

Republic of Rwanda



Ministry of Health

# Country Presentation - COVID-19 Information Session

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# Rwanda: The Land of a Thousand Hills

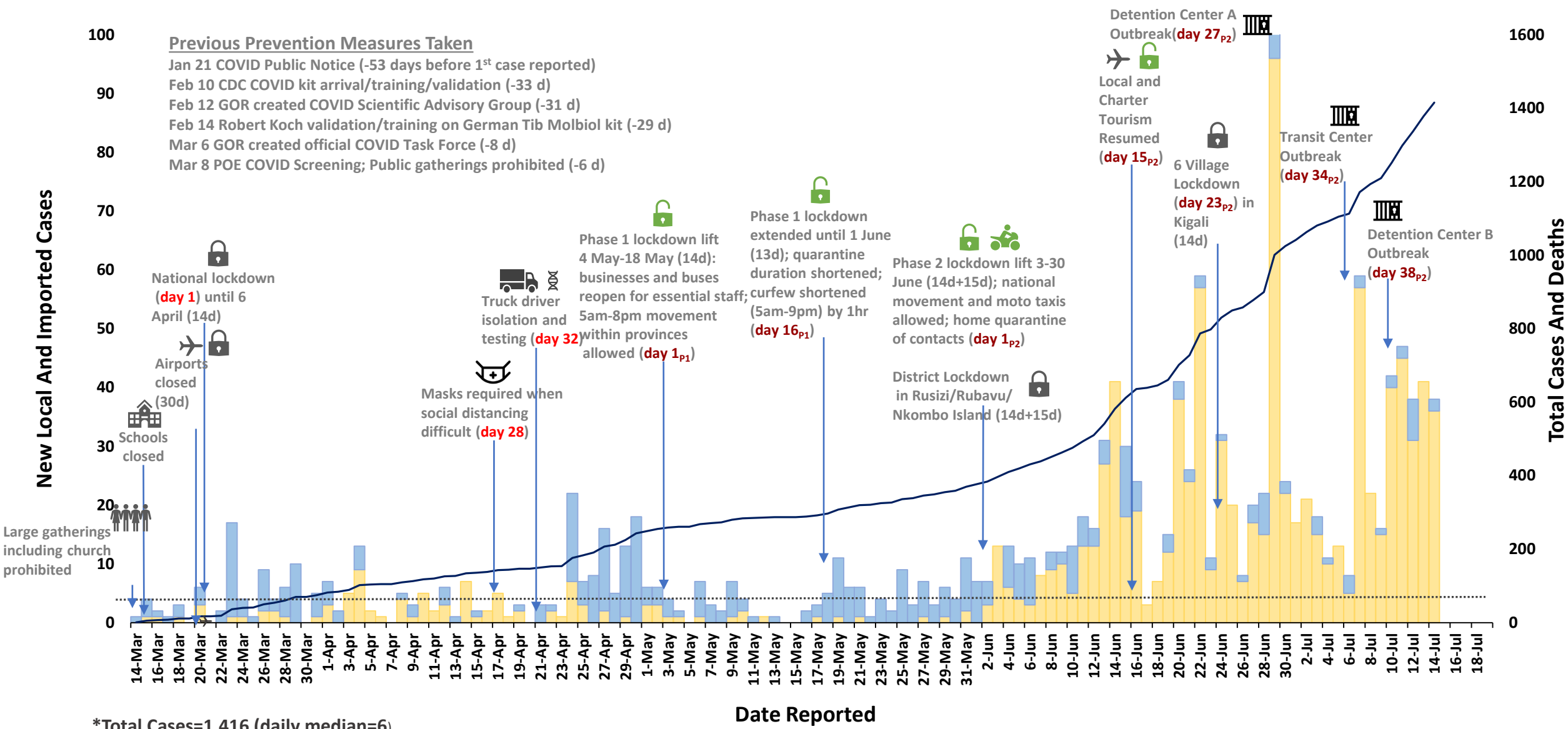
- East/Central Africa – Great Lakes Region
  - 11.9 million inhabitants
    - Almost 50% population under 18 years
    - ~1.8 million children under 5
  - 26,338 km<sup>2</sup>
  - GDP per capita - \$826 (2018)
  - Population density – 483 people/km<sup>2</sup>
  - Landlocked
  - Majority of export earnings and labor force attributed to agriculture



