



Home Office

# Country Information Note

## Rwanda: Medical and healthcare

Version 1.0

April 2024

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# Country information on healthcare in Rwanda

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## 1. Glossary

1.1.1 Common abbreviations used in this Country Information Note are set out below.

CBHI	Community Based Health Insurance
CIN	Country Information Note
FDA	(Rwandan) Food and Drugs Authority
GoR	Government of Rwanda
HDI	Health Development Initiative
MEDP	Migration and Economic Development Partnership
MEDP-CU	MEDP Coordination Unit
MoH	(Rwandan) Ministry of Health
MoU	Memorandum of Understanding
NCHR	National Commission for Human Rights
NGO	Non-government organisation
RBC	Rwanda Biomedical Centre
RDHS	Rwanda Demographic and Health Survey
RI	Relocated Individual
RMH	Rwanda Military Hospital
RMS	Rwanda Medical Supply
SOP	Standard Operating Procedure
SORA	Safety of Rwanda Act
UKHO	UK Home Office
UNDP	United Nations Development Program
WHO	World Health Organisation

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## 2. About this note

2.1.1 This Country Information Note (CIN) contains publicly available country information about healthcare in Rwanda which has been gathered, collated and analysed in line with the [Research methodology](#).

2.1.2 The CIN forms part of the evidence base to assist caseworkers when making decisions about whether it is safe to relocate an individual from the UK to the

Republic of Rwanda (Rwanda) under the terms of the [Migration and Economic Development Partnership with Rwanda \(MEDP\)](#).

- 2.1.3 The [Safety of Rwanda \(Asylum and Immigration\) Act 2024 \(SORA 2024\)](#) provides that: 'Every decision-maker must conclusively treat the Republic of Rwanda as a safe country' (section 2(1)).
- 2.1.4 However, [SORA 2024](#) does not prevent decision makers from considering whether Rwanda: '... is a safe country for the person in question, based on compelling evidence relating specifically to the person's particular individual circumstances (rather than on the grounds that the Republic of Rwanda is not a safe country in general)' (section 4(1)(a)).
- 2.1.5 When considering whether a person's particular individual circumstances – including medical conditions – meet the requirements of section 4(1)(a) see the guidance [Safety of Rwanda](#).
- 2.1.6 This CIN must be read together with other Country Policy and Information Team (CPIT) products:
- [Country Information Note – Rwanda: Asylum system](#)
  - [Country Information Note – Rwanda: Human rights](#)
  - [Country Information Note – Rwanda: Annex 1 Government of Rwanda \(GoR\) evidence](#)
  - [Country Information Note – Rwanda: Annex 2 UNHCR evidence](#)
  - [Country Information Note – Rwanda: Annex 3 Other material](#)
- 2.1.7 This CIN must also be read together with other Home Office guidance:
- [Safety of Rwanda](#)
  - [Inadmissibility: safe third country cases](#)
  - [Considering Human Rights Claims](#)
  - [Medical claims under Articles 3 and 8 of the European Convention on Human Rights \(ECHR\)](#)
- 2.1.8 This CIN must be read together with other related information:
- [Agreement between the Government of the United Kingdom of Great Britain and Northern Ireland and the Government of the Republic of Rwanda for the provision of an asylum partnership to strengthen shared international commitments on the protection of refugees and migrants \(the treaty\)](#)
  - [Safety of Rwanda \(Asylum and Immigration\) Act 2024](#)

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### **3. MEDP: health and wellbeing of Relocated Individuals**

#### **3.1 Background**

- 3.1.1 The [MEDP](#) between the UK and Rwanda is underpinned by the Agreement for the Provision of an Asylum Partnership to Strengthen Shared

International Commitments on the Protection of Refugees and Migrants (the [treaty](#)). The treaty sets out the procedures, safeguards, services and support for Relocated Individuals (RIs) in Rwanda. The treaty was ratified on 25 April 2024<sup>1</sup>.

- 3.1.2 A statement made by the Home Secretary to the UK Parliament on 25 April 2024 noted, in the context of the healthcare available to RIs, ‘Relocated individuals will be eligible for health insurance for a period of 5 years. This provision will be supported by a health care insurance contract, MoUs with two hospitals that ensure provision of necessary healthcare on the tarmac on arrival, initial healthcare screening and 24/7 support in reception accommodation.’<sup>2</sup>
- 3.1.3 Under the terms of the treaty, each RI is entitled to receive free medical and healthcare services. The cost of any necessary healthcare which is not covered by health insurance will be covered in full by the MEDP-CU via any healthcare facility in Rwanda. All RIs will be eligible for health insurance for a period of 5 years, after which the RI will have the same access to healthcare as a Rwandan national.
- 3.1.4 Elements of the [treaty](#) which are relevant to the health and wellbeing of RIs are summarized in the section [Treaty provisions](#) below. Additional detail on available medical treatments and services is included in the sections [MoUs and other arrangements](#), [Procedures](#) and [Health services available to Relocated Individuals](#).

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## 3.2 Treaty provisions

### a) Before transfer

- 3.2.1 Article 5(2) of the [treaty](#) between the UK and Rwanda states:

‘Upon requesting the transfer of a Relocated Individual, the United Kingdom shall provide Rwanda with Information that is necessary to enable Rwanda to make decisions on whether to accept the Relocated Individual... the United Kingdom may provide details of:

  - a. ‘any special needs that the Relocated Individual may have that shall need to be accommodated in Rwanda;
  - b. ‘any health issues it is necessary for Rwanda to know before receiving the Relocated Individual.’<sup>3</sup>
- 3.2.2 Article 6(1) of the [treaty](#) states: ‘After a Relocated Individual has been accepted for transfer, the United Kingdom shall provide further information where possible on each case for the purposes of assisting Rwanda to plan and make positive arrangements for the safe transfer and reception of Relocated Individuals. This information should normally be provided at least 7 (seven) calendar days before transfer.’<sup>4</sup>

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<sup>1</sup> UKG, ‘[UK-Rwanda treaty completes ratification process](#)’, 25 April 2024

<sup>2</sup> UKHO, ‘[Statement concerning the agreement between UKG and GoR...](#)’, 25 April 2024

<sup>3</sup> UKG, ‘[UK/Rwanda: Agreement for the Provision of an Asylum Partnership ...](#)’, 6 Dec 2023

<sup>4</sup> UKG, ‘[UK/Rwanda: Agreement for the Provision of an Asylum Partnership ...](#)’, 6 Dec 2023

3.2.3 Article 6(2) of the [treaty](#) states: ‘This information shall include: ... details of any known physical or mental health conditions that could need ongoing treatment or support, any special dietary requirements, outcome of any decision in the United Kingdom as to whether the individual is or is likely to be a victim of trafficking.’<sup>5</sup>

b) After transfer

3.2.4 Article 8(1) of the [treaty](#) states: ‘Upon arrival, Rwanda shall provide each Relocated Individual with accommodation and support that is adequate to ensure the health, security and wellbeing of the Relocated Individual. In particular, Rwanda shall ensure that each Relocated Individual is provided with or has access to (as appropriate) the accommodation and support set out in Part 1 of Annex A without delay following their arrival in Rwanda.’<sup>6</sup>

3.2.5 Annex A, Part 1, paragraph 4.1 of the [treaty](#) states: ‘Rwanda shall carry out an initial medical assessment of each Relocated Individual (with their consent) in order to establish their medical needs. This assessment shall take place as soon as possible following the Relocated Individual’s arrival in Rwanda...’<sup>7</sup>

3.2.6 Annex A, Part 1, paragraph 4.2 of the [treaty](#) states: ‘Each Relocated Individual shall have access to quality preventative and curative primary and secondary healthcare services that are at least of the standard available to Rwandan nationals...’<sup>8</sup>

3.2.7 Annex A, Part 1, paragraph 4.5 of the [treaty](#) states: ‘...no Relocated Individual shall be charged a fee for access to necessary healthcare services.’<sup>9</sup>

c) Mental health

3.2.8 Annex A, Part 1, paragraph 4.3 of the [treaty](#) states: ‘Each Relocated Individual shall have access to mental health support services, including experience-sharing sessions and therapeutic sessions.’<sup>10</sup>

d) Modern slavery and human trafficking

3.2.9 Article 5(2) of the [treaty](#) states: ‘Upon requesting the transfer of a Relocated Individual, the United Kingdom shall provide Rwanda with Information that is necessary to enable Rwanda to make decisions on whether to accept the Relocated Individual... [including] the outcome of any decision in the United Kingdom as to whether the Relocated Individual is a victim of trafficking...’<sup>11</sup>

3.2.10 Article 13(1) of the [treaty](#) states: ‘Rwanda shall have regard to information provided about a Relocated Individual relating to any special needs that may arise as a result of their being a victim of modern slavery or human trafficking, and shall take all necessary steps to ensure that these needs are

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<sup>5</sup> UKG, ‘[UK/Rwanda: Agreement for the Provision of an Asylum Partnership ...](#)’, 6 Dec 2023

<sup>6</sup> UKG, ‘[UK/Rwanda: Agreement for the Provision of an Asylum Partnership ...](#)’, 6 Dec 2023

<sup>7</sup> UKG, ‘[UK/Rwanda: Agreement for the Provision of an Asylum Partnership ...](#)’, 6 Dec 2023

<sup>8</sup> UKG, ‘[UK/Rwanda: Agreement for the Provision of an Asylum Partnership ...](#)’, 6 Dec 2023

<sup>9</sup> UKG, ‘[UK/Rwanda: Agreement for the Provision of an Asylum Partnership ...](#)’, 6 Dec 2023

<sup>10</sup> UKG, ‘[UK/Rwanda: Agreement for the Provision of an Asylum Partnership ...](#)’, 6 Dec 2023

<sup>11</sup> UKG, ‘[UK/Rwanda: Agreement for the Provision of an Asylum Partnership ...](#)’, 6 Dec 2023

accommodated.<sup>12</sup>

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### 3.3 MoUs and other arrangements

3.3.1 The following healthcare provisions for RIs are also relevant:

- Memorandum of understanding between MEDP-CU and Ndera Neuropsychiatric Teaching Hospital, April 2024<sup>13</sup>
- Agreement between MEDP-CU and Rwanda Military Hospital (RMH), April 2024<sup>14</sup>

3.3.2 The agreements between MEDP-CU and Ndera Neuropsychiatric Hospital and RMH set out the 2 hospitals' responsibilities, including:

- Attendance upon request to meet planes
- Initial healthcare screening and safeguarding referrals
- Provision of medical and mental healthcare in reception accommodation

3.3.3 For more information on Ndera and RMH see [Ndera Neuropsychiatric Hospital](#) and [Rwanda Military Hospital](#)

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### 3.4 Procedures

3.4.1 The Government of Rwanda (GoR) has 3 Standard Operating Procedures (SOPs) which are relevant to the health and wellbeing of RIs. These SOPs are available in full in [Country Information Note – Rwanda: Annex 1 Government of Rwanda \(GoR\) evidence](#):

- health services to be provided to RIs under the MEDP (provisional)<sup>15</sup>
- identifying and safeguarding vulnerable persons under the MEDP<sup>16</sup>
- reception and accommodation facilities<sup>17</sup>

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### 3.5 Health services available to Relocated Individuals

#### e) Initial health assessment

3.5.1 A provisional SOP on health services, dated April 2024, which applies specifically to RIs, sets out that the MEDP-CU will ensure that initial health assessments are offered to RIs, which RIs can accept or refuse<sup>18</sup>.

3.5.2 The SOP states that the initial health assessment will be conducted by qualified doctors and medical personnel as soon as possible after arrival. These assessments will aim to identify health conditions that may require attention, including mental health conditions. If a RI has a specific

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<sup>12</sup> UKG, '[UK/Rwanda: Agreement for the Provision of an Asylum Partnership ...](#)', 6 Dec 2023

<sup>13</sup> Annex 1, '[MoU between MEDP-CU and Ndera Neuropsychiatric Teaching Hospital](#)', April 2024

<sup>14</sup> Annex 1, '[Agreement between MEDP-CU and Rwanda Military Hospital](#)', April 2024

<sup>15</sup> Annex 1, '[GoR, Provisional SoP on Health services to be provided...](#)', April 2024

<sup>16</sup> Annex 1, '[GoR SoPs on identifying and safeguarding...](#)', April 2024

<sup>17</sup> Annex 1, '[GoR SoP on reception and accommodation facilities](#)' (section 2.3), April 2024

<sup>18</sup> Annex 1, '[GoR, Provisional SoP on Health services to be provided...](#)' (section V), April 2024



safeguarding concern, such as risk of self-harm, immediate steps will be taken to prevent harm. If necessary, a referral will be made to the Protection Team<sup>19</sup>. See [Vulnerable persons](#).

