



RWANDA GLOBAL HEALTHCARE SUMMIT



18th - 20th November 2021
Kigali Convention Center, Rwanda



SUMMIT REPORT



"Pioneering spirit should continue, not to conquer the planet or space ... but rather to improve the quality of life."
Bertrand Piccard



Table of Contents

Foreword	3
Sponsor Appreciation	4
Summit Snaps	5
Summit Program	6
Day One	7
Day Two	19
Day Three	28

FOREWORD

BE STILL INVESTMENTS

As Be Still Investments organisers of Rwanda Global Healthcare Summit, allow us to take this opportunity to acknowledge and thank the Ministry of Health, Rwanda Biomedical Centre, Rwanda Convention Bureau and University of Rwanda for the fortune of all the guidance and support provided for the Rwanda Global Healthcare Summit to be a success. The journey has not been easy the summit was postponed 3 times due to the covid-19 pandemic. We were planning together with them day in and day out. In the midst of the pandemic, hope was not lost. We kept preparing and hoping for the better though it has not been so easy. Fortunately, we managed to have the summit done on the 18-20 November 2021.

Ministry of Health and Rwanda Biomedical Centre have always taken part in making the event a success and we appreciate their entire effort throughout the preparations. The endorsement letters written twice by the Honorable Minister of Health Dr. Daniel Ngamije in support of the summit extraordinarily played a major role in promoting the event. The opening and welcome remarks from RBC Director General Dr. Sabin Nsanzimana set the tone of the summit to a higher level and left a mark to the delegates and those who followed remotely. The key remarks from Director General Dr. Sabin Nsanzimana mentioned lessons learnt from COVID-19 pandemic and prioritizing investment in health sector.

Let me acknowledge, the focal team leader of the summit Dr. Corneille Ntihabase and the advising team that became instrumental behind the scenes, Dr. Francois Uwinkinde, Noella Bigirimana, Prof. Stefan Jansen and Christine Kembabazi. These are inspired leaders who get things going and stand at the background quiet and humble taking no credit yet making all happen. Thank you once again, you are one of the most extraordinary people in the universe.



To all sponsors, Enabel, WaterAid, Med Aditus and Partners In Health we thank you for all the contributions made to enable the summit to take place. Without your support the event would not have been the same. We remain thankful and looking forward to a continual relationship with your esteemed organisations.

To Partners who stood with us we appreciate you, Rwandair, University of Rwanda, USAID, Zipline, Healthinnovationtoolbox, BECS, Holce Ltd, Baltell Ltd, Kenyan Airways, PSMI, Sanitas Hospital and Rwanda Youth Impact. All your contributions made a huge difference in coming up with the summit the way it was. Once again thank you.

Yes, the pandemic is not yet over, we continue the fight with Covid-19 and live healthier by following the regulations to safeguard ourselves and those close to us or around us.

It is the time to look back to key areas discussed during the summit, when possible adopt those key ideas to ensure they come into reality of becoming workable solutions in the Healthcare sector. Among the key areas highlighted and lessons learnt which require action and consideration are;

- 1) Good leadership
- 2) Power of partnerships
- 3) Science and data
- 4) Innovation
- 5) Investing in Global health system

We look forward to welcoming you in our next conferences and exhibitions soon!

Thank you! Murakoze cyane! Merci!

For and on behalf of Be Still Investments Ltd (organisers of Rwanda Global Healthcare Summit)

Memory Usaman (Mrs)
Executive Director

PARTNER APPRECIATION



Republic of Rwanda
Ministry of Health



SUMMIT SNAPS



PROGRAM

THURSDAY NOVEMBER 18 2021

08:30 - 11:00

Global Health Funding, Delivery and Innovation in the Era of COVID-19



11:30 - 13:30

Universal Health Coverage

Cancer and Palliative Care

14:30 - 16:30

Transforming the Health Sector through Integration of Digital Technologies

Reproductive, Maternal, Newborn, Child and Adolescent Health

THURSDAY NOVEMBER 18 2021

08:30 - 11:00

Making Medicines/Vaccines Locally - Innovations/Business



11:30 - 13:30

Mental Health and Addiction

One Health Approach

14:30 - 16:30

Healthcare Quality & Patient Safety

WATERAID SIDE EVENT

THURSDAY NOVEMBER 18 2021

08:30 - 11:00

Business To Business Breakfast Meeting

11:30 - 13:30

Kigali Genocide Memorial Visit

14:30 - 16:30

Zipline Muhanga Tour

DAY ONE

18 NOV



"Innovation... is applying solutions to the current reality"

DR. SABIN NSANZIMANA

RBC DIRECTOR GENERAL

THURSDAY 18 NOVEMBER

PLENARY DISCUSSION

MH3

Global Health Funding, Delivery and Innovation in the Era of COVID-19

ABSTRACT

Globally, there has to be a paradigm shift in set priorities to focus on the health issues. The COVID-19 pandemic has exposed Africa's inadequate capabilities and capacity to manufacture and supply essential drugs and vaccines. Experts meet to discuss the importance of multi- sectoral approach in addressing the pandemic to ensure no sector is left behind. Priority has to be given to investment in health sector. How can the continent tap into the untapped opportunities in the areas of drugs and vaccine manufacturing. What are the enablers in doing so? Governments, partners and financial institutions meet to explore ideas in this matter.



MODERATOR



DR. JARED OMOILO
CENTER OF DISEASE CONTROL
RWANDA

SPEAKERS



DR. SABIN NSANZIMANA
RBC DIRECTOR GENERAL



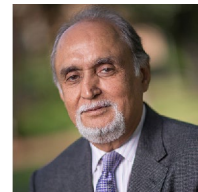
DR. BRIAN CHIROMBO
W.H.O RWANDA COUNTRY
REPRESENTATIVE



DIRK DEPREZ
RESIDENT REPRESENTATIVE
OF ENABEL IN RWANDA



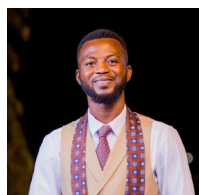
DR. OM PRASSAD
SENIOR W.A.S.H MANAGER
WATERAID



DR. DHIRREN THAKKER
PRESIDENT & CEO MED
ADITUS



DR. JOEL MUBILIGI
PARTNERS IN HEALTH
EXECUTIVE DIRECTOR



SINEKA SAMUEL SIABNAA
ZIPLINE HEALTH SYSTEM
INTEGRATION LEAD



KEY POINTS



DR. SABIN NSANZIMANA
RBC DIRECTOR GENERAL

"What we do tomorrow is determined by the data and evidence today.... If we think (what we will do tomorrow) will be the same, it is mistake we must correct right now."