# Overview

- 1 Epidemiological situational analysis
- 2 COVID-19 response structure (National)
- 3 Decentralization of COVID-19 response (Sub-national)
- 4 Laboratory capacity
- 5 Surveillance and non-pharmaceutical public health interventions
- 6 Lessons learnt and health system resilience

# COVID-19 Local and Imported Cases by Date of Report — Rwanda, July 14, 2020 (N=1,416)



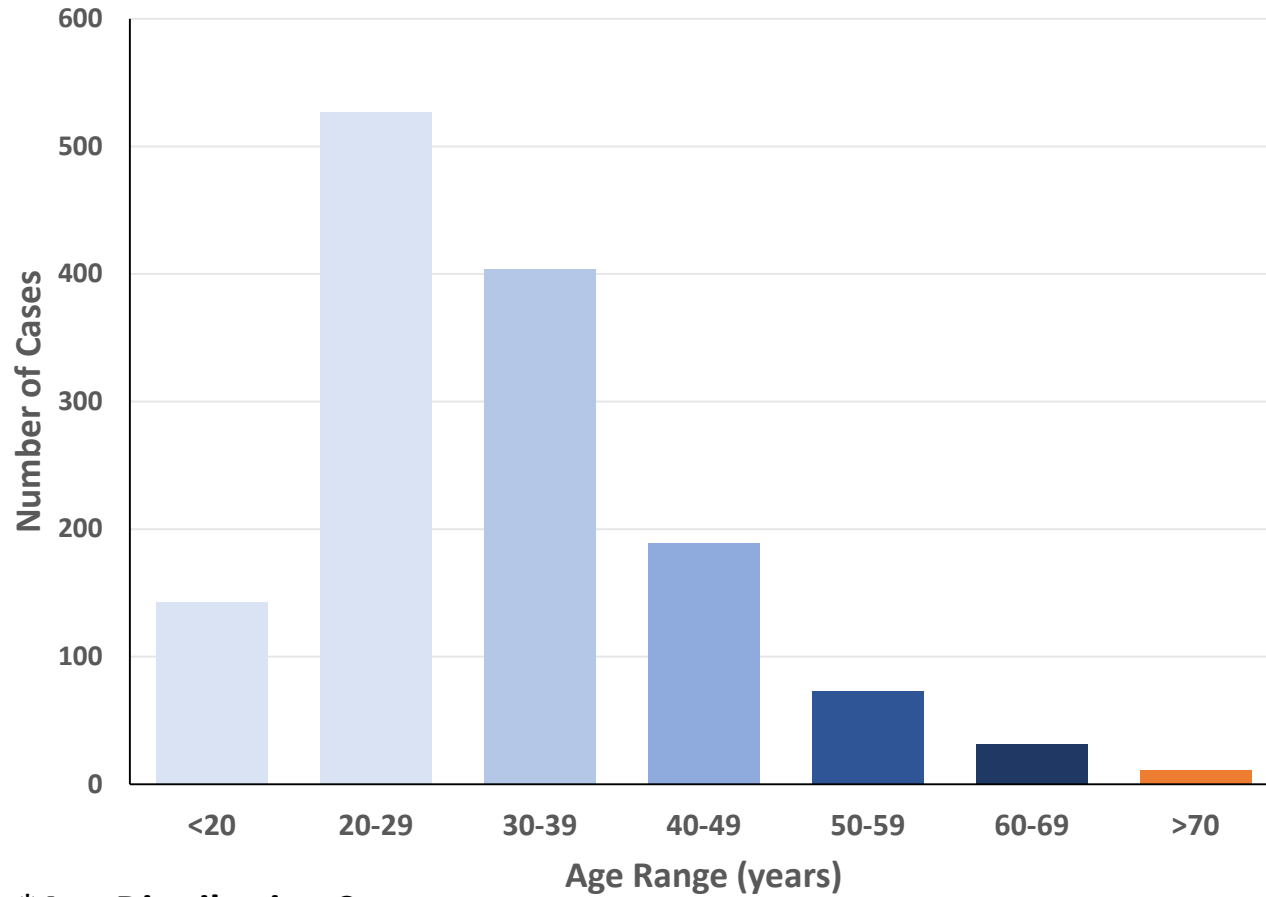
\*Total Cases=1,416 (daily median=6)

