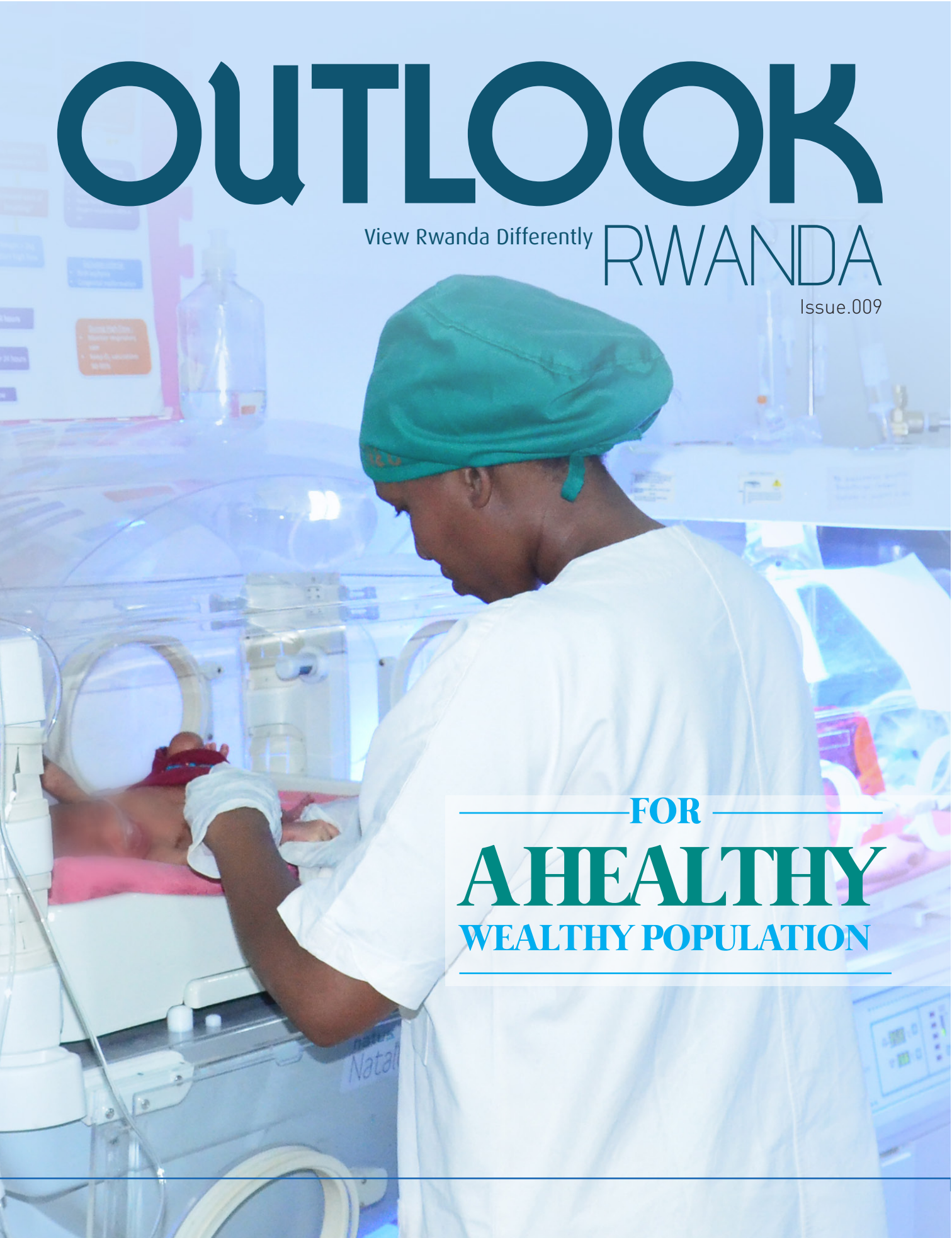
OUTLOOK

View Rwanda Differently

RWANDA

Issue.009



FOR A HEALTHY WEALTHY POPULATION


The Rwandan government is committed to combant NCDs or minimize their complications by introducing car free day to enable citizens exercise regularly and provide free early screening services for all.
Jibu
Qatar Foundation
Emirates
adidas

OUTLOOK
View Rwanda Differently RWANDA

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Dr Diane Gashumba – Minister of Health

The Ministry of Health has a mission of continually improving the health of Rwandans through providing preventive, curative and rehabilitative health care. This initiative has yielded a lot in terms of handing good health on a silver platter to the entire population.

The Health sector has been improving services in terms of financial and geographical access with special emphasis on prevention of diseases and early treatment.

A multiplicity of interventions have seen a significant drop in the Maternal Mortality rate from 476 per 100,000 live births in 2010 to 210 per 100,000 live births in 2015 reaching hence MDG5. Owing to initiatives like engaging 45,000 Community Health Workers countrywide to give health interventions in the community, screening and treating malaria at the community level, enrolling all HIV positive people on ARVs therapy, life expectancy increased from 49 years in 2000 to 66.7 years in 2017.

In order to maintain the achievements, achieve the Sustainable Development Goals (SDGs) and keep the healthy nation norm, the Ministry of Health emphasises focusing on prevention before it gets to the level of treatment and cure. Making the prevention story real does not come off easy but with basic practices, all Rwandans could live a healthy life and see different diseases treated and diagnosed in time.

Prevention relates to routine medical checkups. All Rwandans should adopt the habit of visiting a doctor, not only when they feel unwell, but also to check their health status. Routine checkups are a great remedy to timely identification and treatment of Non Communicable Diseases (NCDs). Also living a healthy lifestyle with routine exercising, avoiding drugs and feeding on a proper diet is another practiceg to help Rwandans against NCDs and Obesity.

Prevention also goes hand in hand with hygiene and nutrition. Most of hygiene related diseases that affect us and our children are related to improper hygiene behaviors. Hygiene also comes down to clearing bushy areas around homesteads in order to destroy anopheles mosquito habitats hence preventing malaria. Meanwhile, proper nutrition for children right from exclusive breastfeeding for 6 months to a time when they can take complimentary foods should be every parent's commitment to avoid stunting and malnutrition.

Through the 1000 days initiative, parents allover Rwanda have been educated on what a balanced diet is made of.
It should be a universal call to all Rwandans to purchase the essential Community Based Health Insurance (CBHI) often referred to as 'Mutuelle De Santé. This health insurance enables access to health services at different levels.

Maternal & child health

Bedrock for healthy prosperous familiers

Francine Ntihinyurwa, is a young contented mother of two. And she shows it. She shows it when she lightly, gracefully and with exaggerated amount of visible love, breast-feeds her baby. Her baby also floods back that love in immeasurably abundant proportions. This baby, glowing with energy and vitality, dotted with innocent but highly magnetic and strongly endearing smiles, seem to be a constant source of happiness currents that sweep through Ntihinyurwa's life; every day of her life. It's a bond made in heaven.

Resident of Mugina Sector in Kamonyi district, Ntihinyurwa has all reasons to keep a flowing smile and a contented soul. From her first pregnancy, she has been accessing medical services that many mothers would wish and make great efforts for; care that starts from the households all through to the communities and health centers, developed over time, embraced by local leaders and medical personnel alike, giving mothers and their children a guarantee to survival.

A stitch in time

Ntihinyurwa's story of enjoying motherhood begins at a time when she realizes she has conceived.
"It begins with working with community health workers (CHWs) who generate a list of all women in the child-bearing age-bracket in the village which is availed to the health centre. A monthly update of those who will have conceived is given to the health centre authorities, preparing them for what work to expect," she explains.

The information does not stop at the Health Centre (HC) level; with the use of the Rapid sms mobile phone application, the CHWs report to the Ministry of Health all pregnancies within the HC catchment area.
The Ministry registers this information and, later, towards the end of 9 months, uses it to remind the CHWs to visit the expectant mother and, especially, by advising her to deliver from health centre.
And health workers at the health centers have had their capacities built, spanning technical and soft skills, making the expectant mothers migrate from their time-long culture of delivering from home to preferring professional maternity centers.

To this, Ntihinyurwa says; "At Mugina Health Center, they receive me well and I have never got any complications with the four children I have delivered from there. Health workers there make do with reducing childbirth pangs," she enthuses with a deliberate smile. The health centre, she says, also has good equipment for good delivery, thanks to a partnership with UNICEF that contributed to the purchase of the equipment.

Over the last decade, great achievements have been made by the Ministry of health in maternal and child health. Under five mortality in Rwanda was reduced from 152 in 2005 to 50 deaths per 1000 live births in 2015 while for the same period the infant mortality followed the same trends, decreasing from 86 to 32 per 1000 live births.
There has also been decrease of maternal mortality ratio (MMR) over the last fifteen years, where it was

> "Vaccination coverage among children age 12-23 months has continued to improve steadily over the past 10 years to 93%. Rwandans are advised to ensure all babies are vaccinated".

reduced from 1071 in 2000 to 210 per 100,000 live births in 2015.

This made Rwanda one of the few African countries that achieved MDG 4 and 5 related to maternal and child health.

This was achieved through strategies aimed at improving the availability, accessibility, and utilization of maternal and child health services, as well as the quality of all services offered by both private and public health facilities in the communities.

Community Health Workers in the equation

CHW's contribution in the entire maternity process is a well reasoned and performed experience. Rose Mukamujeni, a CHW in Mugina catchment area, explains that they make sure that the expectant mother has a relative ready to go with her to the HC at the time of delivery.

"If she doesn't have one, we escort her," she says.

Beyond escorting first time mothers, CHWs wait and establish how a mother has delivered and give a report to the Ministry of Health in relation to how successful the process was, the health of the mother and the child.

Besides, Mukamujeni says, to add to the antenatal care the health centre gives, CHWs visit mothers at home at least three times during pregnancy to check if they have medical insurance, advise them to have a good diet as well as cautioning them to report any complications in case they occur.

"The rapid sms is also used to report to MoH the complications that may occur during pregnancy. At MoH they immediately receive the message, transmit an order to the district hospital to send an ambulance to save the mother and the child," explains Mukamujeni.

Theoneste Masumbuko, a father of five children says that the advice given to her wife during pregnancy is important and he always sits by her side to listen to the CHWs too.

"They come, visit and advise her. We sit together and hear take in the advice together. I often remind her of their advice afterwards," he said.

Antenatal care (ANC): First and Fourth ANC standard visits Coverage:

The proportion of women attending their first visit before 16 weeks as recommended is 56% while those attending 4 standard visits are 44%.

At Mugina H.C in Kamonyi district, health workers explain to me that a pregnant woman must visit the H.C at least once in a quarter to be examined and to receive antenatal care.

Grace Mukamana, mother of four, a resident in the Mugina catchment area says she is always well received and given good services when she shows up for antenatal care or giving birth.
Grace Mukamana, mother of four, a citizen in the Mugina catchment area says she is always well received and given good services when she shows up for antenatal care or giving birth.
"They receive me well and I have never got complications with the four children I have delivered," she says.

