World Health Organization

Rwanda

WHO Rwanda Quarterly

Newsletter:
October to December 2025

Foreward

Message from the WHO Representative in Rwanda

As we conclude the final quarter of 2025, I am pleased to reflect on the strong collaboration between the Government of Rwanda, WHO, and partners in advancing national health priorities across service delivery, emergency preparedness, digital transformation, and health information systems. This quarter's achievements underscore Rwanda's continued leadership in building resilient, inclusive, and evidence-driven digital health systems.

To advance universal health coverage, WHO supported youth-friendly and disability-inclusive sexual and reproductive health and rights (SRHR) services. Working with Rwanda Biomedical Center (RBC) and youth-led organizations, more than 1,000 adolescents and young people received SRHR information and empowerment support, with outreach expanding access to community-based HIV testing and stigma-reducing peer and gamified approaches. Across four districts, community initiatives engaged over 6,000 young people and trained more than 250 youth change agents—strengthening the link between demand creation and routine youth-friendly services.

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Protecting the population from health emergencies remained a priority amid evolving regional risks. Following the Ebola outbreak declared in neighbouring Democratic Republic of Congo (DRC), and the classification of Rwanda as a Priority 2 country— WHO supported the conduct of a full-scale national simulation exercise in Rubavu District, which borders with DRC, testing the response pathway from points of entry to district response to national coordination. The exercise generated evidence that is now guiding targeted improvements in infection prevention and control, surveillance and screening, incident management and risk communication. Rwanda also strengthened One Health preparedness for arboviral threats by capacitating National Reference Laboratory professionals in entomological surveillance and arbovirus detection.

System strengthening also advanced on antimicrobial resistance and child health. Laboratory professionals across human and animal health sectors were capacitated in standardized AMR testing and WHONET data management, improving the quality and harmonization of national AMR surveillance and reporting. WHO also supported the country in scaling up Digital SMART IMCI in four districts using blended learning and mentorship, certifying 57% of 615 enrolled health workers. The front-line management of childhood illness was also strengthened while generating learning for future scale-up.

Finally, WHO supported the reinforcement of the foundations for evidence-based planning and accountability. In this regard, the National Digital Health Strategy (2024–2029) and Digital Health Enterprise Architecture were developed to strengthen governance and implementation of interoperable digital health systems. WHO also supported the finalization and dissemination of key indicators from the 7th Rwanda Demographic and Health Survey (2025) and continued improvements in routine data quality and health sector performance reporting.

With regards to the outlook in 2026, WHO will continue to work with government and partners to embed these gains so that stronger capacity, preparedness and data translate into measurable health impact and greater equity for communities across the country.

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Strategic Priority 1:
Strengthen health system capacity to ensure equitable access to quality health services to attain universal health coverage

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Inclusive Youth Empowerment on Sexual and Reproductive Health and Rights (SRHR) initiative in Rwanda

The Inclusive Youth Empowerment on Sexual and Reproductive Health and Rights (SRHR) initiative in Rwanda addresses the pressing challenges faced by adolescents and youth aged 10–24, who constitute approximately 32% of the population. Against a backdrop of high rates of teenage pregnancy, unsafe abortions, limited access to accurate information and services, and persistent cultural stigma, the initiative—implemented in collaboration with youth-led organizations such as MEDSAR, iYES, and Ishema Ryanjye—focuses on building inclusive, informed, and empowered communities. It seeks to equip young people with accurate knowledge and life skills to support informed SRHR decision-making, strengthen youth-friendly and disability-inclusive services through innovative outreach and capacity-building efforts, and increase the utilization of accessible SRHR services through schools, community platforms, and youth centres.

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The implementation approach combines peer-to-peer learning led by trained youth volunteers with innovative, gamified tools such as board games, card games, and interactive quizzes to enhance engagement and knowledge retention. Outreach activities are deliberately inclusive, targeting schools, youth centres, and community spaces while ensuring the active participation of youth with disabilities. Over a three-month period, the initiative reached more than 1,000 adolescents and youth with SRHR information and empowerment activities, conducted over 300 HIV tests through community-based services, and implemented five outreach events across markets, schools, and youth centres. In addition, more than 5,000 condoms were distributed to promote safe sexual practices, while over 200 young people were engaged through gamified learning approaches. The programme also reached four schools, including institutions supporting youth with disabilities, and mobilized more than 60 MEDSAR volunteers to support implementation. Community feedback further indicated a notable reduction in myths and misconceptions related to SRHR.

