BUILDING A CITY FOCUSED ON HEALTH LONGEVITY AND WELLBEING – LEARNING FROM KIGALI, RWANDA.

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Introduction: Context of Rwanda & Kigali Transformation

- Rwanda’s human capital was devastated during the 1994 Genocide against the Tutsi; more than 1 million lives lost, 3 millions refugees and hundreds of thousands genocide suspects in prisons
- Rwandan economy shrank by 50% in 1994. GDP per capita fell to 146$, inflation was at 64% and poverty was estimated at 78%
- The civil service had very low capacity with more than 80% lacking tertiary education
- Socio-economic infrastructures e.g: schools, hospitals, financial institutions, were destroyed or not functioning
- A complete restart was required with a very low level of human capital development
GoR leadership model: aspired to lift up the country by building an inclusive society & better future for All by:

- **Establishing security and personal safety**: Rwanda 11th globally and 2nd in Africa with over 87 per cent of citizens saying that they feel safe and confident in the security organs. *(Gallup Global Law and Order report 2018)*;

- Gacaca system of justice, a specific and original solution provided by Rwandan culture to serve justice and reconciliation purposes.

- **Since the year 2000**, Rwanda embarked on the process of decentralization with the aim of involving citizens, considered as main actors in poverty reduction and economic growth.

- The type of decentralization adopted by Rwanda was built on a number of its **Home Grown Initiatives** (For example: Umuganda, Imihigo, etc)
### Context (Cont’d)

**Selected policies & innovations contributing to Healthy Longevity & Wellbeing**

<table>
<thead>
<tr>
<th>Meeting basic needs</th>
<th>Safeguarding physical &amp; mental health</th>
<th>Access to diversified livelihood opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture crop intensification program</td>
<td>Community based health insurance scheme</td>
<td>Umurenge Vision Program (VUP)</td>
</tr>
<tr>
<td>National Early Childhood development policy</td>
<td>Community Health Workers; Campaigns (City cancer challenge, Campaigns against HIV); Isange One stop Centre for fighting against GBV</td>
<td>Kigali Employment Service Centre</td>
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<tr>
<td>One cow per poor family (Girinka Munyarwanda)</td>
<td>Car free days &amp; disease screening &amp; anti-smoking campaigns</td>
<td>Own a business program</td>
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<td>Backyard vegetable &amp; fruit garden</td>
<td>Use of drones in health sector</td>
<td>Capacity building &amp;TVET</td>
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<td>12 year basic education</td>
<td>City greening, beautification, informal settlement upgrading &amp; relocating people from high risk areas</td>
<td>Access to finance programs (BDF,SACCOs)</td>
</tr>
<tr>
<td>Incentives for affordable housing, inclusive model villages, green City pilot project</td>
<td>Use of technology to address health issues (Rapid SMS)</td>
<td>Long term savings schemes (Ejo Heza)</td>
</tr>
<tr>
<td>Inclusive transport (facilitation for PWDs)</td>
<td>Hygiene &amp; sanitation at home/public places (Umuganda, Kandagira ukarabe, hygiene &amp; security campaigns etc.)</td>
<td>Dissemination of ICT (electric motocycles, smart City initiatives)</td>
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Case Study #1: Towards a healthy City

Car Free Days or Mass Sport:

• To promote the culture of sports and active lifestyle among Kigali residents and facilitate it;
• To educate the citizens of Kigali on the prevention and control of non-communicable diseases;
• To promote green transport in Kigali so that to make it a green City;
• To provide a platform for Kigali residents to socialize, share cheerful moments and appreciate the beauty of their city.
• To uplift the image of the City of Kigali as a vibrant a lively city
• Around 18,000 people do walking, jogging, cycling and around 800 get free tests and advices for NCDs.
Case Study #1: Towards a healthy City (Cont’d)

Access to healthcare services:

• 4 Districts hospitals & District Pharmacies, 37 Health centers based at Sector level; Health posts are based at cell level,

• The City of Kigali also hosts private health facilities: Hospitals, Polyclinics, dispensary, Pharmacies, ...

• **Community Health Workers** (4 per village) providing basic health care.