Delivery in Health Facilities:

The proportion of pregnant women delivering at health facility reached 91% in 2015 and this was 69% in 2010.

Postnatal care

When a woman is discharged from the health centre, a CHW must go to visit her after delivery to make sure there are no complications, to be sure that the child is able to breastfeed, to see if the mother has breast milk, among other things.

They also make a follow up to see whether the mother and the baby are having the right nutrition.
Putting emphasis on improved nutrition:

Government of Rwanda has made good progress in combating under nutrition. Reducing the prevalence of stunting, underweight, wasting and Anemia. According to DHS 2014-2015, 38 % of children under age 5 are stunted and 14 % are severely stunted. Since 2011, social cluster ministries developed a National multi-sectoral Strategy to Eliminate Malnutrition (NSEM). The objectives were to reduce all forms of malnutrition in Rwanda, and to protect nutrition of young children and pregnant/lactating women. All districts in Rwanda adapted and implemented their own District Plan to eliminate Malnutrition (DPEM) with involvement of all stakeholders.

Every Fiscal Year, a national Joint Action Plan to eliminate malnutrition is developed and implemented by Social Cluster Ministries. At the same time, each district also develops its annual plan to eliminate malnutrition. The Government also created a national food and nutrition coordination secretariat responsible for the streamlining of all efforts invested in the fight against malnutrition in Rwanda. And, in addition to existing initiatives to eradicate malnutrition, the Government has launched a fortified blended food (FBF) program to fight stunting among children. The program targets children aged below 2 years, pregnant and lactating mothers, with the

Vaccination of preventable diseases

Vaccination is an important indicator in maternal and child health. Rwanda has demonstrated the value of vaccines over the past 15 years, as the rollout of new and underused vaccines has helped reduce under-five mortality by two thirds, and achieve the fourth Millennium Development Goal (MDG) along the way. More than 98% of children are vaccinated against 12 antigens which protect them from the following vaccine preventable diseases: tuberculosis, poliomyelitis, diphtheria, neonatal tetanus, pertussis, hepatitis B, haemophilus influenza type b, measles, streptococcus pneumonia, rotavirus infections and rubella.

In addition, Rwanda was the 1st country in Africa to introduce human papilloma vaccine (HPV), within 97% coverage. All the young adolescent girls of 12 years of age are protected from cervical cancer and pregnant women to be protected from tetanus, during the ANC visits.

As the world transitions to the Sustainable Development Goals (SDGs) and partners aim to end poverty by 2030, immunisation remains at the core of the health agenda. As well as saving lives, the benefits of vaccination programmes stretch beyond immunisation to improving health services and promoting social integration, and Rwanda is the case study to prove it.

Increasing medical human resources

The number of medical human resource has dramatically increased during the last 7 years. The number of doctors deployed in the public health sector has increased from 112 in 1996 to 709 by May 2015, including 174 medical specialists.

Also, 692 Midwives are deployed in public health facilities, and this category of staff did not exist before 1994 Genocide against the Tutsi. Under the current programs for the development of Human resources for health priority is given to training specialized doctors and upgrading A2 nurses to A1 level.

Nurses are trained in the 6 newly created Nursing Schools and a distance learning program (e-Learning) has been launched to accelerate the process. For Specialized Doctors, most of them are trained in Rwanda through an MoU signed with American Universities, and others are sent outside. Currently, over 250 doctors are being trained on clinical specialties (59 abroad, 191 in country).

Health foot-soldiers

that save thousands of Rwandan lives

In a calm voice and a focused gaze, Priscilla Mukakarisa shares her experience as a Community Health Worker. It has been 22 years down the road since she became one in 1995; years of dedicated service, passion and commitment.

She is one of the 42 community health workers in the Mugina Centre catchment area in Kamonyi district, selected and entrusted by members of the community during public meetings basing on integrity, hard work and availability with providing auxiliary health services.

The selection is followed by a special one month training depending on the type of CHW one is going to be: either a Binome or one for maternal and child health.

Binome CHWs deal with general diseases like diarrhea, pneumonia, malaria among children from age of 6 months and adults. Out of the three CHWs in a village, two must be Binome.

Their first responsibility is prevention of disease in the community by sensitization and education of the population and then treatment.

They have the knowledge of testing, prescribing drugs, giving advice or referring the patient to the health centre in case of complex sicknesses.

Julie Mukandahiro, a Binome CHW from 2009 explains in part how they support in the treatment of malaria.

"When a person comes, I carry out a rapid test for malaria. If I find that he has malaria, I give him Coartem medicine and I tell him how to take it. After three days I go to visit him and to see how he is. If I find that he is not getting better, I advise him to go to a health centre."

Binome CHWs are complemented by their counterparts who specifically deal in maternal and child health. These are responsible for providing family planning services, visiting pregnant mothers at least three times during pregnancy to give them advice for healthy pregnancy and safe delivery, as well as following up with newly born children and their mothers to make sure that they are in good health.

CHWs also use Rapid SMS, a mobile phone application which helps them to disseminate information from the community level to the Ministry of Health reporting pregnancies in the community, or complications in case any occurs during pregnancy.

Adelle Nyiramahane, a maternal and child health CHW since 2009, estimates she has helped up to 200 mothers throughout her tenure. She says they sometimes encounter challenges when they are dealing with grand-multipara (women that have given birth for many times).

> ***Health services are near you with community health workers***

A community health worker attending to a patient

CHWs are at the lead of the government's commitment to strengthening the quality of service delivery and provide access to treatment from a decentralized approach.

"They tend to want to hide their issues. But we use our skills got from the training by the Ministry of Health and at the end they open up and we are able to help them," she says.

CHWs' contribution to the health of the whole country:
CHWs are at the lead of the government's commitment to strengthening the quality of service delivery and provide access to treatment from a decentralized approach. Rwanda boasts of over 45000 Community Health Workers;
They are the first line of defense addressing 80% of the burden of disease through homebased care.

In 2000, the World Health Report described Rwanda's health care system as one of the weakest in the world. The Government of Rwanda responded with health sector reforms to strengthen accountability of health institutional actors. In these, one of the key strategies of the Ministry of Health was decentralization of the health system, an objective that CHWs have really given definition, leading to such great achievements from 2000 up to date among which:

Life expectancy increased from 49 years to 64.5 in 2014/ 2015, infant mortality rate reduced from 107 to 32 per 1,000 live births, maternal mortality rate also went down from 1070 to 210 per 100,000 births.
Child nutrition also improved. Acute malnutrition reduced from 5% to 2%, Underweight from 30% to 9%, chronic malnutrition from 51% to 38%.

What makes a Community Health Worker ?
The spirit of volunteerism, passion
CHWs are not paid. They serve as volunteers to help the population. The Ministry of Health, however facilitates them through giving quarterly incentives to their co-operatives. They always come up with projects, undertake economic activities and share the proceeds from thereof.
They also receive materials in form of phones, bags, books, boots, uniforms or umbrellas.

Mukakarisa says she is happy with volunteering to help the community,
"Working as a volunteer is fine with us. I have been a CHW for 22 years now and it has been passion for the country that has been the drive for me during this work. I love it," she says.

Cooperation with the Health centre
CHWs coordinate with the health centres through exchanging information with the medics at the H.C. Rose Mukamujeni, a CHW in Mugina catchment area says that the medics at the H.C are also cooperative.

Training or professionalism
When you talk to a CHW, you find out that they are confident of what they are doing. Besides the one month training they receive initially, they continue to get refresher trainings as they work.

What citizens say about CHWS
Mariam Dushimiyimana the executive secretary of Mbati cell in Mugina sector, Kamonyi district:
In Mugina CHWs help us in delivering health serices to the population, especially mothers and the children. They find them in the villages and sensitize them. It helps even us in leadership.
Before the program of the CHWs, we had a problem of the residents who were not able to understand health issues. The CHWs help us especially in mobilization as they are closer to the citizens.

Vestina Nyirabahire, a mother of four, from Nteko cell in Mugina sector:
No child of mine has ever got sick to an extent of being ill. I take my children to CHWs, they test and when they find malaria, they treat them.
If I get sick myself, I also go to them and they test me and give me medicine. They follow me up and they see how I am.
CHWs are of great importance because we don't have to walk the long distances to reach the health centres for treatment.
Francine Ntihinyurwa, mother of two:
CHWs followed up with me when I was pregnant.
They visited me about 3 times and advised me to produce from a health centre and not at home.

Mutuelle de Sante

Improving consumption, financial access to medical services

It was 2016 when Enatha Mwiza, 27, left her home area in Huye for an employment opportunity of working as a housemaid in Kigali. Having been in the city for rather short time, she encountered a problem of a terrible tooth ache that made her uncomfortable for a number of days. Not being in her home area with her family, coupled with not having money would all make the idea of getting treatment very difficult for her. However, the fortunate part of the story was that she had her mutuelle de santé card.

Carrying her card with her, she approached Kimironko health centre, from where she was referred to Kibagabaga health centre since her tooth was in bad situation. She tells an amazing story of how she had the whole process of a tooth extraction at only three hundred Rwandan francs thanks to her insurance under mituelle de santé.

"They did everything. The anesthetized me, removed the tooth, gave me medicine; all at three hundred francs," she explains in excitement.
Her card is now expired and she looks forward to going back to her home area and have it renewed since she really fathoms the importance it carries.When she goes back to Huye, she will find ease in renewing her card, thanks to the Rwanda Social Security Board efforts to make it more accessible by taking the registration services to as low as the cell level.

Under the new system, people can find their insurance cards at the cell offices where they are filled and taken to the health centres only for validation.

"The clients go to the cell to look up their names in the Ubudehe lists and to have cards filled for them. In case they cannot find their names, they talk to cell officials who help them fill the necessary forms, which they bring to the health centre for validation. After this, we feed their information into computers and book registers after which we issue their mituelle cards," explainsa community based health insurance official at Muhima Health Center.

According to RSSB, in this program, when you pay, they are able to give you the validation service immediately which eradicates the former delays where clients would pay like today, and would come back to fill the card after several weeks.

"But now when the client comes and pays, we validate their cards according to the time they have paid," explains Mariam Kaberuka, the director of Community-Based Health Insurance Registration Unit at RSSB.
Julienne Mukabalisa the chairman of Buzima village in Muhima said the system is very good since it does not delay.

"Back in the day, citizens used to wake up at 2am in the night to come to the health centre. Now that the service has been brought to the cells, it has become simple. No more confusion. They come here to identify the ubudehe categories in which they fall, they pay and their cards are processed from here," she said.

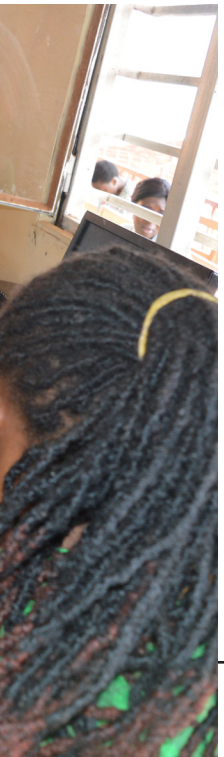
Abdul Karim Mwambara, the chairman Nyiranuma village in Biryogo cell shared a testimony of how this system helped students who were going back to school to receive their mituelle cards in time.

