Emergency Medicine: A new Specialty in Rwanda

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Outline

• Introduction

• Evolution of Emergency Medicine

• Challenges

• Future of EM in Rwanda
Disclosure

• No competing interests
Rwanda

- Population 11.2 M
- 20% urban population
- 43.3% < 15yrs
- 1994 Genocide

Ref: Rwanda demographic and health survey 2010
Rwanda

- Fast growth
- Transition rural → urban
- Epidemiology & industrialization.
  - More Non communicable diseases and Trauma
Healthcare in Rwanda is provided through a tiered system in which the level of care increases as needed to serve the population.
Emergency Care in Rwanda

• HC staffed by nurses.

• ED staffing by Gps in District Hospitals.

• Limited resources .

• Residency based only in CHUK largest referral hospital.
Human Resource for Health

• Support of Residency by US-HRH/(EM-Brown/ Columbia/SidHARTe)

• Strengthen specialized health care workforce

• 16 Universities provide 100 Faculty members over 7 yrs.
Development of EM

- Improve Emergency Care delivery

- 2 Tiered PGD 2013-2015-DH MMED ongoing 14 students

- Recognition of EM specialty

Ref-state of emergency medicine in Rwanda-2015
ED Practice

• Pts triaged on arrival.

• ED based management

• Consult other depts. for non-EM interventions and admission.

• Research and Evidence based practice.
Trauma Epidemiology Research

- Male 733 (77.7%) 
- Age: 30.5 years

- Most common cause of traumatic injury: RTA 718 (76%) 
  - 308 (61.4%) RTA involve motorcycles.
  - 155 (30.9%) RTA involve pedestrians.
Strengths

- Population satisfaction.
- M&E through Research & QI projects
- Collaboration with training other specialties and hospitals
- Shaping of health system.
POCUS as a strength

• Available US machine

• Time to imaging and interpretation.

• Creation of US image bank

• Faculty by PURE
Challenges

• Limited resources

• Overcrowding

• Lack of emergency nursing training

• Maturing system
Future of EM in Rwanda

• Urge for expansion to more hospitals

• More research on Rwandan based health care

• Co-ordination of prehospital, nursing and MD.
“The best time to have a map is before you start exploring”
Thank you
Murakoze