Overall, the initiative has made significant progress in improving access to essential SRHR information and services for adolescents and youth in Rwanda, particularly among marginalized groups. Building on these achievements, there are plans to scale up the most effective approaches and strengthen partnerships to expand implementation to additional districts, thereby increasing reach and sustaining impact.

Strengthening Community Engagement for Adolescent and Youth Sexual and Reproductive Health (SRHR)

This initiative highlights the importance of community and youth engagement in enhancing access to sexual and reproductive health and rights (SRHR) services for adolescents. By supporting youth-led organizations and implementing community-based interventions in four districts—Gasabo, Muhanga, Kirehe, and Kayonza—the initiative aimed to increase awareness of SRHR information and promote the uptake of integrated health services.

The approach included peer education through trained youth champions, innovative engagement through gamified learning tools like the Ishema Ryanjye card game, and the delivery of comprehensive health services that encompassed sexual and reproductive health, non-communicable disease (NCD) screening, and mental health support.

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Strategic Priority 2:
Strengthen country capacity to protect the population from health emergencies

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Testing the System to Strengthen the Shield: Rwanda Conducts a Full-Scale Ebola Response Simulation

In October 2025, the Government of Rwanda, through the Ministry of Health and the Rwanda Biomedical Centre (RBC), conducted a Full-Scale Simulation Exercise (FSX) in Rubavu District to assess and strengthen national readiness to detect and respond to a potential Ebola Virus Disease (EVD) outbreak. The exercise was carried out with technical support from WHO and in collaboration with other key partners, including Jhpiego, ECSA-HC, Africa CDC, UNICEF, and IOM.

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The FSX was undertaken in the context of an active EVD outbreak in the neighbouring Democratic Republic of Congo, declared in September 2025. Following its rapid risk assessment, WHO classified Rwanda as a Priority 2 country due to its shared border and high cross-border movement, recommending enhanced surveillance, improved screening at Points of Entry, and simulation exercises to test operational readiness. Rwanda acted on these recommendations, initiating an exercise designed to rigorously test the country's preparedness systems.

In the months leading up to the exercise, a multidisciplinary Exercise Management Team was established to lead planning and coordination. The team developed the exercise materials, conducted visits to all selected sites, and organized orientations for all personnel involved. These efforts ensured that the simulation was well-structured, coherent, and reflective of real operating conditions.

The FSX brought together multiple levels of the health system. It began at La Corniche Point of Entry with a mock traveller presenting EVD-like symptoms, triggering immediate case identification, alert reporting, isolation, and referral. Subsequent scenarios at Rugerero Health Centre and Gisenyi District Hospital tested capacities in screening & triage, case investigation, sample collection and packaging, Infection Prevention and Control (IPC) measures, and early case management. At national level, the Public Health Emergency Operations Centre (PHEOC) activated its coordination mechanisms and developed initial response actions. District communication teams also practiced community engagement, rumour management, and delivery of clear public health messages.

The exercise demonstrated strong multisectoral coordination, timely detection and referral of suspected cases, appropriate use of national emergency management tools, and adherence to laboratory protocols. It also highlighted Rwanda's growing capacity to design and lead complex simulations independently.

At the same time, several areas for improvement were identified. These included inconsistent IPC practices, gaps in PPE use and environmental cleaning, incomplete use of surveillance tools, inadequate screening at some health facility entrances, limited experience with the Incident Management System (IMS), and the need for stronger community engagement and rumour management approaches. These findings informed a set of targeted recommendations to guide future capacity building and system improvements.

As the exercise concluded, participants emphasized that preparedness is a continuous cycle of learning, practicing, and adapting. The lessons generated from this simulation will support Rwanda in further strengthening its ability to protect the population and will shape ongoing planning, mentorship, and operational readiness efforts.

The 2025 national simulation exercise reaffirmed Rwanda's strong commitment to public health security and its proactive approach to emergency preparedness. Through continued collaboration with WHO and other partners, the country remains focused on strengthening national capacities and reinforcing resilient health systems to better anticipate and manage emerging threats

As Climate Risks Rise, Rwanda Steps Up As Climate Risks Rise, Rwanda Steps Up

Arboviral diseases—including dengue, Zika, chikungunya, yellow fever, West Nile virus, Japanese encephalitis, and Rift Valley fever—are increasingly recognized as global public health threats due to their ability to cause explosive outbreaks, severe illness, and rapid geographic expansion. Climate change is further intensifying these risks by altering rainfall patterns, increasing temperatures, and expanding mosquito breeding habitats. Combined with accelerating urbanization and rising human mobility, these shifts create favourable conditions for the spread of vector-borne diseases across East Africa.