"Think Big, Act Big and invest on hygiene behavior change in partnership with the government leadership and fuctional coordination mechansm"



DR. OM PRASSAD
SENIOR W.A.S.H MANAGER
WATERAID



DR. BRIAN CHIROMBO
W.H.O RWANDA COUNTRY
REPRESENTATIVE

"We need to strengthen global preparedness and response for the pandemic,... at the same time strengthening the healthcare system resilience to be able to deliver other services."

"The continent's pharmaceuticals' market share is valued at US\$28.5 billion expected to double in 2030. Investors should seize this opportunity in the areas of drugs and vaccine manufacturing. Governments, partners and financial institutions remain committed to support them."



DIRK DEPREZ
RESIDENT REPRESENTATIVE
OF ENABEL IN RWANDA



DR. DHIRREN THAKKER
PRESIDENT & CEO MED
ADITUS

"We need to strengthen global preparedness and response for the pandemic,... at the same time strengthening the healthcare system resilience to be able to deliver other services."

"(In terms of accessibility) We have a backlog of technology and medicine that is yet to reach the people that need it across Africa. This is where Partners n Health comes in on the forefront"



DR. JOEL MUBILIGI
PARTNERS IN HEALTH
EXECUTIVE DIRECTOR



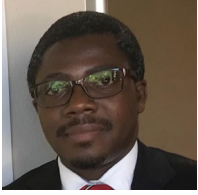
SINEKA SAMUEL SIABNAA
ZIPLINE HEALTH SYSTEM
INTEGRATION LEAD

"Zipline stands for using our revolutionary drones to deliver health commodities to all that are in need of Healthcare."

PANELS

Universal Health Coverage

MODERATOR



DR. CALLIOPE AKINTIJE

MANAGER OF AFRICA: KISHOKAI
MEDICAL CORPORATION



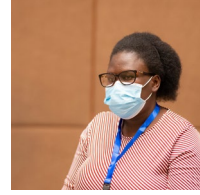
DR. NURULLAH AWAL

HEALTH ADVISOR: WATERAID
BANGLADESH



DR. MURTHY VENKATESWARAN

FOUNDER: SANITAS HOSPITAL



FAUSTE UWINGABIRE

SENIOR NEONATAL CARE CLINICAL
MENTORPARTNERS IN HEALTH



DR. RAMNEEK AHLUWALIA

CEO: HIGHER HEALTH

Cancer and Palliative Care

MODERATOR



DR FRANCOIS UWINKINDI

DIVISION MANAGER FOR NON-
COMMUNICABLE DISEASES: RBC



DR. CYPRIEN SHYIRAMBERE

DISTRICT PROGRAM DIRECTOR
BUTARO HOSPITAL



NADINE KAREMA

CHIEF INFORMATICS OFFICER:
PARTNERS IN HEALTH



DR CRISTINA STEFAN

FOUNDER: AFRICAN CANCER
INSTITUTE



MR. VINCENT KEUNEN

CEO & FOUNDER: ANDAMAN7



DR. LISA BAZZETT - MATEBELE

HEAD OF OBS-GYN DEPARTMENT:
UNIVERSITY OF BOTSWANA.

Transforming the Health Sector through Integration of Digital Technologies

MODERATOR



ENG. EDITH MUNYANA

DIGITAL HEALTH SPECIALIST:
MINISTRY OF HEALTH



MUHAMMED SEMAKULA

RBC HEALTH SCIENTIFIC
INNOVATION ANALYST



DR. JASON CROSS

CHIEF STRATEGY OFFICER:
RYMEDI



DINO CELESTE

MANAGING PARTNER:
CLIENTELIS



SINEKA SAMUEL SIABNAA

ZIPLINE HEALTH SYSTEM
INTEGRATION LEAD



ELLEN GREGGIO

PROGRAMME ADVISOR MONITORING
AND MAPPING: WATERAID

Reproductive, Maternal, New-born, Child and Adolescent Health



MODERATOR

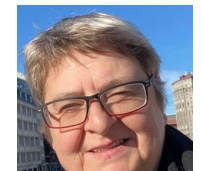
DR FELIX NSAINZOGA

RBC DIVISION MANAGER MATERNAL,
CHILD AND COMMUNITY HEALTH



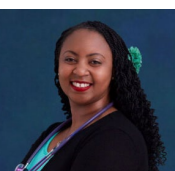
DR. MERCY MASOO

WATERAID COUNTRY DIRECTOR
MALAWI



DR VÉRONIQUE ZINNEN

ENABEL- INTERVENTION
MANAGER



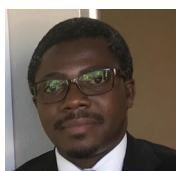
DR. ANGELA MIGOWA

ASSISTANT PROFESSOR AND PEDIATRIC
RHEUMATOLOGIST- AGA KHAN UNIVERSITY



DR SENAIT KEBEDE

ADJUNCT ASSOCIATE PROFESSOR
GLOBAL HEALTH



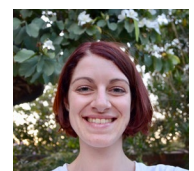
DR. CALLIOPE AKINTIJE

KISHOKAI MEDICAL CORPORATION
RESEARCHER



EVELYNNE BOCQUET

ENABEL JUNIOR EXPERT IN MONITORING
EVALUATION AND DIGITALIZATION



JEANNE D'ARC NYIRAJYAMBERE

DIRECTOR OF NUTRITION PROGRAMS,
USAID HINGA WEZE

WORKSHOP

Universal Health Coverage

AD12

ABSTRACT

The United Nations (UN) Sustainable Development Guidelines (SDG) as well as World Health Organization (WHO) wish for each nation to offer Universal Health Cover (UHC) to their citizens as a "means-blind" duty. Each nation in the world claims to want the same but no nation is anywhere close to achieving anything close to this goal. Rwanda is about 90% there with regard to "primary healthcare" alone. What I understand and mean by UHC is "head-to-toe, primary prevention, acute care, chronic care and palliative care" to every man, woman and child in the nation regardless of their ability to pay for it.