Local=1,021(2)  
Imported=395 (2)

■ New Local Cases   ■ New Imported Cases   — Total Cases

# COVID-19 Case Demographics — Rwanda, July 13, 2020 (N=1,378)

### Age Distribution\* of COVID-19 Cases



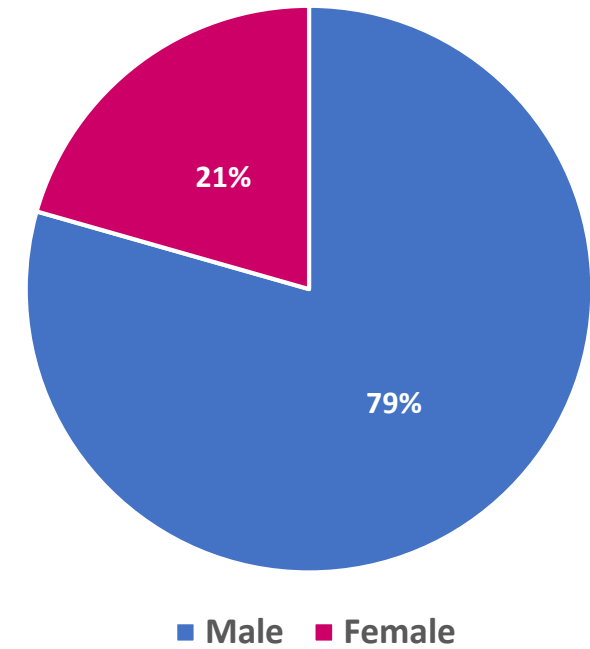
### \*Age Distribution Summary

**92%** cases <50 years

**78%** cases <40 years

**49%** cases <30 years

### Sex Distribution of COVID-19 Cases



Estimates of Time Varying R ( $R_t$ ) — Rwanda, March 14–July 13, 2020 (N=1,378)

\* $R_t$  (July 13)=0.99 (0.90-1.10);  $R_t$ =time varying reproductive number, expected number of secondary cases arising from a primary case;  $R_t > 1$ , sustained outbreak likely;  $R_t < 1$ , outbreak likely to die out

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**COVID-19 Response  
Coordination structure**

National Epidemic Preparedness & Response Coordination Committee (NEPRCC)

COVID-19 National Steering Committee

COVID-19 Task Force Coordination

Command Post

Expert Advisory Team

Epidemiology Operations cell

Administration & Logistics cell

Communication cell

Plans cell

Surveillance Case Management & Infection Control Laboratory

- Point of Entry Screening
- Health Facility & Community Surveillance
- Contact tracing & Quarantine follow up
- Data Management
- Rapid Response Team
- Infection Prevention Control
- Isolation & treatment

- Transport
- Equipment & Materials
- Infrastructure
- Finance administration

- Awareness & Community Engagement
- Media Management
- Rumors Management ( call center)