"This service worked perfectly as we solved the problem of the students who were going back to school. Their mituelle de santé cards were processed and given to them in time." he said.
Mituelle de Santé, is the most common health insurance cover for Rwandans, covering at least 9.6 million people, especially those living in rural areas with meagre income.

Members of households in categories two and three pay Rwf3, 000 while those in category 4, about 0.5 per cent of the country's population, pay Rwf7, 000 per family member.

Today, Rwanda stands out in Africa as far as health insurance coverage is concerned where 84.3 percent of Rwandans are insured. Kigali districts lead the way with Nyarugenge, Gasabo and Kicukiro, all hitting 99 percent followed by Kirehe (98.0), Nyamasheke (93.2), Gisagara (92.0), and Gakenke (90). The least performing districtstands at a promising 74.9 percent coverage and the government's target according to the ministry of local government is one hundred percent.

Health insurance coverage amongst the population Community Based Health Insurance(CBHI) is major program to improve accessibility to health services and reduce the financial burden of catastrophic spending premiums based on income (higher for middle and upper income groups – free for poor).



Health insurance coverage has improved access to health services and reduced the financial burden of catastrophic spending premiums

Blood donation, transfusion practices grow as safety gets ascertained

When 31-year-old Immaculee Gumusenge was donating blood ten years ago, little did she know that at some point she would find herself in such a critical condition that required gallons of blood.

A few weeks ago, her obstetrician discovered that her pregnancy was abnormal and the only way to save her life was to have an operation. The expecting mother had an ectopic (abnormally positioned) pregnancy.

Just like with most other operations, Gumusenge lost a lot of blood during the process. However, she received a blood transfusion and her health has since tremendously improved.

> "I feel strong right now. I received blood after my operation and it helped me a lot. You know when one is operated on surviving without blood transfusion can be hard."

She says that from her experience, donating blood is very vital only that at times people don't understand its essence.

"It is a decent act and for a good cause because it helps people. People should try to put themselves in that position of those who need blood; this way, they get the picture."
"I encourage people to donate blood because when it doesn't help your friend, it can help others or even you at some point. For example I donated blood a very long time ago but what I have received now is way too much than what I donated," she says.

Blood donation is an action that speaks for its self; it's an action so noble that helps save lives and this is why over the years, the Ministry of Health has put endless efforts in the blood donation program.

Realizing the essence of this segment, the ministry made commitments to support blood service activities in order to increase safety and availability of blood for transfusion to save lives.

In the past years, the blood donation program has come to grow thanks to the numerous drives of blood donation and continuous sensitizations on the relevance of donating blood.

Dr. Swaibu Gatare, the division manager of the National Centre for Blood Transfusion (NCBT) at the Rwanda Biomedical Centre (RBC), says that blood donation is accompanied with a lot of benefits however the most vital aspect of it is that it saves people's lives.
Background of blood donation in Rwanda

In Rwanda, blood transfusion services started in 1976. Between 1976 and 1985, blood donation was exclusively based on family replacement. From 1985 onwards, blood is exclusively from voluntary non-remunerated blood donors.

50% of the transfusion services were then financed by the Belgium Red Cross and the other 50% by the Ministry of Health.
In 1995, transfusion services underwent some rehabilitation with the intervention of World Health Organization and the Belgian Red Cross. From 1997-1998 there was European Union involvement and funding.

In 2007, Law n°26/2007 of 27/06/2007 established the National Centre for Blood Transfusion as a specialized, statutory, semi-autonomous public institution and in 2011 Law n° 54/2010 of 25/01/2011 merged NCBT as a division in Rwanda Biomedical Centre.
Improving safety and availability of blood

Rwanda put in place stringent measures to improve availability and safety of

> *Rwanda's blood policy is that blood is donated free of charge and must be issued to patients free of charge*

blood for transfusion to patients in need which was accomplished through various approaches like improving geographical accessibility, capacity building, enhancing blood donor mobilization, recruitment and retention among others.

Improving geographical access

In improving geographical accessibility, five regional blood banks were constructed in each of the four provinces to serve all hospitals in respective catchment areas.

Currently, 65 health facilities both public and private; including university teaching hospitals, referral, provincial, district hospitals and 4 health centers are served by the National Blood Transfusion Services.

Introducing a "free blood for transfusion" policy; Rwanda's blood policy is that blood is donated free of charge and must be issued to patients free of charge, to make sure that every patient in need of a transfusion accesses blood.

Capacity building

In the year 2000, the National Centre for Blood Transfusion was comprised of 69 staff with only one physician and the majority of the remaining staff held high school certificates. NCBT is currently comprised of 146 staff, with 6 Physicians, 3 of whom are specialists in Transfusion Medicine and the rest of the staff are bachelor's degree holders.

Enhancing blood donor mobilization, recruitment and retention

Strategies on this have been enhanced as 528 permanent mobile blood collection sites have been created country-wide. Partnerships with Rwanda National Police, Rwanda Defense Force, higher institutions of learning and high schools, government and private parastatals have increased annual blood donations from 22,970 blood units collected in the year 2000 to 61,109 blood units in 2016.

Apheresis

Apart from the conventional method of whole blood donation, Rwanda also uses apheresis machines to collect selected blood components like red blood cells, plasma or platelets. This has improved hospital satisfaction especially with regards to platelets, mostly for cancer patients.

Implementation of a Quality Management System

Since 2009 Rwanda embarked on implementing an elaborate Quality Management System based on international standards and norms in blood transfusion. Monitoring of all Quality indicators has been assured, including Quality Control of all blood components prior to being issued to hospitals.

Drones to deliver blood

In a bid to improve accessibility to blood and other essential medicines and to shorten the turnaround time between ordering and receiving blood, Rwanda has embraced using Unmanned Aerial Systems (Drones) as an effective and efficient mode of delivering blood to patients.

Testing and processing of blood

Rwanda has invested in improving blood safety with the use of the latest 4th generation immunochemiluminescence serology testing platform. This has substantially reduced the residual risk of transmitting transfusion transmissible infections such as HIV, HBV, HCV and Syphilis.

Blood Establishment Computerized System (BECS)

Rwanda has put in place an FDA approved BECS, known as e-progesa, a centralized electronic system that is used in the traceability of blood from the time of collection to distribution (vein to vein safety and traceability). This has helped to effectively manage blood and blood donors.

Cold chain monitoring system

Considering that maintaining a blood

cold chain is one of the major challenges of many blood banks, Rwanda has installed an electronic cold chain monitoring system, which alerts users via text messages and e-mails whenever storage conditions or temperatures run out of range, which has also increased blood safety.

Online Hemovigilance System

Rwanda uses an online hemovigilance system allowing direct reporting on the utilization of blood components and any associated adverse transfusion reactions.

Other achievements

Rwanda is currently the 2nd country, after Namibia on the African continent to have achieved the top-most, step 3, full accreditation by the AfSBT (Africa Society for Blood Transfusion). Basing on this great milestone, Rwanda now hosts the first state of a kind AfSBT Training/collaborating Centre, on the continent, hosting all continental meetings and trainings on blood safety by the AfSBT.

Rwanda made history in October 2016, when it became the first Country in the world to start using drones to deliver blood to health facilities in different parts. The initiate officially launchedby HE Paul Kagame is another innovation using a more efficient delivery system. Rwanda leads the world in the use of the Drone technology to save lives. In a bid to improve accessibility to blood and other essential medicines and to shorten the turnaround time between ordering and receiving blood, Rwanda has embraced use of unmanned Aerial Systems/Drones as an effective and efficient mode of delivering blood to patients.

Annual Hospital Satisfaction (Demand vs Supply) has also tremendously risen from 49% to the current 96%.
In 2016 Rwanda hosted a congress of the Africa Society for Blood Transfusion which brought over 400 delegates.
Rwanda is among the only 10 African countries that is having a blood program based on 100% voluntary non-remunerated blood donation and passed with 100% for the past 3 years during the External Quality Assessment Scheme (EQAS) Performance evaluation).

Challenges

During the 1994 genocide against the Tutsis, much of the socioeconomic fabric of Rwanda was destroyed as well as its health infrastructure. The healthcare system was suffering in its aftermath, and there were health inequalities between urban and rural areas, including access to blood for transfusion.

Rwanda embarked on achieving MDGs 4, 5 & 6, respectively; Reducing Child Mortality by two-thirds, between 2000 and 2015, the under-five mortality rate; Improving Maternal Health by reducing by three-quarters between 2000 and 2015, the maternal mortality ratio and Combating HIV/AIDS, Malaria and other Diseases.

Regardless of the strides taken so far, challenges still prevail.

> ***Blood donor mobilization has been enhanced***

"Give blood, Give now, Give often"

Volunteers are screened prior to blood donation

The challenges linked to urban settings include high cost of the sessions of collecting blood, each sessions costs Rwf2,000,000 which leads to a limited number of blood collection sessions.

Gatare however suggests that with the introduction of a modern blood collection vehicle, the issue of the number of sessions held in a month can be increased with at least 20 blood collection sessions.

The other challenge is the withdrawal of external donors for the National Centre for Blood Transfusion.
Gatare however maintains that the government is doing everything to ensure that the transfusion services are not affected.

"The division has been largely supported by external funders. Much as they have withdrawn, we have to do our best to maintain high levels of health care," he adds.

There is also the issue of limited access to potential blood donors which is being addressed through sensitization on the importance of blood donation.
Current state of blood donation in Rwanda

There has been an upward trend in terms of units of blood collected which has improved the availability of blood for hospitals.

Figures obtained from Rwanda Biomedical Centre indicate that 40,520 units of blood were collected in 2012; 43,074 units in 2013; 48,932 units in 2014; 53438 units in 2015; and 61,306 units in 2016.

There has been a 15 per cent increase in the demand for blood components every year for the past three years. Blood components supplied in 2015 were 65,825 while in 2016 they were 70,835.

The number of blood donors totals to 44,396 males and only 16,910 females.
Blood units targeted for this year are 91,000, a 48.5 per cent increase compared to 2016, according to RBC.
King Faisal Hospital, Kigali mobilises for blood donation (In a different colour bed—boxed/wrapped)

King Faisal Hospital, Kigali is one of the institutions that organize blood donation campaigns. The most recent one was organized under the theme; ***"GIVE BLOOD, GIVE NOW, GIVE OFTEN"*** which was WHO's theme for this year 2017.This campaign was organized in collaboration with National Center for Blood Transfusion, which took place on Friday 7th July 2017 from 8:30 am to 5:00 pm in the hospital parking lot.

The aim of the event was to mobilize staff and people in Kacyiru area to donate blood hence contributing to saving lives.