(Extracted from Dr. Murthy Venkateswaran 's abstract)

WASH in health care facilities (HCFs) is a global initiative, underpinned by the agreed WHA Resolution 72.7, to integrate and align WASH components towards improved, acceptable, accessible, and comprehensive health care. WASH plays a vital role in all four components of universal health coverage - promotive, preventive, curative and rehabilitative. WaterAid's innovative, context-specific interventions demonstrate ample examples in Bangladesh and other countries to improve use of health care facilities and enhanced health system development. WASH interventions ensure safe and running water, separate and gender-friendly toilets, create hand washing options and enhance inclusiveness alongside capacity development of the clinic management committee. These measures increase a multitude of factors of patient care including decreased pressure in higher level facilities; nurturing higher confidence and participation among local stakeholders; in addition to enhanced governance and accountability measures. WaterAid Bangladesh (WAB) has developed the WASH guideline for the community clinics, the first and primary tier of health care, which have been endorsed by the government of Bangladesh. These guidelines and following interventions helped WAB understand where to direct WASH investments effectively at the secondary level in the sub-district hospitals and then also at the district level health facility towards a comprehensive health coverage.

(Extracted from Dr. Nurullah Awal 's abstract)

Investing in those professions is one of essential global goal implementation strategy. The investment needs to be understood beyond just increasing their number but also investing for their quality education; sub-specialization in various clinical and non-clinical domains (leadership, education public health); fair employment and remuneration of those cadres. (Extracted from Fauste Uwingambire 's abstract)

We live in a world that has gone through an incredible transformation in the last decades. Those transformations did impact not only our economy but also our society and biosphere. Our biggest challenge is to build back better those different layers while leaving no one behind. That will entail strongly rebuilding the trust between the different generations, the societal entities, and the ecosystem. Healthcare is a critical component to ensure harmony for the Younger and next generation.

(Extracted from Dr. Ramneek Ahluwalia's abstract)

We are strengthening the fabric and foundation of local health systems. We do this in two ways. Firstly, by helping governments and institutions articulate their UHC ambitions into concrete plans and find answers to questions such as 'what to prioritize in the short-mid term?', 'What competencies to get around the table or where to find them?' and 'How to qualify risks in the UHC context and manage them?'. Secondly, by driving holistic and more integrated solutions to local health systems before the successive waves of health crisis hit. To achieve this, we work with diverse professionals and partners to bridge the cultural or communication gaps to consumers and introduce a genuinely international perspective to drive optimal outcomes in local health systems.

(Extracted from Patricia Manthe abstract)

KEY POINTS

"If we have proper WASH within the healthcare facilities and within the community, we do not have unnecessary use of antibiotics."



DR. CALLIOPE AKINTIJE
MANAGER OF AFRICA: KISHOKAI
MEDICAL CORPORATION



DR. NURULLAH AWAL
HEALTH ADVISOR: WATERAID
BANGLADESH

"WASH plays a vital role in all four components of universal health coverage, promotive, preventive, curative and rehabilitative."

"We need to look into universal health coverage... in preserving our youth economy, in order for us to have an economic dividend that pays-off when it goes to business, government jobs or employment."



DR. RAMNEEK AHLUWALIA
CEO: HIGHER HEALTH



DR. MURTHY VENKATESWARAN
FOUNDER: SANITAS HOSPITAL

"If the (Capacitation) model is adopted across East Africa and Africa at large it will enable our communities to have quality health across the nation... leading to a productive team."

" We should be investing in the professions of, nursing and midwifery. Nursing is the backbone of an effective healthcare system. Their contribution goes beyond caring for the sick to the disease prevention and health promotion."



FAUSTE UWINGABIRE
SENIOR NEONATAL CARE CLINICAL
MENTORPARTNERS IN HEALTH

ABSTRACT

Cancer is a growing global health challenge with an expected spike of new cases from 18.1 million in 2018 to 21.4 million by 2030. In the context of poor health care systems and impoverished communities, the scarcity of accessible diagnostic and treatment services leads to poor health outcomes and negatively impact achievement of major health targets (UHC) and SDG by 2030. Over the past twenty years, Rwanda has recorded key health improvement indicators including: ü Increases in life expectancy (from 48.6 in 2000 to 67.4 in 2015). ü Decline in maternal mortality (from 1,071 in 2000 to 210 per 100,000 live births in 2015). ü Rapid high coverage of the community based insurance (CBI) that covers 94% of Rwandans. Concurrently, New HIV infections that dropped from 21,000 in 2000 to 5,300 in 2019. However, similar gains have yet to be recorded in the prevention and control NCDs where age-standardized NCD mortalities rate slightly decreased from 894.9 to 548.6 deaths per 100,000 people from 2000 to 2016. Some of the key existing hurdles in NCD care in Rwanda include the lack of trained providers, inadequate and inequitably distributed advanced treatment options, limited access to drugs and early diagnosis services at all levels of the health care system.

(Extracted from Dr. Cyprien Shyirambere abstract)

Global oncology has recently emerged as a new topic amongst all interested in global or public health. Cancer has overtaken as death numbers the number of cardiac patients even in developed countries and we expect even a sharper rise in the very near future. Africa is making strides for a better future for all African cancer patients living on the large continent and global partnerships and collaboration among nations should take place by exchange of information and knowledge, by optimizing delivery of care for all, by finding solutions for financial treatment of cancer and by streamlining health policies and governance.

