testing, counselling and prevention of mother to child transmission services. This has allowed 98% of mothers attending antenatal care to be tested for HIV and of the 0.9% testing positive for the virus over 99% receive antiretroviral therapy in order to prevent vertical transmission from mother to child. This information excludes mothers who give birth at home and do not receive any antenatal care, but 2015 World Health Organisation statistics state that 95% of pregnant women attend at least 1 antenatal care appointment. The current policy in Rwanda is for pregnant mothers to attend at least 4 antenatal appointments.

Recently there has also been a big drive to improve HIV testing amongst the male population. Traditionally testing has been done in females due to the risk of mother to child transmission but with more availability

of antiretrovirals and improved healthcare spending, Rwanda is keen to reduce HIV infections further. Currently it has been estimated that around 80% of fathers are participating in HIV screening during antenatal care. This is an interesting point and something other countries need to improve on. Classically women get blamed for infection as they are the ones to be tested for the virus. In the past this has led to social prejudice against the mother, when in reality it was never proven who had the infection first. Improving male engagement has reduced some of these issues and made the issue of HIV infection and transmission to children more of a family matter.

Rwanda being a traditionally rural country has led to community based upbringing of children. Childcare and breastfeeding is shared amongst the young women of the village and this has had an impact on HIV sufferers. In order to protect other children from contracting HIV mothers would have had to publicly state they are HIV positive to their community if they were not receiving ART and that they could not participate in the communal breastfeeding of infants. This has often led to social outcasting and stigma surrounding the infected mother and her family. One of the ways the Rwanda government has wanted to tackle this stigma into include men in the screening and HIV testing and make the disease less traumatic for those affected.

About 200,000 people are living with HIV in Rwanda which equates to approximately 3% of the population. This rate has been static over the past few years but has decreased in the last few decades.

HIV testing is widely available and during my visit to Rwanda I witnessed several testing drives where tents where set up in town centres and free testing was offered. After talking to some of the staff running these events I learnt that they also offer counselling services and contact free partner tracing. I discussed this system with my Barts medical student colleague as well as some of the resident doctors in the hospital. At first we wondered what the uptake was like at the public screening events, we compared to the UK and discussed whether a similar method would work at home. Our major concern was that people would not want to be seen going in or out of the tents when it was clear to others walking past what the screening/counselling was to do with. We therefore thought that such an open approach wouldn't work in the UK. This made me think. I really like this open approach, in mind it helps remove some taboo around HIV and AIDS. In Rwanda there has been a big drive to improve HIV screening and antiretroviral uptake particularly since the 1994 genocide where rape was used as a weapon against the Tutsi.

We need to talk more about HIV. There is still such a taboo surrounding it in the UK and in other countries. In the UK the association still sits heavily with homosexual men. In other countries where barrier methods of contraception are less available the association is multiple partners which is viewed negatively in most cultures. We need to move away from this. It is not productive to view this as disease derogatorily, it will not help those suffering from it and will not help us reducing the number if people are too scared to admit their sexual history. As an FY1 I have a rotation in Genitourinary medicine and infectious disease medicine, I want to take some of the learning points I have made from my elective into these specialities.