Institutions that joined us in this noble cause included World Vision, World Relief and Ministry of Agriculture.

Volunteers were screened prior to donating blood, done through weight taking, blood pressure measuring, hemoglobin testing, discussions with the health care professional about lifestyle and medical history.

A total of 196 people were screened and out of those, 33 of who were found not fit to donate because of various health related problems while seventy six donated blood.

HIV patients' life expectancy significantly improves

Josiane Ishimwe, 30, a resident of Muhanga district has been living with the HIV virus for over twenty three years. At only the age of seven, in 1994, she fell into the hands of ill fate when she was raped by a ruthless man who not only hurt her physically but also infected her with HIV, ruining her health.

"After I was raped, days later I started bleeding. When I was taken to the hospital, they carried out some tests and it was confirmed that I was HIV positive. Life was never to be the same. I grew weak and fell ill incessantly," Ishimwe narrates. Her health deteriorated drastically after she was infected. However, when she started treatment, her health improved in more ways than one.

"Living with the HIV is certainly not easy but my life changed for the better when I started accessing treatment. My body gained strength and I now live a normal life. I later got married and now I have a family of my own."

Unlike in the yesteryears when being HIV positive was almost equated to a death sentence, efforts, innovations and inventions have been summoned to ensure proper management of the disease in the recent past, enabling the life expectancy of the infected persons to improve.

How long can HIV patients live?

Dr Vincent Karamuka an internal medicine practitioner who follows up HIV patients at the University Teaching Hospital of Kigali (CHUK) says that if patients take medication as prescribed and refrain from dangerous lifestyles such as consuming alcohol or smoking, they can maintain good health.

"When HIV patients don't take their drugs, it's obvious that the virus weakens the body and with this they can die early," Dr Karamuka says.
CHUK treats about 2,700 patients of HIV every three months.

To continue strengthening the fight against HIV, Dr. Karamuka says efforts are ought to be put in prevention measures.

"Those who are not yet infected should protect themselves and the infected should take drugs. When one is on drugs the risk of transmitting the virus is minimal. However, they can still transmit it."

Various campaigns against HIV have made a huge impact in reducing new infections. A small number of new infections however do occur. Dr. Karamuka attributes new infections to false perceptions about the virus.
Some people, he says, wrongly assume antiretroviral drugs to be a cure for HIV.

Life expectancy before the era of ARV's

Before the global scale-up of antiretroviral therapy, data from many regions of the world consistently showed a strong negative association between HIV prevalence and life expectancy.

Dr. Sabin Nsanzimana, HIV Division Manager at Rwanda Biomedical Centre says before the introduction of ARVs, someone infected with HIV would live on an average 7-10 years if no treatment was accorded.
However with the new treatment, this could be 25 more additional years, he says.

With access to antiretroviral therapy, there has been improved life expectancy in many parts of the world and thus the negative association between HIV infection and mortality is dwindling.
The introduction of the fixed dose combination has brought about drastic improvement as majority of patients in Rwanda receive only one pill a day from 10 they used to take in 2000.
"There are also better drugs with fewer side effects to patients. Today you cannot easily identify someone who is HIV positive by looking at his or her face."

Taking ARVs is like any other medication such as antibiotics; the difference is that the treatment has to be taken every day and without interruption.

A good fight

HIV was first reported in Rwanda in 1983 by a team of Belgian scientists. In 1986, the nation conducted its first population-based sero-prevalence survey that reported an urban prevalence of 18 % and a rural prevalence of 1 %.

For nearly a decade after, there was little awareness of HIV/AIDS and most physicians were unable to recognize, diagnose, or treat the condition. People living with HIV were kept in isolation wards with poor sanitary conditions and without safety precautions to prevent transmission between patients and

early testing, counseling and treatment help in saving lives

hospital staff. There was little to no access to HIV treatment in Rwanda prior to 1994.

Rwanda has recently made remarkable progress in management of HIV/AIDS. The country was singled out by the UN as one of the few to have achieved near-universal access to treatment in 2012.

Research done in 2015 by Medicine for Global Health shows that Rwanda first achieved universal coverage in 2008, with 80% of HIV positive patients receiving antiretroviral therapy under a CD4 eligibility criterion of 200 cells per μL or less, and then again in 2010, a year after the guidelines changed the eligibility criteria to 350 cells per μL or less.

"The AIDS-related mortality in Rwanda has reduced by 82% in the last 20 years, a world record," Nsanzimana points out.
In the last two decades, Rwanda was able to provide free male circumcision which grew from 13% to 30%.
There has also been scale up of HIV preventive and treatment services to more than 90% of health facilities across the country.

Reduction of HIV transmission from mother to child has reduced from 10% to 1.8%, while new infections have reduced by 50%.
There is provision of free anti-retroviral treatment for all HIV positive people in need.

A strong health system using HIV funding as a catalyst has been built; hospitals have been renovated and laboratories and maternities strengthened. Hospital equipment and ambulances have been purchased.

Other health programs such as viralhepatitis, Non Communicable Diseases, were built on HIV experience. Health care providers have also been trained to offer standard HIV services.
Through a series of strategic decisions, the formation of strong partnerships and global mobilization of resources, Rwanda has made remarkable progress at scaling up access to antiretroviral therapy and improving the delivery of care and support to an estimated 204,899 people living with HIV in the country.

The scale-up occurred by raising the CD4 threshold for access to treatment. Rwanda first achieved universal coverage of ART at a CD4 cell count threshold of 200 cells/mm3 in 2007, increased the threshold to ≤350 cells/mm3 in 2008, and 2013 guidelines raised it to ≤500 cells/mm3.
With exceptions for immediate therapy for key populations, in 2015, guidelines recommended offering immediate treatment to all patients regardless of CD4 eligibility.

Challenges present

In spite of the successes registered in the fight against HIV, challenges still prevail. Nsanzimana says there are still patients that die of AIDS due to factors such as missing their medications and refusing to take medicine. This is mainly common among young adolescents and men.

Lack of sustainable funding also makes HIV/AIDS management difficult. HIV is an expensive disease to manage. Rwanda relies on 70% external funding to treatment and prevention of HIV. The government of Rwanda is therefore putting in place a sustainability plan to mitigate this challenge.

Research by Medicine for Global Health continues to show that external donor funding for HIV programs has continued to decline at a rapid rate, calling for a need for new resources to support the programmes.
By 2014, the annual cost of sustaining Rwanda's HIV programs had grown to nearly US$ 200 million. This comprehensive budget, that supports HIV prevention, treatment and control programming, was 80 % funded by external supporters.

An overall decline in foreign assistance means the government must look to new ways to innovate its health system in an effort to improve financial sustainability while not compromising gains made in health outcomes.

Strides made so far

The following are the fruitful strategies and results:

- Currently, 80 % of children and adults living with HIV are enrolled on antiretroviral therapy ART.
- Since July 2016, the treat all HIV+ strategy was initiated to test and immediately HIV interventions enroll HIV+ people on ART.
- Since 2012, Rwanda has implemented the Option B+, which resulted into the stabilization of the Mother to Child Transmission below 2%.
- HIV prevalence among adult population (15-49 yrs.) has remained stable at 3% for the last seven years;
- Males circumcision have increased from 13% to 30% from 2010 to 2015.
- 96% of all Health Facilities Countrywide of Antiretroviral Viral Therapy countrywide
- Mobile Condom kiosks were dispatched in high risk areas to prevent HIV spread.
- Currently, a total of 510 public health facilities offer HIV counselling and testing services;
- 94.0% adults and 95.3% children are on treatment 12 months after initiation and viral suppression higher than 80% of people on ART.
- More than 133,574 adults and adolescents were on ART and majority of them are on the first line.
- 84% of male partners are tested for HIV with their spouse; and 100% of public health facilities offering PMTCT services have access to Early Infant Diagnosis.
- To eliminate HIV mother-to-child transmission, a package of services that include community support to PMTCT, HIV counselling and testing, linkage to care and treatment, initiation of ART and adherence support to medication, infant feeding and counselling on Family planning approaches as well as safer sex is being implemented in all 490 PMTCT sites.

HIV treatment for all

The rate of new HIV infections has declined by 50 per cent, this registered success is mostly attributed to new initiatives in place and these include; "the treat all HIV+, Free condom kiosks and Voluntary counselling and testing initiatives.

The treat all HIV+ initiative was launched in June 2016, of which all HIV positive patients immediately gained access to Anti-retroviral (ARVs) drugs after testing HIV positive. In the past, only patients in the later stages of the infection were put on ARV therapy.

ICT improves health services delivery

Josephine Ishimwe had to queue, whenever she visited the hospital for almost an hour waiting for the attendants at the reception to check where they had kept her file. Today, the mother of two is delighted because with her hospital card, she no longer spends that much time in the queue.

Open Clinic Software

Thanks to Open Clinic Software in Rwanda, services delivery that has seen a number of hospitals immensely improve their medical services in general.

According to Hospitals that use this system, as first-time patients register to access services, their profiles including; bio-data—name, age, sex; address, telephone contacts, insurance, among others, are captured, an identification number is generated, embedded into an electronic card (read by scanners) which the patient uses to access all services and subsequent diagnoses, prescription, treatment and referral, if need be. The accruing medical and pharmaceutical expenses are posted in the hospital system at one central server and, at the same time, retained at the patient's electronic card.

For instance, at University Teaching Hospital (CHUK), the open clinic software has improved the hospital way of operating in terms of receiving, diagnosing, treatment, billing, discharging, follow-up and archiving. Apart being mainly used at the hospital, open clinic also the biggest system at the hospital with many modules. It manages patient data recording, billing, pharmacy, e-archive as well as asset management.

For the pharmaceuticals, the hospital is now in a position to establish stock movement and revenues accruing, eliminating waste and losses in the process. The system manages other aspects of the hospital such as; payments for the drugs by patients, insurance company covering the patient in question, and expiry of drugs.

At the end of the year, the hospital is in a position to evaluate performance with ease.

