

An Equity-Approach to Pandemic Preparedness and Response: Emerging Insights from COVID-19 Global Response Leaders

An Executive Leadership Course

An Equity-Approach to Pandemic Preparedness and Response: **Emerging Insights from COVID-19 Global Response Leaders**

4 sessions: 10:00am EDT/ 16:00 CAT

- **Today 7 July**
- **Thursday 9 July**
- **Tuesday 14 July**
- **Thursday 16 July**



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To receive certification:

- watch webinar live or shortly after on video (posted on website)
- complete each assessment survey; all 4 session assessment surveys need to be completed by 24 July 2020

All course materials for today found here



Session 4
Equity & Innovation: The Response to COVID-19 in Rwanda
Thurs, 16 July 2020 10am-11:30am EDT

[Learn More](#)



An Equity-Approach to Pandemic Preparedness and Response: **Emerging Insights from COVID-19** **Global Response Leaders**

Agenda

- Welcome address
- Case study presentation
- Guest lecture
- Panel discussion
- Question and answer session



Welcome!



Equity & Innovation: The Response to COVID-19 in Rwanda

A Case Study

Learning objectives

- Illustrate the critical importance of interdisciplinary collaboration and coordination to address problems in global health delivery
- Discuss how Rwanda used community education to contain COVID-19
- Critically evaluate the challenges facing low-resource settings during the pandemic and after it through an equity lens
- Discuss the significance of data-driven decision-making and response
- Investigate the strategic investments needed to continue care
- Recognize the importance of social mobilization to support the marginalized
- Evaluate the Government of Rwanda's response to emerging infectious diseases

Led by Response Leaders in Rwanda



Hon. Tharcisse Mpunga, MD, MSc
Minister of State in Charge of
Primary Health Care



Sabin Nsanzimana, MD, PhD,
Director General, Rwanda
Biomedical Center



Jean Baptiste Mazarati, PhD, MSc, MA
Head, Department of Biomedical Science,
National Reference Laboratory, Rwanda
Biomedical Center



Agnes Binagwaho, MD, M(Ped), PhD
Vice Chancellor
Professor of Pediatrics
University of Global Health Equity