#### f) Accessing services

- 3.5.3 The provisional SOP on health services notes that the MEDP-CU will lead the coordination, monitoring and evaluation of health services for RIs and ensure that they have access to effective healthcare. The MEDP-CU will also arrange an interpreter for medical appointments where necessary<sup>20</sup>.
- 3.5.4 The agreement between the MEDP-CU and Rwanda Military Hospital dated April 2024, sets out provisions for RIs to access free medical and psycho-social services upon arrival in Rwanda and during their stay in a reception centre. These services are available 24 hours a day, 7 days a week at the request of the MEDP-CU<sup>21</sup>.
- 3.5.5 The MoU between MEDP-CU and Ndera Neuropsychiatric Teaching Hospital dated April 2024, sets out provisions for RIs to access free mental health services upon arrival in Rwanda and during their stay in a reception centre. These services are available 24 hours a day, 7 days a week at the request of the MEDP-CU<sup>22</sup>.
- 3.5.6 The provisional SOP on health services notes that all RIs will be enrolled in the health insurance system and will be issued with a medical ID number or card (usually within a week of arrival)<sup>23</sup>.
- 3.5.7 The SOP states that each RI will be eligible for health insurance for a period of 5 years, after which the RI will have the same access to healthcare as a Rwandan national<sup>24</sup>.
- 3.5.8 The SOP adds that ‘Any health care that is necessary outside the insurance coverage will be covered 100 per cent by the MEDP-CU via any public, private or non-governmental health care facility in Rwanda.’<sup>25</sup>

#### g) General services

- 3.5.9 The provisional SOP on health services notes that referral from primary care will follow the national healthcare system. Primary healthcare facilities are the first level of care at which a healthcare professional decides whether referral or transfer is needed. From health centre facilities, referral is to a district hospital and then to a referral hospital or teaching hospital<sup>26</sup>. The SOP states that RIs will have access to preventative and curative primary and secondary healthcare services at least of the standard available to Rwandan nationals<sup>27</sup>.
- 3.5.10 The SOP sets out the services covered, including doctor and clinic visits,

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<sup>19</sup> Annex 1, [‘GoR, Provisional SoP on Health services to be provided...’](#) (section V), April 2024

<sup>20</sup> Annex 1, [‘GoR, Provisional SoP on Health services to be provided...’](#) (section VIII), April 2024

<sup>21</sup> Annex 1, [‘Agreement between MEDP-CU and Rwanda Military Hospital’](#), April 2024

<sup>22</sup> Annex 1, [‘MoU between MEDP-CU and Ndera Neuropsychiatric Teaching Hospital’](#), April 2024

<sup>23</sup> Annex 1, [‘GoR, Provisional SoP on Health services to be provided...’](#) (section VII), April 2024

<sup>24</sup> Annex 1, [‘GoR, Provisional SoP on Health services to be provided...’](#) (section VII), April 2024

<sup>25</sup> Annex 1, [‘GoR, Provisional SoP on Health services to be provided...’](#) (section VIII), April 2024

<sup>26</sup> Annex 1, [‘GoR, Provisional SoP on Health services to be provided...’](#) (section X), April 2024

<sup>27</sup> Annex 1, [‘GoR, Provisional SoP on Health services to be provided...’](#) (section VI), April 2024

outpatient services at hospitals and surgical facilities, and hospital emergency room treatment, inpatient treatment and room and board. Other services covered include an eye test and one pair of glasses, and hearing services including hearing aids<sup>28</sup>.

- 3.5.11 The SOP states that preventative care will include immunisation programmes, education about hygiene and disease, and provision of mosquito nets, mosquito repellent and free anti-malarial medication<sup>29</sup>.

#### h) Mental health services

- 3.5.12 Reception facilities will include a designated room to provide psychosocial support services, with the ability to refer individuals to medical facilities. One medical professional will be on-site at all times. In addition, a mental health specialist will be on-site between 9am and 5pm, with on-call services at all other times<sup>30</sup>.
- 3.5.13 The agreement between MEDP-CU and RMH notes that psychosocial services will be available in reception centres, including one mental health specialist on site during office hours (9am to 5pm), and access to psychosocial support through professional teams deployed to reception centres<sup>31</sup>. The SOP on health services also sets out these arrangements<sup>32</sup>.
- 3.5.14 The MoU between MEDP-CU and Ndera Neuropsychiatric Hospital sets out the mental health services that will be provided to RIs while living in the reception centres. These include neurology services such as medication, hospitalisation and consultations, and psychiatric services such as psychiatric consultation and treatment, psychotherapy and diagnostic testing for mental health conditions<sup>33</sup>.
- 3.5.15 The SOP on safeguarding notes that mental health services are delivered at 4 levels – ‘community level, primary-level health facility, secondary-level health facility and tertiary (specialised care)’ and states that individuals requiring such services will be supported to access them<sup>34</sup>.
- 3.5.16 The provisional SOP on health services notes that counselling and therapy offered by qualified mental health professionals will be available<sup>35</sup>.
- 3.5.17 The SOP states: ‘From arrival, each Relocated Individual will have access to quality preventative and curative primary and secondary healthcare services that are at least of the standard available to Rwandan nationals, including ... Mental Health issues and any treatment required as a result of attempted self harm, alcohol and substance abuse.’<sup>36</sup>

#### i) Vulnerable persons

- 3.5.18 The SOP on safeguarding states that RIs in certain categories may be

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<sup>28</sup> Annex 1, [‘GoR, Provisional SoP on Health services to be provided...’](#) (section VI), April 2024

<sup>29</sup> Annex 1, [‘GoR, Provisional SoP on Health services to be provided...’](#) (section XV), April 2024

<sup>30</sup> Annex 1, [‘GoR, Provisional SoP on Health services to be provided...’](#) (sections VI & XII), April 2024

<sup>31</sup> Annex 1, [‘Agreement between MEDP-CU and Rwanda Military Hospital’](#), April 2024

<sup>32</sup> Annex 1, [‘GoR, Provisional SoP on Health services to be provided...’](#) (sections VI & XII), April 2024

<sup>33</sup> Annex 1, [‘MoU between MEDP-CU and Ndera Neuropsychiatric Teaching Hospital’](#), April 2024

<sup>34</sup> Annex 1, [‘GoR SoPs on identifying and safeguarding...’](#) (para 22), April 2024

<sup>35</sup> Annex 1, [‘GoR, Provisional SoP on Health services to be provided...’](#) (section XIV), April 2024

<sup>36</sup> Annex 1, [‘GoR, Provisional SoP on Health services to be provided...’](#) (section VI), April 2024

considered a vulnerable person and will be provided with safeguarding support. These include those with serious physical or mental health conditions, pregnant women, Victims of Trafficking and persons with disabilities<sup>37</sup>.

- 3.5.19 The SOP on safeguarding notes that ‘An adult who is at risk of actual or potential harm of abuse or exploitation must be referred to services to protect and safeguard their welfare as soon as possible... In the event that an initial referral is appropriate or required it should be made to the protection team who will review the concerns and take appropriate action.’<sup>38</sup>
- 3.5.20 Annex A in the SOP on safeguarding provides a template form for initial referrals to the protection team. The form includes sections for personal details, healthcare details, previous steps taken, risks or safety issues, reasonable adjustments, consent and mental capacity<sup>39</sup>.
- 3.5.21 Annex B in the safeguarding SOP provides a template form for recording information gathered by the protection team including: vulnerabilities identified, mitigating actions, onward referrals, healthcare details, family/next of kin details, details of a person’s interaction with DGIE and the asylum system, and if the person’s asylum application should be paused<sup>40</sup>.
- 3.5.22 The provisional SOP on health services describes the support for RIs with known medical needs, stating that information will be provided by the UK to Rwanda to enable arrangements to be put in place for their needs to be met upon arrival in Rwanda. This will include consideration of the suitability of reception facilities and arrangements for storing medication<sup>41</sup>. All RIs will be offered an initial health assessment, conducted by qualified doctors and medical personnel. For individuals at risk of self-harm, medical support and safeguards will be put in place. Psychosocial support, with an interpreter if needed, will be available<sup>42</sup>. See also [Initial health assessment](#)
- 3.5.23 The agreement between MEDP-CU and RMH states that an ambulance service and a qualified doctor will be available on request at the airport to provide any immediate medical support for RIs arriving from the UK. Additionally, initial health screenings will identify medical needs and any immediate safeguarding concerns<sup>43</sup>. The MoU between MEDP-CP and Ndera Hospital states that Ndera Hospital will assist with health screenings when requested by the MEDP-CU team<sup>44</sup>. Staff from Ndera will also attend at the airport, on request, to provide immediate mental healthcare and support to RIs<sup>45</sup>.
- 3.5.24 The SOP on reception and accommodation facilities sets out the responsibilities of the MEDP-CU, requiring it to arrange a medical assessment of each RI as soon as possible following their arrival in Rwanda.

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<sup>37</sup> Annex 1, '[GoR SoPs on identifying and safeguarding...](#)' (para 2), April 2024

<sup>38</sup> Annex 1, '[GoR SoPs on identifying and safeguarding...](#)' (para 3), April 2024

<sup>39</sup> Annex 1, '[GoR SoPs on identifying and safeguarding...](#)' (Annex A), April 2024

<sup>40</sup> Annex 1, '[GoR SoPs on identifying and safeguarding...](#)' (Annex B), April 2024

<sup>41</sup> Annex 1, '[GoR, Provisional SoP on Health services to be provided...](#)' (section IV), April 2024

<sup>42</sup> Annex 1, '[GoR, Provisional SoP on Health services to be provided...](#)' (section V), April 2024

<sup>43</sup> Annex 1, '[Agreement between MEDP-CU and Rwanda Military Hospital](#)', April 2024

<sup>44</sup> Annex 1, '[Agreement between MEDP-CU and Rwanda Military Hospital](#)', April 2024

<sup>45</sup> Annex 1, '[Agreement between MEDP-CU and Rwanda Military Hospital](#)', April 2024

Additionally, it will arrange and coordinate access, as required, to medical services, healthcare facilities, and psychosocial support services where a RI has experienced trauma or distress. The MEDP-CU responsibilities also include ensuring the availability of 24/7 first aid for medical and psychosocial needs by appropriately trained on-site staff, and to regularly monitor the well-being of RIs in reception and accommodation facilities<sup>46</sup>. The provision of counselling/psychosocial support services within the reception facility will include the availability of interpretation services, the allocation of a designated room, and the ability to refer RIs to medical facilities as necessary<sup>47</sup>.

- 3.5.25 The SOP also sets out that the specific accessibility/additional support needs of vulnerable individuals, including persons with disabilities, survivors of trauma, and elderly persons, shall be provided for and prioritised during the room allocation process in reception centres<sup>48</sup>.
- 3.5.26 The SOP additionally sets out that MEDP-CU will make initial referrals to the Protection Team, where necessary, and ensure access to relevant support when identifying a safeguarding issue in accommodation centres<sup>49</sup>.
- 3.5.27 The MoU between MEDP-CU and Ndera Neuropsychiatric Hospital sets out that any immediate concerns regarding RIs will be reported to the MEDP-CU for the purposes of ensuring safeguarding, appropriate further treatment or accommodation needs<sup>50</sup>.
- 3.5.28 The SOP on safeguarding sets out that when vulnerable persons present concerns or issues at reception centres on-site staff must respond to ensure prompt support is received. If there are any communication barriers, an interpreter should be used so information can be disclosed<sup>51</sup>.
- 3.5.29 The SOP on safeguarding also sets out that 'Where a member of staff assesses that a safeguarding initial referral is appropriate, they should make a referral to the Protection Team as soon as reasonably practical (in an emergency) or within 5 days (non-emergency).'<sup>52</sup>
- 3.5.30 The SOP on safeguarding notes the Protection Team (whose members have received relevant safeguarding training) will interview referred individuals within a reasonable timeframe and screen for indicators of vulnerability, allowing them to decide whether further support or a follow-up assessment is needed<sup>53</sup>.
- 3.5.31 The SOP on safeguarding states that when a Protection Officer is arranging an interview they must ensure 'Adequate facilities within which to conduct a safe, professional, and confidential vulnerability interview with reasonable adjustments.'<sup>54</sup>

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<sup>46</sup> Annex 1, '[GoR SoP on reception and accommodation facilities](#)' (section 2.3), April 2024

<sup>47</sup> Annex 1, '[GoR SoP on reception and accommodation facilities](#)' (section 4.1), April 2024

<sup>48</sup> Annex 1, '[GoR SoP on reception and accommodation facilities](#)' (section 3.3.1), April 2024

<sup>49</sup> Annex 1, '[GoR SoP on reception and accommodation facilities](#)' (section 2.3), April 2024

<sup>50</sup> Annex 1, '[Agreement between MEDP-CU and Rwanda Military Hospital](#)', April 2024

<sup>51</sup> Annex 1, '[GoR SoPs on identifying and safeguarding...](#)' (para 4 to 5), April 2024

<sup>52</sup> Annex 1, '[GoR SoPs on identifying and safeguarding...](#)' (para 7), April 2024

<sup>53</sup> Annex 1, '[GoR SoPs on identifying and safeguarding...](#)' (para 11 to 23), May 2023

<sup>54</sup> Annex 1, '[GoR SoPs on identifying and safeguarding...](#)' (para 12), May 2023

## j) Medication

- 3.5.32 The provisional SOP on health services states that ‘Prescribed medications and treatments are provided as necessary. Medication schedules and treatment plans would be explained to relocated individuals. Regular follow-up appointments may be scheduled to monitor treatment progress.’<sup>55</sup>
- 3.5.33 The SOP states: ‘From arrival, each Relocated Individual will have access to quality preventative and curative primary and secondary healthcare services that are at least of the standard available to Rwandan nationals, including ... Prescribed medication including for chronic conditions.’<sup>56</sup>
- 3.5.34 The provisional SOP also states that ‘Any health care that is necessary outside the insurance coverage will be covered 100 per cent by the MEDP-CU via any public, private or non-governmental health care facility in Rwanda. For example, in the event a prescription was not fulfilled under the [provisional] insurance contract, this could be fulfilled through either public or private pharmacies/ medical facilities and paid for by the MEDP-CU.’<sup>57</sup>

## k) Complaints process and monitoring arrangements

- 3.5.35 A mechanism exists to allow a RI who is not satisfied with the service or support they receive for their health condition to raise their concerns. Annex A, Part 3, paragraph 15 of the [treaty](#) states: ‘Arrangements shall be made so that a Relocated Individual may lodge a complaint about their accommodation and the delivery of other support [including health provision] with the representative of the Government of Rwanda who is responsible for handling such complaints. Any such complaint shall be recorded and, once resolved, that entry shall be updated with the details of how it was resolved.’
- 3.5.36 The provisional SOP on health services states that complaints made to the MEDP-CU will be logged and resolved, and that complaints may also be made to the Monitoring Committee<sup>58</sup>.