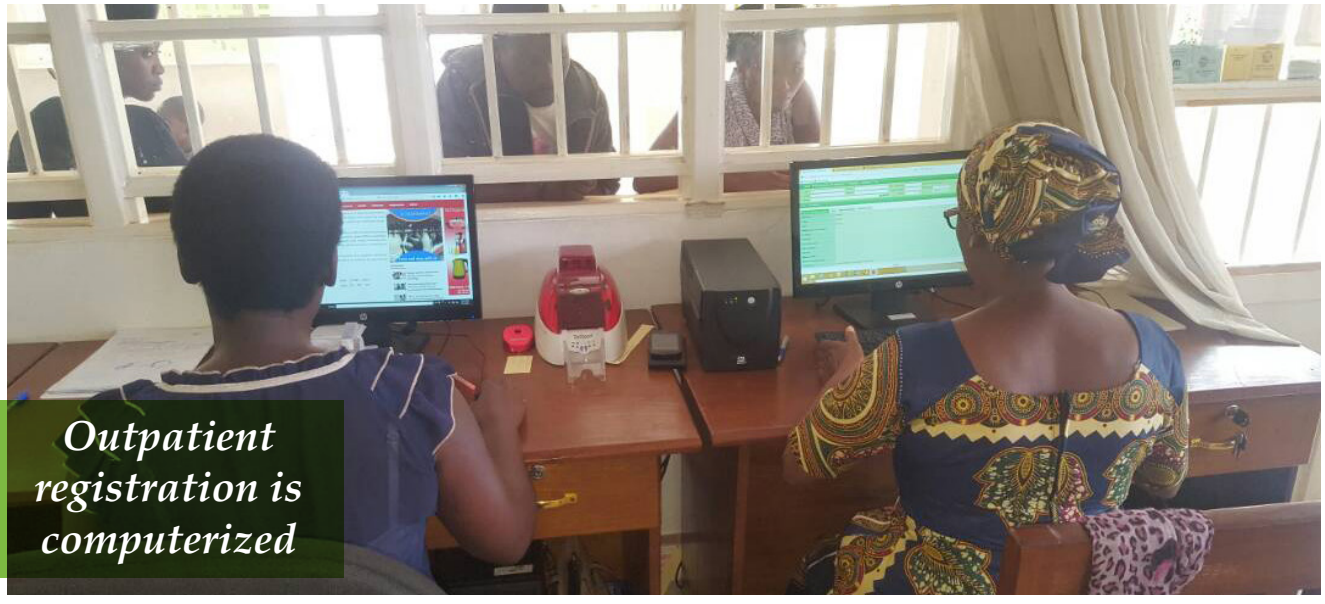
Additionally, the system manages the pharmacy activities from the central pharmacy to satellites pharmacies located in different clinical units.

Open Clinic has also helped the hospital to establish the movement of patients' files from archives, the number of beds and patients hospitalized in each ward, daily patient diagnosis and statistics.

In statistics and planning unit, it provides the medical history of patients.

ICT Support

The ICT department at the hospital consists of four staff dedicated to supporting and maintaining eight hundred



Outpatient registration is computerized

Modern equipment help in diagnosis and treatment

end users; these include four applications servers(open clinic, Open mrs PACS,SAGE),seven government facility Applications, HMIS,ELMIS,IPPIS management-procurement and networks.
The hospital is committed to ensuring the integrity of the client data, improving services delivery, and fostering a bright technological future as well as
improving and enhancing the ICT platform in alignment with the need for quality medical services delivery.
Besides, CHUK is also dedicated to ensure that the business objectives of delivering services to the community are met.
According to Alpha ArseneMarara, the director of ICT at CHUK, there are systems which are related to health care, service delivery and other from governmental system, which are helping them to improve their daily activities.

How it was before

"Before 2007, everything was done using manual registers most of which were incomplete, making it hard for the hospital to generate and keep vital information," says Marara.
He adds that it was also easier for patients' results from laboratory to be misplaced as there was no central digital archiving system; but with the new system, efficiency in data storage has been ensured. The new archiving system has as well made it possible for researchers to access and make use of information they may need.

Other ICT Systems for quality health service

Medical imaging

Also known as radiology, the system helps in availing information to both patients and physicians at any time without difficulty as everything can be accessed easily.
"For those patients who need radiology services, they can pay for the exam in the system (open clinic). When the exam results are produced, they are uploaded in the system which makes the work of the physician easier when it comes to patient follow up," says Marara.
Instead of the patient carrying along their results to the hospital during their re-visit or appointment, it can be read direct from the system by their physicians.
A physician can schedule their patients and they can establish how many patients they have treated during a certain period.
There are other systems from RBC and ministry of health operating in different health care systems which help in identifying health situations in different parts of country.

HMIS

It's a reporting system which helps the ministry to gather information and reports on diseases from all Rwanda healthcare facilities on a monthly basis.

It also help the ministry to find out what type of diseases are on rise and how to control and or eliminate them.

OPEN MRS

Is a system used in HIV clinics to manage the data. The staffs from those particular clinics are able to trace, identify their improvement and also the status of their patients, which makes it easier for them to report the results to the ministry.

Telemedicine

It's a video conference that helps in connecting with different health care providers or health care facilities such as District hospitals which are in their (CHUK) catchment area.
Whenever the hospital has something to share with them, they connect them to the telemedicine.

Since CHUK is a University Teaching Hospital, the system helps in sharing knowledge with students at different levels.
(CardioTocoGraphy) CTG
These are monitors for women in lobour. It allows the midwives or physicians to follow up on such women at the same time.
The monitors are placed at the patients' bed monitored by the midwife who can monitor more than ten women at the same time.
The system has eased the work of midwives and addresses shortage of staff.
Whenever the woman has a problem or about to give birth, everything is shown at the screen and the attendant is able to reach out for them, or call a physician depending on the problem at hand.
On the side of administration, there is also a system known as

IPP from MININFRA

It helps in reporting Imihigo, also monitor and evaluate the hospital's performance at the end of the year.
Steps made in service delivery
To institutionalize quality and safety of healthcare service delivery, the Ministry of Health launched a national healthcare accreditation program in 2012, and developed Rwandan Hospital Accreditation standards. About 44 hospitals have been enrolled into accreditation process, the baseline survey was conducted in 43 hospitals and a progressive assessment is conducted every six months in all enrolled hospitals. This approach is in line with institutionalizing the process of continuous quality improvement of health care services targeting a range of comprehensive services provided by health facilities.

babyl

everyone's personal health service

Rwanda's first digital health service

> Almost 50% of the global population has little access to quality healthcare. Yet irrespective of where we live, most of us have a mobile phone in our pocket.

babyl Rwanda is a branch of UK-based digital healthcare tech startup, Babylon, that designed smartphone 'chatbot' technology to offer live consultations and medical prescriptions. babyl developed its platform on feature phone version to allow all Rwandans, including those without smartphones or with limit access to internet, to access "call-in" consultations service with doctors from anywhere.

With a population of around 11 million and a Physician's ratio of 1/15,428, access to medical professionals is challenging, especially in rural areas.

Yet irrespective of where we live, most of us have a mobile phone in our pocket. Our mobiles are getting smarter every year: mobile phones today are a thousand times more capable than they were only 10 years ago and they will be at least a thousand times more powerful in the next ten years. Can you imagine the possibilities? To put an accessible and affordable health service in the hands of every person on earth.

Rwanda has set its goals high in supporting investors who will help achieve key goals such as access to healthcare for all. The Ministry of Health and the Ministry of Youth and ICT in Rwanda have played a critical role in introducing babyl into Rwanda as the country continues to be one of the fastest growing African countries in terms of ICT adoption. The MoH and babyl are a pioneer's in deploying the first ever fully digital health service and allowing people to access health professionals at the click of a button from your mobile phone. Babyl is a pioneer in deploying the first digital health service, allowing people to access health professionals at the click of a button.

babyl started in Rwanda September 2016 and has successfully implemented a fully integrated digital health solution nationally with over 600,000 registered users and over 100,000 appointments completed within a year.

With babyl, patients are able for the first time in Rwanda to get quick access to medical advice within minutes using their mobile phone anytime, anywhere, changing the way we access healthcare. People register by dialing *811# and get access to babyl services on a feature phone or download "babyl health" app. The use of the service allows access to babyl nurses and, Rwandan doctors that we have trained. babyl is for non-emergency cases to anyone above 16 years, anywhere in Rwanda, without the need to queue for the next available appointment.

Beyond providing an appointment with a doctor, we are linked to NIDA and patients are electronically registered and verified. Users are able to access their prescription code, sent to their mobile phone, and obtain medication from their nearest pharmacy partnering with babyl. As of today, more than 180 pharmacies countrywide are working with babyl. All clinical records are stored and available to patients whenever they need it. People access our clinical services and call centre 12 hours a day (7 am-7pm).

Raising awarness & registering residents at Ruhango

Gifting Nyamirambo women's center with free access to health care

Tracey, babyl CEO & First Ladies in attendance at the babyl booth during Transform Africa Summit 2017

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KMISC offers medical imaging services

This afternoon he wasn't doing quite as well,probably in part due to the previous day's hardwork. He looked to me with his intense brown eyes and bending over his clutches to sit and wait for his turn to have his x-ray, he asked me why all these things were happening to him.
Murenzi had been involved in a car accident early this year and broke his left leg and ribs. He has had to seek X-ray services from Kigali Medical Imaging and Supplies Center (KMISC) while undergoing treatment.

According to the management of KMISC, many patients like Murenzi from all walks of life come to the center with different ailments in need of their services.
The center started offering these services in June 2006 and that it was out of the realization that imaging facilities were scarce and needed not only in the city of Kigali but in the entire country. At the time it was so difficult to mobilize resources although the will to start up such a facility was there so the owners struggled to make it happen.

KMISC started with a team of medical personnel that included a radiologist who is a medical doctor specializes in medical images; a radiographer to operate the machines to produce the images and a number of nurses to take care of the general sterilization and hygiene. KMISC offers medical imaging services. The management of the center says they started with only 2 X-ray machines and one ultra sound machine but latter acquired other machines that helped them to deliver services to so many patients since 2006.

Today the center conducts general radiography, specialized investigations whereby they do plain radiography and where necessary use contrast media to enhance medical images for better visualization of pathologies.

Where and when expect the results

Plain radiography /X-rays are done in the diagnostic imaging department room here at KMISC and the time from when it is performed to the time when one receives the report is around 15 minutes though it may vary, depending on the urgency with which the result is needed or the complexity of the examination. According to the doctors at KMISC, X-rays are safe when performed in a controlled environment like an X-ray department. X-ray equipment is checked regularly to ensure that it is functioning properly and not delivering excess radiation to patients or staff. The imaging center works with almost all insurance companies in Rwanda and many patients in need of imaging and x-rays visit the center on a daily basis.

"We see over 50 patients of whom 30 of them have insurance from the many insurance companies while the rest come in privately We accept insurances like RP, MMI, Radiant, Britam, UOB, BK, Mediplan" says one of the doctors at the center.

Challenges

There is lack of radiological services such as dealers in the necessary imaging equipment and no technicians who are capable of doing repairs when machines breakdown. According to management at KMISC, although things are getting better these days and some new dealers have entered the market to supply these equipment's, they have always had a problem of buying equipment from outside countries

The future of KMISC

The center has plans of up grading their x-ray machines and imaging services and expanding their services to all over Rwanda. The management says that with enough money, they intend to create branches though it requires expensive technology that is always changing.

Gisenyi Hospital

grows in personnel, infrastructures and hinterland

Gisenyi District Hospital was a secondary health-care facility with 300 beds and 11 general practitioners back in 2011. The entire population covered by the district hospital and the then eight primary health-care centres under its supervision in 2010 was estimated at 303 549 in 2010.