Joel Mubiligi, MD, MBA
Executive Director
Inshuti Mu Buzima



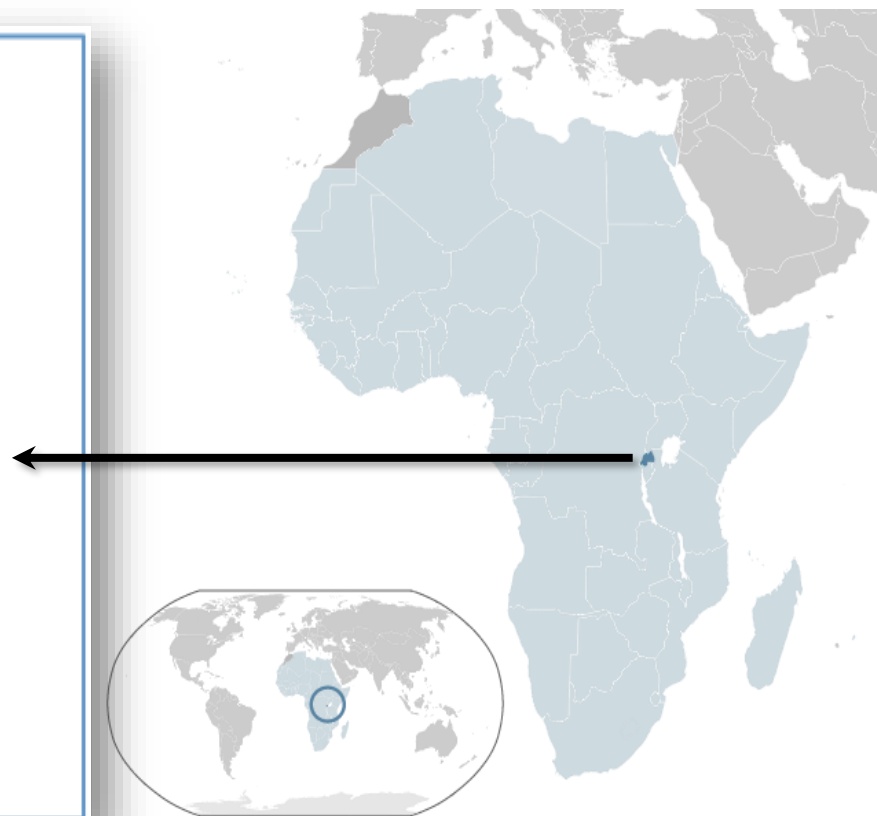
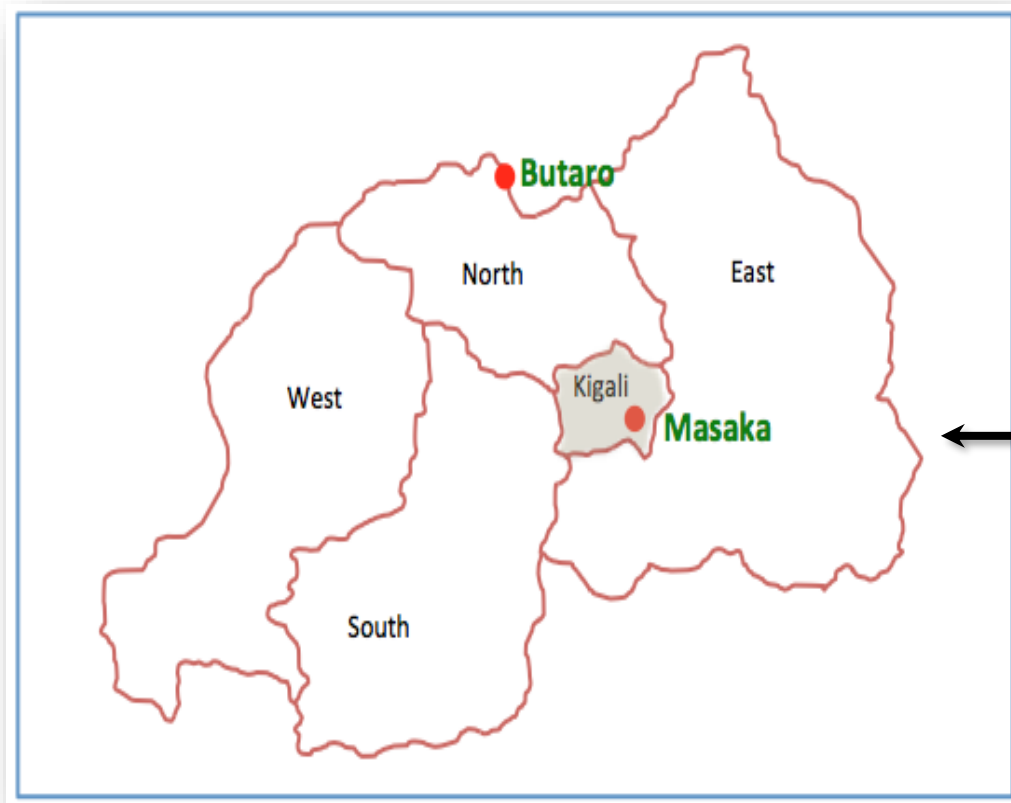
Moderator:
Phaedra Henley, PhD, MSc
Director, One Health
Assistant Professor
University of Global Health Equity



