

- **Ambassador Deborah Birx,**
- **Dr. Susan Blumenthal, amfAR Senior Policy and Medical Advisor and Conference Chair,**
- **Honorable Members of Congress,**
- **Members of the scientific and diplomatic communities,**
- **Civil society leaders,**
- **Fellow speakers,**
- **Women and girls all over the world,**

Good afternoon,

I have come all the way from Rwanda to the most esteemed legislative chambers of your nation, to share my perspective on our experience, with women and the HIV/AIDS epidemic.

In two weeks time, Rwanda will commemorate the Genocide against Tutsi. As you may know, ladies and gentlemen, 21 years ago, Rwanda experienced the worst forms of violence, during the Genocide.

For decades and decades the leadership taught people to hate, dehumanize and to kill.

What our country suffered in the 1994 genocide is beyond human comprehension:

- 1 million Tutsi men, women, and children massacred - 15% of the total population,
- Some moderate Hutu were killed,
- Hundreds of thousands of women brutally raped and infected with HIV/AIDS; there were even doctors who injected patients with HIV infected blood,
- 300,000 – 400,000 genocide survivors,
- 50,000 widows and 36% of households headed by widows,
- 75,000 orphans and 28,000 households headed by children.

Assessing the magnitude of our loss compelled us to build a new and different Rwanda. We understood this daunting task of repairing our ruined nation. This entailed the restoration of the dignity of all Rwandans. Our leadership readied its people to be self reliant, to be purpose driven, to revive the dreams and hopes that were lost to this tragedy.

Against the backdrop of a genocide legacy, our nation's response to HIV/AIDS became even more complex. Nevertheless, with committed and forward looking leadership, we were convinced that addressing the issue of women and HIV/AIDS (among other pressing matters we had to manage) would be more effective if we took a holistic approach; one that combined laws and policies, with the implementation of various programs that favor women and girls.

Allow me to highlight a few of them:

- It is a constitutional requirement that at least 30% of women hold decision making positions in public institutions,
- Rwanda enjoys the highest female legislative representation worldwide at 64%; 40% of the cabinet and judiciary is comprised of women,
- We have a law that stipulates the legal marriage age as 21 years. This law was enacted to protect adolescent girls from early marriages and the consequences that are often attached to this,
- An inheritance law that grants equal inheritance rights to men and women was passed (poverty is a contributing factor in spread of HIV),
- Rwanda was the first African country where the Human Papilloma Virus vaccine was administered. Today 93% of girls aged 12-17 are vaccinated for cervical cancer. Cervical cancer kills almost as many women as death during childbirth,
- Girls' enrolment rate at primary school is at 98%,
- Prevention of Mother to Child transmission (PMTCT) services are available in 97% of all health facilities. Because of the success of PMTCT, we have managed to reduce HIV transmission to 2%,
- HIV testing among young women has increased - from about 10% in 2005 to almost 60% in 2010,
- In response to gender based violence, a one stop center was created where trained social workers, medical doctors, lawyers, mental health workers and police officers provide psychosocial, medical, judicial and legal services to

victims of violence. There are safe rooms where victims can remain, until they can return to a secure environment,

- Community Based Health Insurance adherence is at 73% as of 2013 – 2014,
- We have 45,000 community health workers who raise awareness in communities about HIV prevention, testing and adherence to treatment. Two thirds of them are women,
- We have instituted a system of maternal death audits, whereby investigations surrounding the circumstances of a woman's death during childbirth are conducted. After analyzing the results, practical solutions for preventing future fatalities are recommended. This has contributed to a reduction in maternal mortality from 8 deaths a day to less than 1 every day.

Here I would wish to acknowledge various partners who have stood in solidarity with us and seen us through many of our gains: notably, the United States President's Emergency Plan for AIDS Relief Fund (PEPFAR), the Global Fund, the UN family, scientists, activists, foundations and the people living with HIV/AIDS.

Rwanda is working on a sustainable financing plan in the face of significant diminished funding, for HIV/AIDS. We are:

- Increasing domestic funding for the health sector by gradually taking over the support provided by the development partners. The % of national budget allocated to the health sector during the last fiscal year (2013-14) was 16%,

- Engaging more with our private sector and working to create public private partnerships,
- Doing more with less (working more efficiently) and sustaining various innovations.

Since governments or development partners cannot do everything, civil society has played an equally crucial role in supporting various HIV/AIDS interventions. Allow me to share some of the work I am personally involved in with the Organization of African First Ladies against HIV/AIDS (OAFLA).

As African First Ladies and mothers, we know too well how beautiful, yet fragile life can be. So we decided that we needed to add our voices in the fight against this epidemic.

Various initiatives have produced results under OAFLA such as: “Save the Unborn Child” related to PMTCT and the “Treat every child as your own” campaign. With the “Treat every Child as your own campaign”, we learned that our own cultures offer us wisdom that is applicable or can be tailored to manage problems.

This campaign was introduced in 2004 to rekindle traditional African values to care and protect for the communities’ children. We drew on our culture of collective responsibility for children and raised awareness among our communities to protect and speak out against adults infecting children with HIV/AIDS.

Distinguished audience,

Despite encouraging advances we see on the HIV front, we need to be ever conscious of the threat it poses to humankind. The most troubling part about HIV is that we have not mastered the virus: neither its mutations nor its mobility. Another unsettling truth is that it takes years, sometimes decades, to see and feel the ravaging effects of HIV. This can deaden our senses or lull us into a dangerous comfort zone.

It is evident that no state, country, or continent is completely safe from this ticking time bomb of a virus, than can explode without any notice. For instance, Washington, D.C. is one of the areas hardest hit by HIV in the United States with approximately 2.7% of the population living with the virus; D.C. also has the highest AIDS diagnosis rate of any state. If the nation's capital were a nation in Africa it would rank number 23 out of 54 countries in percentage of people with HIV.

,I am certain none of us would want future generations to suffer from HIV because we got too tired, or felt that it was not relevant to our particular communities. We need to sustain efforts and investments in treatment, care and prevention, or else we risk losing a generation of young people. We are in this together.

It is clear that, from the current multi-state measles outbreak that the US is dealing with, if we are not constantly alert it is easy for any public health crisis to resurface. Why would we want to take a chance on a virus that can potentially wipe us out?

As global decision makers and influencers of society, there are many urgent problems that confront us and require our attention. But, let us not let our guard down or take our eyes off the HIV/AIDS epidemic. Let us resist the natural urge to become complacent, or worn-out. Let the modest progress we have made, not render us insensitive or forgetful, that this virus is still alive in 35 million adults globally, half of which are women.

As I end my remarks,

I would like us to imagine today is June 5 1981; the day the first official report on HIV/AIDS was made known to the world.

- Can we recapture the fighting spirit of the great activists of that time, such as Dr. Mathilde Krim, amfAR Founder, whom I had the pleasure to meet in 2009?
- Can we revive that sense of urgency until a vaccine and a cure is found?
- Can we awaken our senses and give everything we have to end the epidemic?

Every step, every breakthrough represents a chance and a renewal of hope for the victims of HIV/AIDS. For their sake, let us keep the momentum going so that we are constantly winning.

Thank you for your kind attention.