• 76.8% of Kigali population including the poorest group are covered by Medical Insurance. Among them more than 93% are covered by “**Mutuelle de Sante**”
Case Study #1: Towards a healthy City (Cont’d)

**Isange One Stop Center**: Piloted in 2009 at Kacyiru hospital in CoK as Multi-sectoral approach to provide free medical, legal and psycho-socio services to the victims of GBV and child abuse. IOSC are scaled out throughout the country, Kacyiru IOSC plays a role of IOSC of reference.

**The City Cancel Challenge**

The **City of Kigali** officially joined the City Cancer Challenge Foundation’s network in May 2019, as second **African Challenge City**.

The City Cancer Challenge (C/Can) is working to improve the delivery of quality, equitable and sustainable cancer solutions.
Case Study #1: Towards a healthy City: other initiatives

• **Creating a Smoke Free City**
  Article 11 of the Law n 14bis of 08/04/2013 relating to the control of tobacco in Rwanda prohibits smoking in public places, including premises meant for work, the courtroom and surroundings, factories, cinema halls, theatres and video houses, health facilities, restaurants, hotels and bars, children’s homes or areas of residential houses which are used for childcare, schooling or tutoring.

![No Smoking Sign](image)

**Fast-Track Cities: Accelerate HIV’AIDS Responses in Cities**

- The City of Kigali has committed to the fight against HIV/AIDS by signing the Fast-Track AIDS Paris Declaration of 90-90-90 targets on ending the epidemic in cities and urban areas by 2020.

- Among people living with HIV, 90.54% self-reported being aware of their HIV+ status. Among those aware of their status, 94.25% are receiving antiretroviral treatment (ART). Among those receiving ART, 89% have laboratory confirmed viral suppression.
There has been a political commitment towards Hygiene and sanitation, and a lot has been done:

- Employment of Government staff in charge of public health and hygiene,
- Citizen engagement through community work known as “Umuganda”
- Private investment in Hygiene community level (garbage collection, roads cleaning and greening),
Case study#3: Greening and beautification

➢ Ban of importation and use of Plastic polyethylene bags from 2006
➢ Threes and flowers plantation ongoing for prevention of erosion and environment protection and city beautification

➢ For the reduction of air pollution, Electrical cars and motorcycles launched in Kigali in October 2019
Kigali as the host of most successful government program has got many awards & global reputation:

- Wellbeing City Award laureate in the Public health Category (2019);

- Clean and green city, with the lowest crime of any capital city in the region;

- Winner of UN Habitat Award (2008) the highest award for an urban area;

- Safe for women to walk alone (2nd Globally – Gallup report).
Life expectancy & GDP growth

- Life Expectancy
  - 1978: 46.4
  - 1991: 51.2
  - 2002: 64.5
  - 2012: 66.6
  - 2017: 66.6

Vision 2020 target = 66 years

- 7.8% Average GDP growth 2000-2018
- The size of the economy increased more than 9 times
- Per capita income increased more than 3 times
Challenges & lesson learned

**Challenges**

- Rapidly growing Urban population;
- Long time unplanned urban settlements;
- Limited number of health staff & insufficient equipment
- Limited funding for key projects

**Lessons learned**

- Developing **Kigali Master plan** Centered on **rigorous needs assessment**, **Inclusive** by addressing citizens’ needs and **Focused** on establishing integration and synergies with all Stakeholders;
- Other **6 secondary cities** identified in Rwanda
- **Inclusive development model**
- Focusing on **Prevention** of diseases
- Home grown initiatives
- **Private sector participation**
- **Investment in human capital**
- –Results oriented institutional framework – performance contracts (Imihigo)

7.46%

Annual population growth rate

3.8 MILLION

Kigali’s population in 2050.
Evaluation methods

- Performance contracts (Imihigo)
- Master plan review
- Health Surveys
- Hygiene & security campaigns
- Health Monitoring Information system (HMIS)
- Civil registration and vital Statistics (CRVS)
- Integrated Living Conditions Households Surveys (EICVs)
Sustainability & scalability

• Kigali/Rwanda model of ensuring HL&WB consist in integrating a wide range of Socio-economic interventions and Home grown solutions;

• **Strong Political will**: Commitment, monitoring and accountability are required to sustain the impact

• **Investing in the growing human capital** will be key in ensuring future wellbeing of Kigali residents

• Building a City of happy & healthy residents the preoccupation of both local & national Government
THANK YOU