Equity & Innovation: The Response to COVID-19 in Rwanda

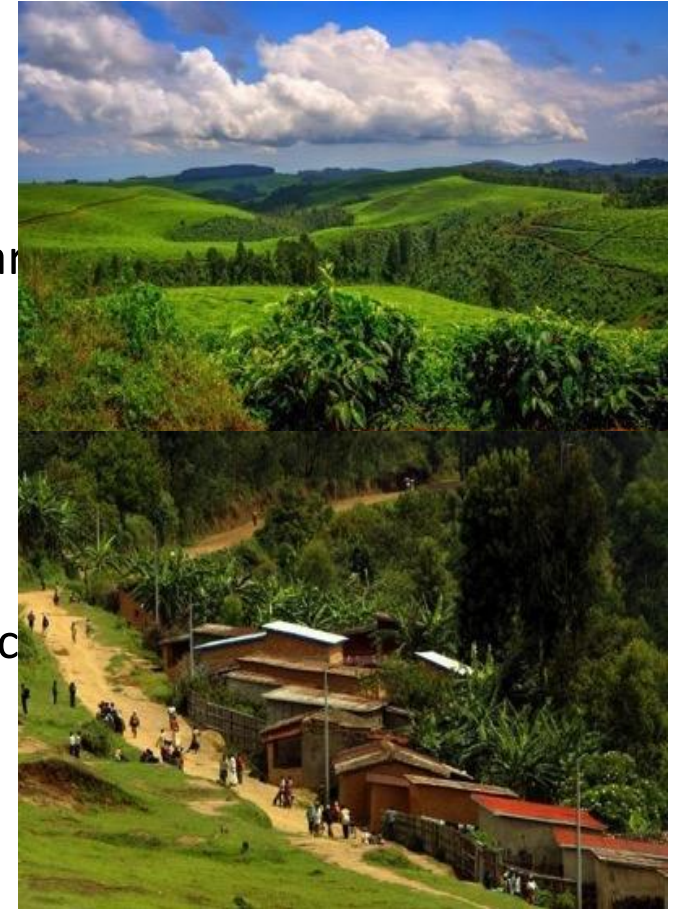
Rwanda & its Public Health System





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 km²
 - GDP per capita - \$826 (2018)
 - Population density – 483 people/km²
 - Landlocked
 - Majority of export earnings and labor force attributed to agriculture



Africa: Rwanda. (2018). Retrieved April 27, 2018, from <https://www.cia.gov/library/publications/the-world-factbook/geos/rw.html>

The Situation of Children in Rwanda. (2018). Retrieved April 27, 2018, from <https://www.unicef.org/rwanda/children.html>

World Development Indicators | DataBank. (2018). Retrieved April 27, 2018, from <http://databank.worldbank.org/data/reports.aspx?source=world-development-indicators>





Source: CDC

But... 25 years ago

7 April 1994 —
4 July 1994



Source: Reuters



In Rwanda, we knew from experience that if anyone was going to stand up for us, it was going to be us.

Pillars of rebuilding the national healthcare system:

1. Fostered **leadership** at every level of the health system
2. Made decisions based on scientific **evidence**
3. Implemented programs designed **equitably**
4. Focused on providing care at the **community** level
5. **Collaborated** across other sectors



Home-grown initiatives

Pillars of rebuilding the national the country and healthcare system:

1. home-grown initiatives **VUP, one cow/family**
2. Access to education, employment, and health services especially for women
3. Made decisions based on scientific **evidence**
4. Implemented programs designed **equitably**
5. Focused on providing care at the **community** level
6. **Collaborated** across other sectors



Decentralization



With accountability and fighting corruption



We prioritized accountable leadership with an equity mindset

- Political will to recognize **health as a human right**
 - Codified in laws and legal frameworks
 - Fostering a participatory process
- Make **human development** a priority
- Hold leadership **accountable** for making progress
- Think **holistically** about health
 - Social determinants of health
 - Prioritize universal coverage, **leaving no one out of benefit**
 - Integrated care delivery models
- Create **trust**



Results of Rwanda's Equity Agenda

- **9th** most gender equal country in the world
 - Most gender equal country in Sub-Saharan Africa
- Since 2018, **61%** of parliament is women—the highest in the world
- In 2018, **52.3%** of ministers were women



