

**First Lady Jeannette Kagame's remarks at the**

**OAFLA's High Level Event In The Margins Of The 72<sup>nd</sup> United  
Nations General Assembly**

**"Global Partnership towards Harnessing the Demographic  
Dividend in Africa"**

**Panel on**

**"Implementing the AU roadmap to harness the demographic  
dividend in Africa: Ending AIDS by 2030"**

**New York, 19 September 2017**

**Excellencies dearest sisters,**

**Distinguished Ladies and Gentlemen,**

**Good Morning.**

It is my great pleasure to be here with you today, at this high-level event, for a timely conversation under the theme: **“Implementing the AU roadmap to harness the demographic dividend in Africa: Ending AIDS by 2030”**.

**Distinguished Ladies and Gentlemen,**

As we gather this month, we are called again to reflect upon how to stay the course with clearly set objectives under the Sustainable Development Goals, and our African Union roadmap, to fully eradicate this disease.

Indeed, from primarily affecting adults in great numbers, and leaving millions of orphans in its earlier years, AIDS is now robbing our continent of a powerful generation of young men and women, meant to be the driving force of its societies.

## **Honourable Guests,**

Our ability to harness the demographic dividend of our continent heavily relies on the health, and wellbeing of our young people, and so we must strengthen all the actors of our health system, to realise the goal of ‘Start Free, Stay Free, AIDS Free’ by the year 2020.

Allow me to take this moment to share the Rwandan progress towards achieving this goal, starting with our strong commitment to **‘Start Free’**, through the Elimination of Mother-to-Child Transmission of HIV.

- As of 2017, PMTCT services were fully available in 96% of all public health facilities in Rwanda, allowing a total of 343,438 pregnant women to get tested for HIV. Among these women, 0.7% were tested HIV positive, which decreased from 0.9%, from the previous year.
- Among those women who tested HIV positive, 98.5% started ART in the framework of our nationwide PMTCT program.
- To optimize family engagement in PMTCT services, couple HIV counselling, and testing, in antenatal care setting is promoted. Thanks to these practices, 84.9% of male partners attending antenatal care services, together with their wives, were tested for HIV in the context of PMTCT between July 2016 and June 2017.

- As part of the continuum care of PMTCT services, 96.3% of HIV exposed children born between June 2016 and July 2017 received ARV prophylaxis at birth.
- Estimated at 1.5% this year, and 1.8% last year, the rate of maternal child transmission continues to progressively decrease from the rate of 10.8% in the last decade.
- Rwanda also implemented early initiation of ART for HIV-exposed children, as of now the median number of days between HIV test to ART initiation is 2.5 days (0-5).

**Distinguished audience,**

To **‘Stay Free’** of HIV, my country continues to work towards a continuous decrease of new infections among children 0-14, and adolescents, mainly as a result of PMTCT success. In fact:

- Our 2015 Demographic Health Survey, showed an HIV prevalence rate of 0.2% among children 0-14 years old, and a prevalence rate of 1% among adolescents.
- With the scale up of Voluntary Medical Male Circumcision programme, the prevalence doubled between 2010 (15%) and 2015 (30%), with more than 70% of the VMMC clients aged 15-24 years old.

- In 2017, over 190,000 men were circumcised using surgical and non-surgical methods, through routine services delivery and campaigns.
- Early Infant Male Circumcision services have been integrated into routine Maternal Neonatal Child Health, as it is considered a long-term HIV prevention intervention.

### **Esteemed Ladies and Gentlemen,**

To stay on track with the **'AIDS Free'** goal, Rwanda adopted the WHO "Treat All" recommendations for HIV+ patients, in 2016, as another way to increase the number of new patients on treatment. Today in Rwanda:

- 8,134 HIV infected children from 0-14 years are taking ART.
- An estimated 9,904, meaning 62% of HIV+ adolescents aged 10-19, are currently under treatment.
- The second phase of the 'All-in' Campaign, as supported by the UN, consists in analysing the bottlenecks affecting coverage of priority HIV, Sexual and Reproductive Health (SRH) and other crosscutting interventions.
- Health packages offered at health facilities now propose HIV adolescent minimum packages, with mentorship and trainings, related to better management of adolescent living with HIV.

## **Esteemed Ladies and Gentlemen,**

I would now like to share with you some of the work done along national health priorities, during the past 16 years at my foundation, the Imbuto Foundation.

Since 2014, the nationwide 12+ programme, allowed 11-year old girls, to attend mentoring sessions on health, education, and leadership in safe spaces; and to date, Imbuto contributed to the graduation of over 30,000 girls, out of a total of over 90,000 girls graduating from this nationwide programme.

Imbuto Foundation has also been implementing for the past 7 years its **Adolescent Sexual Reproductive Health and Rights** (ASRH&R) programme, allowing youth-friendly services to be delivered to hundreds of thousands of in and out of school youth, thanks to partnerships between schools, health centres, peer educators and youth clubs.

## **Honourable Ladies and Gentlemen,**

As I conclude my remarks, I would like to add that as a nation that believes in the lasting impact of empowering the youth, we cannot afford to become complacent. So we continue to reinforce these concerted efforts between all stakeholders of our healthcare chain: from our universal healthcare coverage, decentralized access to care, our network of 45,000 trained community healthcare workers, to a health information system allowing the monitoring of data

nationwide, to further build on our current status of 87-89-93 on the 90-90-90 goal, in the fight against the HIV/AIDS virus.

To quote Mrs Dlamini Zuma, *“The extent to which African governments are able to transform education and skills development, health and wellbeing, empowerment as well as employment and entrepreneurship, would lie at the heart of this march towards progress, sustainable peace and development”*.<sup>1</sup>

So let us all further invest in our youth, by first protecting their rights to access good healthcare and education, so they can concentrate on maximizing their opportunities for a brighter future.

Let us all stay firmly grounded in our commitment to give our youth a strong health system and not hinder their abilities, to go beyond those great expectations we have for them, and for our continent.

Let us all stay true to the kind of ‘moral pact’ created between leaders and their citizens, so our youth can focus on the highest aspirations for self-actualisation.

I thank you for your kind attention and wish us all fruitful discussions.

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<sup>1</sup> AU Roadmap on Harnessing the Demographic Dividend Through Investments in Youth, 2017.