# **Destination Guide for Rwanda**



**Overview** 

#### **Destination Guide Content**

# **Destination Risk Levels**

- + High Medical Risk for Rwanda
  - Low Travel Risk for Rwanda
- Medium Travel Risk for Border with Congo (DRC)

#### Border with Congo (DRC): MEDIUM

Seek itinerary-specific advice when travelling to rural areas along the border with Congo (DRC). Sporadic conflict in Congo's North and South Kivu provinces can temporarily increase insecurity in adjacent areas of Rwanda, notably in the form of cross-border incursions by guerrillas or bandits, shelling or stray gunfire. Border crossings to Congo (DRC) may be closed without notice and visa requirements may change with little notice. Those travelling to the Parc National des Volcans/Virunga National Park (along the Congolese border) and Nyungwe Forest (near Burundi) should only travel to these locations with locally licensed tour operators who liaise with park rangers and the security forces. The north-western region lies in a zone of seismic instability. There is a risk of volcanic

activity from the Nyiragongo and Nyamulagira volcanoes, located across the border in Congo (DRC). Avoid off-road travel and exercise heightened caution in areas near the Congolese border, because of the potential presence of unmarked landmines.

# **Standing Travel Advice**

- Defer non-essential travel to Rwanda until further notice due to the ongoing Marburg virus outbreak.
- Monitor developments linked to diplomatic tensions between Rwanda and Congo (DRC) linked to conflict in eastern DRC.

- Workforce in Musanze and Rubavu districts should seek up-to-date itinerary and profile-specific advice when they operate within 12 miles (20km) of the border area with Congo (DRC), including the north-western border city of Rubavu (also known as Gisenyi, (Western province) as well as the Parc National des Volcans/Virunga National Park (Northern province).
- Ensure journey management processes for movement in border regions with Congo (DRC) are upto-date with recent developments. All travel to Musanze and Rubavu districts should be arranged with appropriate security measures due to the risk of spill over incidents from conflict in Congo (DRC).
- Avoid all cross-border movements to Goma and Bukavu (North and South Kivu provinces, DRC) by road due to the risk of potential short-notice border closures.
- Take sensible basic security precautions against petty and street crime.
- Overland travel outside Kigali should be preceded by enhanced planning. Check that your vehicle is in good condition and equipped with a spare tyre. Do not self-drive unless familiar with local conditions; hire an experienced local driver. The use of a four-wheel-drive (4WD) vehicle is recommended for travel outside of roads between Kigali and major towns, especially during the rainy season. Night-time road journeys should be avoided.
- Factor into your planning the limits of locally available assistance in the event of a breakdown or accident.
- Register with your embassy and all relevant warden networks and keep abreast of local and regional developments through your in-country contacts.
- Be aware of the considerable sensitivities attached to discussions on local politics and ethnicity, which are better avoided.
- Do not scrutinise or photograph military installations or personnel.

# Active Alerts (3)

Special Advisory 26 October 2024 at 17:04

Marburg virus outbreak, consider deferring non-essential travel

Location: Rwanda

**Category:** Marburg virus

Situation:

**Latest update: One new infection detected, linked to another case.** The country's first outbreak of Marburg virus was first reported in September. Major healthcare facilities in Kigali have been affected. Marburg is a rare, but potentially deadly, viral disease. Rwanda has implemented temperature screening in public spaces, and enhanced screening measures at border points, for both exit and entry. Due to the risk of international spread, some countries have implemented enhanced screening and monitoring of travellers from Rwanda. At least one country requires organisations that operate in outbreak areas to register deployed workers for assessment upon return. International SOS is monitoring the situation closely. Consider deferring non-essential travel to Rwanda. Those in Rwanda should avoid contact with sick people, body fluids and potentially contaminated items. Should medical care be required, call International SOS, and we will direct you to an appropriate facility.

# Advice:

- Consider deferring non-essential travel to Rwanda.
- Monitor the situation, including this alert and official sources.
- Do not travel if you are sick.