For more information on vulnerability see [Country Information Note Rwanda: Asylum system](#) (Section on Safeguarding)

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## 4. Health insurance

### 4.1 Health insurance schemes

- 4.1.1 The Ministry of Health’s (MoH) annual report for 2021/22, published in June 2023, stated that 93.3% of the population had health insurance cover<sup>59</sup>. However, statistics from the 2022 Population and Housing Census indicated that 97% of the population had medical insurance<sup>60</sup>.
- 4.1.2 The MoH report summarized the different types of health insurance schemes

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<sup>55</sup> Annex 1, ‘[GoR, Provisional SoP on Health services to be provided...](#)’ (section XIII), April 2024

<sup>56</sup> Annex 1, ‘[GoR, Provisional SoP on Health services to be provided...](#)’ (section VI), April 2024

<sup>57</sup> Annex 1, ‘[GoR, Provisional SoP on Health services to be provided...](#)’ (section VIII), April 2024

<sup>58</sup> Annex 1, ‘[GoR, Provisional SoP on Health services to be provided...](#)’ (section VIII), April 2024

<sup>59</sup> MoH, ‘[Annual health sector performance report, fiscal year 2021-2022](#)’ (page 17), June 2023

<sup>60</sup> MFEP and NISR, ‘[Fifth Rwanda population and housing census 2022...](#)’ (Table 28), Feb 2023



and the proportion of the population covered:

- Community Based Health Insurance (CBHI) - covering 86.9%
- La Rwandaise Assurance Maladie (RAMA) scheme - for civil servants and employees of private institutions - covering 5%
- Military health insurance Scheme (MMI) - covering 0.6 %
- Other private health insurance schemes – covering 0.8%<sup>61</sup>

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## 4.2 Community Based Health Insurance scheme (CBHI)

### 4.2.1 A May 2023, Think Global Health article described CBHI:

‘Rwanda’s community-based health insurance (CBHI) programs, known as Mutuelles de Santé, enable citizens to pool funds with donations from foreign charities, the Rwandan government, and international organizations such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria to collectively cover the expenses of health care. Members contribute 1,000 Rwandan francs ([US]\$2) [£1.61<sup>62</sup>] per family member.

‘This program has evolved over the years. Copayments for outpatient visits of even [US]\$0.36 [£0.29<sup>63</sup>] proved unaffordable for many, so in 2011, the Mutuelles began fully subsidizing premiums and copayments for 1.5 million of the country’s poorest residents.’<sup>64</sup>

### 4.2.2 CBHI is managed by the Rwanda Social Security Board (RSSB), which is part of the Ministry of Finance and Economic Planning. CBHI covers at least 90% of healthcare expenses – services and essential medicines – in public and faith-based health facilities<sup>65</sup>.

### 4.2.3 The RSSB stated in an undated entry on its website that the CBHI scheme is: ‘a solidarity health insurance system in which persons (families) come together and pay contributions for the purpose of protection and receipt of medical care. It was established in order to help people with low-income access medical care at [an] affordable cost.’<sup>66</sup>

### 4.2.4 In 2022 the World Health Organisation (WHO) analysed the progress of African nations towards achieving the goal of Universal Health Coverage (UHC) defined as, ‘All people have access to the health care they need, when and where they need it, without facing financial hardships.’<sup>67</sup>

### 4.2.5 WHO measured UHC through 2 indicators:

- service coverage index – the availability and quality of essential health services<sup>68</sup>

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<sup>61</sup> MoH, ‘[Annual health sector performance report, fiscal year 2021-2022](#)’ (page 17), June 2023

<sup>62</sup> Xe.com, ‘[2 USD to GBP - US Dollars to British Pounds](#)’ 23 April 2024

<sup>63</sup> Xe.com, ‘[0.36 USD to GBP - US Dollars to British Pounds](#)’ 23 April 2024

<sup>64</sup> Think Global Health, ‘[Rwanda’s healthcare success holds lessons for others](#)’, 17 May 2023

<sup>65</sup> Bizimana, T, and others, PLOS ONE, ‘[Prices, availability and affordability...](#)’, 3 Aug 2020

<sup>66</sup> RSSB, ‘[CBHI Scheme](#)’, no date

<sup>67</sup> WHO, ‘[Tracking universal health coverage in the WHO African region](#)’ (page x), 2022

<sup>68</sup> WHO, ‘[Tracking universal health coverage in the WHO African region](#)’ (page 8), 2022

- financial risk protection – level of out-of-pocket healthcare costs<sup>69</sup>

4.2.6 The WHO report compared 44 African countries and found that Rwanda had a ‘... relatively high service coverage index and good financial risk protection as compared to... [its] peers, and so... [is] doing well vis-à-vis UHC.’<sup>70</sup>

4.2.7 An article published in October 2023 in the peer-reviewed journal PLOS Global Public Health, described the out-of-pocket costs of CBHI:

‘Rwanda follows a universal healthcare model, providing health insurance through the Mutuelles de Santé program. Members pay less than a dollar to visit health centers or 10 percent of the total bill at all districts and referral hospitals, including the cost of prescribed medication from the National List of Essential Medicines. The cost of health insurance is determined by the poverty level categories assigned to the individuals. These categories range from A to E and reflect different levels of house income. Categories A and B comprise households that are self-reliant, while C and D indicate partial dependency on social protective schemes. Category E encompasses individuals who benefit from full state social protection and are not expected to transition out of this level.’<sup>71</sup>

For information on healthcare coverage specific to RIs, see [Health services available to Relocated Individuals](#)

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## 5. Healthcare system

For information on services and treatment specific to mental healthcare see [Mental healthcare](#).

For information on services provided by non-governmental organisations (NGOs) see [NGOs providing health services](#).

For information specific to persons with disabilities see the section Persons with disabilities – Treatment and access to services and assistance in the [Country Information Note Rwanda: Human Rights](#).

### 5.1 Healthcare progress: 1994 to 2024

5.1.1 Clay and others in Encyclopaedia Britannica observed:

‘Health conditions in Rwanda, once poor, have improved in the 21st century owing to aggressive government policies and funding as well as funding from international donors. New health care facilities have been constructed throughout the country, and each town has trained health care workers, making it easier for Rwandans to access medical care. The government works in partnership with nongovernmental organizations and other entities to raise awareness of and treat different health issues. In addition, the government’s health care insurance plan has made health care more affordable for many Rwandans. However, there is still a need for more doctors, especially those with areas of specialization and particularly in rural

<sup>69</sup> WHO, [‘Tracking universal health coverage in the WHO African region’](#) (page 17), 2022

<sup>70</sup> WHO, [‘Tracking universal health coverage in the WHO African region’](#) (page 21), 2022

<sup>71</sup> Arnbjerg, PLOS GPH, [‘Help-seeking patterns and level of care...’](#) (3;10), Oct 2023

areas.

‘Although the country still has a relatively high HIV/AIDS prevalence rate, innovative approaches to treatment resulted in the rate’s being halved within two years during the early 2000s. Malaria and tuberculosis are still serious health concerns, although in the first decade of the 21st century, the number of deaths from malaria dropped considerably, and the number of cases of tuberculosis declined. Nutritional deficiencies are a threat to the population, particularly to young children.’<sup>72</sup>

- 5.1.2 In March 2022, Harvard International Review, a quarterly magazine which offers insight on foreign affairs from the perspectives of scholars, leaders and policymakers<sup>73</sup>, published an article which focused on the growth of Rwanda’s healthcare system since the genocide. It stated:

‘...the RPF [Rwandan Patriotic Front, the ruling party] has considerably altered Rwandan healthcare for the better. Most notably, it prioritized the training and provision of locally-based healthcare providers, mandating the election of four healthcare workers in each of Rwanda’s approximately 15,000 villages, where they act as an intermediate source of healthcare information and preventative care. This then limits the need for onerous and expensive hospital trips. As a result of their increased presence, 80 percent of those requiring malaria treatment are able to receive it and vaccination rates have increased from less than 30 percent in 1995 to 94 percent in 2015.’<sup>74</sup>

- 5.1.3 The Harvard International Review article also observed the growth in mental healthcare services:

‘In 1995, just one year after the genocide, Rwanda’s government recognized the need for the codification of mental health policy, realizing that genocidal violence left approximately 25 percent of the population with symptoms of post-traumatic stress disorder (PTSD). In response, the government established a mental health division within the National Ministry of Health... More recently, the country developed a national strategic plan to integrate mental healthcare into its primary healthcare system and announced a partnership with Johnson and Johnson to study the impact of mental illness, help decentralize care, and promote access to affordable medicine.’<sup>75</sup>

- 5.1.4 The same article added:

‘...through its efforts to promote reconciliation, the country has also encouraged mental healthcare to be defined outside of clinical settings. For example, group counseling services have been offered in communities across the country, allowing survivors to process trauma in a constructive manner. Specialty programs have even been introduced to address particular needs, such as the use of specialized counseling groups for women who became pregnant as a result of genocidal rape.’<sup>76</sup>

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<sup>72</sup> Clay, D, and Lemarchand, R, ‘[Rwanda](#)’ (Health and welfare), updated 17 April 2024

<sup>73</sup> Harvard International Review, ‘[About us](#)’, no date

<sup>74</sup> Harvard International Review, ‘[Growth from the genocide: the story of Rwanda’s...](#)’, March 2022

<sup>75</sup> Harvard International Review, ‘[Growth from the genocide: the story of Rwanda’s...](#)’, March 2022

<sup>76</sup> Harvard International Review, ‘[Growth from the genocide: the story of Rwanda’s...](#)’, March 2022



5.1.5 In May 2023, Think Global Health, an initiative of the Council on Foreign Relations, published an article on Rwanda's healthcare system which examined the impact of the universal health insurance scheme: 'Experts say that [health insurance] coverage has helped contribute to a massive rise in Rwanda's life expectancy, from 49.7 years in 2001 to 69.6 in 2022, and empowered the country to tackle prominent causes of mortality. Indeed, Rwanda is the only sub-Saharan low-income country to meet the UN Millennium Development Goals of reducing maternal mortality and reversing the spread of malaria, tuberculosis, and AIDS.'<sup>77</sup>

See also [Health insurance](#)

5.1.6 Think Global Health added: 'Part of Rwanda's [healthcare] success can be attributed to the priority its government puts on health. With strong support from community, religious, local, and national leaders, the country spent 7.8 % of its 2020 budget on health care, well above the regional average.'<sup>78</sup>

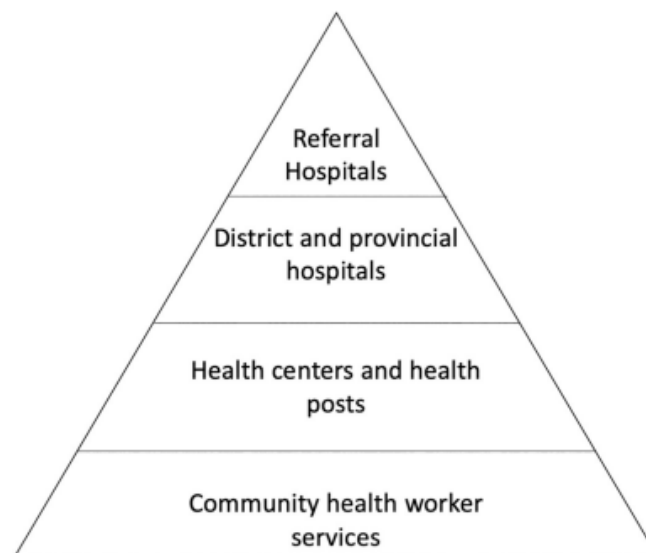
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## 5.2 Structure

5.2.1 Healthcare is delivered through community health workers (CHWs), health posts, health centres, district hospitals and tertiary (national) hospitals<sup>79</sup>.

5.2.2 An October 2020 article published in the peer-reviewed journal Neglected Tropical Diseases stated: 'The Rwandan health system follows a hierarchical structure starting with services offered by CHWs at the village level leading up to health posts/centers, district/provincial hospitals, and ending with referral/teaching hospitals at the national level.' The article also provided the graphic below<sup>80</sup>:



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<sup>77</sup> Think Global Health, '[Rwanda's healthcare success holds lessons for others](#)', 17 May 2023

<sup>78</sup> Think Global Health, '[Rwanda's healthcare success holds lessons for others](#)', 17 May 2023

<sup>79</sup> WHO, '[Primary Health Care Systems, Comprehensive case study...](#)' (page 12), June 2018

<sup>80</sup> Bayisenge, U, and others, PLOS NTD, '[Podoconiosis in Rwanda...](#)', (14;10), October 2020

### 5.3 Facilities and capacity

5.3.1 The MoH annual performance report for the financial year 2021/22, published in June 2023, recorded 20.6 million outpatient visits for all health facilities during the year, equivalent to 1.59 visits per person, per year<sup>81</sup>. Over the same period there were 883,936 inpatient admissions<sup>82</sup>.

5.3.2 In December 2023, the National Institute of Statistics of Rwanda (NISR) published its annual report which included data on the number of health facilities (public and private) and beds in those facilities<sup>83</sup>. CPIT has reproduced the data in the table below for 2022:

-	No of health facilities (2022)	No of beds (2022) - public facilities only
National referral hospitals	8	2,481
Provincial hospitals	4	763
District hospitals	40	6,719
Health centres	514	10,959
Health posts	1,250	-
Private dispensaries	116	-
Private clinics	187	-
Private hospitals	9	-

5.3.3 The provisional SOP on health services, dated April 2024, provided a table, reproduced below, showing the number of each type of public health facility and the associated services. The figures are undated and no source is given.

