INTRODUCTION

From late 2019 when the coronavirus disease (COVID-19) emerged, there were concerns about African countries' ability to withstand the pandemic [1]. As the pandemic was severely affecting Europe and America, overwhelming their healthcare systems. Experts started warning that Africa's weak healthcare systems would not be able to cope [2]. However, a number of African countries, including Rwanda, managed to effectively control the pandemic compared to many advanced countries [3,2]. After the development of COVID-19 vaccines, wealthy countries raced to procure enough doses and this left low-income countries unable to have access to enough vaccines. African countries were able to secure and receive COVID-19 vaccines through COVAX (the COVID-19 global access initiative, co-led by GAVI, the WHO and CEPI) and others [3]. Among the few countries, Rwanda served as an exemplar in controlling the pandemic and conducting successful COVID-19 vaccine rollout during the first quarter of 2021 [5].

COORDINATION

Prior to the arrival of the first vaccines, the Joint Task Force Committee (JTFC) and the scientific advisory group for COVID-19 vaccination began establishing possible decentralised strategies for quick and effective rollout [6]. Decisions made for mitigations were decentralized across ministries and local authorities, down to village leaders and Community Health Workers (CHWs) [8]. This approach led to the successful transport of vaccines from central distribution hubs in Kigali to remote areas of the country within 24 hours following vaccines' arrival (Figure 1) [5].

NATIONWIDE DEMOGRAPHIC SCREENING AND PRIORITIZATION

Rwanda's health system follows a decentralized model with emphasis on community involvement [5]. With the help of CHWs and village leaders, surveys were conducted to collect updated demographic information on community members and household structures [3].

Collected data were used to draw vaccination priority lists. Among key populations/groups were target healthcare workers, the elderly population, people with comorbidities and disabilities, teachers, prisoners and refugees within the first
hours of the countrywide vaccine rollout [3,9,10].

STRATEGIC AND SETTING BASED VACCINE ALLOCATIONS

Rwanda acquired 437 new refrigerators before the arrival of vaccines in preparation for adequate storage. Upon arrival on March 3rd 2021, AstraZeneca vaccines that require 2 to 8 degree Celsius storage temperature [11], were allocated to remote settings without freezers [3,7]. Meanwhile, Pfizer vaccines that require freezing temperatures (-25 to -15 degrees Celsius) were distributed in the capital city, Kigali, which has the infrastructure to ensure safe storage (Figure 2) [3,12].

TRAINING OF HEALTHCARE WORKERS

Healthcare workers were trained on national vaccination rollout guidelines, including hospital directors, doctors, nurses, data managers, surveillance officers, and HCWs, depending on their contribution to service delivery and data management [8].

Staff, logistics, supplies and digital tools for real-time tracking were allocated to all vaccination sites to ensure effective rollout and proper monitoring [3].

COMMUNICATION WITH THE PUBLIC

Rwanda’s decentralized healthcare system became pivotal in effective communication to the public since the COVID-19 outbreak declaration in late 2019 [13]. CHWs and village leaders have assisted in educating citizens on prevention measures. When Rwanda was preparing to receive the vaccines, they helped inform the population on the importance and safety of vaccination, addressed myths [5].

In addition, the Government of Rwanda used the media, particularly radio, newspapers and TV interviews as well as social media to keep the population informed and updated (Figure 3).

Key messages were on ensuring citizen about vaccines' safety, criteria of the priority group, vaccination process and settings and significance of vaccination [3,8].
REFERENCES