#### For those in country

- Follow the directions of authorities, including screening measures.
- Pay strict attention to hygiene. Wash your hands frequently and thoroughly with soap and water.
- Do not participate in high-risk activities, such as funerals. Do not touch or wash dead bodies.
- Avoid direct contact with sick people and their bodily fluids. This includes items that may have been contaminated with fluids, like bedding and clothing.
- Avoid visiting healthcare facilities. If you need to seek medical care for any reason, call International SOS, and we will direct you to an appropriate facility.
- Ensure you have checked the requirements to enter your next destination. There may be enhanced screening and monitoring requirements.
- If you have been in a Marburg-affected area, monitor your health for 21 days after departure. If you get a fever, diarrhoea, vomiting, stomach pain or rash, separate yourself from other people and call your doctor. Mention your travel history. Do not go to a clinic, hospital or doctor's office until you have spoken to them on the phone.

# More Detail:

The outbreak was first notified in the final week of September. Since then, at least **65 Marburg infections** have been detected across several areas of Rwanda, including the capital Kigali. The affected areas are:

- Gasabo, Kicukiro, Nyarugenge (Kigali city)
- Gatsibo and Nyagatare (Eastern province)

- Huye and Kamonyi (Southern province)
- Rubavu (Western province)

At least 47 people have recovered, however 15 fatalities have occurred. Suspected cases are being isolated, tested and treated. **It has been established that the first person affected in this outbreak (the index case), contracted the infection from a cave where fruit bats infected with the virus have been found. Mining activity had been taking place in this cave, but it has since stopped, and health authorities are monitoring those exposed. At least one recent infection has been connected to the site of the index case.** Local health authorities have reported no evidence of community transmission, and most infections since the announcement of the outbreak have been linked to a hospital cluster in Kigali. An investigational vaccine is being administered to some frontline responders, under strict study protocols. Authorities have introduced screening measures, such as temperature checks, at entry points to hotels, restaurants, tourism sites and other public spaces. Enhanced health screening is underway at border crossings. Departing travellers must complete a screening questionnaire before leaving the country, and those who have had contact with a confirmed case cannot travel until 21 days after exposure.

The United Kingdom Health Security Agency requires organisations undertaking business in Marburg-affected areas to register with the Returning Workers Scheme and advise travel details in advance of staff entering the UK. From 16 October, the United States is directing all flights from Rwanda into designated airports where passengers will undergo enhanced screening and follow up. Kenya and Uganda have also enhanced health surveillance at points of entry including at airports and border crossings.

# What is Marburg?

Marburg is a rare and severe haemorrhagic fever found in Africa that infects humans and other primates. The virus is carried by a fruit bat that lives in caves. It is presumed that non-human primates become infected, and then humans contract the virus though the secretions of infected animals.

Infected people can then spread the virus to other people through direct, unprotected contact. The virus is present in body secretions, including blood and sexual fluids, as well as tissues and organs.

The time between infection and development of symptoms can range between two to 21 days, though people typically become ill within five to ten days after contracting the virus. Symptoms develop suddenly and include fever, chills, headache and muscle pain. A rash may appear on the chest, back and stomach around the fifth day of illness. Nausea, vomiting, chest and abdominal pain, sore throat and diarrhoea may also develop. As the disease progresses, increasingly severe symptoms occur, including jaundice, inflammation of the pancreas, severe weight loss, shock, delirium, massive haemorrhage and organ dysfunction. Haemorrhage occurs most commonly in the lungs and gastrointestinal tract. Without supportive treatment, the fatality rate can be very high (over 25%).

Vaccine is being developed and is only available under strict trial protocols. Prevention is through avoiding exposure, such as contact with bats / bat caves, sick people and their body fluids, and unsafe health facilities.

# For more information:

- See the Marburg virus page and news on the Pandemic Information website (subscription required).
- Download the Marburg Infographic [PDF, 1.03mb].
- See the International SOS Location Guide on Rwanda.
- Contact any International SOS Assistance Centre.

# Assessment:

This is now the third largest Marburg outbreak on record. **The last case was reported on 26 October**. The outbreak may be ongoing until there are 21 days without a new case. International authorities require 42 days (2 incubation periods) to pass without a new case before the outbreak is declared over.

Rwanda has implemented enhanced screening at public spaces within the country and at border crossings. The UK, USA, Kenya and Uganda have increased screening measures for travellers from Rwanda. Other countries may introduce similar measures. People identified with symptoms, or as contacts, may be subject to mandatory quarantine.