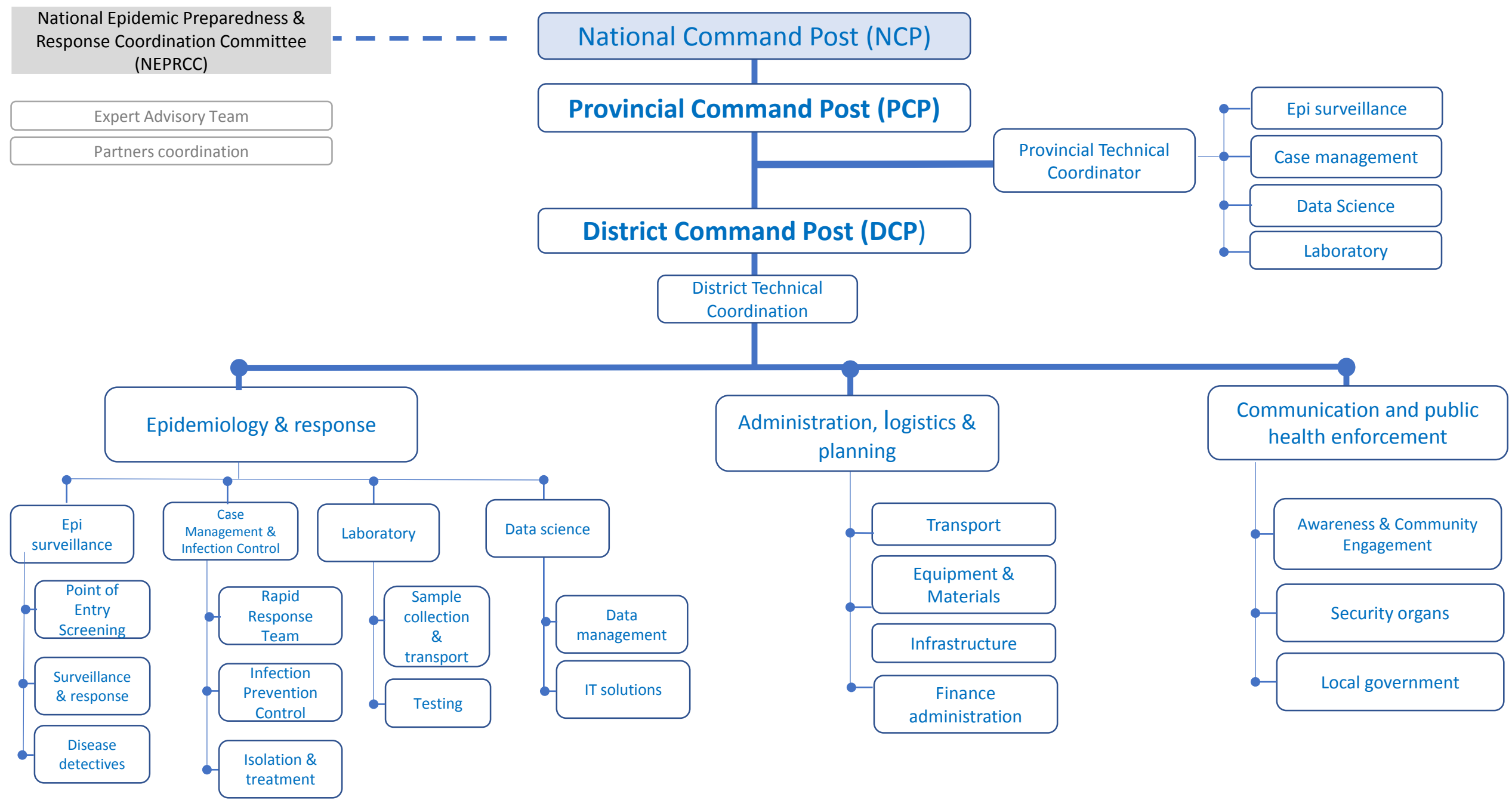
- Current planning
- Future plans
- Documentation & training



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**COVID-19 Coordination Structure : Decentralized | Integrated | Sustainable**