Today, seven years down the road, the hospital has made a lot of progress in almost all fields of its administration.
The Hospital Director Dr. Kanyankole William says in the last seven years
the hospital has improved on the level of human resource with the number of employees increasing from 116 in 2011 to 206 in 2017.

"There has been a lot of improvement in human resources. The number of doctors including Gynecologists has more than doubled from 8 in 2011 to 17 doctors in 2017. This to us is a success story for it means that we can efficiently handle a good number of patients," says Kanyankole

There has also been an increase in the number of health centers that are directly linked to the hospital from eight to eleven.

"We have in the last seven years added to the number of health centers and today every sector boasts of a health center except one sector of Rugenero that already has an approved budget and of which construction will start by 2018," says Kanyankole.
The hospital has already started its journey on accreditation and is aspiring to be among the international recognized hospitals in health care in the region.

"Today we are at level two which is a big step on the journey of accreditation, when we get to level three, we shall have reached the international accreditation level of health care" explains the Director.

In the last seven years, the hospital has put in place a lot of new infrastructure that has helped boost its performance in offering health care to the population in the region.

According to Dr. Kanyankole, the hospital has now acquired a new laboratory through the East African Public Health Laboratory Networking Project that started operating in 2013 and is accredited to the East African Standards.

"The laboratory is serving as surveillance site to monitor hot spots for disease transmission and helps us in making optimal use of internet and mobile communications to improve public health. In addition, it supports the roll-out of new diagnostic technologies for drug resistance monitoring and for more efficient TB diagnosis," says Kanyankole.

The laboratory can run all biochemistry tests and provide an extensive range of testing services to all health care centers and clinics as well as other hospitals. The lab also provides testing for CD4 and tests for drug resistant TB.
Gisenyi hospital also acquired new and state of the art equipment including a dialysis machine. . In medicine, dialysis is a process for removing waste and excess water from the blood and is used primarily as an artificial replacement for lost kidney function in people with kidney failure.

According to the Director, the hospital has so far acquired equipment like ultra sound machines, digital ex-ray machines and number of diagnostic equipment that help in diagnosing different sicknesses at the hospital.
The hospital also boasts of a new Dialysis center that treats patients with kidney problems and it is the first one of its kind in the region

The AHN Center which is a PPP with the Government Hospital provides best in class care at the lowest cost in the region, catering for North western Rwanda, Goma in DRC and South western Uganda. The center is equipped with Free-WIFI, TV and other reading materials for its dialysis guests.
"Residents of Northern and Western provinces who used to travel long distances to seek kidney treatment either in Kigali or elsewhere are no longer doing so following the opening of a dialysis centre. We do all the treatment here at the hospital and the service is offered at a subsidized price compared to the other centers in Kigali," says Kanyankole.

The center provides Inpatient Dialysis, Outpatient Dialysis, Consultations, Vascular Access and Catheterization procedures for both ESRD and AKI patient

The hospital has also implemented new software that runs an electronic billing system that has helped the hospital to efficiently run its administrative chores.

"The electronic medical system has really helped us in tracking patients' records, avoiding losses in finance and reduction in paper work. We can now do a lot of analysis using the software ," says the Director.

Still on infrastructure, Gisenyi hospital has recently acquired a new emergency building that has greatly helped in the handling of emergency cases at the facility.

"It is a great achievement and we now do early intervention for emergency and severe cases that are always on the increase plus when it comes to responding to catastrophic natural disasters, accidents with multiple casualties and infectious disease outbreaks. Emergency departments are on the front lines," says Kanyankole.

Gisenyi Hospital has a maternity ward under construction to be completed this year, expected tocreate a friendly, welcoming environment for patients and their families.

"When it starts operating, the maternity wing will mean more space and more comfort for pregnant mothers and their new born babies. It will also mean that we as doctors will find it more efficient to treat these patients in a better environment," explains the director.

The hospital also recently completed a mortuary building.
Since its inception, the hospital has never had an operational mortuary facility and this one is the first of its kind and is serving the whole of Gisenyi, Rubavu and Goma

"It is the only mortuary in the area. It has modern facilities with four cold chambers meaning it can accommodate four dead bodies daily," says Kanyankole.

District hospitals have better medical equipment to improve the medical services provided to the citizens

Addressing *Mental Health* challenges in Rwanda

In the recent past, Rwanda government has made significant strides in extending health services to the people, investing heavily in improving the quality of health care provided.
As such, the battle against infectious diseases has so far yielded positive results and the commitment in dealing with non-communicable diseases is steadily gaining ground. Among the non-communicable diseases being dealt with is Mental Health.

According to Dr. Yvonne Kayiteshonga, the National Director of Mental Health at Rwanda Biomedical Center (RBC), "Mental health is a component of health. It's not only absence of disease, but a concept of well-being. It affects the way you interact with people in society, the way you handle your career and the way you cope with stress."

The 1994 genocide not only claimed lives but also left large segments of the population suffering from mental disorders. Statistics show that close to 99% witnessed violence and 31% were either raped or sexually assaulted.

The outcome of this was a massive burden of Post-Traumatic Stress Disorder (PTSD) that the country hoped to address. Other mental disorders included depression and drug-related diseases. In comparison with neighbouring countries, Rwanda's trauma prevalence is high.

Other than the genocide, there are other causes of mental health disorders like genetics (biological reasons), psychological reasons and the society.

"After the genocide, the government decided to design a mental health policy in order to address the mental health issues. It's among the major priorities of the health sector. In that framework, a mental program was added which eventually became the Mental Health Division, "says Dr. Kayiteshonga.

She adds that, "This division ensures accessibility of mental health services, the hiring and training of human resource, purchase of drugs and advocacy about mental health. It has trained communities on how to deal with mental disorders. This helps early detection and treatment. Only severe cases are treated in specialized settings."

Medical, Psycho-Social interventions in alleviating mental health problems
There are different types of medical care that can be given to patients to cure their mental disorders. In case of mild mental disorders like depression, there are anti-depressants given to patients whereas in the case of acute psychotic disorder (patient is unaware of their condition), they are given anti-psychotic medicines.

For the psychological reasons,psycho-therapy-professionals offer a setting where patients can feel free to share their experiences, express their feelings and generally have someone to lend an ear of understanding and sympathy. The psycho-therapists give them counsel and re-assurance of a better life ahead. These professionals are highly-trained to deal with any behavioral changes that emanate from mental disorders.

Many mental disorders and illnesses are caused by societal issues. Situations like growing up in dysfunctional families, poverty, death or divorce could greatly influence the state of mental health. The availability of drugs in the area could pose a threat on the state of mental health in that society. In this case, societies have been empowered with knowledge about the causes of mental illness, some of which are mainly societal. With that education, communities can be able to play a role in fighting mental illness. They can address the causes or identify cases of mental health early. They are also educated on how to deal with these cases.

State of capacities of mental health workers

"At all levels of the health system, we have integrated mental health care. This is right from community level to the district level. We work with psychiatrists, psychologists, psychiatric nurses, general medical doctors and nurses with mental health training, trauma counselors,community working with victim associations and community health workers, "says Dr. Kayiteshonga.

The Ministry of Health through Rwanda Biomedical Centre has trained more than 15,000 community health workers who are attached to health centres. These health workers are not professionals but they are people selected from different communities with basic formal education who are trained on how to identify and deal with symptoms of mental illness in their areas. In addition, the ministry has 7 psychiatrists in the country that operate in different referral hospitals like Centre HospitalierUniversitaire de Butare (CHUB),Centre HospitalieUniversitaire de Kigali (CHUK), Ruhengeri and Ndera Hospital. However, the psychiatrists are rotated among the hospitals.

More psychiatrists are being trained at the University of Rwanda to be deployed to district referral hospitals. Furthermore, RBC currently employs 100 psychologists and 100 psychiatric nurses. Despite not having specialized mental health hospitals at district level, various district hospitals have mental divisions integrated in their health services.

Partners

According to Dr. Kayiteshonga, the Ministry partners with various organisations that support genocide survivors like IBUKA, AVG, AERG (students association of genocide survivors), Nsenga Ni Manzi.

These partners help a lot in advocacy and empowering communities to learn more about mental health and fight the stigma that arises from mental illness. It also works with funding partners like the Belgian Corporation that facilitate some of the activities in the communities. The Ministry, through RBC coordinates all these organisations working on mental health.

Achievements

"The enemy of mental health is ignorance. Ignorance leads to lack of service, human resource, funds, and respect. We have been emphasizing the sensitization of people about mental health through all possible channels. We have created mental health services from community level to district level. We have been able to integrate psychotic drugs into the national list of essential drugs, meaning people can access the drugs at an affordable price, " states Dr. Kayiteshonga. She adds that, "mental health services have also been integrated into Mituelles de Sante insurance. This is a great achievement."

The Ministry has built strong partnerships with other stakeholders in t mental health services so that they are not only found in medical centers but also in the communities. These organisations have assisted in addressing mental health issues. This has improved the accessibility of treatment or medicine by the victims.

The Ministry of Health has worked with the Ministry of Education to incorporate a Post Graduate Diploma in the curriculum. "Today, Rwanda is invited to share their success story in dealing with mental health."Despite the great work The Ministry of Health through RBC has done in educating masses about mental health, the issue of stigma is still prevalent in society. There has also been a lack of sufficient resources to conduct its operations, purchase drugs and carry out research. Additionally, donors have been strict on many things like figures, of which these can only be got by carrying out comprehensive research. Such strict regulations have limited resources being invested into mental health. There is also a challenge of donors focusing on other killer diseases like HIV/ AIDS. The Ministry is committed to sensitizing people about mental health, training more people to work in mental health, psychiatry specialiasation and to focus on child psychiatry as well.

To deal with aftermath of the 1994 Genocide against Tutsis, the Government of Rwanda devised a number of strategies to assist those presenting mental health problems resulting from the genocide.

These included treatment of patients with mental health issues has effectively been decentralized, as all Hospitals are now staffed with at least one psychiatric or mental health nurse.

Two general practitioners and two general nurses from each district hospital are trained each year in psychiatric care and since 2014, a total 468 health centers across Rwanda had one or more general nurses trained in mental health.

The decentralization of mental health care improved the geographic accessibility and reduced transfers to mental health reference structures and during the annual commemoration of the genocide against Tutsis, health professionals in health facilities receive refresher trainings on mental health issues. District hospitals work with the community members to coordinate patient care during this time.

Palliative care
in Rwanda is making progress

Understanding Palliative care

Patients who need palliative care are those suffering from chronic diseases like cancer, diabetes, infectious diseases and cardiovascular as well as pulmonary diseases.
According to Magnus Udahemuka Gasana, a palliative care coordinator at CHUK, palliative care improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through prevention and relief of suffering, by means of early identification and impeccable assessment as well as treatment of pain and other medical problems.

He notes that patients under palliative care need physical, psychosocial, social and spiritual support.
A national policy on palliative care in Rwanda was put in place in 2012 and since then, specialists have been trained on how to administer palliative care.
Udahemuka says that for some patients who are at the end of life care, this support is needed to make them live and die in dignity.
It's not only delivered in Hospitals, the service can also be carried out in the community where the patient comes from and hospices.