Administrative structure	Health care delivery system	No. of public facilities/ CHWs	Type of service offered
Province (5)	Tertiary hospitals	8	<ul style="list-style-type: none"> <li>- Specialized hospitals serving the entire country</li> <li>- Medical training</li> </ul>
District (30)	District Hospital	36	<ul style="list-style-type: none"> <li>- Provide government-defined complementary package of activities (caesarean, treatment of complicated cases, etc.)</li> <li>- Provide care to patients referred by the primary health centres</li> <li>- Carry out planning activities for the health</li> </ul>

<sup>81</sup> MoH, '[Annual health sector performance report, fiscal year 2021-2022](#)' (Page 88), June 2023

<sup>82</sup> MoH, '[Annual health sector performance report, fiscal year 2021-2022](#)' (Page 89), June 2023

<sup>83</sup> NISR, '[Statistical yearbook 2023](#)' (Tables 3.10.2 and 3.10.3), December 2023

			district and supervise district health personnel
Sector (416)	Health Centres	503	<ul style="list-style-type: none"> <li>- Provide government-defined minimum package of activities at the peripheral level</li> <li>- This includes complete and integrated services such as curative, preventive, promotional, and rehabilitation services</li> <li>- Supervise health posts and CHWs operating in their catchment area</li> </ul>
Cell (2,148)	Health posts	501	<ul style="list-style-type: none"> <li>- Services provided are similar, albeit reduced from that of health centres</li> <li>- Established in areas that are far from health centres</li> <li>- Services include curative outpatient care, certain diagnostic tests, child immunization, growth monitoring for children under 5 years, antenatal consultation, family planning, and health education</li> </ul>
Village (14,837)	Community Health Workers (CHWs)	45,516	<ul style="list-style-type: none"> <li>- Prevention, screening and treatment of malnutrition</li> <li>- Integrated management of child illness</li> <li>- Provision of family planning</li> <li>- Maternal and newborn health</li> <li>- HIV, tuberculosis, and other chronic illnesses</li> </ul>

			- Behaviour change and communication
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5.3.4 The national referral and teaching hospitals provide the highest level of care available in Rwanda, including advanced specialist care, they also conduct research<sup>85</sup>. CPIT could not source an up-to-date list naming all 8 national referral hospitals referred to by the NISR. However, in 2018 WHO listed 4 national referral hospitals in Kigali as:

- Kigali University Teaching Hospital (CHUK)
- King Faisal Hospital
- Rwanda Military Hospital (RMH)
- Ndera Neuropsychiatric Hospital<sup>86</sup>

For more information on the services provided by the 4 hospitals see [Ndera Neuropsychiatric Hospital](#), [Rwanda Military Hospital](#), [Kigali University Teaching Hospital](#) and [King Faisal Hospital](#). For more information on facilities and capacity specific to mental healthcare see [Mental healthcare](#).

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## 5.4 Personnel

5.4.1 NISR's 2023 annual report also included data on the number of health workers employed in the public sector<sup>87</sup>. CPIT has reproduced the data for 2022 in the table below.

Staff category	2022
Doctors	1,223
Dentists	274
Pharmacists	81
Nurses	9,474
Midwives	1,592
Mental health (roles not specified)	521
Anaesthesia practitioners	338
Laboratory technician	1,875
Physiotherapists	141
Orthopaedics	380
Radiologists	167
Ophthalmologists	104
Public health	113
Nutritionists	342
Environmental health officers	520
Clinical psychologists	149
Social workers	726
Admin and support staff	4,629

<sup>84</sup> Annex 1, '[GoR, Provisional SoP on Health services to be provided...](#)' (section XIX), April 2024

<sup>85</sup> WHO, '[Primary Health Care Systems, Comprehensive case study...](#)' (page 12), June 2018

<sup>86</sup> WHO, '[Primary Health Care Systems, Comprehensive case study...](#)' (page 12), June 2018

<sup>87</sup> NISR, '[Statistical yearbook 2023](#)' Table 3.10.1, December 2023

- 5.4.2 The MoH's annual report for the financial year 2021/22, published in June 2023, provided information on performance indicators, including the ratio of health practitioners to the general population<sup>88</sup>. CPIT has reproduced the data in the table below.

Indicator	2017/2018	2020/21	2021/22	Target 2024
Physician/ population	1/ 10,055	1/ 8,247	1/ 6,793	1/ 7000
Nurse/ population	1/ 1,094	1/ 1,198	1/ 1,170	1/ 800
Midwife/ population (women aged 15-49)	1/ 4,064	1/ 2,340	1/ 2,272	1/ 2,500

- 5.4.3 The MoH report noted: 'The health worker density per 1,000 populations in Rwanda is 1.1 skilled health workers (physicians, nurses and midwives) while the recommended minimum WHO health workforce density is 4.45/ 1,000 to achieve the SDGs [Sustainable Development Goals] by 2030.'<sup>89</sup>

- 5.4.4 The May 2023 Think Global Health article noted:

'... In Rwanda, the nationwide physician shortage is dire, particularly in rural locales... In an effort to address these concerns, the Rwandan government has now built twenty-one second-generation health posts, which offer more specialized services such as dental care, maternity care, laboratory testing, and ophthalmology. Increasing health-care investments have come with particular trade-offs, with funding for water, sanitation, and hygiene infrastructure actually decreasing as a share of the total government budget.'<sup>90</sup>

- 5.4.5 An undated article on the MoH website stated:

'In July of 2023, the Government of Rwanda approved the 4x4 Reform, a visionary strategy aimed at quadrupling the number of healthcare workers in the country within the next four years to meet the WHO recommendation of at least 4 healthcare professionals per 1,000 population density....

'Under the 4x4 reform, the health sector is projected to expand its pool of health professionals, including residents, fellows, general practitioners, dental surgeons, pharmacists, nurses, midwives, and allied health sciences personnel. By the year 2028, this ambitious plan aims to increase the health workforce by a total of 32,973 personnel.'<sup>91</sup>

For more information on personnel employed in mental healthcare see [Mental healthcare](#).

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## 5.5 Geographical accessibility

- 5.5.1 In an article published in the Rwanda Journal of Engineering, Science, Technology and Environment in June 2023, Nduwayezu and others provided

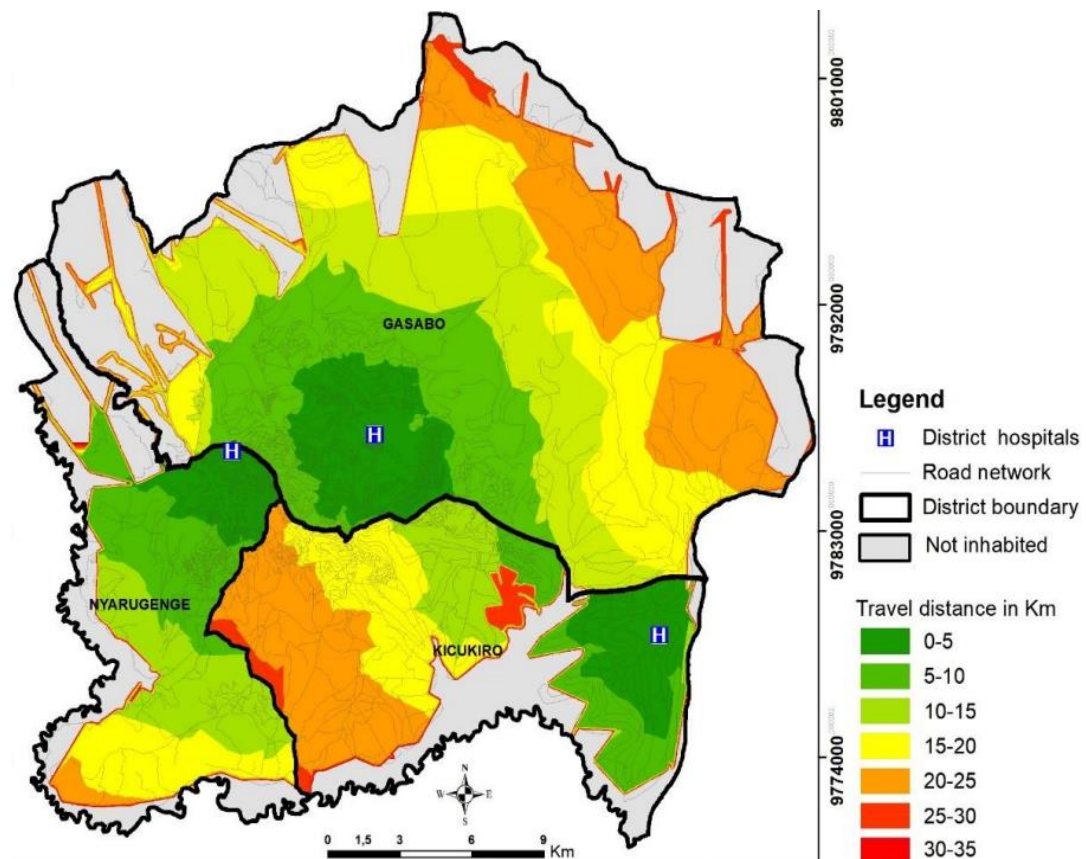
<sup>88</sup> MoH, '[Annual health sector performance report, fiscal year 2021-2022](#)' (Table 1 and 16), June 2023

<sup>89</sup> MoH, '[Annual health sector performance report, fiscal year 2021-2022](#)' (Page 73), June 2023

<sup>90</sup> Think Global Health, '[Rwanda's healthcare success holds lessons for others](#)', 17 May 2023

<sup>91</sup> MoH, '[The 4x4 reform: a path to quality health care in Rwanda](#)', no date

a map of Kigali (divided into its 3 districts - Gasabo, Nyarugenge, and Kicukiro). The map shows the travel distance to 3 district hospitals in Kigali<sup>92</sup>.



#### 5.5.2 The May 2023 Think Global Health article noted:

‘In a recent push to make health care more accessible, the country has been installing new health posts, with the goal of reducing patients’ average walking time to care from 47 minutes in 2020 to 24 minutes in 2024. Between August 2021 and February 2022 alone, the government established 1,179 of these health posts.

‘Although these primary care facilities provide rapid accessibility to the most immediate forms of health care, those seeking specialized treatment still face difficulties in access. More remote patients may have to journey hundreds of kilometers to reach a tertiary health-care center. Broad distribution of specialty care may be impractical, but better transportation infrastructure nationwide could help support these patients.’<sup>93</sup>

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## 5.6 Adequacy

5.6.1 A study published in the Rwanda Public Health Bulletin in September 2019 by Twahirwa and others examined service delivery and patient satisfaction with the quality of healthcare services at the Kigali University Teaching Hospital (CHUK). The study was based on a questionnaire distributed to 62 patients and patients’ families who presented at CHUK over the period

<sup>92</sup> Nduwayezu, & others, ‘[Measuring disparities in access...](#)’ (figure 4), June 2023

<sup>93</sup> Think Global Health, ‘[Rwanda’s healthcare success holds lessons for others](#)’, 17 May 2023



between January and March 2016. The study found that 82% of participants were able to get timely appointments. The study also found that 'the majority (67%) of participants reported that the healthcare provider gave them enough time to explain their complaints, and 85% of them reported that healthcare providers paid attention to listen to them; though 15% of them were not given time to explain their complaints.'<sup>94</sup>

5.6.2 A study published in September 2020 in the peer-reviewed African Journal of Primary Health Care & Family Medicine, based upon interviews with 6 nurses and 3 clinical officers employed at health centres in Muhanga district in the southern province, examined how healthcare workers perceived their capability when diagnosing health complaints. The study concluded: 'Clinical officers perceived themselves as capable in the diagnostic practice. Nurses may compensate for insufficient school training through in-service learning opportunities and feel capable in the diagnostic practice.'<sup>95</sup>

5.6.3 A study published in May 2021 in the peer-reviewed Journal of Public Health International, based upon interviews and focus groups involving healthcare workers and healthcare users, examined the medical needs of people living in Kigali. The study concluded: 'It is evident from this study, that although urban residents are generally satisfied with health services within the urban health service, gaps do exist.' The main 'asks' raised by the study's participants were:

- Increasing staffing in public health facilities
- Extending health insurance to cover private facilities
- Provision of dental services in public health centres
- Widening communication of health information<sup>96</sup>

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## 5.7 Rwanda Military Hospital

5.7.1 The Rwanda Military Hospital (RMH) receives and refers both military and civilian patients, and is located in Kigali<sup>97</sup>.

5.7.2 CPIT has summarised the staff specialisms at RMH using information on the hospital's website:

- Plastic surgery
- Dermatology
- Orthopaedic surgery
- Obstetrician and gynaecology
- Paediatrics

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<sup>94</sup> Twahirwa T. et al. '[Perception of healthcare service access, rapidity...](#)' September 2019

<sup>95</sup> Weber, AJPHCFM, '[Rwandan primary healthcare providers' perception...](#)' (12;1), Sept 2020

<sup>96</sup> Mutabazi, JPHI, '[Community health needs assessment...](#)' (3;4), May 2021

<sup>97</sup> RMH, '[Who we are](#)', no date

- Hemato-Pathology
- Ear, nose and throat surgery
- Nephrology
- Oncology
- Internal medicine
- Anaesthesiology
- General surgery and emergency surgery
- Pathology
- Neurosurgery
- Urology
- Oral and maxillofacial surgery<sup>98</sup>

5.7.3 CPIT has summarised the services provided by RMH using information provided on the hospital's website:

- Paediatrics
- Accident and emergency
- Anaesthesia
- Dental
- Obstetrics and gynaecology
- Internal medicine
- General surgery
- Outreach
- Dermatology
- ENT
- Maxillofacial
- Clinical psychology
- Intensive care unit
- Laboratory
- Orthopaedic
- Medical imaging
- Nursing
- Ophthalmology
- Physiotherapy
- Pharmacy

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<sup>98</sup> RMS, ['Doctors'](#), no date



- Psychiatry
- Urology
- Nutrition<sup>99</sup>

5.7.4 On 5 February 2023, the New Times, a Rwandan English-language online news site, reported that the Rwanda Cancer Centre (RCC) – located at Rwanda Military Hospital – had treated more than 1,400 cancer patients since it opened in February 2020<sup>100</sup>.