Photo: The New Times Rwanda



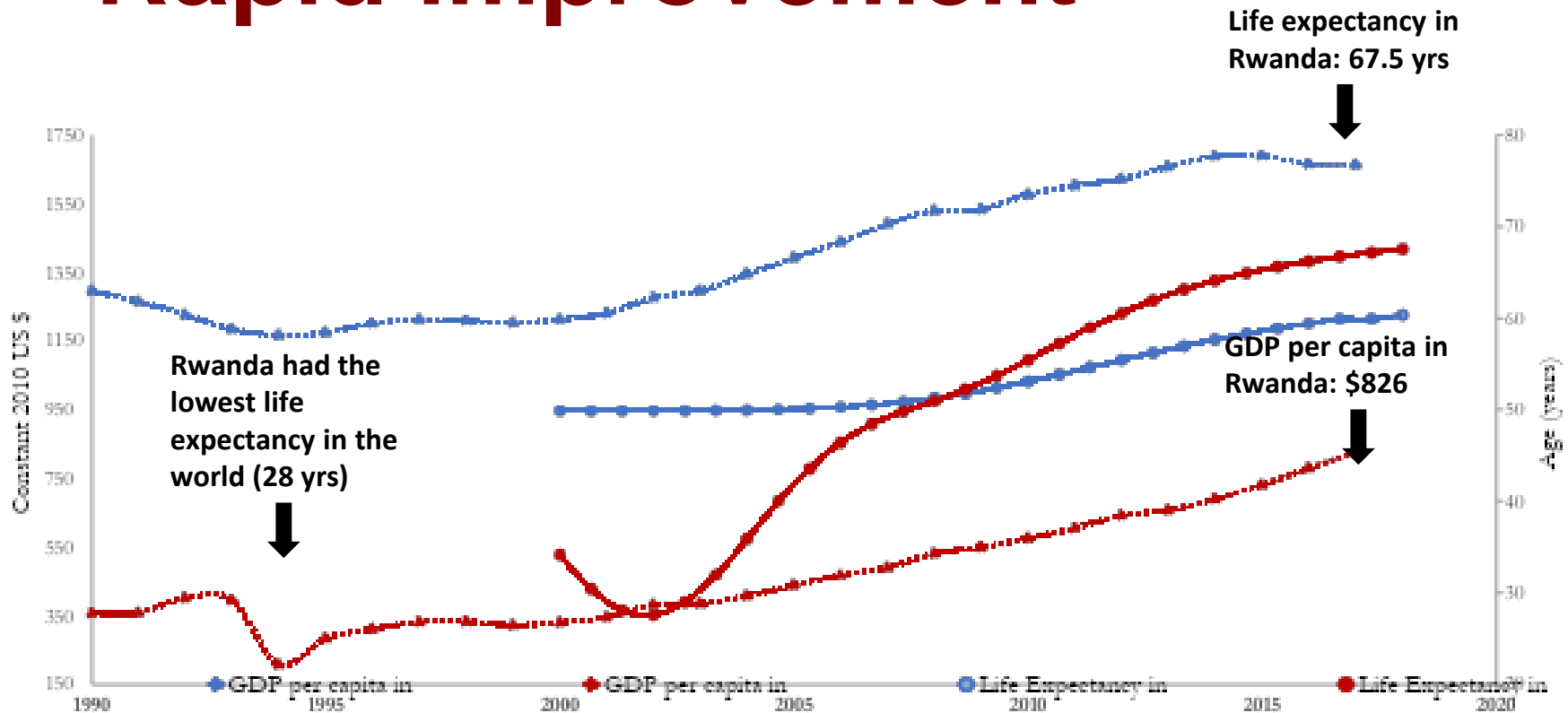
A path forward through equity:

Setting the stage for Rwanda's response to COVID-19

- Political will to recognize **health as a human right**
 - Codified in laws and legal frameworks
 - Fostering a participatory process
- Think **holistically** about health Prioritize universal coverage, **leaving no one out of benefit**
 - Integrated care delivery models prevention and treatment: **Vaccination**
 - Guarantee accessibility to quality health care and education
 - **Financial:** Leverage funding to ensure
 - **Geographic:** Decentralize and **meet the people where they are**
- **Social/cultural:** Work with communities to ensure care is
 - **acceptable, socially-conscious, and sustainable**
 - Create **trust**



Rapid improvement



World Development Indicators | DataBank. (2018). Retrieved September 23, 2019, from <http://databank.worldbank.org/data/reports.aspx?source=world-development-indicators>



Since 1994, Rwanda has...



**Doubled life
expectancy**



**Cut infant mortality
by 75%**



**Reduced maternal mortality
by more than 80%**



**Increased child births
at medical centers
to 91%**



Equity & Innovation: The Response to COVID-19 in Rwanda

A Case Study



An Early & Decisive Response

January - February 2020

- 24-hour screening at airports and borders for temperature
- A tracking and testing facility opened and testing began
- Hand-washing stations were installed outside major public areas

March 14, 2020

- First case confirmed in Rwanda
- Churches, public gatherings, schools closed down
- Non-essential workers to work from home

March 20, 2020

- Airports and borders closed
- Rwanda goes into a full, strict lockdown
(that went on to last the subsequent 6 weeks)



COVID-19 Coordination Structure : Decentralized | Integrated | Sustainable

National Epidemic Preparedness & Response Coordination Committee (NEPRCC)

Expert Advisory Team

Partners coordination

National Command Post (NCP)

Provincial Command Post (PCP)

Provincial Technical Coordinator

Epi surveillance

Case management

Data Science

Laboratory

District Command Post (DCP)