(Extracted from Dr Cristina Stefan abstract)

Using EMR to improve Cancer Care during the COVID-19 Pandemic has resulted in 22 informatics trainers trained

over 269 clinicians at 81 health facilities from June 29th - November 2020 and 13783 patients had cervical screening data entered, with discrepancies of 1-4% between patients entered and requested HPV tests. Going forward following step will be taken; Clinician focus groups to assess barriers and guide continued tool refinement, Continued implementation and training in reports to identify missed visits and re-engage patients in care and Assessment of tool's impact on care delivery.

(Extracted from Nadine Karema abstract)

Cervical cancer is responsible for more cancer deaths in Rwandan women than any other cancer. This is also true in many LMICs around the world. In May 2018 the Director-General of WHO announced a global call to action towards the elimination of cervical cancer and in 2020 it was adopted by the World Health Assembly. November 17, 2021 marks the one-year anniversary of the Cervical Cancer Elimination Day of Action, where we celebrate our global achievements in the fight against cervical cancer. We will review the impact cervical cancer has on women throughout the world with a special focus on Rwanda and our continued progress toward elimination.

(Extracted from Dr. Lisa Bazzett- Matebele abstract)

By giving their data back to patients, we enable better care and better medical research. Patient empowerment is the key to improve healthcare globally. Africa can « skip one »: like skipping landline for mobile phones, like skipping local bank branches for mobile payments, Africa can skip excessive Hospital infrastructure for mobile health.

(Vincent Keunen's speech)

KEY POINTS

"Innovation is key in increasing access to cancer care"



DR. CYPRIEN SHYIRAMBERE
DISTRICT PROGRAM DIRECTOR
BUTARO HOSPITAL



NADINE KAREMA
CHIEF INFORMATICS OFFICER:
PARTNERS IN HEALTH

...

"Cervical cancer is responsible for more cancer deaths in Rwandan women than any other cancer. This is also true in many LMICs around the world"



DR. LISA BAZZETT-MATEBELE
HEAD OF OBS-GYN DEPARTMENT:
UNIVERSITY OF BOTSWANA



DR CRISTINA STEFAN
FOUNDER: AFRICAN CANCER
INSTITUTE

"Global partnerships and collaboration among nations should take place by exchange of information and knowledge, by optimizing delivery of care for all, by finding solutions for financial treatment of cancer and by streamlining health policies and governance"

"Patient empowerment is the key to improve Healthcare globally"



MR. VINCENT KEUNEN
CEO & FOUNDER: ANDAMAM7

THURSDAY 18 NOVEMBER

WORKSHOP

MH3

Transforming the Health Sector through Integration of Digital Technologies

ABSTRACT

Digital healthcare is growing, and it is just the tip of the iceberg when we consider the overwhelming possibilities and promise they offer for transforming healthcare services. This will transform and make value- additions to patient care across the African continent. (Extracted from Dino Celeste abstract)

The COVID-19 pandemic accelerated digitization agendas across healthcare to enable remote care and enhance tracking and reporting. However, difficulty coordinating between complementary components of the patient care cycle, digitizing in their own silos, continue to hamper COVID-19 and other healthcare response. Data privacy, security, integrity and compliance concerns remain bottlenecks to digitally coordinating across the care continuum. This presentation describes how a blockchain-based Connected Health Platform is clearing that bottleneck and improving multiparty coordination in testing, treating and monitoring COVID and other diseases. These examples demonstrate how greater trust in processes and data across decentralized organizations point the way toward massively scalable reinvention of the organizational and business models of healthcare delivery. Digital health tools become valuable beyond the immediate impact of their assistive or monitoring functions. They also connect patients, providers, administrators, regulators and product suppliers in networks where greater coordination and trust enable qualitatively new ways to improve healthcare quality and access. Patient care-focused digital health tools are thus providing the means of radically innovating healthcare logistics, administration, finance, R&D and ultimately policy, with feedback loops in both directions. In this way, digital health is accelerating more systemic health system-wide transitions better conceptualized as "connected health."

(Extracted from Dr. Jason Cross abstract)

The integration of technologies in the medical and public health field seems to be a sustainable solution for emerging pandemics worldwide, including early detection of disease, epidemic surveillance, case

identification, contact tracing, virtual health care, and preventing diseases through predictive models. The Government of Rwanda adopted digital health as a strategy of controlling and preventing pandemics. (Extracted from Muhammed Semakula abstract)

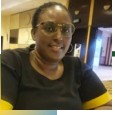
PIH contacted Zipline to distribute cancer medications to local district hospitals closest to patients. Leveraging Zipline's aircraft, medications were delivered to these hospitals and PIH-trained local health workers were able to administer specialty care to patients. The operation began less than three days after PIH's initial contact with Zipline.

(Extracted from Sineka Samuel Siabnaa abstract)

Leveraging increase ICT access and use, WaterAid supports evidence generation around environmental determinants in Health. Applying sector best practices (e.g. WHO TrackFin) and with reference to specific SDGs targets, WaterAid is working to generate increased data availability and analysis of water, sanitation, hygiene, environmental cleanliness and solid waste data in Health Care Facilities in Uganda, Zambia, Malawi to inform on WASH in health improvements needed and to highlight the fundamental role of WASH in health outcomes.

(Extracted from Ellen Greggio abstract)

KEY POINTS



ENG. EDITH MUNYANA
DIGITAL HEALTH SPECIALIST:
MINISTRY OF HEALTH

"Integration is key to ensuring that we are bridging the gap between the patient and doctor, to improve the patient journey within the digital healthcare space."

"(With the arrival of COVID-19) New tools were integrated into Rwanda's pre-existing digital health architecture such as the passenger locator form. We came up with a USSD system... so that you can know whether you are at risk of COVID and then the AI system will advise you to go and get tested."



MUHAMMED SEMAKULA
RBC HEALTH SCIENTIFIC
INNOVATION ANALYST



DR. JASON CROSS
CHIEF STRATEGY OFFICER:
RYMEDI

"A blockchain based connected healthcare platform will clear bottlenecks and ultimately improve multi-party testing, treating and monitoring COVID-19. Greater trust in processes and data across decentralised organisations will point the way towards massively scalable reinvention of organisational and business models of healthcare delivery."