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## 5.8 Kigali University Teaching Hospital

5.8.1 The Rwanda Health Sector Performance report, covering July 2020 to June 2021, published by the MoH stated: '[Kigali University Teaching Hospital] CHUK is the main referral public hospital in the country. It has a mission of providing quality referral and specialised health care and medical education, conduct research in health issues, providing support to Provincial and District hospitals in terms of health care services and capacity building.'<sup>101</sup>

5.8.2 An undated entry on CHUK's website listed the hospital's 'clinical services and specialities': Allied health sciences; Surgery; Accident and emergency; Internal medicine; mental health; Anaesthesiology and critical care; Gynaecology and obstetrics; Paediatrics; Maternal and neonatology; Ear, nose and throat; Ophthalmology; Neurosurgery; Paediatrics surgery; Urology; Nephrology; Dialysis; Oncology; and Dermatology<sup>102</sup>.

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## 5.9 King Faisal Hospital

5.9.1 King Faisal Hospital (KFHR) is a multi-specialty hospital located in Kigali<sup>103</sup>. According to the KFHR website, the hospital carries out an average of 72,220 consultations per year, admits an average of 8,346 patients per year, employs 85 doctors and has a bed capacity of 160<sup>104</sup>.

5.9.2 The KFHR website provides a list of specialised medical services, which has been summarised by CPIT:

- Cardiology
- Dermatology
- Endocrinology
- Gastroenterology
- General Internal medicine

<sup>99</sup> RMH, '[Services](#)' no date

<sup>100</sup> The New Times, '[... How Rwanda Cancer Centre is saving hundreds of lives](#)', 5 Feb 2023

<sup>101</sup> MoH, '[Rwanda Health Sector Performance Report 2020 - 2021](#)' (page 84), 6 June 2023

<sup>102</sup> CHUK, '[Clinical services and specialities](#)', no date

<sup>103</sup> KFHR, '[Who we are](#)', no date

<sup>104</sup> KFHR, '[Who we are](#)', no date

- Geriatrics
- Haematology
- Nephrology
- Neurology
- Oncology
- Pulmonology
- Rheumatology<sup>105</sup>

5.9.3 The website also provides a list of specialised surgical services, which has been summarised by CPIT:

- Cardiac Surgery
- Cardio-Thoracic Surgery
- Dental Orthodontics
- General Surgery
- Maxillo-Facial Surgery
- Neurosurgery
- Orthopaedic Surgery & Trauma
- Plastic Surgery
- Urology
- Kidney Transplant<sup>106</sup>

5.9.4 KFHR also provides other core services which have been summarised by CPIT:

- Obstetrics & Gynaecology
- Paediatrics
- Neonatology (NICU)
- Accidents & Emergency
- Anaesthesiology
- Critical Care (Adults & Paediatrics)
- Ear, Nose & Throat
- Ophthalmology
- Laboratory
- Pharmacy
- Imaging & Diagnostic

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<sup>105</sup> KFHR, [‘Services’](#), no date

<sup>106</sup> KFHR, [‘Services’](#), no date

- Mental Health
- Nutrition and Dietetics
- Occupational & Physiotherapy
- Speech & Language Therapy<sup>107</sup>

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## 6. Mental healthcare

### 6.1 Organisation and facilities

- 6.1.1 A chapter in the book 'Innovations in Global Mental Health', published in November 2021, by Mukamana and others of Kigali and Duquesne Universities, outlined community-based mental health interventions in Rwanda:

'Mental health intervention efforts in Rwanda, post-genocide, have become, through force of circumstances, a multidisciplinary approach that is open to the contributions of the various local associations that offer rehabilitation and recovery services as well as the promotion of psychosocial well-being. These associations have evolved, to provide needed specialized mental health services, by focusing their activities mainly on the preventive, curative, and promotional aspects of the health of their beneficiaries.'<sup>108</sup>

- 6.1.2 A September 2022 study published in peer-reviewed journal Health Policy and Planning, conducted 30 interviews in 2019 with stakeholders including government officials, NGOs and health service providers. The study examined Rwanda's implementation of its mental health policy in 2 different areas - Kigali (urban) and Ngoma (rural). The study reported:

'Many [interviewees] highlighted how decentralization has led to every hospital in the country having a mental health unit and nearly all community health centres providing mental health care. Participants explained how this prevents overburdening reference hospitals, as less complicated cases can be treated at lower levels, while simultaneously easing the burden of patients who previously had to travel tremendous distances to receive care... Further, participants were pleased that decentralization went down to the level of community health worker, stating that this promoted community-based care and expanded access to services, even in rural areas.'

- 6.1.3 The same study noted: 'As a result of these strategies of integration and decentralization, nearly all health institutions in Rwanda offer mental health care, and the large majority of community health workers are trained in mental health care (80% according to [a] 2019 interview with former Minister of Health, Diane Gashumba).'<sup>109</sup>

- 6.1.4 An October 2022 study published in the peer-reviewed journal BMC Public Health, which investigated mental health disorders and services in Rwanda

<sup>107</sup> KFHR, '[Services](#)', no date

<sup>108</sup> Mukamana, D and others, '[A Community-Based Mental Health Intervention...](#)', November 2021

<sup>109</sup> Sabey, Health Policy & Planning, '[Implementation of mental health policies...](#)' (37; 10), 5 Sept 2022

noted that:

'The government of Rwanda has decentralized and integrated mental health services from national referral hospitals down to health centres, where trained health professionals (including psychiatrists, mental health nurses, clinical psychologists, and general nurses and GPs) conduct assessment of, and provide care and treatment for, a wide range of mental health needs...however the scale of need for mental health support far outstrips current capacity'.<sup>110</sup>

- 6.1.5 An article published in October 2023 in the peer-reviewed journal PLOS Global Public Health, described the process for accessing mental healthcare in Rwanda: '... access to formal mental health services often begins at health centers. From there, one may be referred to district hospitals and, if needed, referred to specialized care at the national referral hospitals. In cases of self-payment or involuntary hospitalizations, direct access to service at referral hospitals is also possible.'<sup>111</sup>
- 6.1.6 The article described 2 referral hospitals in Kigali which provide mental healthcare (Ndera Neuropsychiatric Hospital and CHUK):  
'CARAES-Ndera Hospital is a mission health facility, yet the government of Rwanda supports the hospital by providing human resources to the hospital and assisting in its management, and [it is] the singular neuropsychiatric hospital in the country with inpatient care that offers specialized healthcare in psychiatry and neurology. The hospital is located 17 kilometers from Kigali City, while CHUK is the largest referral hospital in Rwanda, located in Kigali City. This hospital does not provide inpatient care for psychiatric patients, despite it being the second biggest outpatients' mental health clinic.'<sup>112</sup>
- 6.1.7 In October 2023, Never Again Rwanda, a Rwandan peacebuilding and social justice NGO<sup>113</sup>, published an article on LinkedIn that noted:  
'Nationally, in addition to the 3 specialized mental health centers, Ndera Neuropsychiatric Hospital, Huye Isange Rehabilitation Center, and Icyizere Psychotherapy Center, there are mental health departments in 4 national hospitals at Centre Hospital Universitaire de Kigali (CHUK), Centre Hospitalier Universitaire de Butare (CHUB), Rwanda Military Hospital, and King Faisal Hospital. Over the last few years smaller counseling centers such as the Lighthouse Counselling Center and Never Again Rwanda's Mental Wellness Center have developed to fill in the gaps.'<sup>114</sup>
- 6.1.8 The same article noted that 'The majority of people in rural areas have limited support because most of these centers are located in urban areas. They are sometimes helped by facilitators (Abakangurambaga) trained by Civil Society Organizations who are not always fully qualified.'<sup>115</sup>
- 6.1.9 The MoH's annual report for 2021/22, published in June 2023, described

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<sup>110</sup> Kayitshonga, Y, and others, '[Prevalence of mental disorders, associated...](#)', 5 October 2022

<sup>111</sup> Ambjerg, PLOS GPH, '[Help-seeking patterns and level of care...](#)' (3;10), Oct 2023

<sup>112</sup> Ambjerg, PLOS GPH, '[Help-seeking patterns and level of care...](#)' (3;10), Oct 2023

<sup>113</sup> Never Again Rwanda, '[Who we are](#)', no date

<sup>114</sup> Never Again Rwanda (via LinkedIn), '[A Look at Mental Health in Rwanda...](#)' October 2023

<sup>115</sup> Never Again Rwanda (via LinkedIn), '[A Look at Mental Health in Rwanda...](#)' October 2023

challenges facing the mental health sector:

‘The unresolved challenges include sustandard [sic] and inadequate mental health infrastructure in district hospitals, insufficient budget for mental health activities affecting priority areas, delayed appointment of mental health providers, stigma around mental health clients and services, lack of health insurance for identified cases, pending approval of the Mental Health Law, challenges with transport facilities for mental health officers, and a need for appropriate counseling rooms for privacy.’<sup>116</sup>

6.1.10 On 24 January 2024, the New Times reported on the Kigali Referral Mental Health Centre, which opened in September 2023:

‘The now operational mental health facility situated in Kinyinya Sector, Gasabo District adds to the existing services provided at Ndera-Neuropsychiatric Teaching Hospital...The centre is a specialised referral hub for mental healthcare, with improved medical technology, a wide range of specific services, and a dedicated team of skilled healthcare professionals. Some of its facilities are dedicated to research activities and the education of healthcare providers. The hospital houses 32 in-patients for up to seven days, with the possibility of extension, and treats an unlimited number of out-patients every day... Patients are from various health centres and can use community-based health insurance (Mutuelle de Santé) and other insurance options.’<sup>117</sup>

6.1.11 The New Times reported that the facility included: Psychological and psychiatric consultation blocks, an Ergotherapy room, an Electroencephalogram (EEG) room and a Childcare room, where doctors can observe babies and young children<sup>118</sup>.

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## 6.2 Capacity

6.2.1 The MoH’s annual report for 2021/22, published in June 2023, noted: ‘The mental health services have been decentralized and integrated into primary health care to enhance accessibility. There are currently two specialized mental health services in the country, with a total of 494 inpatient beds.’<sup>119</sup>

6.2.2 The MoH report provided information on the use of mental health services over the period 2015 to 2022<sup>120</sup>:

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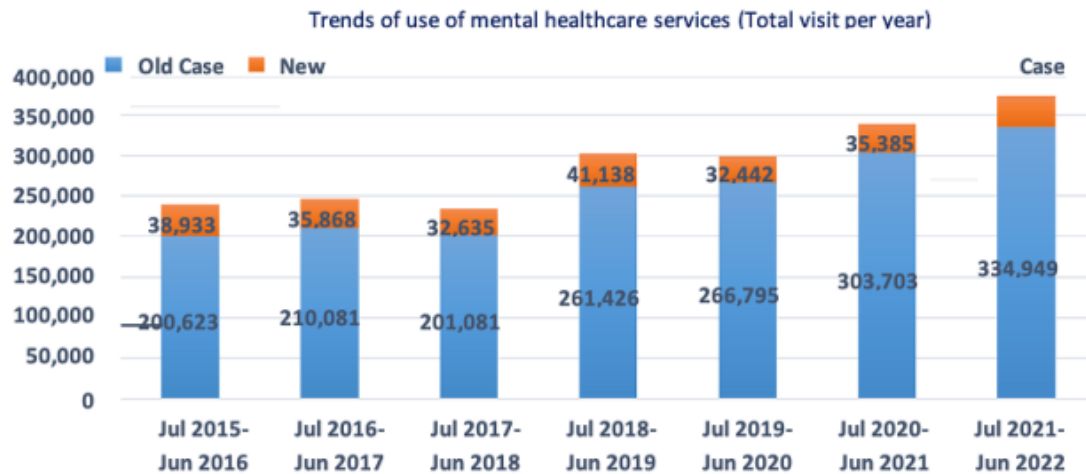
<sup>116</sup> MoH, ‘[Annual health sector performance report, fiscal year 2021-2022](#)’ (Page 67), June 2023

<sup>117</sup> The New Times ‘[A closer look at Kigali’s new mental health centre](#)’, 24 January 2024

<sup>118</sup> The New Times ‘[A closer look at Kigali’s new mental health centre](#)’, 24 January 2024

<sup>119</sup> MoH, ‘[Annual health sector performance report, fiscal year 2021-2022](#)’ (page 64), June 2023

<sup>120</sup> MoH, ‘[Annual health sector performance report, fiscal year 2021-2022](#)’ (Figure 41), June 2023



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### 6.3 Personnel

6.3.1 On 8 June 2022, Dr Hazel Cameron, an academic researcher for Pearl International Insights, provided oral evidence on the MEDP and Human Rights to the UK Parliament’s Joint Committee on Human Rights: ‘The [Rwandan] Government accept that there is a need for additional psychiatrists throughout the country, but this need has been addressed through impressive initiatives that are being led by the mental health division manager at the Rwanda Biomedical Centre.’<sup>121</sup>

6.3.2 The September 2022 study in the journal Health Policy and Planning, reported:

‘Despite the increase of available mental health professionals in Rwanda as a result of generalist training and psychology-based programmes, some [interviewees] stated that there are still not enough specialists in the country and that not all providers are properly trained. Others, mainly those working outside of the government, offered a different story, explaining that there is an abundance of well-trained professionals, but they are unemployed. Some attributed this to a lack of will from the university to advocate for their employment and a lack of initiative from the government to recruit them. The explanation for this issue, however, remains unclear.’<sup>122</sup>

6.3.3 In May 2023, The New Times provided additional information on mental healthcare in Rwanda: ‘According to the RBC [Rwanda Biomedical Centre], Rwanda currently has 2,000 psychologists working across various sectors, with 600 serving in the healthcare sector. The country also has 500 psychiatric nurses...’ The article highlighted a shortage of psychiatrists (currently 15) and referenced the goal of providing one psychiatrist for every district hospital by 2030<sup>123</sup>.