District Technical Coordination

Epidemiology & response

Administration, logistics & planning

Communication and public health enforcement

Epi surveillance

Point of Entry Screening

Surveillance & response

Disease detectives

Case Management & Infection Control

Rapid Response Team

Infection Prevention Control

Isolation & treatment

Laboratory

Sample collection & transport

Testing

Data science

Data management

IT solutions

Transport

Equipment & Materials

Infrastructure

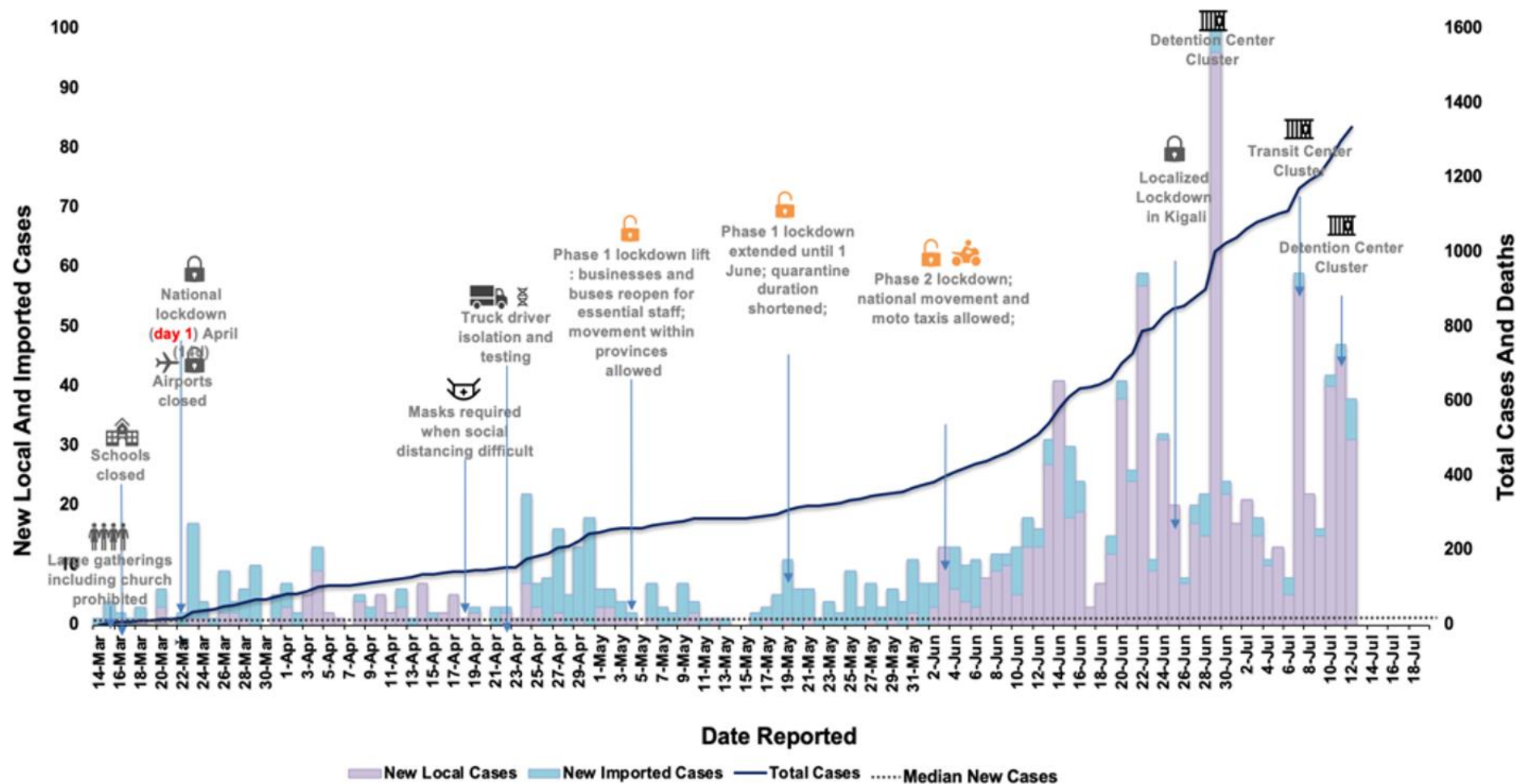
Finance administration

Awareness & Community Engagement

Security organs

Local government

COVID-19 Cases by Date of Report – Rwanda, July 12, 2020 (N=1,337)



Assess, Act, Reassess, Adapt

- Evidence-based decision making
- Regular country-wide assessments
- Massive scaling up of testing and tracking infrastructure
- Decentralization of care and testing
- Restrictions slowly lifted after the 6-week lockdown with guidelines