The World Health Organization has assessed the risk of further spread of this outbreak as very high at a national level, high at a regional level, and low at a global level. Rwanda's affected areas share borders with the Democratic Republic of the Congo (DRC), Tanzania, and Uganda, increasing the risk of infections spreading in the region. With confirmed cases in the capital city, which has an international airport and road networks connecting multiple East African cities, there is a risk of international spread.

Advisory 25 October 2024 at 16:22

Mpox outbreak, avoid contact with sick people

Location: Rwanda

Category: Mpox

# Situation:

**Latest update: Infection in Germany linked to recent travel in Rwanda**. Mpox infections have been reported in Rwanda for the first time, including in the capital Kigali. Mpox is a potentially severe viral disease. People can contract the virus from close contact with a sick person or contaminated objects and surfaces. Prevent infection by following strict hygiene measures and avoiding contact with sick people. Consult your doctor for an individual recommendation on vaccination.

# Advice:

Do the following:

- Avoid close contact with people who are unwell, including skin-to-skin contact and with materials contaminated by them (e.g. towels, bed linen).
- Observe good personal hygiene. Wash hands well and often.
- In crowded environments, avoid skin-to-skin contact as much as possible.
- Avoid contact with sick people or with materials contaminated by sick people.
- Prevent sexual transmission. Limit the number of sexual partners. Wear condoms for a further 12 weeks after recovering from a mpox infection. Using condoms reduces the risk of exposure to mpox but does not prevent infection through close physical contact.
- Vaccination may be recommended for people who are at higher risk of infection. Consult your doctor for an individual recommendation.

# More Detail:

Imported infections of the clade lb mpox virus were reported in the capital Kigali and Rusizi district (Western province) in late July. Since then, at least six mpox infections have been confirmed, with most reporting recent travel to a clade I mpox-affected country. **Additionally, an infection in a traveller from Rwanda has been detected in Germany.** 

Clade Ib of the mpox virus is a newer strain that is more transmissible and causes more severe illness, with a higher mortality rate. It is currently spreading in several African countries. The potential for an international spread of this clade prompted the World Health Organization to declare the outbreak a public health emergency of international concern on 14 August.

# What is mpox?

Mpox, formerly known as monkeypox, is a viral disease initially found in Central and Western Africa. In 2022, the disease spread globally due to human-to-human transmission. Infected people can pass the disease onto others through contact with body fluids, mpox sores or contaminated shared items, such as clothing and bedding. The virus is also spread to close contacts through respiratory droplets. Symptoms may start with fever, headache, muscle aches, backache, swollen lymph nodes and a general feeling of discomfort and exhaustion. Within a few days, infected people develop a rash that can appear anywhere in the body, including the mouth, as ulcers, and the genital area. The illness lasts two to four weeks. Severe cases and fatalities can occur. Vaccines and treatments exist and are increasingly available.

# For more information:

- Download the mpox infographic poster [PDF, 854kb].
- See the mpox page on the Pandemic Preparedness website.
- Listen to the International SOS podcasts Mpox in Africa: Public Health Emergency and Mpox Outbreak Update and FAQs.
- See the International SOS Location Guide for Rwanda.

• Contact any International SOS Assistance Centre.

# Assessment:

The presence of mpox infections in densely populated areas, such as Kigali, increases the risk of further locally acquired cases.

Advisory
09 October 2024 at 14:40

Defer non-essential travel until further notice due to Marburg virus outbreak; monitor developments for movement restrictions

Location: Rwanda

**Category:** Travel restriction

# Situation:

Defer non-essential travel to Rwanda **until further notice** due to an outbreak of Marburg virus first reported in September. Rwanda has implemented temperature screening in public spaces, as well as enhanced screening measures at exit-and-entry border points. Due to the risk of international spread, some countries have also implemented enhanced screening and monitoring of travellers from Rwanda. Monitor developments for any movement restrictions such as curfews or bans on public gatherings.

# Advice:

- Defer non-essential travel to Rwanda due to the Marburg virus outbreak.
- Monitor developments related to any possible movement restrictions.
- Be informed of and avoid activities that may put you at risk of contracting the Marburg virus.
- Monitor our Rwanda alerts for updates.