The region has recently faced multiple arboviral outbreaks, including dengue, chikungunya, and Rift Valley fever (RVF) in neighbouring countries. Rwanda itself reported RVF outbreaks in 2018 and 2022 highlighting the continued vulnerability of communities and the importance of strong surveillance and response systems. These events reinforce the need for early detection, rapid action, and robust coordination across human, animal, and environmental health sectors.

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To address these growing risks, Rwanda—supported by WHO through funding from the Pandemic Fund and technical mentorship from Kenya Medical Research Institute (KEMRI)—has intensified efforts to strengthen national mosquito surveillance and arbovirus detection capacity. As part of this initiative, 14 professionals from the National Reference Laboratories (NRL) completed a comprehensive training programme designed to enhance their skills in monitoring mosquito populations, identifying breeding sites, and detecting arboviral pathogens.

The training adopted a highly practical and participatory approach, combining theory with hands-on field and laboratory experience. Participants attended sessions on mosquito biology, arboviral disease transmission, surveillance approaches, and vector control strategies. They practiced mosquito collection and identification, viral RNA extraction, and laboratory testing, as well as the use of modern data-management tools. Field demonstrations allowed participants to identify breeding habitats, collect larvae, and carry out real-world mosquito surveillance activities. Group discussions and case studies encouraged problem-solving and reflection on common challenges and lessons from regional outbreaks.

Building Workforce Skills to Advance AMR Surveillance

Antimicrobial resistance (AMR) is rising rapidly worldwide, threatening to make common infections untreatable and undo decades of medical progress. The WHO describes AMR as a “silent pandemic”, with the potential to cause up to 10 million deaths annually by 2050 if urgent action is not taken. In response, Rwanda has positioned AMR as a national priority, embedding strong commitments within its second National Action Plan on AMR and emphasizing improved detection, prevention, and coordinated response systems.

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Despite progress, important gaps persisted—particularly in laboratory-based AMR surveillance. Challenges included the need for standardized testing methods, high-quality data, and stronger collaboration between human and animal health laboratories. With support from the Pandemic Fund through WHO, Rwanda intensified efforts to close these gaps by expanding laboratory infrastructure nationwide.Recognizing that infrastructure alone is insufficient, Rwanda has also invested heavily in workforce development. In the fourth quarter of 2025, 29 laboratory scientists and technicians from human and animal health sectors completed an intensive national training on AMR surveillance. Participants were drawn from hospitals and veterinary laboratories across the country, including CHUB; Kibungo, Kibuye, Ruhengeri, Nyamata, Gisenyi, Kabgayi, Butaro, Byumba, and Kibagabaga Level II Teaching Hospitals; Gihundwe District Hospital; Gitwe Hospital; Nemba District Hospital; RAB Veterinary Satellite Laboratories; and Kibogora Level II Teaching Hospital.Organized by the Rwanda Biomedical Centre, the training followed a One Health approach and was funded by the Pandemic Fund through WHO.

The program moved beyond conventional theory, offering hands-on laboratory practice, antimicrobial susceptibility testing, biosafety demonstrations, and practical use of digital tools such as WHONET, a software designed for managing and analyzing antimicrobial susceptibility data. Field visits to human and veterinary laboratories in Huye further strengthened participants' understanding of workflow, sample management, and the application of harmonized protocols across sectors.The results were both immediate and impactful.

Participants gained a deeper understanding of AMR surveillance, improved their proficiency in bacterial isolation, identification, and susceptibility testing, and strengthened collaboration between human and animal health laboratory teams. This multisectoral engagement is a critical step toward establishing a harmonized national AMR reporting system capable of generating high-quality data for national decision-making and for global platforms such as GLASS.This capacity-building initiative marks an important step forward in strengthening AMR surveillance. By combining improved laboratory infrastructure with a more capable workforce, the country is better positioned to detect AMR earlier and respond more effectively to emerging threats. These efforts are enhancing data quality, fostering stronger collaboration across sectors, and supporting the ongoing implementation of the One Health National Action Plan on AMR. As AMR continues to place pressure on health systems globally, this progress reflects steady, coordinated investments in people and systems that contribute to a more resilient health system and help safeguard the continued effectiveness of essential medicines.