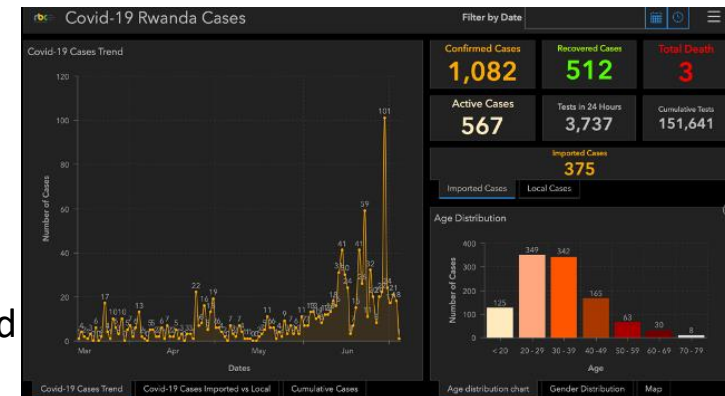
Ensuring Equity

- Decisive, adaptable, compassionate and evidence-based leadership
- Social protection systems already in place
- Food relief coordinated at the local level and distributed door-to-door
- Free COVID-19 testing and care if positive
- Dedicated testing of the elderly and those with underlying conditions
- Zero charges on digital money transfer and easing of loan repayments
- Rwanda Education Board broadcasting lessons for primary and secondary students on TV and radios



Prioritizing Innovation & Evidence

- Fighting COVID-19 efficiently while strengthening the overall health system
- Robots that support the medical staff by reducing workload and risk of human exposure
- Drone technologies to continue care and to broadcast messages about COVID-19
- Dashboard with live data, and daily communications from the Government across media
- Improving communication such as “WeTel”, a toll-free number, social media
- Expansion of testing and contact tracing
- Testing strategy including automated over manual testing, use of 2 PCR tests within 72 hours > 14-day quarantine, and pooled testing



Immediate & Long-term Challenges

- Main economic activities were affected
- Informal workers & other at-risk populations
- Unplanned settlements
- Borders & clusters of cases
- Detention centers
- Supply chains and trade
- Continuing routine care
- Global recession



What's Next?

Decentralization

Health system
strengthening

Integration

Real-time data

Diagnostics

Continued
surveillance

Local tourism

Socio-economic
recovery

Prepare &
Respond to
current &
future
pandemics



Equity & Innovation: **The Response to COVID-19 in Rwanda**

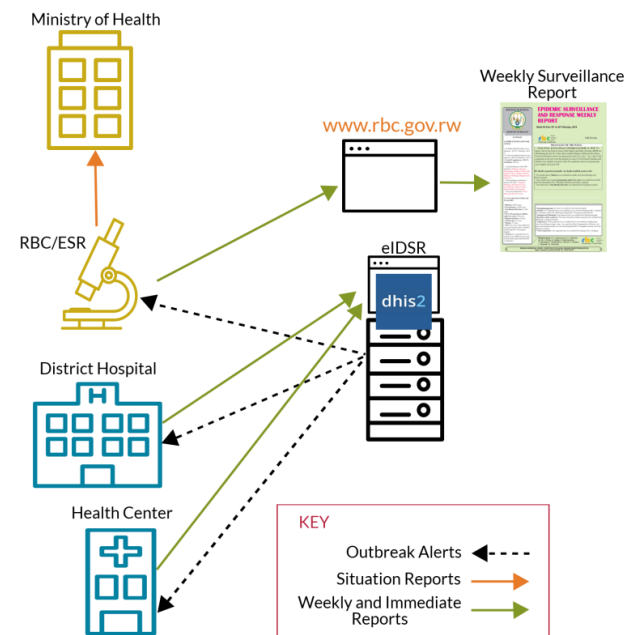
The Role of Government



Integrated Disease Surveillance & Response System (IDSR)

- Great Lakes region at risk to infectious disease outbreaks
- Implemented in 1998
- Monitors 23 diseases of priority
- Four pillars
 1. Coordination
 2. Surveillance & laboratories
 3. Response preparedness capability
 4. Risk communication

Figure 1. eIDSR data flow



Joint Task Force Committee

- Created under the Office of the Prime Minister
- Led by the Ministry of Health
- Composed of:
 - Ministry of Defence
 - Ministry of Finance & Economic Planning
 - Ministry of Internal Security
 - Ministry of Local Government
- The Ministry of Health has the mandate to inform the JTFC of relevant, accurate and up-to-date information in order to facilitate planning, budgeting and planning processes.



Equity & Innovation: The Response to COVID-19 in Rwanda

A Panel Discussion



Reminders:

- All course materials found at:
<https://www.pih.org/overview-covid-19-and-global-health-equity>
- Complete the assessment survey