A hospice is a kind of clinic where patients are brought together in one area to receive palliative care. The environment in these clinics makes patients more comfortable and secure.
Udahemuka says the first place which is conducive to manage patients who need palliative care is the community which serves to relieve patients of social and psychological burdens. The second one, he says, is hospices, while hospitals come in the third place.

At Kigali University Teaching Hospital (CHUK), the use of morphine for pain relief has been significantly going up for the past five years, since palliative care was introduced in Rwanda.
Figures indicate that in 2012, the use was 64,260mg, 2013 it was 63, 000, 2014 was 130, 010, 2015 it was 510,250 while in 2016 it was 2,085,010 respectively.

Why community is best for palliative care

At home patients can get good support compared to hospitals and hospices.

Before discharging patients, caregivers are educated on how they will be linked with health facilities whenever they have a problem.

Besides, there are mobile clinics which are allowed to operate at the community level to support and give the required care for such patients.

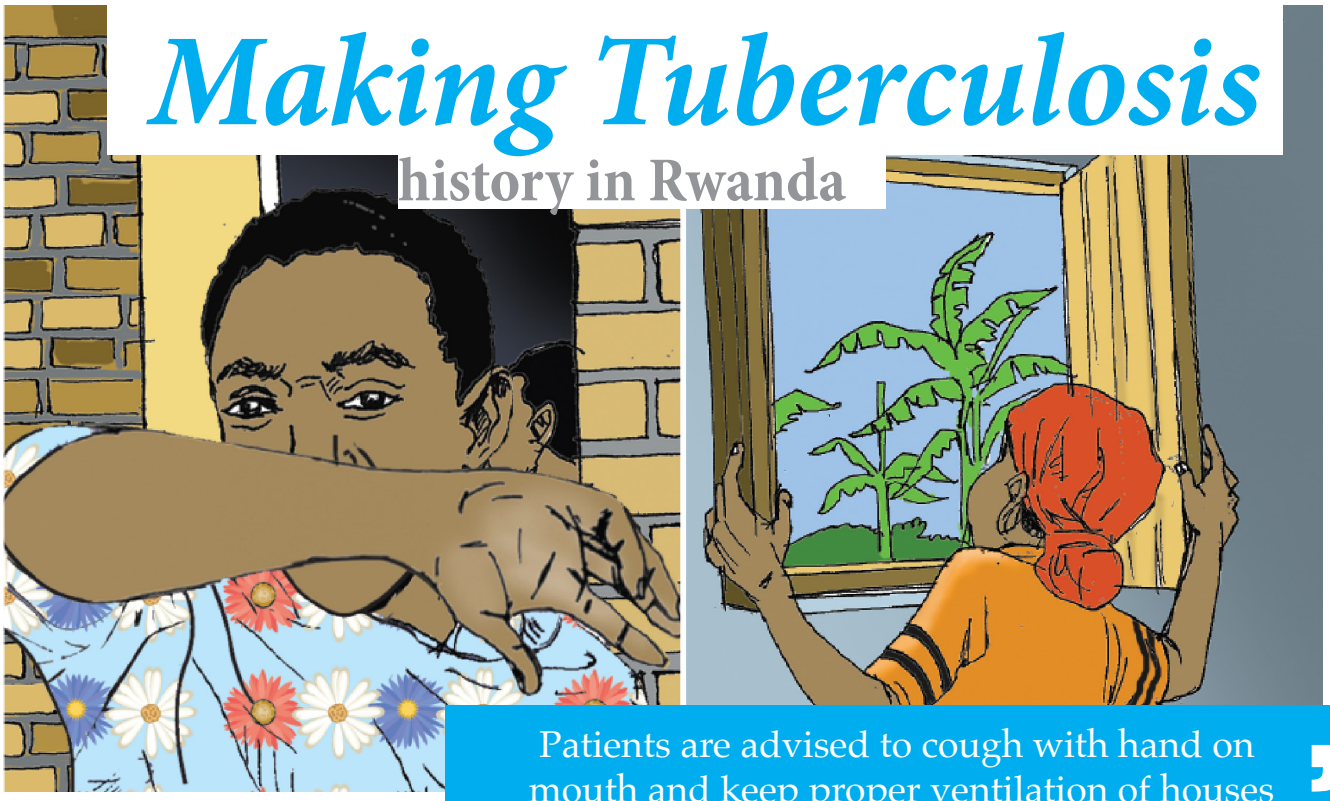
The Ministry of Health has trained caregivers in cells, sectors and district levels in basic nursing, laboratory care and palliative care. Treatment, however, doesn't have to be restricted to homes. When a patient shows different signs of a new disease or infection, they can still be taken back to hospital for proper treatment. "In this kind of situation where a person is having a chronic disease, we do not aim at adding days to the life, but we add life to the days," Udahemuka says.

Progress

At CHUK, there has been significant progress in creating awareness and approach on palliative care since it was first introduced in 2012.
Two years back, the medical practitioners had opiophobia (the unwillingness or fear a doctor has in prescribing medication to patients) but this has now reduced after the medical practitioners were trained in administering medicine to palliative care patients.
This was also a setback for those patients who needed the medicine.

Before, patients who needed palliative care were left to die in pain. This has changed now considering both medical and community are working together to ensure such patients are given the best support.

Making Tuberculosis history in Rwanda



Patients are advised to cough with hand on mouth and keep proper ventilation of houses

In Rwanda the fight against TB has been persistent and, indeed, far-reaching improvements have been observed over the years.

Dr Olivier Manzi, the head of medical department at the University Teaching Hospital of Kigali (CHUK), says that changes in different approaches to fighting TB have contributed to its gradual reduction. Acquisition of modern equipment has helped in getting proper diagnosis, enabling early detection and treatment. "Diagnosis has been improved and, though tests are still done through saliva as before, the equipment used are more advanced. This has helped in improving the quality of tests hence accurate results and treatment."

On top of augmentation in the capacity of diagnostics, stakeholders have put emphasis in sensitization campaigns. Julienne Nzayisenga, a nurse in management of TB at CHUK, says that various campaigns are held in sensitizing the public about TB.

"Campaigns on TB are done, screening services are also carried out at village level mostly done by community health workers," she says. "The other progress is on treatment. At first, treatment was administered for nine months but now it's done for six months, using the same drugs," Dr. Manzi says.

These changes came in after the World Health Organization did research and it was realized that a six month-treatment could work in the same as that taken for nine months. "It brought improvement because most people could fail to comply with a nine-month treatment regime and thus some never healed, in the end infecting other people leading to new infections," he adds.

Nature of the TB bacteria

Dr. Manzi explains that though there is a vaccine given to people during infancy, it doesn't give 100% protection. However, not everyone who gets in contact with the bacteria of TB called Bacille de Kochcan gets it as only 10% of those who get in contact with it can get infected.

The rise of the bacteria depends on one's body and how healthy it is, one's eating habits, stress and other diseases.. Nzayisenga explains that TB needs early management; for instance when one coughs for more than two weeks, they need to go for a checkup, "If all people would go for early checkup when signs like these show up, I think it would help reduce TB cases."

Dr. Manzi says treatment for TB is mainly drugs but injections can be given to those who had medication but contracted TB again.

Community health workers in the TB fight

Dr Grace Mutembayire, the Director of TB care and treatment at Rwanda Biomedical Center says that the involvement of Community health workers has played a significant role in the fight against TB.

They have not only helped in sensitizing people about the importance of early screening but have also helped in referring people with TB symptoms to the health facilities.
"Community health workers have been involved in improving community knowledge about TB including symptoms, transmission and prevention. They also provide drugs at community level.

In 2016, 45 % of TB patients were followed up (given TB drugs) by Community health workers near to their homes while 95% of patients given TB medicines by health workers were successfully treated.

Revocat Murekatete, a Community Health Worker based in Huye, believes that their role has indeed contributed a great deal towards TB prevention and fight.

"We follow up on patients; we go to the health centers and pick up medication for them. They usually take it for six months but we ensure that they take it on a daily basis till the dose is completed," Murekatete says. Health worker also use Umuganda to sensitize communities on the virus.

"We use platforms like Umuganda, Umugoroba w'Ababyeyi to sensitize people about the disease and tell them the signs they should look out for like; losing weight, coughing for more than two weeks and fever among others .We also visit patients in their homes to check on how they are doing and provide a platform for them to reach out to us in case of an emergency," she adds.

Current state of TB in Rwanda

Dr Yves Habimana Mucyo the Director Multi-drug resistant tuberculosis at RBC says that the success registered so far in the fight against TB can be attributed to early screening and detection combined with patient support which has enhanced treatment success rate.

In 2015, the prevalence of Multi-drug resistant tuberculosis(MDR-TB)reduced to 2.1% as compared to 4.6% ten years ago.

The treatment success rate for bacteriologically confirmed new and relapse TB case was 89.3% of the cohort of TB cases registered in 2014-2015 and 85.6 % of MDR-TB cases of the 2012 cohort were successfully treated. This decreases transmission of TB and MDR-TB to healthy people.

Mucyo also says that continuous TB-HIV collaborative activities have resulted in reduction of HIV among TB cases.
"HIV screening is done in all presumptive TB patients; there is provision of Cotrimoxazole prophylaxis therapy to all TB-HIV patients and early anti-retroviral therapy initiation in TB-HIV co-infected patients."

However the case detection rate has been constantly decreasing since 2007 from 80% to 50% in 2015.
According to the Health Sector Annual Report July 2015-June

2016, 45% of all patients with symptoms suggestive of TB (presumptive TB cases) were brought by Community health workers, increasing easy and rapid access to TB clinics and care at health facilities.

TB Surveillance system among health care providers was initiated in all health facilities.
At least one nurse at health centers and two doctors at district hospitals were trained in the management of practical approach for lung disease.
Electronic TB and Leprosy register (e-TB) was initiated and is being implemented in all health facilities.

TB Diagnosis

Mucyo explains in detail the detection and diagnosis of TB saying that presumptive TB patients are screened by healthcare givers among patients attending the health facilities and among communities by community health workers.
"Patients screened positive are requested to provide samples (sputum samples most of the time) for laboratory testing. Patients with bacteriological confirmation and those clinically diagnosed are initiated on the TB treatment."

Early diagnosis and treatment ensure is recovery chances

Diagnosis tools

There has been a constant and progressive introduction of new and more sensitive laboratory tools to diagnose TB in the country:

- 2005: solid culture (Lowenstein- Jensen)
- 2006: DST (proportion method).
- 2009: rapid tests for detection of resistance to R and H (PCR/Hain test).
- 2010: Capilla test (PCR) for M.tb /MNT specification
- DST 2nd line drugs (solid and rapid tests)
- 2012: Liquid culture (MGIT)
- 2012: GeneXpert technique (first 6 machines)
- Decentralizing TB diagnostic techniques :

o 2012: Cultures and rapid tests in 2 teaching hospitals (CHUK&CHUB)

o 2016: GeneXpert technique at peripheral level (all district hospitals).

