African Journal of Emergency Medicine (2011) 1, 57–61

African Federation for Emergency Medicine

African Journal of Emergency Medicine

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Existing infrastructure for the delivery of emergency care in post-conflict Rwanda: An initial descriptive study ☆

Infrastructures existantes pour la fourniture de soins d'urgence dans le Rwanda d'après-conflit: Une première étude descriptive

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Available online 29 July 2011

KEYWORDS

Emergency medicine infrastructure;
Rwanda;
Post-conflict;
Prehospital;
Education;
Survey

Abstract *Background:* Rwanda is a landlocked East-African country that was the site of the 1994 genocide, during which much of its health infrastructure was destroyed. It remains one of the poorest and least developed countries in the world. In the last two decades, there have been significant efforts to rebuild its healthcare system. No study has since examined Rwanda's emergency medicine (EM) infrastructure.
Study objective: To perform an initial descriptive study of EM infrastructure in post-conflict Rwanda.
Methods: We employed two methods. The first was 160 h of direct observation at six healthcare sites in the capital city of Kigali leading to a descriptive understanding of Rwanda's EM

☆ LSW conducted the research and was the primary author of the manuscript. DMC helped to come up with the idea of the research, served as advisor during the investigation, and made substantial edits to the manuscript.

Peer review under responsibility of African Federation for Emergency Medicine.
doi:10.1016/j.afjem.2011.07.004

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infrastructure. The second method utilized face-to-face narrative interviews based on a 5-item open-ended questionnaire with a convenience sample of 54 healthcare workers.
Results: A relatively basic EM infrastructure was found to exist. Emergency care is available to all, though timely access and demand for payment are barriers to care. Emergency care is delivered at all levels, from local community health centres to district hospitals to national referral centres. The majority of physicians working in the Emergency Departments (EDs) are general practitioners, and only one hospital provides specialised training at the BLS level to EM practitioners. Prehospital care is almost entirely missing. The three most commonly cited problems facing EM infrastructure in Rwanda were lack of resources (94% of respondents), need for specialised EM training (89%), and absence of prehospital care (74%). All except one worker surveyed (98%) were satisfied with the progress Rwanda has made to improve EM in the last 10 years.
Conclusion: Despite ongoing challenges, the infrastructure for the delivery of emergency care is much improved since 1994, and Rwanda's continuing progress can serve as a model for EM development in other developing and/or post-conflict countries in Africa.

Resume *Contexte:* Le Rwanda est un pays enclavé d'Afrique de l'Est, lieu du génocide de 1994, au cours duquel la majeure partie de ses infrastructures sanitaires a été détruite. Il demeure l'un des pays les plus pauvres et les moins développés du monde. Au cours des deux dernières décennies, des efforts importants ont été entrepris afin de reconstruire son système de soins. Aucune étude ne s'est depuis penchée sur les infrastructures de médecine d'urgence (MU) du Rwanda.
Objectif de l'étude: Réaliser une première étude descriptive des infrastructures de MU dans le Rwanda d'après-conflit.
Methodes: Nous avons employé deux méthodes. La première a consisté en 160 heures d'observation directe dans six lieux d'administration de soins de la capitale, Kigali, permettant une compréhension détaillée des infrastructures de MU au Rwanda. La seconde consistait en des entretiens narratifs en face à face s'appuyant sur un questionnaire de cinq questions ouvertes avec un échantillon de commodités de 54 membres du personnel soignant.
Résultats: Il a été constaté que des infrastructures de MU basiques existaient. Les soins d'urgence sont disponibles pour tous, bien qu'un accès opportun et une demande de paiement constituent des barrières aux soins. Les soins d'urgence sont fournis à tous les niveaux, des centres de santé communautaires locaux aux hôpitaux de district en passant par les centres hospitaliers nationaux. La majorité des médecins travaillant dans les Services d'urgence (SE) sont des généralistes, et un seul hôpital propose aux généralistes de MU une formation spécialisée en premiers soins de réanimation. Les soins pré-hospitaliers n'existent quasiment pas. Les trois problèmes auxquels sont confrontées les infrastructures de MU les plus souvent cités sont le manque de ressources (94% des sondés), la nécessité d'une formation en MU spécialisée (89%) et l'absence de soins pré-hospitaliers (74%). Toutes les personnes interrogées, à l'exception d'une (98%), étaient satisfaites des progrès réalisés par le Rwanda pour améliorer la MU au cours des dix dernières années.
Conclusion: En dépit des défis actuels, les infrastructures nécessaires à la fourniture de soins d'urgence se sont beaucoup améliorées depuis 1994, et les progrès continus du Rwanda peuvent servir de modèle à un développement de la MU dans d'autres pays en voie de développement et/ou en situation d'après-conflit en Afrique.

Introduction

International emergency medicine (EM) is a specialty in its nascency, with increased activity and blossoming interest occurring primarily in the last decade.[1] While EM infrastructure is well-established and EM is a recognized specialty in some countries such as the US, Canada, the UK, and Australia,[2–5] development of EM has only begun to take root in most other countries.[6,7]

One country that warrants further study is Rwanda. Landlocked in East Africa, Rwanda was the site of the 1994 genocide, during which an estimated 500,000–1,000,000 people were murdered. During the genocide, much infrastructure, including virtually all hospitals, was destroyed, and the healthcare workforce was decimated. Lack of early intervention has had profound consequences on Rwanda's public health, economy, and sense of security. Rwanda is one of the poorest and least developed nations in the world, ranking 161 of 177 in the