"In order to improve current COVID-19 and future immunization programme performance as well as make surveillance more effective, countries should build solid electronic immunization systems to capture and store vaccination record, track outcomes and monitor post-market surveillance."



DINO CELESTE
MANAGING PARTNER:
CLIENTELIS



SINEKA SAMUEL SIABNAA
ZIPLINE HEALTH SYSTEM
INTEGRATION LEAD

"Zipline's autonomous system can respond to surges or changes in demand in minutes and can immediately scale to meet new requirements. Zipline reduces risk and increases operational continuity with autonomous delivery capable of simultaneous delivery to dozens of locations."

"ICT has major role to play (in WASH) in acceleration of data generation about services to inform planning and budgeting, provide real time information on operation, maintenance and management of WASH services."



ELLEN GREGGIO
PROGRAMME ADVISOR MONITORING
AND MAPPING: WATERAID

THURSDAY 18 NOVEMBER

PLENARY DISCUSSION

AD12

Reproductive, Maternal, New-born, Child and Adolescent Health

ABSTRACT

The multifactorial nature of quality of care requires a systematic approach to its assessment and improvement. It is in this context that clinical audit can serve as an instrument for evaluating and improving the quality of care. Clinical audit is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality and taking action to bring practice in line with these standards to improve the quality of care and health outcomes. (Extracted from Dr Véronique Zinnen abstract)

Over the past decades considerable attention was devoted to maternal, new-born, child and adolescent health (MNCAH). This has resulted in a significant reduction in maternal and under 5 mortalities compared to the 1990s. However, still millions of mothers, new-born and children die each year from preventable diseases. The majority of these deaths occur in Low- and middle-income countries (LMIC) with Africa bearing the highest burden. The situation is further complicated by the current COVID-19 pandemic that threatens reversal of the gains so far made through disruption of MNCAH services and diversion of meagre resources. (Extracted from Dr Senait Kebede abstract)

The health of mothers and their children (new-born) is of critical importance, both as a reflection of the current health status of a large segment of the world's population but also as predictors of the health of the next generation. A range of indicators of maternal and neonatal health exist, those primarily affecting pregnant and postpartum women (including indicators of maternal sickness and death) and those that affect the health and survival of infants (including infant mortality rates; birth outcomes; prevention of birth defects; access to preventive care; and fetal, perinatal, and other infant deaths). (Extracted from Dr Akintije Calliope Simba abstract)

A USAID Hinga Weze project (2017-2022) sought to use Social Behavior Change approach to address nutrition gaps among women of reproductive age (15-49) in rural districts (10) through formative research. The purpose was to capture the knowledge, motivation, attitudes, and behaviors towards the use of household incomes for purchasing nutritious foods, food safety knowledge, maternal and child nutrition to inform the

project programming to improve nutrition. Much as the findings found that majority of mothers practiced exclusive breastfeeding at birth, households eat what they produce and spend very little income on purchasing food later on nutritious foods with good understanding of personal hygiene and sanitation; but they had no knowledge of food safety, food allergies, and adoption of proper hygiene, sanitation, and food safety practices which are key to nutrition. Jeanne d'Arc Nyirajyambere (Extracted from Jeanne d'Arc Nyirajyambere abstract)

WA launched the Healthy Start campaign in 2015 which, in collaboration with Government health services, looked at supporting through service delivery and advocacy interventions a comprehensive WASH approach to healthcare facilities. Healthy Start had the added aim to improve the health and nutrition of newborn babies and children by advocating for WASH to be integrated into health policy and delivery locally, nationally and internationally. The WHA resolution 72 on WASH in health care facilities was passed in 2019. WA takes advantage of our participation in the Summit to share our experience in several programme countries on the importance of WASH not only as an important factor in prevention of disease but also critical to improvements in health outcomes for newborn and maternal health. (Extracted from Mercy Masoo abstract)

The Rwanda Health Information System (HMIS) has markedly improved over the years, from its creation in 1998 to its integration in the District Health Information System version 2 (DHIS2) in 2012. Lots of effort is made to produce monthly data and to ensure quality of the data in compliance with "Standard Operating Procedures" and "Data Quality Audits". However, despite all these efforts, gaps remain in the availability of qualitative and accurate data. A baseline assessment of the quality and use of Maternal, Child and Community Health data in 7 districts of Rwanda is conducted by Baramé/Enabel (Belgian development Agency) in collaboration with the MCCH Division of the Rwanda Biomedical Center (RBC) to support the management of maternal, neonatal, child and community health data. (Extracted from Evelyne Bocquet abstract)

KEY POINTS



DR. MERCY MASOO
WATERAID COUNTRY DIRECTOR
MALAWI

:"Healthy Start had the added aim to improve the health and nutrition of newborn babies and children by advocating for WASH to be integrated into health policy and delivery locally, nationally and internationally."

"People often believe that it is up to only governments to achieve the SDGs, but in fact, cooperation between the public and private sectors is of the utmost importance". Let's take advantage of the digital health era to revolutionize perinatal care services"



DR. CALLIOPE AKINTIJE
KISHOKAI MEDICAL CORPORATION
RESEARCHER



EVELYNE BOCQUET
ENABEL JUNIOR EXPERT IN MONITORING
EVALUATION AND DIGITALIZATION

"WHO recommends to use a comprehensive method to assess health data quality. It is relevant to adapt it to the context of the Maternal, Child and Community Health Division of the Rwanda Biomedical Center and use it in the near future".