Strategic Priority 3:

One billion more people enjoying better health and well-being through addressing Determinants of Health

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Scaling Up Digital IMCI (dIMCI) for Improved Child Health Service Delivery

The Integrated Management of Childhood Illness (IMCI) remains a cornerstone of child health services in many countries; however, persistent challenges such as training bottlenecks, high costs, staff turnover, and limited scalability have constrained its effectiveness. In response to these challenges, WHO Headquarters (Maternal, Child and Adolescent Health), in collaboration with the WHO Academy, developed the digital IMCI (dIMCI) platform, which offers flexible, self-directed learning opportunities that can be adapted to different country contexts. Rwanda has emerged as an early adopter and is the second country globally to implement the Digital SMART IMCI approach, positioning it as a leader in innovative capacity-building for child health.

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Between 13 October and 19 December 2025, the dIMCI training was implemented across four districts—Nyagatare, Huye, Nyanza, and Nyarugenge—using a blended learning approach that combined three face-to-face encounters, a 10-week self-paced digital learning period, and two on-site mentorship visits to reinforce knowledge and practical skills. A total of 615 trainees from health centres participated in the programme. The initiative also attracted regional interest, with participants from Ethiopia, Liberia, Kenya, Nigeria, and Sierra Leone joining the training with the intention of adopting the approach in their respective countries.

By the end of the third learning encounter, 350 out of 615 trainees (57%) had successfully completed the course and received certification. The programme has contributed to strengthening the capacity of healthcare providers to deliver quality care for childhood illnesses and well-child services. WHO, in collaboration with the Ministry of Health, MCCH, and partners, continues to provide follow-up and mentorship support to ensure that trainees complete the course and effectively apply their knowledge and skills in clinical practice. Efforts are ongoing to mobilize resources to scale up the training nationwide and integrate the dIMCI platform into the Ministry of Health's learning systems. Furthermore, lessons learned from Rwanda's implementation will inform the finalization of the global Digital SMART IMCI tool and guide the development of implementation strategies for broader adoption worldwide.

Strategic Priority 4:
Strengthen health information systems and digital innovations to improve patient care, generate evidence and monitor health trends

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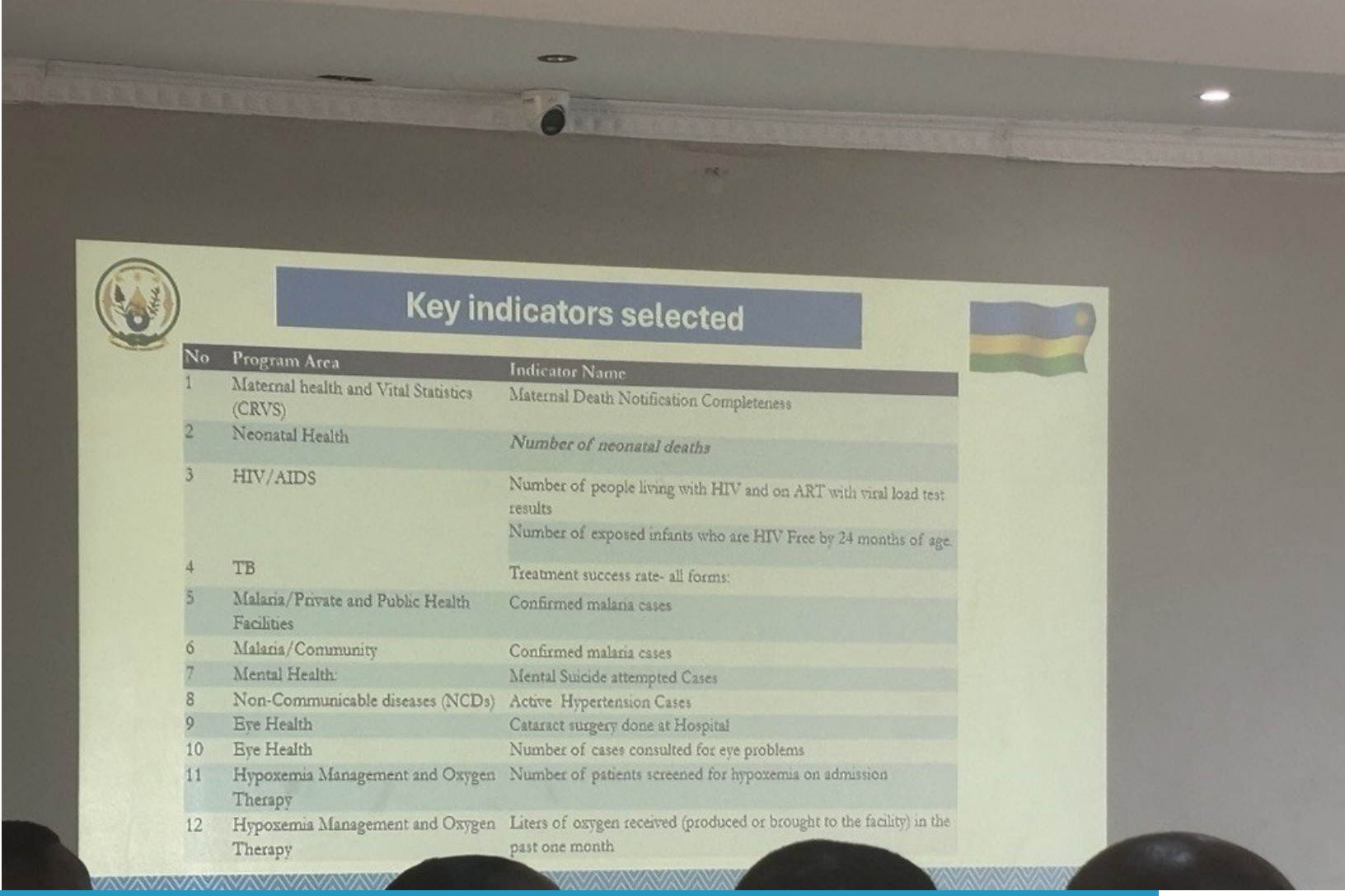