# Health advice

- Some locations are implementing screening, and travellers may face quarantine and testing. Follow advice issued by the local authorities.
- Avoid hospitals that are treating suspected Marburg cases.
- Pay strict attention to hygiene.
- Do not participate in high-risk activities such as funerals. Do not touch/wash dead bodies. Avoid direct contact with sick people and their bodily fluids. This includes items that may have been contaminated, like bedding and clothing.
- Do not travel if you are sick. Call International SOS for advice.
- For more information, see the International SOS medical alert.

# **Destination Guide for Rwanda**



# **Before You Travel**

#### **Destination Guide Content**

# Visa Requirements

#### **IMMIGRATION REQUIREMENTS AND PROCEDURES**

#### British

Passport Required Yes

Visa Required Yes

Return Ticket Required Yes

#### Australian

Passport Required Yes

Visa Required Yes

Return Ticket Required Yes

#### Canadian

Passport Required Yes

Visa Required Yes

Return Ticket Required Yes

#### USA

Passport Required Yes

Visa Required Yes

Return Ticket Required Yes

# Visas

All nationals can obtain a single-entry visa upon arrival at Kigali airport, without prior application, after paying the appropriate fee, if applicable. The visa fee is waived for nationals of African Union, Commonwealth and La Francophonie member states. A single tourist visa is valid for 30 days, and a multiple-entry business visa is valid for one year. An e-Visa can also be obtained online prior to departure.

Nationals of Angola, Benin, Central African Republic, Chad, Ghana, Guinea, Indonesia, Ivory Coast, Haiti, Senegal, Seychelles, Sao Tome and Principe, Sierra Leone, Democratic Republic of Congo, the Federation of Saint Christopher and Nevis, Mauritius, Philippines, Qatar and Singapore will be granted a 90-day single-entry visa free of charge, upon arrival, without prior application. Nationals of East African Community member states will be granted an entry visa free of charge upon arrival for a period of six months. On the other hand, nationals of Common Market for Eastern and Southern Africa member states can obtain a 90-day single-entry visa upon arrival after paying the appropriate fees, without prior application.

Transit passengers who do not depart within 24 hours of their arrival in the country need a transit visa. Visa renewals can sometimes prove difficult, particularly when dealing with low-ranking local officials once inside the country. Business travellers can refer to the Directorate General of Immigration and Emigration website for visa information.

Business travellers seeking to stay for longer than what their visa allows must apply for another visa in person at the office of immigration in Kigali. Overstaying can result in a fine.

# Procedures

Travel via countries with which Rwanda has diplomatic tensions, including Congo (DRC), does not usually pose a problem.

# **Entry/Exit Requirements**

# Entry/Exit requirements

A valid passport is required by all nationals, which needs to be valid at least six months from the date of entry. However, foreign nationals with residence permits will be able to use them for entry at Kigali airport. A maximum of 5,000 Rwandan Francs (RWF) can be imported or exported, though there is no limit on foreign currency. Foreign nationals are required to complete forms upon arrival and departure, stating their place of accommodation during their trip. Business travellers should be aware that the police may contact the designated hotel to confirm this information. The use of non-biodegradable polythene bags is unlawful; the authorities will impound such bags upon arrival.

# **Cultural Tips**

# CULTURAL ISSUES AND ETIQUETTE

#### General tips

- Taking photographs of government buildings is unlawful.
- There are some legal restrictions relevant to LGBTQ+ individuals, though they are not enforced or adhered to in the legal system. Societal attitudes towards the LGBTQ+ community are sometimes intolerant, and violence is only occasionally directed towards its members.

# **Getting There**

# METHOD OF ARRIVAL

#### By air

Kigali International Airport (KGL, Kigali province), also referred to as Kanombe International Airport, is located in the Kanombe suburb of the capital Kigali, seven miles (11km) east of the city centre. Airport security and operations generally are adequate. Kamembe International Airport (KME, Western province) is in south-western Rwanda near the city of Cyangugu (Western province) and receives regional flights, including from Uganda, Tanzania and Congo (DRC). Be aware that the use of plastic bags is forbidden. They will be confiscated upon arrival at the airport.