DAY TWO

19 NOV



"The continent's pharmaceuticals' market share is valued at US\$28.5 billion expected to double in 2030. Investors should seize this opportunity in the areas of drugs and vaccine manufacturing. Governments, partners and financial institutions remain committed to support them,"

DIRK DEPREZ

Resident Representative of Enabel in Rwanda

FRIDAY 19 NOVEMBER

PLENARY DISCUSSION

MH3

Making Medicines/Vaccines Locally - Innovations/Business

ABSTRACT

The COVID-19 pandemic accelerated digitization agendas across healthcare to enable remote care and enhance tracking and reporting. However, difficulty coordinating between complementary components of the patient care cycle, digitizing in their own silos, continue to hamper COVID-19 and other healthcare response. Data privacy, security, integrity and compliance concerns remain bottlenecks to digitally coordinating across the care continuum. This presentation describes how a blockchain-based Connected Health Platform is clearing that bottleneck and improving multiparty coordination in testing, treating and monitoring COVID and other diseases.

Digital healthcare is growing, and it is just the tip of the iceberg when we consider the overwhelming possibilities and promise they offer for transforming healthcare services. This will transform and make value- additions to patient care across the African continent.

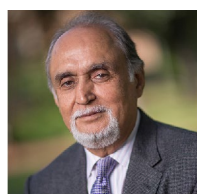
On paper, digital health sounds like an easy enough concept – utilizing technological innovations to enhance the health and well-being of individuals. The reality, however, is something broader and more extensive. The term 'digital health' encompasses everything from Artificial Intelligence to mobile healthcare apps and wearable gadgets, from electronic records to robotic caregivers. Various applications of digital transformation have permeated the healthcare sector through cultural change and disruptive technologies.

MODERATOR



SINEKA SAMUEL SIABNAA
ZIPLINE HEALTH SYSTEM
INTEGRATION LEAD

SPEAKERS



DR. DHIRREN THAKKER
PRESIDENT & CEO MED
ADITUS

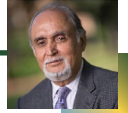


DR. JASON CROSS
CHIEF STRATEGY OFFICER:
RYMEDI



KEY POINTS

"We want to increase [medicines] supply to meet demand. We want to do this by increasing local manufacturing. This can only be possible if we develop the workforce that can support the industry."



DR. DHIRREN THAKKER
PRESIDENT & CEO MED ADITUS

"The biggest barrier [to pharma manufacturing on the African continent] is the entrenched model of medicines supply through donor programs."

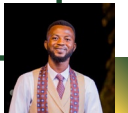


DR. JASON CROSS
CHIEF STRATEGY OFFICER:
RYMEDI

"We need to strengthen global preparedness and response for the pandemic,... at the same time strengthening the healthcare system resilience to be able to deliver other services."

"The goal is to improve the quality of medicine manufacturing and distribution. To improve the expectations in the African market and outside of the Africa of the quality of medicines being made in Africa."

"Zipline's autonomous system can respond to surges or changes in demand in minutes and can immediately scale to meet new requirements. Zipline reduces risk and increases operational continuity with autonomous delivery capable of simultaneous delivery to dozens of locations."



SINEKA SAMUEL SIABNAA
ZIPLINE HEALTH SYSTEM
INTEGRATION LEAD

FRIDAY 19 NOVEMBER

PLENARY DISCUSSION

MH3

ABSTRACT

Ms. Bankole-Bolawole shared WaterAid's existing WASH efforts for health, pandemic preparedness, climate resilience and overcoming inequalities as a starting point to explore how these interventions might be embedded within a One Health approach. The WASH sector experience of collaboration across ministries and sectors, including systems strengthening and WASH 'building blocks,' could contribute lessons learned on multisectoral approaches. This exploratory conversation is to engage the health audience of RGHS and seek insights towards holistic approaches to WASH and health.

Dr. Musoke shared his expertise on environmental health, WASH, communicable diseases and health systems, including health-seeking behaviour and community health worker resources. As a team member of the Drivers of Resistance in Uganda and Malawi (DRUM) Consortium, Dr. Musoke shared emerging learnings in understanding how, within a One Health approach, WASH practices intersect with antimicrobial resistance (AMR) and reflect on the role of WASH in this holistic framework for human, animal and environmental health.

Dr. Nurullah, who also holds the Chair of the WASH Working Group of the Global Task Force for Cholera Control (GTFCC) will set the context for this session as we explore and invite dialogue on how WASH, antimicrobial resistance (AMR) and infection, prevention and control (IPC) can come together within the One Health approach. As moderator of this session, Dr. Nurullah will bring his health and WASH expertise and share reflections from Bangladesh

One Health Approach

MODERATOR



DR. NURULLAH AWAL
HEALTH ADVISOR: WATERAID
BANGLADESH

SPEAKERS



TAYO BANKOLE -BOLAWOLE
WATERAID REGIONAL & COUNTRY
REPRESENTATIVE



DR. DAVID MUSOKE
ORGANISATION



KEY POINTS



TAYO BANKOLE -BOLAWOLE
WATERAID REGIONAL & COUNTRY
REPRESENTATIVE

"Health systems resilience and strengthening pandemic preparedness and response is unachievable without adequately addressing access to comprehensive WASH service."

"In the context of WASH in One Health, antimicrobial resistance (AMR) is an overarching factor with implications for WASH conditions in healthcare settings and infection, prevention and control (IPC)."



DR. NURULLAH AWAL
HEALTH ADVISOR: WATERAID
BANGLADESH



DR. DAVID MUSOKE
SPEAKERS

"We need to strengthen global preparedness and response for the pandemic,... at the same time strengthening the healthcare system resilience to be able to deliver other services."

FRIDAY 19 NOVEMBER

WORKSHOP

Mental Health and Addiction

MH3

ABSTRACT

Depression and alcohol use disorder are psychiatric conditions that constitute major public health problem among youth in Rwanda. Their comorbidity worsens management and rehabilitation of their victims because those conditions share some similar signs and one can cause another and vice versa. People with comorbid of alcohol use disorder and depression develop anxious and symptoms of addiction. Through our daily activities in the treatment and rehabilitation centres you find that youth are more vulnerable category that experience relapses to both conditions. Management and rehabilitation of those two complicated disorders requires more attention and call for a good diagnosis and treatment

Drug and substance abuse is a common phenomenon among adolescents and young adults worldwide. Studies have shown that alcohol and illicit drug abuse are also a growing problem in Africa. The research aimed at determining the prevalence of alcohol and drug use by adolescents and young adults in 7 districts: Gakenke, Gisagara, Karongi, Nyamasheke, Nyarugenge, Rulindo and Rusizi.