Strengthening National Health Information Systems, Digital Transformation, and Evidence-Based Decision-Making in Rwanda

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WHO continues to play a pivotal role is supporting national institutions develop interoperable digital health governance and architecture and strengthen national capacity in the generation of timely, high-quality population and routine data for improved health sector decision-making.

In line with the WHO Global Digital Health Strategy, WHO, in collaboration with other partners, supported national policy dialogue and provided technical guidance to the Government of Rwanda in the development of the National Digital Health Strategy (2024–2029) and the Digital Health Enterprise Architecture (Blueprint). These frameworks are closely aligned with the national Vision 2050, NST2, HSSP V, and the Smart Rwanda Master Plan, and are following the Digital Health Regulation Law (2025). Together, they establish a clear, results-oriented strategic direction and a practical implementation roadmap to accelerate improvements in population health through the effective use of digital technologies. The finalized documents are undergoing validation and approval by government leadership and are expected to be published early in 2026.

WHO and other partners have also provided technical and financial support to the National Institute of Statistics Rwanda (NISR) in the implementation of the 7th Rwanda Demographic and Health Survey (2025), a nationally representative survey covering 14,560 households. Field data collection was completed in October 2025, which was followed by drafting the Key Indicators Report. The Indicators Report was disseminated in December 2025. Secondary data editing processes, including interviewer verification and biomarker quality checks, are still ongoing, with the final report expected in 2026.

Findings from the survey showed that Rwanda made notable health gains between 2019/20 and 2025, including declines in fertility, unmet need for family planning, stunting, and major reductions in maternal, under-five, and neonatal mortality. These improvements reflect strengthened reproductive, maternal, newborn, and child health services. However, progress was uneven, with increases in teenage pregnancy, slight declines in youth HIV prevention knowledge, and a small drop in full vaccination coverage. Overall, the DHS results highlight substantial national advances while underscoring the need for targeted efforts to address emerging gaps and ensure equitable health outcomes.

WHO also supported the Ministry of Health through Rwanda Biomedical Centre in the 2024/2025 Data Quality Review (DQR) through development and adaptation of assessment tools, desk reviews, orientation of data collectors, and field-level data verification in selected health facilities nationwide. The analysis and report of the exercise are expected to be completed in quarter 1 2026.

Complementing these efforts, WHO supported Rwanda Biomedical Centre in the development of the Annual Health Statistical Booklet and the Annual Health Sector Performance Report for FY 2024–2025. The documents have been submitted to Ministry of Health senior management for approval.

Together, these milestones expand the availability of high-quality evidence products and strengthen the foundations for routine monitoring, annual sector review and planning.