Mucyo believes that it is possible for TB to be made history in Rwanda as it has been in developed countries. However, he says, this requires regional efforts because it is an airborne disease and Rwanda is bordering with high TB burden countries that is DR Congo, Uganda and Kenya.

"There is a free movement of the population within the region but the disease is curable, thus preventable."

Achievements registered

The program to address TB burden in Rwanda has made a good progress and impressiveachievements up to date due to a strong political commitment of the Government of Rwanda and participation of community. Effort was done to reach TB patients with accurate TB diagnosis and effective treatment. It led to the broad mobilization of multidisciplinary implementers and led communities to increase awareness and mobilization for fighting against TB. Considerable efforts and resources were dedicated to increase case-finding among the general population with participation of essentially the Community Health workers and NGOs.

Tuberculosis diagnostic and treatment is free of charge in Rwanda and TB prevalence in general population was 91/100,000 population lower than what WHOestimated in 2014 (114/100,000) based on the result of National TB prevalence survey.

According to Drug Resistant survey (DRS) conducted in 2005, 3.9% new TB cases and 9.6%of previously TB cases have been developed TB MDR while the recent results DRS conducted in 2015 revealed that 1.4% of new case and 10.7% for previously TB treatedwhich is significant decrease among the new TB cases. The combined TB MDR prevalence decreased from 4.6% to 2.1%.

The Treatment success rate for bacteriologically confirmed new and relapse and MDR TBcases are at 90% and 85% respectively. This decreases transmissions of TB to healthy people while the use of genexpert test as initial test for all high risk group and genexperts machine are available in all district, provincial and referralhospitals.

Ninety-nine percent (99%) of all presumptive TB cases are tested for HIV and currently 94% of co-infected TB/HIV received ART before the end of TB treatment.

Every year Community health workers contribute to 46% and 25% of TB presumptive referred cases to health facilities and proportion of TB cases identified respectively.

Screening of TB was reinforced among high risk groups especially contacts of TB cases, children under 15 years, elderly people above 55 years, people infectedwith HIV and prisoners . Currently, 44% of all TB cases are among high risk group.

Introduction of new diagnostics, in particular rapid tests for detection of MDR-TB decreased turnaround time for solid culture to liquid culture from 87days to 8days.

Drones saving lives

through timely blood deliveries

In October of 2016, the Government of Rwanda partnered with Zipline to became the first country in the world to launch a national drone delivery service that brings lifesaving blood to those in need. Since launching the delivery service to hospitals around the country, thousands of units of blood have been delivered to patients across Rwanda and countless lives have been saved.

Before the program, the country primarily depended on cars and motorcycles to get blood to hospitals, which could take hours. Further, because there are so many different types of blood and blood products, and they spoil very quickly, it's difficult for hospitals to keep everything they may need on hand. This can lead to blood being out of stock in an emergency situation or going to waste if left unused.

With drones, however, Zipline is able to fly above the traffic and arrive at a hospital within a few minutes of receiving the request. As the program continues to roll out, many hospitals in Rwanda today are receiving blood through the use of Zipline drones.

Moving to on-demand drone delivery also means that hospitals can store less blood while having unlimited access to the supplies they need when they need them. To date, not a single unit of blood has expired at hospitals served by Zipline.

With Zipline, the Government of Rwanda is able to offer its citizens fast, affordable and reliable blood delivery that helps save lives, while reducing medical waste and inefficiency.

What beneficiaries say

Ugirimbabazi Jacqueline saw at least 6 doctors when she was hospitalized at Kabgayi for almost a week in April this year for lack of blood. Ugirimbabazi had delivered a month prior without any complications and was discharged from hospital; however she started having problems with her health that were also a affecting her new born baby. Ugirimbabazi, 29, married with two kids had constant headache with swollen legs, dizziness and no milk to breastfeed her baby.

"I was not sure of what was happening to me at the time. I had lost appetite and my legs were very swollen and I could hardly walk. At first I thought it was malaria but then I began to feel very weak and frail," says Ugirimbabazi.

By then, alarmed by Ugirimbabazi's rapid deterioration, her husband contacted a physician friend who advised him to take her back to hospital for immediate treatment. She was told by doctors Kabwayi hospital that she needed to have blood transfusion immediately if she were to live.

After ascertaining her blood group, the hospital contacted Zipline headquarters using an sms and requested for blood to be delivered at Kabgayi immediately. In the region of 30 minutes later she was having her blood transfusion.

It had taken the drone carrying her life saving blood six minutes to reach the hospital. Ugirimbabazi says the quick instincts of her doctors and the speed and efficiency of Zipline's drones saved her life.

There were others who received blood through Zipline's efficient drones that can now reach remote places across the country.

Another parent, Dusabe Maria, gave birth by cesarean after she had been in labor for more than four hours in unembellished pain. She had been admitted to Kabgayi hospital two days earlier when she had started getting labor pains. After the operation, she was put to bed and slept soundly throughout the night.

"I was very tired and after the operation fell soundly asleep. However late in the night I woke up and found myself in a wet bed. At first I thought it was water or sweat but when I called my mother in law who was attending to me at the hospital, it was realized that I had lost a lot of blood."

Doctors worked on Dusabe through the night to try to stop the bleeding and though they succeeded, she was in dire need for blood if she was to stay alive.

Early in the morning, the hospital contacted Zipline to supply blood for Dusabe and within minutes it was delivered by a drone at the hospital.

"I still remember the sound of the drone vividly in my ears and the joy that it brought me. We had known that drones deliver blood and I had seen many flying to deliver blood to other hospitals in other districts. But this time, the service was meant for me and it did save my life," says Dusabe as she feeds her baby.

Thanks to their incredible and forward thinking commitment to health care innovation, Rwanda is now considered the world leader in drone delivery. Its East African neighbors have taken note. Next year Tanzania plans to launch its own medical drone delivery program in partnership with Zipline. Using the most cutting edge technology available, Rwanda is shining a bright path forward for its citizens and the world.

Shyira Hospital revamped

modern medical services and facilities in reach

Shyira Hospital was established by missionaries in 1970.

After some time, the hospital started receiving many patients when after the King's wife delivered from the facility where she underwent the first caesarean operationat the hospital. During the tragic 1994 genocide against the Tusti, the hospital collapsed and remained in limbo for ten years until it was reopened in 2004.

The new Shyira

In 2014, President Paul Kagame promised to revamp the hospital and modernize it. In March 2016, the president directed the Ministry of Defense to construct a new hospital, which was done at a cost of $7m (Rwf5.9 billion) and was, 11 months later, completed in record time.

The new facility was therefore launched on 4th August 2017 by President Kagame accompanied by the First Lady Jeannette Kagame and other public officials. It is seated on a hill next to model village. With a total of 150 beds, Shyira Hospital, which is a referral, is serving a population of 200,000 people from the districts of; Gakenke, Muhanga, Nyabihu and Ngororero.

According to Dr Theoneste Rubanzabigwi, the medical Director at the Hospital, the facility will serve the surrounding communities as a referral, for it has been equipped with both modern equipped and well trained medical workers.

Electricity and water are also available in the area yet they were previously not accessible.

Rubanzabigwi says that previously, there were barriers such as rivers which inhibited people from reaching out for services at the hospital and so to ensure access, roads and bridges have been constructed to ease movement of people from the Northern, Eastern and Western provinces.

"There were no bridges for people to walk across which also made it hard for ambulances to reach out to patients. Most of the time they had to wait for the rain to stop or reduce so that they could cross to the hospital," he says.

Currently, the hospital is easily accessible for both patients and health workers which will reduce morbidity and mortality cases; while the relocation from the hill top to the lower flanks of the hill also eases access. Residents in the area can now access electricity, water, modern houses and clear roads that help them conduct their businesses smoothly.

In the past residents were exposed to water borne diseases as a result of drinking unclean water from the river , which eventually exposed them to pathogenic diseases. This has been stopped and malaria cases have been brought under control as mosquito nets and other malaria control measures are being put in the employ.

New services at hospital

The new hospital has now been constructed at the lower flanks of the hill and therefore easily accessible. Among the modern equipment and services introduced are the high-tech EMR, neonatal facilities and intensive unit services which will significantly bring down infant mortality rate.

From carrying out all tests in one room, the hospital today has ample space where different laboratory services are carried out.

Drugs preservation system

The hospital has embraced the ELMC system which is used to monitor the availability of drugs in the whole country and therefore plan for stocks accordingly. They can compare and purchase which one is needed for a particular hospital.

Eliminating malnutrition has been given a high priority throughout the country

"The technology works in a way that a doctor in a remote area is able to consult with another or a specialist consultant about a certain medical case while miles away from each other through video conferencing,"

Telemedicine

In line with the government goal of providing access to good health care services to every Rwandan regardless of their location, Shyira Hospital has introduced telemedicine technology that will enables the facility to offer better medical services.

The Medical Director of the hospital, Dr. Rubanzabigwi Theoneste says telemedicine will address a number of medical services delivery challenges. The technology works with a neck which is configured to work with video conferencing equipment supported by internet which must be accessible on both ends for communication and viewing of the patient under observation.

At the launch of the technology at the hospital on Wednesday July 19, Rubanzabigwi said it will help cut patients' referral costs.

"The technology works in a way that a doctor in a remote area is able to consult with another or a specialist consultant about a certain medical case while miles away from each other through video conferencing," said Adeolu Tella, the ICT engineer for Telemedicine from Nigeria.

The representative of the health minister at the launch, Dr. Innocent Turate assured the public that the issue of reliable internet will not present any challenges since the hospital will soon receive an installed optic fiber in addition to the 4G network the hospital is currently using.

During the launch, a delegation from Global Offsite Care, the funders of this technology in partnership with Rotary Club in Musanze-Murera, used teleconference to hold a discussion with other hospitals using the same technology. Due to its efficiency, Dr. Rubanzabigwi added that this technology will make their work faster and also enable doctors to attend to more patients.

"Rwanda Biomedical Center emphasis more on proper Hand Washing to school children and the general population to strengthening hygiene practices to prevent diseases".

Eliminating malnutrition has been given a high priority throughout the country

To reduce the spread of HIV/ AIDS within the Rwandan population and particularly the youth, RBC disseminates key messages to encourage Abstinence, faithfulness to one sexual partner and consistent use of condoms.

In addition, research shows that circumcision is a crucial component in reducing the spread of HIV/AIDS. RBC therefore conducts regular campaigns to sensitize the population on the importance of circumcision to reduce the risks of contracting HIV/AIDS as well as for personal hygiene.

Free distribution of condoms in high risk zones is akey strategy for prevention of new HIV infections for both key and general population that which has many people


AGACIRO LEGACY
MALL
ABAJYANAMA B'UBUZIMA KARONGI