6.3.4 An article published in October 2023 in the peer-reviewed journal PLOS Global Public Health, reported that 15 psychiatrists worked in Rwanda in

<sup>121</sup> Joint Committee on Human Rights, ‘[Oral evidence: The UK-Rwanda Migration ...](#)’, 8 June 2022

<sup>122</sup> Sabey, Health Policy & Planning, ‘[Implementation of mental health policies...](#)’ (37; 10), 5 Sept 2022

<sup>123</sup> The New Times, ‘[Shortage of mental health professionals persists, warns RBC](#)’, 17 May 2023

## 6.4 Services and treatment

6.4.1 An undated entry on the website of the Rwanda Biomedical Centre (RBC) described the mental health services available in Rwanda. (CPIT has provided information about the location of facilities in square brackets):

**'Ndera Neuropsychiatric Hospital [Kigali]:**

- 'Provides specialized services for all mental disorders
- 'Provides hospitalization services
- 'Provides electroencephalogram (EEG) tests
- 'Provides individual psychotherapy and counselling
- 'Provides family therapy
- 'Provides neurological exam and treatment

'All local health Insurance are accepted including Community-Based Health Insurance..

**'Huye Isange Rehabilitation Center [Butare]:**

- 'Provides specialized services for drug addiction
- 'Provides hospitalization services
- 'Provides rehabilitation services
- 'Provides individual psychotherapy and counselling
- 'Conducts toxicology testing
- 'Provides family therapy

'All local health Insurance are accepted including Community-Based Health Insurance...

**'University Teaching Hospitals (CHUK [Kigali] and CHUB [University Teaching Hospital of Butare]):**

- 'Provide referral ambulatory mental health services
- 'Provides hospitalization services
- 'Provide rehabilitation services
- 'Provide individual psychotherapy and counselling
- 'Provide neurological exam and treatment
- 'Provides electroencephalogram (EEG) tests

'All local health Insurance are accepted including Community-Based Health Insurance...

**'Referral hospitals (Kibungo Hospital [Kibungo], Kibuye Hospital [Gitesi]**

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<sup>124</sup> Ambjerg, PLOS GPH, '[Help-seeking patterns and level of care...](#)' (3;10), Oct 2023



**and Ruhengeri Hospital [Ruhengeri]):**

- 'Provide referral mental health services
  - Provide hospitalization services
  - Provides electroencephalogram (EEG) tests
- 'All local health Insurance are accepted including Community-Based Health Insurance

**'All district hospitals:**

- 'Diagnose and treat all mental disorders
- 'Conduct mentorship of health centers in their catchment areas

'All local health Insurance are accepted including CBHI.'<sup>125</sup>

See also [Ndera Neuropsychiatric Hospital](#), [Kigali University Teaching Hospital](#) (CHUK), [Rwanda Military Hospital](#) and [King Faisal Hospital](#).

6.4.2 The September 2022 article in the journal Health Policy and Planning stated: 'In addition to government-funded care, numerous NGOs contribute to the policy's goal of equitable access by offering mental health services and programmes including therapy and counselling, cooperatives for the mentally ill and community-based healing programmes designed to promote societal cohesion and reconciliation. There are also a small number of private practices offering Western-based talking therapy.'<sup>126</sup>

6.4.3 The same study reported: 'Participants, overall, and especially those in Ngoma, did agree that most available services and providers are concentrated within the capital and that it is difficult to receive specialized care beyond Kigali.'<sup>127</sup>

For information on mental healthcare services provided by non-governmental organisations (NGOs) see [NGOs providing health services](#).

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## 6.5 Affordability

6.5.1 A September 2022 study published in peer-reviewed journal Health Policy and Planning, conducted 30 interviews in 2019 with stakeholders including government officials, NGOs and health service providers. The study examined Rwanda's implementation of its mental health policy in 2 different areas - Kigali (urban) and Ngoma (rural). The study reported:

'Accessibility [to mental healthcare] is further promoted through increased affordability of care, achieved through the government's modification of Mutuelle de Santé—the country-wide, community-based health insurance plan—to increase mental health care coverage. For those enrolled, coverage is available for all government-funded mental health services. There were, however, discrepancies in answers [provided by interviewees] regarding the

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<sup>125</sup> RBC, '[Services offered by Mental Health Division at national level](#)', no date

<sup>126</sup> Sabey, Health Policy & Planning, '[Implementation of mental health policies...](#)' (37; 10), 5 Sept 2022

<sup>127</sup> Sabey, Health Policy & Planning, '[Implementation of mental health policies...](#)' (37; 10), 5 Sept 2022



extent of coverage.<sup>128</sup>

- 6.5.2 The authors provided further detail about the discrepancies later in the article: ‘... although government-level implementers insisted that mental health care was 100% covered for those enrolled, service providers challenged this notion, emphasizing how medication and counselling are covered, but hospital fees such as hygiene products, food or clothes, often required by mental health inpatients, are not.’<sup>129</sup>

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## 6.6 Victims of trauma, torture, SGBV and trafficking

For information on safeguarding of RIs see [Country Information Note Rwanda: Asylum system](#) (section Safeguarding).

For information on support available to victims of trafficking (VoT) see the section Protection and support – Modern slavery/trafficking in the [Country Information Note Rwanda: Human Rights](#).

For additional information on support available to victims of sexual and gender based violence (SGBV) see Isange One Stop Centre (IOSC) in the section SGBV – Protection and support, and information on Alight in the section SGBV against asylum seekers and refugees in the [Country Information Note Rwanda: Human Rights](#).

- 6.6.1 Ministerial Order No.013/MOJ/AG/21 sets out the support available for victims of trafficking (VoT), including medical services. Article 4 states: ‘A victim of crime of trafficking in persons is provided with medical treatment and psychosocial services until he or she recovers and shows comfort and peace of mind regarding the acts undergone. The first medical examination must be performed even if the victim appears to be in good health.’<sup>130</sup>

- 6.6.2 In September 2021, Interpeace, ‘an international organization that prevents violence and builds lasting peace’<sup>131</sup> reported on a conference the organisation facilitated in Kigali:

‘Since the genocide against the Tutsi, Rwanda has gone through 27 years of sustained development and growth. However, the country continues to grapple with significant mental health challenges. A considerable proportion of the Rwandan population lives with trauma linked to the genocide against the Tutsi...However, the government of Rwanda and local civil society organisations have already made significant investment and progress towards trauma healing, social cohesion and improving livelihoods.’<sup>132</sup>

- 6.6.3 The Rwanda Psychological Society (RPS) is a national professional organisation and regulatory body of psychologists, established in August 2015, to address training gaps and to contribute to community engagement and outreach activities to address the impact of post-genocide psychological

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<sup>128</sup> Sabey, Health Policy & Planning, ‘[Implementation of mental health policies...](#)’ (37; 10), 5 Sept 2022

<sup>129</sup> Sabey, Health Policy & Planning, ‘[Implementation of mental health policies...](#)’ (37; 10), 5 Sept 2022

<sup>130</sup> GoR, ‘[Ministerial Order No. 013/MOJ/AG/21 of 29/08/2021...](#)’, 30 August 2021

<sup>131</sup> Interpeace, ‘[About us](#)’, no date

<sup>132</sup> Interpeace, ‘[Rwanda: new findings and protocols to improve mental health...](#)’, 24 September 2021

trauma. The RPS website did not provide details of membership numbers<sup>133</sup>.

- 6.6.4 The mission of RPS is ‘community engagement to mobilize and sensitize the community on the critical issues pertaining to mental health’ and ‘development of continuous training and scientific research programs to foster best practices in psychology and ensure the quality of service delivered.’<sup>134</sup>
- 6.6.5 The RPS website highlighted recent training events carried out to improve and inform Rwandan psychologists’ work. In May 2023 RPS ‘trained psychologists working with the National Rehabilitation Service (NRS) and Groupe des Anciens Etudiants et Elèves Rescapés du Genocide (GAERG) on the Baho Neza Mental Health program... equipped trainees with necessary knowledge and skills inspired by the Narrative Therapy and Community work.’<sup>135</sup> In June 2021 RPS ‘held a one-day workshop on Trauma and Violence Informed Care (TVIC) in Education. The workshop aim is to develop a TVIC manual that will be used in training teachers and headteachers on the issue of violence and trauma, and their effect on child behaviours and academic performance.’<sup>136</sup>
- 6.6.6 ARCT–Ruhuka is ‘a national organisation of professional Trauma counsellors in Rwanda formed in 1998 and officially registered as non-governmental organization in 2004.’<sup>137</sup> The ARCT-Ruhuka website noted: ‘To date, ARCT-Ruhuka operates country wide through its members of whom we have a representation at provincial levels and Community psychosocial workers where we have focal points at each of the 30 districts. Our field of intervention is mental health and specifically psychosocial field. We work on Trauma healing, women and children’s rights, Sexual and Gender Based Violence, mentorship, drugs, conflict management and peace building programs.’<sup>138</sup>
- 6.6.7 ARCT-Ruhuka provided a map of the organisation’s areas of operation in 2023<sup>139</sup>:

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<sup>133</sup> RPS, ‘[Who we are](#)’, no date

<sup>134</sup> RPS, ‘[Vision](#)’, no date

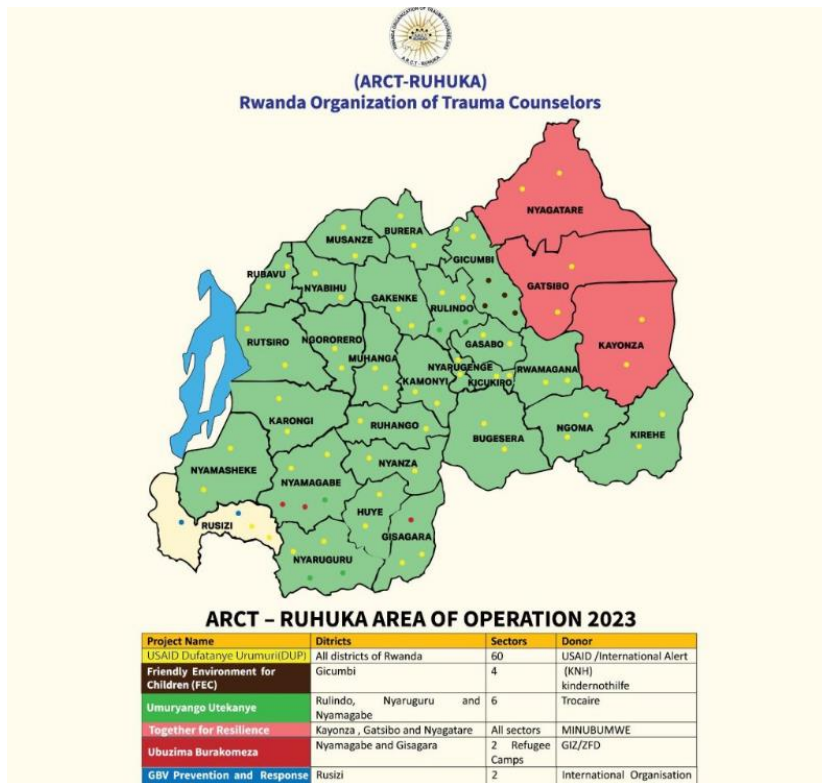
<sup>135</sup> RPS, ‘[Training of Psychologists working at the National Rehabilitation Centers...](#)’, 29 May 2023

<sup>136</sup> RPS, ‘[Workshop on Trauma and Violence Informed Care \(TVIC\) in Education](#)’, 12 June 2021

<sup>137</sup> ARCT-Ruhuka, ‘[Background of ARCT-Ruhuka](#)’, no date

<sup>138</sup> ARCT- Ruhuka, ‘[Zone and field of intervention](#)’, no date

<sup>139</sup> ARCT- Ruhuka, ‘[Zone and field of intervention](#)’, no date



- 6.6.8 ARCT-Ruhuka USAID Dufatanye Urumuri programme organises therapy groups in communities across Rwanda for those affected by genocide with 374 Urumuri therapy groups and 259 forums created in 2023<sup>140</sup>.
- 6.6.9 ARCT-Ruhuka and Trocaire Rwanda are running the Umuryango Utekanye Project from January 2023 to 31 January 2027 providing ‘psychosocial support to women and older adolescent girls and GBV Survivors ...’<sup>141</sup>
- 6.6.10 ARCT-Ruhuka, with support from the Ministry of National Unity and Civic Engagement (MINUBUMWE), implements the Together for Resilience project in the Kayonza, Gatsibo and Nyagatare districts to promote ‘social healing’. Holistic approaches are used including psychosocial interventions, with a combination of cognitive behavioural therapy (CBT) and human-centred humanistic approaches<sup>142</sup>.
- 6.6.11 The 2022 annual report of Never Again Rwanda (NAR) noted that their Wellness Centre in Kigali provided assistance to 367 clients, mainly treating post-traumatic stress disorder, depression and anxiety<sup>143</sup>.
- 6.6.12 NAR worked with 3 other civil society organisations (Life Wounds Healing Association – LIWOHA, Association des Veuves du Genocide – AVEGA, and IBUKA) to strengthen their capacities with the aim of building a ‘consortium of local CSOs involved in mental health and societal trauma healing’. In addition, 169 people (83 female and 86 male) were trained in psychosocial approaches as a resource for helping communities<sup>144</sup>.