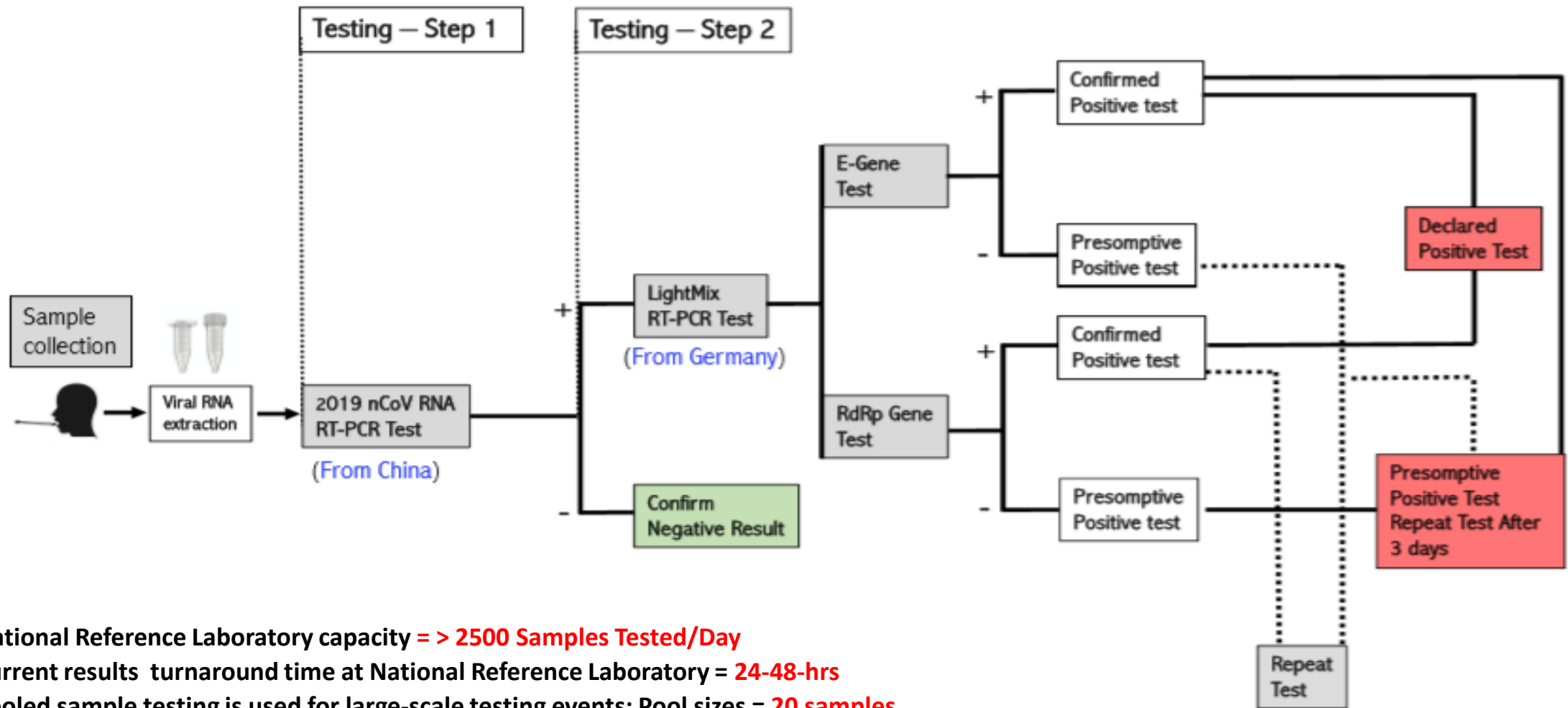


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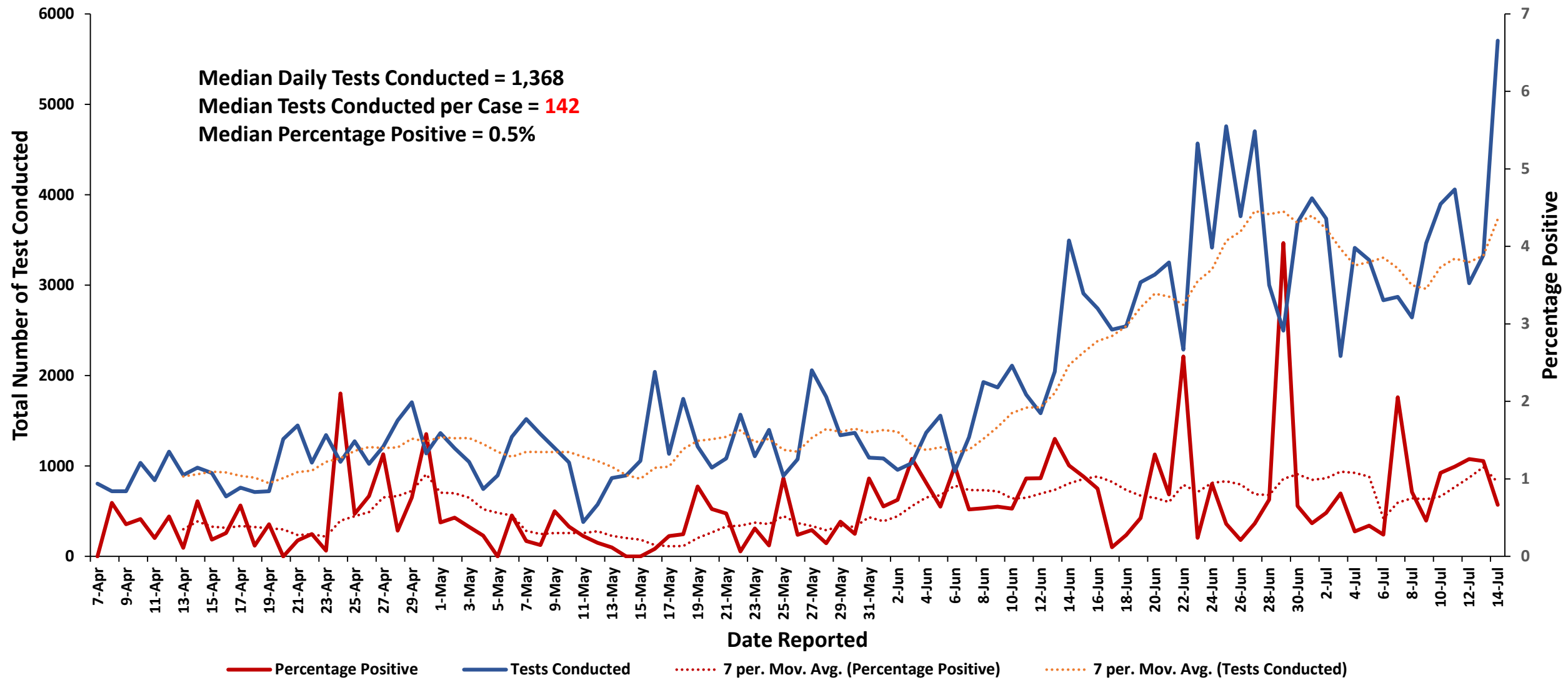
# COVID-19 National Laboratory Capacity & Testing Algorithm