MODERATOR



DR. STEFAN JANSEN
DEPUTY DIRECTOR AG., CENTER FOR MENTAL
HEALTH, UNIVERSITY OF RWANDA

SPEAKERS



DR. JAMES NGAMIJE
RWANDA YOUTH IMPACT
PROJECT CO-ORDINATOR



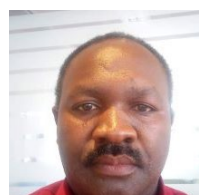
**DR JEAN DAMASCÈNE
IYAMUREMYE**
PUBLIC HEALTH PROFESSIONAL
BIOSTECK



DYNAMO NDACYAYISENGA
R.B.C: MANAGEMENT OF ALCOHOL
AND DRUGS



DR. DARIUS GISHOMA
HEAD OF THE MENTAL HEALTH
DEPARTMENT: UNI. OF RWANDA



FRANÇOIS-RÉGIS HABARUGIRA
NATIONAL TECHNICAL ASSISTANT
ENABEL IN RWANDA



KEY POINTS



**DR JEAN DAMASCÈNE
IYAMUREMYE**
PUBLIC HEALTH PROFESSIONAL
BIOSTECK

"We need to promote the need the need for equality for mental health and recognition of links between mental and physical health. We also need to take a comprehensive approach to mental health from promotion through prevention, treatment, longterm care and recovery from mental health disorders."



DYNAMO NDACYAYISENGA
RWANDA BIOMEDICAL CENTRE
MANAGEMENT OF ALCOHOL AND DRUGS

"Considering previous studies [on the Rwandan population], there is an increase in depression disorder and a decline in alcohol use disorder. There is a high number of depressed young Rwandans among alcohol use disorder, which calls for more attention from both clinicians and policy makers."



DR. JAMES NGAMIJE
RWANDA YOUTH IMPACT

"Rwanda Youth Impact has organised awareness campaigns in an attempt to draw attention to addiction problem and to make sure that the society adopts and leads an addiction-free lifestyle."



DR. DARIUS GISHOMA
HEAD OF THE MENTAL HEALTH
DEPARTMENT: UNI. OF RWANDA

"Adolescents suspended from school are 4.766 times more likely to use drugs. Other factors such as male gender, older age, living in urban areas, history of family conflict, inability to afford food, availability of drugs in the community, family history of alcohol or drug problems were also associated with illicit drug use."



FRANÇOIS-RÉGIS HABARUGIRA
NATIONAL TECHNICAL ASSISTANT
ENABEL IN RWANDA

"With the majority of global population being mostly comprised of youth, it is observed by most researchers that the drug and substance abuse has a peak area between 18 and 25. If we address the challenges and help them adopt healthy habits vis-a-vis drug use and safer sexual behaviour, it will contribute to Rwanda's ongoing development."

FRIDAY 19 NOVEMBER

PLENARY DISCUSSION

Healthcare Quality & Patient Safety

MH3

ABSTRACT

Healthcare service providers should evaluate the quality of care by measuring whether it is effective, timely, safe and responds to patients' preferences and needs. Our Quality Improvement Model should be based on the expectation of continuous improvement where performance is evaluated in an atmosphere that supports openness and transparency. Utilizing the "Quadruple Aim" approach developed by the Institute for Healthcare Improvement (IHI), Healthcare service providers should utilize multiple approaches to measure the delivery of quality patient care. Enhancing the Patient Experience, Improving Population Health, Reducing Costs, and Improving Provider Work Life (Extracted from Dr. Margaret Maulana's abstract)

The Rwanda Ministry of Health (MOH) established a healthcare accreditation system as a priority for improving quality and safety within the healthcare facilities. The aim was to facilitate progressive improvement of quality and patient safety as a key initiative that will contribute to improved health outcomes of patients. The definition and integration of quality and safety was achieved through development of hospitals accreditation standards organized in a framework of five domains: leadership process and accountability, capable and competent workforce, clinical care of patients, safe environment for patients and staff, and improvement of quality and safety. A quality monitoring and measurement mechanism was put in place to identify gaps through periodic self-assessments and external surveys as well as strategies to close gaps through facilitation of continuous quality improvement as an integral part of the

health system strengthening. The presentation will focus on three areas: leadership process and accountability, safe environment for patients and staff, and improvement of quality and safety. Furthermore, it will include experiences, lessons learned and recommendations on a standard driven approach to improving quality and safety through implementation of the Rwanda Hospital Accreditation standards. (Extracted from Dr. Margaret Maulana's abstract)

MODERATOR



ENG. FRANCINE UMUTESI
DIVISION MANAGER - MEDICAL TECHNOLOGY
AND INFRASTRUCTURE (MTI)

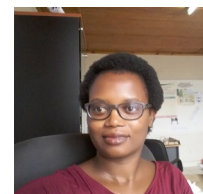
SPEAKERS



DR. MARGARET MAULANA
DR. MAGRET MAULANA IS THE
EXECUTIVE DIRECTOR- PSMI



PATRICIA MONTHE
CEO & FOUNDER MEDX
EHEALTHCARE



NATASHA MWENDA
ACTING SUSTAINABLE DELIVERY
PROGRAMME MANAGER WATERAID MALAWI



KEY POINTS

"Patient safety is very important, when we take care of our patients and it is understood from many perspectives. As a biomedical engineer, I would start talking about electrical safety and calibration of equipment."



FRANCINE UMUTESI
BIOMEDICAL ENGINEER:
RBC



DR. MARGARET MAULANA
EXECUTIVE DIRECTOR- PSMI

"Patient safety is simply defined by the World Health Organization as 'the prevention of errors and adverse effects to patients associated with health care'. Healthcare Service providers should take a comprehensive approach to evaluate the quality and safety of each patient's experience. The main components of these patient care delivery model, listed below, are supposed to be continuously reviewed, analysed and improved upon."