<sup>140</sup> ARCT-Ruhuka, ‘[USAID Dufatanye Urumuri “Light”](#)’, 2 January 2024

<sup>141</sup> ARCT-Ruhuka, ‘[Umuryango Utekanye Project](#)’, 3 January 2024

<sup>142</sup> ARCT-Ruhuka, ‘[Together for Resilience Project](#)’, 3 January 2024

<sup>143</sup> Never Again Rwanda, ‘[Annual Report 2022](#)’ (page 11), 2023

<sup>144</sup> Never Again Rwanda, ‘[Annual Report 2022](#)’ (page 11), 2023

- 6.6.13 Haguruka is a Rwandan NGO which works to empower women and children in accessing their rights, providing legal aid and access to psychosocial support. Haguruka's 2021 annual report noted psychosocial training was provided 'to 32 community dialogues facilitators (20 women and 12 men)... The training covered basic counseling techniques related to the psychological challenges of GBV [Gender Based Violence] and interacting with survivors of GBV. Participants also had time to practice some techniques for individual and group counselling.'<sup>145</sup> Haguruka's 2022 annual report did not specify the level of psychosocial support provided but stated a key challenge was 'limited Psychologists staff to offer Psychosocial support to victims.'<sup>146</sup>
- 6.6.14 Partners in Health/Inshuti Mi Buzima works in partnership with the Ministry of Health and has helped increase the number of people receiving mental health treatment and care, especially those in rural communities who struggle with post-traumatic stress disorder, through community outreach, awareness campaigns and psychological rehabilitation activities such as farming or crafts<sup>147</sup>.
- 6.6.15 An April 2022 article in the peer-reviewed Trials journal, citing other sources, described community-based sociopathy intervention (CBS) as:  
 '[O]ne of the programs initiated in Rwanda to address psychosocial needs following the 1994 genocide. CBS is 'a psychosocial peacebuilding intervention that has been shown to promote social cohesiveness, psychological well-being, reconciliation, and economic development among the populations of Rwanda... In CBS a group of 10 to 15 people gather in a circle to discuss their daily life problems and psychosocial distress, which turn out to often be related to their past and how it has affected their psychosocial health... compelling evidence shows that CBS contributes to improved mental well-being, social connections, restorative justice, healing and reconciliation, increased trust and social capital, reduction of partner violence, active civic participation, improved economic development, and peacebuilding.'<sup>148</sup>
- 6.6.16 An article published in June 2023 in the peer-reviewed journal Rwanda Public Health Bulletin used focus groups made up of trauma victims, their family members and health service professionals, to evaluate trauma services provided during genocide commemoration periods. The study noted: 'The results for the FGD [focus group discussions] show that service providers use counselling...monitor and counsel victims, and they keep records of their patients in order to see how they are coping with their services while others use support groups...they follow up with victims and give them appointments...other providers use touch therapy...others use exercises as a means of helping victims...a patient is referred to a higher service level when his/her health has deteriorated.'<sup>149</sup>

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<sup>145</sup> Haguruka, '[Annual Report 2021](#)' (page 5 and 14), 2021

<sup>146</sup> Haguruka, '[Annual Report 2022](#)' (page 33), 2022

<sup>147</sup> Partners in Health, '[Helping Patients With PTSD Heal](#)', 29 June 2022

<sup>148</sup> Jansen, S and others, '[Evaluating the impact of Community-Based Sociopathy...](#)', 20 Dec 2022

<sup>149</sup> Kayitshonga Y, and others, '[Perceptions Toward Trauma Problems and Crises...](#)', 30 June 2023

See [NGOs providing health services](#)

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## 6.7 Suicide and self-harm

- 6.7.1 An article published in April 2020 in the peer-reviewed journal, *Frontiers in Psychiatry*, examined ‘support mechanisms to address psychosocial issues related to suicide’. The research was based upon 10 focus groups and 21 in-depth interviews which took place in 2018 with Congolese refugees and stakeholders in a Rwandan refugee camp. Participants included refugees who had reported having suicidal thoughts or who had attempted suicide, and also the family members of those who had reported suicidal thoughts or attempted or committed suicide. The study noted: ‘Most of the respondents referred to the sociotherapy program in the camps for sharing and healing in a group setting and individual counselling services provided by the Rwandese Association of Trauma Counsellors (ARCT) for individuals with psychological distress who can also be transferred to the camp health centre or district hospital if needed.’<sup>150</sup>
- 6.7.2 On 14 September 2021, *The New Times* reported the official opening of Rwanda’s first suicide prevention helpline, noting it ‘provides free and confidential emotional support to people in emotional distress or those having a suicidal crisis. It will be operational 24 hours a day, seven days a week.’<sup>151</sup>
- 6.7.3 On 11 September 2022, *The New Times* reported ‘current strategies were yielding results especially in terms of seeking help. For instance, the number of people who accessed mental health clinical services and reported they had attempted to commit suicide doubled between 2020 and 2021, according to information from Rwanda Biomedical Centre.’ Additionally, for suicide prevention awareness month, ‘RBC in collaboration with Solid Minds Counselling Clinic are organising an awareness campaign on suicide prevention, starting with youth.’<sup>152</sup>
- 6.7.4 An article published in October 2023 in the peer-reviewed journal *PLOS Global Public Health*, based on a sample of 154 patients with bipolar disorder found: ‘... one-third of all the participants had a history of previous suicidal attempts... Ninety-five percent had previously been hospitalized due to their illness, with a median number of three psychiatric hospitalizations over the current course of their illness.’<sup>153</sup>
- 6.7.5 On 9 November 2023, RPS announced a collaboration with Cardiff University and the University of Rwanda Centre for Mental Health into ‘Investigating parents’ and young people’s attitudes to suicidal ideation, suicidal behaviour, and self-harm in young people in Rwanda.’ The article noted: ‘Rates of suicidality in Rwandan youth are high.... We will conduct interviews and focus group discussions with parents and youths, both unaffected and directly impacted by youth suicidality, with key informant

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<sup>150</sup> Ingabire, C.M, *Frontiers in Psychiatry*, ‘[Suicidal ideation and behavior...](#)’ (Vol 11), 2020

<sup>151</sup> *The New Times*, ‘[New suicide prevention helpline: how it works](#)’, 14 September 2021

<sup>152</sup> *The New Times*, ‘[Rwanda moves to scale up mental health services](#)’, 11 September 2022

<sup>153</sup> Arnbjerg, *PLOS GPH*, ‘[Help-seeking patterns and level of care...](#)’ (3;10), Oct 2023



interviews with clinicians and community leaders.<sup>154</sup>

- 6.7.6 On 14 December 2023, the Kigali Times reported the RBC partnered with Mastercard Foundation and [Solid Minds Counselling Clinic](#) to launch a youth-friendly national mental health campaign to raise awareness on mental health issues and reduce the stigma around seeking help<sup>155</sup>.
- 6.7.7 For additional information on safeguarding of RIs see [Country Information Note Rwanda: Asylum system](#) (section Safeguarding).

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Section updated: 26 April 2024

## 6.8 Ndera Neuropsychiatric Hospital

- 6.8.1 The Ndera Hospital website, in an undated entry, stated that ‘Ndera Neuropsychiatric Teaching Hospital is a health facility that offers specialized healthcare in psychiatry and neurology in accordance with the professional ethics and policy of Rwanda National Health Sector... The main facility is located 17 kilometres from Kigali City Centre... the Hospital also has two branches; CARAES Butare and Icyizere Psychotherapeutic Center.’<sup>156</sup>
- 6.8.2 The Ndera Hospital website stated that there are ‘8 Specialists, 8 General Practitioners and 12 Clinical Psychologists.’<sup>157</sup> There are also 114 Mental health nurses<sup>158</sup> and 38 General nurses<sup>159</sup>.
- 6.8.3 CPIT has summarised the staff specialisms at Ndera from information provided on the hospital’s website:
- Neurology
  - Pedopsychiatry
  - Psychotrauma and addictions
  - Neuro-psychology
  - Gender-based violence, child abuse
  - Epilepsy
  - Neurodegenerative diseases
  - Neurovascular and stroke management
  - Neurophysiology
  - Neuro-oncology<sup>160</sup>
- 6.8.4 CPIT has summarised the services provided by Ndera using information provided on the hospital’s website:

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<sup>154</sup> RPS, ‘[Investigating parents’ and young people’s attitudes to suicidal...](#)’, 9 November 2023

<sup>155</sup> The Kigali Times, ‘[Youth-Friendly Mental Health Campaign...](#)’, 14 December 2023

<sup>156</sup> Ndera Hospital, ‘[Overview](#)’, no date

<sup>157</sup> Ndera Hospital, ‘[Our Services](#)’, no date

<sup>158</sup> Ndera Hospital, ‘[Mental Health Nursing](#)’, no date

<sup>159</sup> Ndera Hospital, ‘[General nurses](#)’, no date

<sup>160</sup> Ndera Hospital, ‘[Doctors](#)’, no date

- Occupational therapy
- Social services
- Laboratory
- Private hospitalisation
- Rehabilitation unit
- Pharmacy
- Physiotherapy
- Mental health nursing
- Clinical psychology
- General nursing
- Pedopsychiatry
- HIV-mental health
- Medical imagery and electrophysiology laboratory
- Neuropsychiatric emergency service<sup>161</sup>

6.8.5 The Ndera hospital website added that ‘Currently, the hospital has the capacity of 412 beds (274 beds at the main hospital at Ndera, 109 beds at CARAES Butare and 29 beds at Icyizere Psychotherapeutic Center).’<sup>162</sup> A separate page on Ndera’s website provided a different assessment of capacity, indicating that there are 102 beds at Icyizere Psychotherapeutic Center (rather than 29)<sup>163</sup>.

6.8.6 The website stated that there were 95,773 consultations and 5,646 hospitalisations across 2022/ 2023<sup>164</sup>.

6.8.7 In August 2021, the New Times reported ‘Ndera [hospital] also provides training and supervision of other health care services throughout Rwanda. It is integrated into the national mental health policy and actively participates in the decentralisation of mental health care’.<sup>165</sup>

6.8.8 The article added:

‘Both female and male patients are received and cared for at the hospital with respective rest rooms and residences for both. People with mental illness are admitted in separate sections, depending on the condition of the patient. There’s also a special needs section, ‘Kundwa Home’, designed for children (aged between 3 to 17) with mental illnesses. Treatment involves bio, which deals with medication, psycho which deals with counselling, and social which deals with the social aspect of the patient, including family,

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<sup>161</sup> Ndera Hospital, [‘Our Services’](#), no date

<sup>162</sup> Ndera Hospital, [‘Overview’](#), no date

<sup>163</sup> Ndera Hospital, [‘Caraes Butare’](#), no date

<sup>164</sup> Ndera Hospital, [‘Our Services’](#), no date

<sup>165</sup> The New Times, [‘A day at Ndera: What’s it like in a mental hospital?’](#), 15 August 2021

colleagues or any other person close to them'.<sup>166</sup>

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## 7. Pharmaceutical sector

### 7.1 Structure

7.1.1 The Rwanda National Pharmacy Council (NPC) is an independent statutory authority which is accountable for the regulation of the pharmacy profession in Rwanda<sup>167</sup>. Pharmacists must be registered with and licensed by the NPC to practice<sup>168</sup>. The pharmaceutical sector in Rwanda is comprised of both private and public sector pharmacies<sup>169</sup>.

7.1.2 In May 2020, the MoH published the first edition of the Rwanda Pharmaceutical Service Accreditation Standards (PSAS)<sup>170</sup>. It stated that 'The PSAS will assist pharmacies to incorporate the essential principles of a quality improvement (QI) program into everyday practices... The PSAS are a key element of the ongoing national QI program. The impact of the standards on the quality and safety of pharmaceutical services will be monitored.'<sup>171</sup>

7.1.3 In February 2024, the Rwanda Food and Drugs Authority (FDA) website published lists of licenced pharmacies. A CPIT review of the lists indicated that there were 579 licensed community pharmacies operating in different districts of Rwanda, 4 licensed hospital pharmacies, and 2 licensed online pharmacies<sup>172</sup>.

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### 7.2 Affordability and availability of medication

7.2.1 The FDA website published 2 lists of registered medicines, dated February 2024:

- Human medicinal products register
- Human biological products register<sup>173</sup>

7.2.2 The MoH published a 'National Pharmaceutical Products Pricing and Containment Policy' in October 2020. The goal of this policy is to 'increase control over the pharmaceutical costs in the private and public sectors as well as to improve monitoring of the supply chain related costs in order to ensure quality, affordable and efficacious medicines and medical products for all Rwandans.'<sup>174</sup>

7.2.3 An undated page on the website of Rwanda Medical Supply (RMS) stated:

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<sup>166</sup> The New Times, '[A day at Ndera: What's it like in a mental hospital?](#)', 15 August 2021

<sup>167</sup> NPC, '[Home](#)', no date

<sup>168</sup> NPC, '[Registration](#)', no date

<sup>169</sup> Bizimana, T, and others, PLOS ONE, '[Prices, availability and affordability...](#)', 3 Aug 2020

<sup>170</sup> MOH, '[Rwanda Pharmaceutical Service Accreditation Standards...](#)' May 2020

<sup>171</sup> MOH, '[Rwanda Pharmaceutical Service Accreditation Standards...](#)' (Foreword) May 2020

<sup>172</sup> FDA, '[Medicine inspected licensed premises](#)' February 2024

<sup>173</sup> FDA, '[Human medicine registered products](#)', February 2024

<sup>174</sup> MoH, '[National Pharmaceutical Products Pricing and Containment Policy](#)', (page 9) October 2020



'Rwanda Medical Supply Limited is a large scale corporation created and owned by the Government of Rwanda. RMS Ltd objective is to ensure availability of medicines, medical supplies and consumables in the right quantity, with the acceptable quality, to the right place and customers, at the right time and with optimum cost to the Rwandan population.... [RMS] is procuring, storing and distributing drugs, medical supplies and consumable to be used in all public health facilities.'<sup>175</sup>

- 7.2.4 A study published in August 2020 in the peer-reviewed journal PLOS ONE used survey data collected between February and April 2019 to investigate the availability and affordability of 18 medicines in Rwanda. The authors acknowledged several limitations of the research including: the survey's coverage of 'a small range of medicines' and the 'survey was conducted at one point in time only, so it does not take into account availability and prices changes over time.' The research found that: 'Availability of medicines fell short of the of [sic] 80% target set by WHO, but was better than reported from many other developing countries. Availability of medicines was highest in the private sector (71.3%) and slightly lower in the faith-based (62.8%) and public (59.6%) sectors.'<sup>176</sup>
- 7.2.5 The same study noted: 'Median public procurement prices for 16 out of 18 generic medicines [studied in the research] were lower than the international supplier price... This shows efficient procurement procedures in the Rwandan public sector. This also translated into remarkably low patient prices in the public and faith-based sectors, due to proper regulation of the prices in the Rwandan public health system.'<sup>177</sup>
- 7.2.6 The study added:
- 'The CBHI covers (at least) 90% of the total cost of health care services, and this includes 90% of the cost for essential medicines in the public and faith-based sectors. This provision renders all treatments with lowest-price generic medicines in the public and faith-based sectors affordable. However, the problem is that the availability of medicines in the public and faith-based sectors was often much lower than the 80% availability target set by WHO for NCDs [non-communicable diseases] medicines. Therefore, patients have to revert to the private sector to obtain these medicines, and since CBHI does not cover the cost of medicines from the private sector, patients have to pay 100% of the costs, which renders many treatments for chronic diseases unaffordable.'<sup>178</sup>
- 7.2.7 A June 2022 study published in the peer-reviewed journal, Health Systems and Reform, examined the purchasing arrangements of the CBHI and Rwanda Social Security Board (RSSB), based on data collected from primary and secondary sources between September 2020 and March 2021. Primary information was gathered from interviews with 16 key informants with knowledge of Rwanda's purchasing arrangements. The secondary

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<sup>175</sup> RMS, '[Who we are](#)', no date

<sup>176</sup> Bizimana, T, and others, PLOS ONE, '[Prices, availability and affordability...](#)', 3 Aug 2020

<sup>177</sup> Bizimana, T, and others, PLOS ONE, '[Prices, availability and affordability...](#)', 3 Aug 2020

<sup>178</sup> Bizimana, T, and others, PLOS ONE, '[Prices, availability and affordability...](#)', 3 Aug 2020

information was collected through document reviews<sup>179</sup>.

