PRIVATE SECTOR ENGAGEMENT IN THE COVID-19 RESPONSE: RWANDA COUNTRY EXPERIENCE

Context

Rwanda’s response to COVID-19 was quick and decisive. It has also been effective. Rwanda had recorded just over 1,000 cases as of the end of June 2020 and only two COVID-19 deaths. Early response and rigorous containment measures following the first COVID-19 case on March 14th as well as previous experience in handling the Ebola outbreak in 2019 are some of the contributing factors to Rwanda’s success.

The government was able to scale up preventive measures to mitigate exposure to virus. Handwashing stations in public facilities and temperature checks using thermo-scan were some of the initiatives implemented prior to the first confirmed case. While initially COVID-19 testing was limited, it has increased to 3,000 tests per day using random and drive-through testing in Kigali. Discussions to further expand testing through the private sector are on-going.

Rwanda has a well-earned reputation for health system reform and adoption of innovative practices. This experience has allowed the government to embrace the private sector and innovative technologies as part of the COVID-19 response. More detailed examples public-private sector collaboration are outlined below using the WHO action plan framework – systems, space, staff and stuff. The action plan is informed by a draft private sector engagement roadmap currently being developed by the WHO Advisory Group on the Governance of the Private Sector.

Rwanda’s private sector. The private sector in Rwanda is small and concentrated in the capital, Kigali. It is diverse, comprised of private hospitals, polyclinics, and smaller facilities as well as pharmacies and wholesalers. It also includes private insurance companies, private professional associations, private medical training institutions, and NGOs. The five private insurers cover about 10 percent of the population.

Plan

The Government of Rwanda established a Command Post for the COVID-19 response. This has included private sector representatives, which cascade information to their membership.
and the community. During the initial lockdown period, private sector pharmacists and health workers were included as essential workers and allowed to operate their facilities. Individuals had to apply for a pass to visit their premises, to allow social distancing and in respect of the lockdown. Private sector facilities were also instructed to segregate a space for suspected COVID-19 patients for onward ambulatory care and management through the Command Post. There is good compliance with the system by both providers and the public. Community leaders are also involved in reassuring the population and encouraging them to seek care, in case of suspected COVID-19 infection and for essential services.

**Space and Staff**

**Private clinics step up to combat COVID-19.** Private health practitioners were quick to express readiness to support government’s COVID-19 response. Private practitioners supported a national awareness campaign initiated by the Ministry of Health, the Rwanda Biomedical Centre (RBC) and Society for Family Health. The campaign video featured health workers from different hospitals including private practitioners undertaking public awareness on hygiene and social distancing measures.6

Polyclinique du Plateau, one of the biggest private clinics in Kigali installed a makeshift facility to increase hospital space and accommodate COVID-19 patients. A large tent was erected in the clinic’s compound to facilitate segregation of patients and occupational safety. The clinic staff were also trained by the government collecting COVID-19 samples from suspected cases, for onward testing in the national laboratory.

Owners and managers of private clinic across Rwanda have also installed hygiene stations and have enforced hard washing practices as part of entry to facilities. Deva polyclinique, based in Nyarutarama, has mandated a temperature test and contact tracing before initiating service.7

**Monitoring COVID-19 patients through robots.** To minimize health worker exposure to the virus, three robots have been deployed in the Kanyinya COVID-19 treatment facility. The robots monitor the vital signs of patients and relay patient data to the healthcare team, thereby reducing the need for bedside visits.8 These were donated by the United Nations Development Program (UNDP) to the Rwandan Ministry of Health.

**Stuff**

**Drones to deliver supplies.** Zipline, the tech company that introduced drone technology to East African health sector, has been actively involved in Rwanda’s COVID-19 response. The drones can travel hundreds of kilometers and deliver medical supplies and PPE to remote health centers. While the technology was existent in Rwanda prior to the pandemic, the demand for the technology has increased.9 The drone technology is also used by law enforcement agencies to patrol neighborhoods and reinforce social distancing.

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System

Self-diagnosis using digital technology. A COVID-19 Rwanda app has been developed by the digital incubator kLab. This works without the use of the internet and allows up to 2,000 people to self-diagnose at the same time. This is more efficient than a call center. The app connects those self-diagnosing with COVID-19 to testing, isolation and treatment facilities as indicated.

Mobile technology in contact tracing. The government of Rwanda has implemented a digitized contact tracing method using mobile technology. According to this method, the data of people who test positive for COVID-19 are retrieved by the Rwanda Utilities Regulatory Authority. The team uses movement analytics and tracks other people who come in close contact with the infected person and call them in for COVID-19 testing. The data is also used to inform law enforcement agencies if people overcrowd or gather, violating social distancing rules.10

Private sector contribution to mobilize resources. The private pharmaceutical sector has donated hand sanitizers, facemasks and gloves to the Rwanda Biomedical Center/ Ministry of Health. Some local manufacturers have converted their production lines and started to produce hand sanitizers, facemasks and face barriers to ensure access over the medium term. Supplementing the efforts taken in the health sector, the government also rolled out a food distribution scheme to provide basic food rations to vulnerable populations. Major private banks and big corporate firms have also donated money and supplies to the national task force.

About this case study

To support Member States, the health system governance department of WHO has created the WHO’s Private Sector Engagement COVID-19 Initiative (WHO-PCI). The WHO-PCI case study is for Member States seeking to engage the private health sector in their COVID-19 response. It should be read in conjunction with other WHO technical guidance on COVID-19.