

Since childhood, Janvier Nshimiyimana had dreamed of working in aviation and tourism, but the one job he secured in that field, he turned down. Nshimiyimana had applied for an aircraft loader position at RwandAir, attended the interview, was selected, but knew deep down that he could not take it due to his health.

“I just wanted to feel alive again, pretend and experience the environment of my dream work sector,” he recalls. The manual labor required for this particular role was incompatible with his condition, rheumatoid arthritis.

Nshimiyimana still remembers the day his life changed. He woke up to find his hands stiff and unresponsive, with pain creeping in slowly; he was only 24 years old. In the weeks that followed, he sought help from numerous doctors and even consulted traditional healers, but no one could identify the cause or disease.



*Janvier Nshimiyimana, a rheumatic disease patient, shares his story about the challenges of accessing treatment and living with the condition.*

But when he visited the University Teaching Hospital of Kigali ([CHUK](#)), he was referred to Dr. Janvier Murayire, Rwanda’s only rheumatologist at the time, who had just returned from France.

Until 2022, Rwanda had no rheumatologist in its health system. After Dr. Murayire returned, Dr. Marie Goretti Baransabira was also sent to the same school and completed her training. Today, the country has only two rheumatologists serving a population of over [14 million](#), which mirrors a broader crisis across Africa, where only about 2,970 rheumatologists serve a continent of over 1.4 billion people. The shortage stems from limited training programs, low public awareness, and competing health priorities.

Also, physicians are often reluctant to pursue this specialty because it requires many additional years of study, while the professional rewards remain essentially unchanged. After completing general medicine, becoming a rheumatologist typically requires a further six years, consisting of four years in internal medicine, followed by two years of specialized rheumatology training.

## **Building a Model for Rheumatic Care**

Rheumatic diseases are conditions that affect the joints, muscles, and connective

tissues, causing patients to experience pain, swelling, stiffness, and often reduced mobility. These disorders are usually autoimmune or inflammatory, where the body's defense (immune) system mistakenly turns against itself.

The disease often leads to chronic pain, but early diagnosis and treatment are crucial to slow its progression and prevent severe damage. However, in many African countries, both specialists and medicines remain scarce and very costly.



In Rwanda, there are currently only two rheumatologists stationed at two major referral health facilities -King Faisal Hospital ([KFHR](#)) and [Rwanda Military Referral and Teaching Hospital](#). However, the country is addressing this shortage through a homegrown, scalable model that focuses on decentralized training, mentorship, and infrastructure development.

This homegrown solution is led by Dr. Murayire, who heads the internal medicine department at [KFHR](#). He helped establish a rheumatology unit upon his return from France after witnessing widespread suffering and frequent misdiagnoses of rheumatic diseases.

“Rheumatological disease is a disease that pulls you out of society, takes you somewhere else, and once you get treatment, then you can come back into the community,” says Dr. Murayire, adding that even though most cases are not fatal, they still cause people significant suffering.

When a rheumatology unit was established at King Faisal Hospital in Kigali, news spread about the specialist in town, and the number of patients seeking care skyrocketed. Even after working 12 hours per day, Dr. Murayire could not keep up with the growing demand.



*Dr. Janvier Murayire in his office at [KFHR](#), he is leading efforts to expand rheumatology services in Rwanda.*

“My new rheumatology care unit had to rely on other doctors for support, but there were no specialists, only general internal medicine doctors with limited knowledge of the field,” he explains.

Therefore, he partnered with [Pfizer's Accord for a Healthier World](#), a global initiative aimed at expanding access to medicines while strengthening health systems. Under Dr. Murayire's leadership, they launched a national program to decentralize rheumatic care by training doctors.

Rheumatology, a newly introduced specialty in Rwanda with no direct national data yet available, addresses conditions that rank among the most significant global health challenges, affecting nearly one-third of the population, particularly the elderly<sup>[1]</sup>.

In Sub-Saharan Africa, a critical shortage of rheumatologists, especially in rural areas, further limits diagnosis and forces many patients to seek care from non-specialists or traditional healers.

Dr. Osahon Ehige Omorodion, Pfizer's Medical Director for [Accord](#), explains that one of the main reasons [Accord](#) supported this training initiative was that rheumatic diseases are becoming an increasingly serious public health issue in Rwanda, yet access to specialized care and appropriate treatments remains limited.

"Rwanda's relatively well-developed healthcare systems also provided a solid foundation for [Accord](#) to build upon and scale its interventions effectively, positioning the country as a strategic entry point to establish a successful model that could be replicated across the African continent," observed Dr. Osahon.

This initiative was also supported by Dr. Murayire's former colleagues in France. After completing his studies, they urged him to stay abroad and offered him opportunities, but he chose to return to Rwanda to make a greater impact. Hence, his French colleagues at Collège Français des Enseignants de Rhumatologie ([COFER](#)) agreed to support his work in Rwanda.

"My hospital, the University of Rwanda, and Rwanda's ministry of health supported me to come up with a curriculum very fast, and together with these partners, we commenced a program to train internists from different hospitals," says Dr. Murayire.

With financial support from [Accord](#), the Ministry of Health selected at least one internist from each referral and provincial hospital for a one-month intensive training program for 11 internal medicine physicians, enabling each to establish a rheumatology-oriented unit in their respective hospitals. This involved upgrading

essential resources within the internal medicine departments to support the diagnosis and monitoring of rheumatological conditions.