## COVID-19 Testing Algorithm



- National Reference Laboratory capacity = > 2500 Samples Tested/Day
- Current results turnaround time at National Reference Laboratory = 24-48-hrs
- Pooled sample testing is used for large-scale testing events; Pool sizes = 20 samples
- Satellite laboratories currently operational (n=8) serving all provinces, with > 1000 Samples Tested/Day
- A cohort of discharged patients are tested at 2 weeks, 1 Month, and 3 Months post-discharge to monitor relapse concerns

# COVID-19 Laboratory Diagnostic Testing — Rwanda, April 7–July 14, 2020 (N=192,379)



\*Tests conducted per million population (tests conducted per positive case) =14,890 (136); Selected African Countries: South Africa: 37,706 (7); Surrounding Countries: Uganda=5,065 (222); Kenya=4,126 (21)

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# COVID-19 Surveillance Strategies

## COVID-19 Mass Screening

- High-risk occupations (markets, shops, hotels, bank, coffee shops, etc..)
- Drive-throughs and walk-throughs

## Active surveillance

- Contact tracing
- Testing cross-border travelers and traders

## Sentinel surveillance (health facilities)

- Influenza like illness (ILI)
- Severe Acute Respiratory Infections (SARI)





# Non-Pharmaceutical Public Health measures





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# Lessons from COVID-19 and health system resilience

## Leadership/governance and Partnership :

- Community trust (Compliance in Lock-down)
- Enforcing non-pharmaceutical public health measures
- Multisectoral collaboration ( Police , Loc Gov ..)
- Coordination of Partners in response

## Access to essential medicines & financing:

- Government commitment to provide free services for COVID-19 testing, quarantine and treatment

## Health information systems:

- Data management tools and innovations during case identification, testing, contact tracing, case management (EMR, GIS, RapidSMS)
- Health Workforce : Protection of MoH staff, Use of Robbots , CHW and Youth Volunteer

## Rwanda's health system 1994 - 2019



Doubled life expectancy



Cut infant mortality by 75%



Reduced maternal mortality by more than 80%



Increased child births at medical centers to 91%

# Immediate and long-term challenges

1

Main economic activities were affected: Economic recovery strat

2

Cross-border travel and trade (Clusters of cases -Truck-drivers )

3

Shortage on market lab reagents for some diagnostic platforms

4

Lack of effective rapid diagnostic tests ( Antigen based)

5

Schools re-opening : Constraint in term of accommodation

6

Quid Covid 19 Home based management of asymptomatic  
and mild cases ???

*THANK YOU  
MURAKOZE CYANE!!*