7.2.8 The study noted: 'The MOH determines the services and medicines provided at all levels of public health facilities covered by the CBHI and RSSB schemes. CBHI is required by law to cover all services and drugs provided at public health facilities. This means that CBHI members have access to a comprehensive range of preventive, rehabilitative, and curative services and drugs offered by public health facilities and some private health facilities.'<sup>180</sup>

7.2.9 The same study noted that: 'All health facilities are expected to use standard treatment guidelines and the essential medicines list defined by ministerial order to ensure the availability of the benefit package in adequate quantity and quality. In practice, essential drugs are often not available, and CBHI members have complained about stockouts at public facilities. In some instances, CBHI members pay out of pocket to obtain the medicines they need.'<sup>181</sup> The study did not provide information on which essential drugs were not available, how often these medicines were not available and how frequently or how many CBHI members had to pay out-of-pocket expenses for medication.

7.2.10 On 16 June 2023, the Rwanda Biomedical Centre (RBC) noted:

'The Rwandan Ministry of Health and the African Union have signed a host agreement for the African Medicines Agency (AMA) on Saturday, June 10<sup>th</sup> 2023. This newly launched continental regulatory body for medical products, is set to start its work, with its headquarters in Rwanda... AMA is a specialised AU [African Union] agency intended to facilitate the harmonisation of medical products regulation throughout the AU in order to improve access to quality, safe and efficacious medical products on the continent. Many AU member states including Rwanda ratified the treaty establishing the continental agency and deposited the legal instrument of ratification to the AU Commission.'<sup>182</sup>

For information on access to medication for RIs under the MEDP see [Health services available to Relocated Individuals](#).

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### 7.3 Mental health medication

7.3.1 In September 2021, the MoH published a brochure titled 'Treatment options in Schizophrenia' which stated that 'The current standard of care for schizophrenia involves pharmacological treatments and psychosocial interventions, such as psychoeducation.'<sup>183</sup> The brochure divided the available antipsychotic treatment into 2 classes: first-generation or typical antipsychotics (FGAs) and second generation or atypical antipsychotics (SGAs)<sup>184</sup>. FGAs listed included Chlorpromazine, Levomepromazine, Haloperidol, Zuclopenthixol, Flupentixol, Pimozide and SGAs included Risperidone, Olanzapine, Quetiapine, Paliperidone and Lurasidone. The

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<sup>179</sup> Umuhoza, S and others, '[Strengths and weaknesses of strategic health....](#)' June 2022

<sup>180</sup> Umuhoza, S and others, '[Strengths and weaknesses of strategic health....](#)' June 2022

<sup>181</sup> Umuhoza, S and others, '[Strengths and weaknesses of strategic health....](#)' June 2022

<sup>182</sup> RBC, '[Rwanda becomes home of African Medicines Agency](#)', 16 June 2023

<sup>183</sup> MOH, '[Treatment options in schizophrenia](#)' (Section 4), September 2021

<sup>184</sup> MOH, '[Treatment options in schizophrenia](#)' (Section 4), September 2021

brochure stated that the complete list of FGAs and SGAs can be found on the Essential Medicines list<sup>185</sup>.

For other treatments see [Services and treatment](#). For the registered medicines list see [Affordability and availability of medication](#)

- 7.3.2 An article published in October 2023 in the peer-reviewed journal PLOS Global Public Health, based on a sample of 154 patients with bipolar disorder, found:

‘Ninety-three percent of the participants enrolled reported receiving psychopharmacological treatment, of which 81% received antipsychotics, 60% used anticonvulsants, and 3% received lithium. Of participants receiving antipsychotics, the greater majority equating to 90%, were on first-generation antipsychotics, and only 20% were on second-generation antipsychotics. Both valproate and carbamazepine were administered to a similar extent in the treatment of participants, while lamotrigine was not prescribed to any of the enrolled participants.’<sup>186</sup>

- 7.3.3 The same article noted that: ‘... only five out of 170 with BD [bipolar disorder] had received any structured psychosocial intervention.’ (The sample size of 170 related to the initial group of possible participants before some participants were excluded from the trial, to reach 154)<sup>187</sup>.

For information on access to medication for RIs under the MEDP see [Health services available to Relocated Individuals](#).

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## 8. NGOs providing health services

- 8.1.1 Never Again Rwanda provides ‘free psychological support and mental health services’ through its wellness centre in Kigali<sup>188</sup>. The organisation ‘foster[s] partnerships at the international, national and local levels, with institutions such as universities, government agencies, media, multilateral entities, foreign embassies, [Civil Society Organisations] CSOs (international and national), youth-led organizations, [Fixed-base Operators] FBOs and [Community-based organisations] CBOs.’<sup>189</sup>
- 8.1.2 Lighthouse Rwanda is based in Kigali and has professional counsellors with expertise in areas ‘including [Attention deficit hyperactivity disorder] ADHD, anxiety, depression, trauma, and more.’<sup>190</sup> The World Economic Forum (WEF) noted in an article dated 18 September 2023: ‘The Lighthouse Countries Network was established in May 2022 in collaboration with the United Nations Development Programme (UNDP) and the Government of Rwanda, serving as a global platform for implementing alliance projects on a

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<sup>185</sup> MOH, [Treatment options in schizophrenia](#) (Section 5), September 2021

<sup>186</sup> Ambjerg, PLOS GPH, ‘[Help-seeking patterns and level of care...](#)’ (3;10), Oct 2023

<sup>187</sup> Ambjerg, PLOS GPH, ‘[Help-seeking patterns and level of care...](#)’ (3;10), Oct 2023

<sup>188</sup> Never Again Rwanda, ‘[We contribute to the mental health well-being...](#)’, no date

<sup>189</sup> Never Again Rwanda, ‘[Strategic Partnerships](#)’, no date

<sup>190</sup> Lighthouse Rwanda, ‘[About us](#)’ no date

local scale.<sup>191</sup>

- 8.1.3 Health Development Rwanda (HDI), ‘an independent, non-profit organization based in Kigali, registered with the government. HDI strives to improve both the quality and accessibility of healthcare for all Rwandans.’<sup>192</sup> The HDI website stated in an undated entry:

‘The Centers offer screening for HIV/AIDS and [sexually transmitted infections] STIs, pregnancy testing, advice on family planning, emergency contraceptives, pre and post-abortion counseling, support for those experiencing gender-based violence, and referral and legal aid for safe abortion. The staff at our clinics are trained to provide stigma-free services and are welcoming of marginalized groups. However, we also receive many other clients, such as vulnerable groups like teenage mothers, domestic workers and adolescents, who know that HDI provides quality services free of discrimination.’<sup>193</sup>

- 8.1.4 Health Builders ‘addresses issues that fundamentally change health care delivery in rural Rwanda to help all community members live dignified, healthy, and prosperous lives’<sup>194</sup>. The organisation’s website stated in an undated entry that ‘Health Builders has collaborated closely with the local and national governments in Rwanda to build lasting health systems so all Rwandans have access to quality health care...Health Builders focuses on three rural districts in Rwanda serving more than 1 million people.’<sup>195</sup>
- 8.1.5 Partners in Health/Inshuti Mu Buzima ‘an international nonprofit organization founded in 1987 that helps build and sustain public health systems in underprivileged and underserved communities in ten countries around the world. At the invitation of the government, Partners In Health/In-shuti Mu Buzima began operating in Rwanda in 2005. Our mission is to support Rwanda in strengthening the health system to provide high quality care to all.’<sup>196</sup> The organisation also serves as an advisor to the MoH across a number of different areas including women’s and children’s health, mental health and cancer care<sup>197</sup>.
- 8.1.6 Humanity & Inclusion ‘... is facilitating access to health care for people with disabilities and vulnerable people.’<sup>198</sup>
- 8.1.7 ARCT-Ruhuka is a ‘National Organization of professional Trauma Counselors formed in 1998 and officially registered as non-governmental organization in 2004 ...’ ARCT-Ruhuka offers a number of programmes related to psychosocial support in communities<sup>199</sup>.
- 8.1.8 The United States Agency for International Development (USAID) ‘works in partnership with the local government to improve sustainability of the health system by strengthening financing and governance, using data to make

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<sup>191</sup> WEF, ‘[EDISON Alliance Expands to Close Global Digital Gap](#)’, 18 September 2023

<sup>192</sup> HDI, ‘[About us](#)’, no date

<sup>193</sup> HDI, ‘[Clinical Services](#)’, no date

<sup>194</sup> Health Builders, ‘[Our work](#)’, no date

<sup>195</sup> Health Builders, ‘[Our work](#)’, no date

<sup>196</sup> Partners in Health, ‘[About us](#)’, no date

<sup>197</sup> Partners in Health, ‘[Innovating Health Care Delivery](#)’, no date

<sup>198</sup> Humanity & Inclusion, ‘[Rwanda](#)’, no date

<sup>199</sup> ARCT-Ruhuka, ‘[Background of ARCT-Ruhuka](#)’, no date

good decisions, ensuring constant supply of drugs and commodities, and swiftly acting to detect and respond to health security threats.<sup>200</sup> For example, in 2022, USAID supported 215,000 newborns with postnatal care, treated 200,000 cases of diarrhoea in children and helped 220,000 women deliver babies in health facilities that receive US government support<sup>201</sup>.

- 8.1.9 The Aegis Trust commented: 'In Rwanda, high rates of psychiatric illness are one of the continuing legacies of the 1994 Genocide against the Tutsi. ... Aegis addresses this by conducting workshops to improve literacy in mental health; providing psychotherapy support; encouraging people it trains in peacebuilding to address mental health issues and seek treatment when needed; and introducing initiatives that contribute to mental wellbeing in communities. On June 6th, Aegis conducted a Mental Health Workshop for 24 youth champions who were trained on Peace and Values Education in February in the Community Peace Centre at the Kigali Genocide Memorial. The youth champions acquired a better understanding of how mental illness can affect a person's life, and gained knowledge on how to better manage their own mental health, as well as how to support others.'<sup>202</sup>
- 8.1.10 Solid Minds Counselling Clinic is 'a private independent outpatient mental health clinic located in Kigali, Rwanda licensed by the Ministry of Health. We provide evidence-based psychological services to individuals, couples, families, and children.'<sup>203</sup>

See also [Victims of trauma, torture, SGBV and trafficking](#).

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<sup>200</sup>USAID, '[Rwanda: Global Health](#)', no date

<sup>201</sup> USAID, '[Rwanda: Preventing Child and Maternal Deaths](#)', 2024

<sup>202</sup> Aegis, '[Addressing mental health challenges in a post-genocide society](#)', 8 June 2023

<sup>203</sup> Solid Minds Counselling Clinic, '[About us](#)', no date

# Research methodology

The country of origin information (COI) in this note has been carefully selected in accordance with the general principles of COI research as set out in the [Common EU \[European Union\] Guidelines for Processing Country of Origin Information \(COI\)](#), April 2008, and the Austrian Centre for Country of Origin and Asylum Research and Documentation's (ACCORD), [Researching Country Origin Information – Training Manual](#), 2013. Namely, taking into account the COI's relevance, reliability, accuracy, balance, currency, transparency and traceability.

All the COI included in the note was published or made publicly available on or before the 'cut-off' date(s). Any event taking place or report/article published after these date(s) is not included.

Sources and the information they provide are carefully considered before inclusion. Factors relevant to the assessment of the reliability of sources and information include:

- the motivation, purpose, knowledge and experience of the source
- how the information was obtained, including specific methodologies used
- the currency and detail of information
- whether the COI is consistent with and/or corroborated by other sources

Wherever possible, multiple sourcing is used and the COI compared and contrasted to ensure that it is accurate and balanced, and provides a comprehensive and up-to-date picture of the issues relevant to this note at the time of publication.

The inclusion of a source is not, however, an endorsement of it or any view(s) expressed.

Each piece of information is referenced in a footnote.

This note is intended to be comprehensive but not exhaustive. If a particular event, person or organisation is not mentioned this does not mean that the event did or did not take place or that the person or organisation does or does not exist.

Full details of all sources cited and consulted in compiling the note are listed alphabetically in the [bibliography](#).

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# Version control and feedback

## Clearance

Below is information on when this note was cleared:

- version **1.0**
- valid from **30 April 2024**

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## Feedback to the Home Office

Our goal is to provide accurate, reliable and up-to-date COI and clear guidance. We welcome feedback on how to improve our products. If you would like to comment on this note, please email the [Country Policy and Information Team](#).

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