Providing quality medical services involves correct and efficient resource management and planning. An essential element in achieving this is balancing costs involved in new equipment and its maintenance. Proper use and proper care of medical equipment must be supported by a clear policy in the field, technical guidance, and practical tools for maintaining the functional parameters of medical equipment."



NATASHA MWENDA
ACTING SUSTAINABLE DELIVERY
PROGRAMME MANAGER WATERAID MALAWI



PATRICIA MONTHE
CEO & FOUNDER MEDX
EHEALTHCARE

"We are strengthening the fabric and foundation of local health systems. We do this in two ways. Firstly, by helping governments and institutions articulate their UHC ambitions into concrete plans and find answers to questions such as 'what to prioritize in the short-mid term?', 'What competencies to get around the table or where to find them?' and 'How to qualify risks in the UHC context and manage them?'. Secondly, by driving holistic and more integrated solutions to local health systems before the successive waves of health crisis hit."

DAY THREE

20 NOV



BUSINESS TO BUSINESS





WaterAid Side Event

**Clean
water**



**Decent
toilets**

**Good
hygiene**





The WaterAid East Africa Regional Team convened a hybrid side event on 19 November 2021 on the sidelines of the Rwanda Global Healthcare Summit in Kigali hosted by Be Still Investment and supported by the host Government through the Rwandan Ministry of Health. The event's theme was: "Water, sanitation, and hygiene (WASH) in healthcare facilities (HCFs), pandemic preparedness and response". The side event at the RGHS was a strategic one as it coincided with the International World Toilet Day 2021.

The COVID-19 pandemic has changed the course of events in the lives of people and organizations globally and has demonstrated the role of proper hygiene, increased the need for WASH services and exposed the current hygiene state of some HCFs. We commit to promoting WASH access as a human right and an important building block for health care systems. We are encouraged about the value of investing in WASH and HCFs as demonstrated in our 'Wards without water' exhibition. When a hospital or clinic has clean water, decent toilets and handwashing facilities, healthcare is safer. We continue to embrace integrated WASH services in education, health, gender, and climate change. The provision of sustainable WASH services plays an important role in pandemic response.

We received progress and status updates on WASH interventions pioneered by WaterAid in Mali, Malawi, Zambia and the Southern Africa regional office. Working alongside the Ministry of

Education and UNICEF, WaterAid Mali has piloted Menstrual Health Hygiene (MHH) projects in four schools between 2014 and 2017 and has developed a strategic WASH plan in healthcare facilities,

In Malawi, WaterAid has revamped 75 HCFs and equipped 33, to ensure that they have basic WASH facilities- clean water and decent toilets by influencing the government, NGOs, and donors.

In response to the World Health Organization's resolution on WASH in healthcare facilities, the Government of Zambia continued its commitment to ongoing work in WASH and HCFs, in ensuring that the most vulnerable groups have access to WASH services. A total of 40 health care facilities have benefitted from WaterAid's intervention in the country

We welcomed and commended the approval of the Southern African Development Community (SADC) regional hygiene strategy, by the Council of Ministers as presented by WaterAid Southern African regional office. This feat was brought about by the 16-member countries in the region and other stakeholders including UNICEF.

We reaffirmed and strongly support that WASH interventions in response to pandemic preparedness and response are essential in limiting the spread of infectious diseases. Provision of handwashing facilities, improving access to menstrual health hygiene management, and appropriate intervention policies are some key responses towards pandemics. For COVID-19,



prevention procedures and checklists for case management were developed and monitored with WASH access being at the forefront. "There is a need for member states to develop and implement country roads maps to bridge response plans." according to the WHO/AFROWASH Technical Officer Mr Guy Mbayo. In 2020, Africa suffered its worst recession in more than 50 years due to the COVID-19 pandemic. This led to an inequality gap and increased poverty across the continent. There is a need for all WASH stakeholders to draw lessons from the Ebola and COVID-19 outbreak responses in order to prepare for future disease outbreaks.

We launched our Hygiene for Health (H4H) Campaign for the East Africa regional office and advocated better integration of water, sanitation, and hygiene (WASH) into the health sector. The H4H campaign aims to accelerate action and progress towards everyone's access to hygiene services by catalyzing changes in the attitudes, policies and practices of country and donor governments, global institutions, and the private sector on hand hygiene and WASH in healthcare facilities as key enablers for improved health outcomes.

We called on the solidarity of all partners as Claire Seaward, the Global Campaigns Director at WaterAid presented about the H4H campaign genesis, objectives, goals and opportunities covering 16 country programmes in which four are in East Africa, namely Ethiopia, Rwanda, Tanzania and Uganda. She highlighted the aims underpinning the H4H Campaign to engage high-level government commitment to scale up hand hygiene and WASH in healthcare facilities and to develop and roll out costed



roadmaps on hand hygiene and WASH in healthcare facilities. Further, the campaign is set to increase budget allocation and donor funding to WASH in healthcare services and home hygiene and integrate hand hygiene into national health platforms and initiatives such as the roll out of COVID-19 vaccines. Alongside the organization's efforts to build and improve WASH access in HCFs, WaterAid is set to prioritize behavioral change-centered design to achieve the desired social norms of hygiene practices. The use of WaterAid's equity framework for inclusivity and sustainability will ensure that marginalized people are considered during campaigns.

In conclusion, Mariame Dem, the Acting International Programmes Director for WaterAid, made a call to action and gave a declaration. She stated that a resilient and well-equipped healthcare system is crucial in mitigating against the effects of pandemics like the COVID-19. She further reiterated that a healthy system cannot be achieved without scaling WASH and public health interventions. To ensure universal access, there is a further need for Governments to support funding of WASH and the development of strong, multi-stakeholder systems to promote WASH where no one is left behind. She then enjoined everyone to support the East Africa Hygiene for Health Campaign to improve the current state of WASH access in the region.



KIGALI GENOCIDE MEMORIAL VISIT



ZIPLINE MUHANGA VISIT