The first batch of 11 trainees in this fellowship were physicians from CHUK in Kigali, Butare (CHUB), Rwanda Military Hospital, Kibungo Hospital, Kibuye Referral Hospital, Ruhengeri Referral Hospital, Bushenge Provincial Hospital, Rwamagana Provincial Hospital, Ruhango Provincial Hospital, Byumba Hospital, and Nyagatare Hospital.

The ripple effect from this program has been remarkable; more than 1,800 patients have already received rheumatological care, many for the first time in their lives. A separate fellowship, funded by the Ministry of Health, will continue with another batch, and it's envisioned to be upgraded to produce fully trained rheumatologists in the end, Dr. Murayire affirmed.

Dr. Sylvie Turikumwe, an internist at Rwamagana Provincial Hospital, explains that the intensive training began in February 2024. This equipped her with in-depth knowledge of rheumatic conditions most commonly seen in Rwanda. Following the initial sessions, the trainees continued with online modules focused on diagnosing and treating these rare diseases.

After the intensive sessions, participants returned to their respective hospitals and created a database where they began entering information on patients with rheumatic conditions. According to Dr. Sylvie, maintaining this database greatly improved patient follow-up, as it allows doctors to track treatment progress and collaborate more effectively.

"We also have communication platforms like WhatsApp groups where we discuss cases," she adds. "If a diagnosis or treatment becomes challenging, colleagues and specialists are available on the same platform to provide advice, and when a case becomes more challenging, it's referred to a rheumatologist."

### **Restoring Hope, One Patient at a Time**

The trained doctors play a crucial role in diagnosing and treating rheumatic or rare diseases, where minor cases are now effectively managed at these hospitals and rarely require referral to a rheumatologist. Even those who are transferred, a preliminary diagnosis is usually done, which helps reduce the risk of the disease worsening before it reaches a specialist.

According to an [article](#) published in the National Library of Medicine titled “Strengthening Rheumatology Services: Rwanda’s Path to Comprehensive Training and Care,” a wide range of treatments are available for rheumatic diseases, including conventional and targeted Disease-Modifying Anti-Rheumatic Drugs (DMARDs).

The article notes that out-of-pocket (OOP) costs for rheumatic care vary depending on the insurance provider. Typically, insurance covers at least 85% of the total cost, resulting in monthly OOP expenses of \$1–\$5 for conventional DMARDs (except for Sulfasalazine, which is around \$20) and \$35–\$100 for targeted DMARDs. Today, predominantly subcutaneous formulations of targeted DMARDs are used, with rituximab being the only exception, delivered by infusion according to established protocols, as the subcutaneous variant is not yet approved for rheumatoid arthritis, alongside Tofacitinib, which is an oral formulation.

“This disease is a heavy burden, from accessibility challenges to costly medication. Controlling my condition alone costs about 500,000 Rwandan francs (\$357) per month,” explains Nshimiyimana. “And that doesn’t include other expenses such as regular consultations, laboratory tests, special diets, transportation to appointments, or additional treatments when complications arise.”

Nshimiyimana says his life has been profoundly affected, to the point where he cannot imagine living a “normal” life, such as getting married, as it would mean placing this burden on a spouse. His only wish is for policies and support systems that ensure better care for everyone living with such conditions.

Rosette Mutuyimana, a nurse at [King Faisal Hospital](#) who works closely with Dr. Murayire, has also been familiarized with rheumatology. She is responsible for patient triage, conducting primary screenings, facilitating patient scheduling, and organizing patient appointments.

She notes that patients with rheumatic conditions are often highly sensitive, mainly because of the intense and persistent pain they endure. “These patients need caregivers who truly listen and understand what they are going through,” she explains. “The chronic pain can sometimes trigger anxiety or even lead to mental health issues.”



*Nurse Rosette Mutuyimana at King Faisal Hospital, where she assists in delivering specialized rheumatology services.*

For Mutuyimana, the most rewarding moments are when patients who arrived in severe pain receive treatment and regain hope. She recalls with joy some who return later to express their gratitude for the care that changed their lives.

Despite these improvements, the demand for specialist care remains exceptionally high. For example, the waiting time to see a rheumatologist at [KFHR](#) is at least seven months.

### **A Future Where Pain Doesn't Go Untreated**

Before Nshimiyimana could get the proper care, he suffered from hydronephrosis, which is swelling of a kidney, possibly due to misdiagnosis, hence medications that caused injury to his kidney.

Today, access to proper treatment has not just improved his health—it has restored his dignity. “Now I understand what’s happening in my body,” he says. “And I know I’m not alone.”

Together with other patients, they have formed an association where they can meet to discuss their issues, receive counseling, and offer support to one another. The association, with approximately 45 members, meets at least three times a year, and its primary goal is to increase advocacy efforts.

The rheumatic association is still in its early stages, but hopes to gain official recognition. It aims to draw policymakers’ attention to critical issues, such as the high cost of medications and the need for state support for vulnerable patients. Many people living with rheumatic diseases require long-term care, which can be financially overwhelming without assistance.

Rwanda’s quiet revolution in rheumatic care offers a lesson, even in the face of overwhelming specialist shortages, progress is possible.

“My hope for the future of rheumatology management in Rwanda is that there are going to be enough rheumatologists, maybe a rheumatologist in each district hospital,” says Dr. Murayire.

By investing in local talent, empowering general practitioners, and forging strategic

partnerships, Rwanda is closing a painful gap—and giving people like Nshimiyimana a chance to live without constant pain.