Airlines have variable security standards. You may wish to consult the European Commission's website for a list of airlines banned within the EU and the US Federal Aviation Administration's website for a database of aviation accidents and statistics.

#### By land

Rwanda has road links with Uganda, Congo (DRC), Burundi and Tanzania. Seek itinerary-specific advice before travelling to the western border areas with Burundi and Congo (DRC) where the security environment may be affected by the activities of armed groups operating in those countries. The country can also be accessed from Goma and Bukavu (both Congo DRC), though not recommended due to security concerns.

#### Procedures

Travel via countries with which Rwanda has diplomatic tensions, including Congo (DRC), does not usually pose a problem.

# **Getting Around**

# **BY AIR**

RwandAir is the national carrier. Regular flights operate between Kigali and Cyangugu. Charter flights are also available.

#### **BY ROAD**

The road infrastructure from Kigali to major towns is good. There are asphalt roads between the capital and Gatuna (Northern province; via Byumba), Rwamagana (Eastern province; via Kayonza), Fugi (Southern province; via Gitarama and Butare) and Gisenyi (Western province; via Ruhengeri). However, it remains best to opt for a four-wheel drive (4WD) vehicle because outside main roads motorists will encounter dirt roads or poorly maintained tarmacked roads. Driving conditions can become particularly difficult in the rainy season (February to May and October to January), when landslides can block narrow mountain roads.

Car-hire companies will usually provide a driver. Do not self-drive unless familiar with local driving conditions. International licences are acceptable for a maximum period of three months, after which foreign nationals are required to procure a Rwandan licence. Fuel and assistance in the event of a breakdown can be hard to obtain outside main urban centres. Driving is on the right-hand side. Seatbelts are obligatory and fines are routinely issued to motorists who do not wear them. Mobile phone use while driving is unlawful. Traffic police are present at regular intervals along key roads and are often equipped with portable speed guns. Speeding exposes motorists to hefty fines. Foreign nationals and business travellers may be stopped at police roadblocks throughout the country and have their vehicle and their luggage searched. Carry passport documentation and a driving licence at all times.

Despite efforts to regulate speed, careless driving, the presence of numerous meandering mountain roads and the lack of basic safety equipment on many vehicles mean that driving in rural Rwanda remains hazardous, particularly at night. Roads are poorly lit, and cyclists, pedestrians and livestock frequently move out into the road without warning. Drivers should slow down and use the horn liberally when passing pedestrians, especially in villages and the countryside. Approach all intersections with care; stop signs are frequently ignored and motorcyclists, as well as cyclists, can adopt unexpected trajectories. If involved in a traffic accident, motorists should stay at the scene and wait for the police to arrive, unless a threatening crowd forms, in which case it is advisable – where possible – to drive to the nearest police station or checkpoint. In the event of a road traffic accident, the local police can be contacted by dialling 113 from any mobile operator.

# **BY TAXI**

Use regulated and orange-striped taxis and negotiate the fare in advance, as taxi drivers are known to overcharge. Foreign nationals planning to use taxis to travel between several different locations should hire a driver for the day. Do not use motorbike taxis as their driving standards are variable.

#### **BY TRAIN**

There are no internal rail services in the country.

#### **BY OTHER MEANS**

Although the safety of minibuses has improved, they tend to be overcrowded and poorly maintained, and are therefore not recommended. Foreign nationals should never get into a shared taxi.

# **Business Women**

### BUSINESSWOMEN

Women play a prominent role in Rwandan society and occupy at least 30% of seats in government. Inheritance laws have improved prospects for divorced women. The Rwandan parliament has the highest level of female representatives in the world, including an increasing number in key posts. Many women run their own organisations in Kigali.

Although businesswomen do not face specific risks, they should adopt basic security precautions.

# **Working Week**

#### **WORKING WEEK**

- Working Week: Monday to Friday.
- Office hours: 08.00-12.30 and 13.30-17.00.
- Banking hours: 08.00-12.00 and 14.00-17.00; 08.00-12.00 on Saturdays.

#### Language & Money

#### LANGUAGE

English, French, Kinyarwanda and Swahili are all official languages, though only Kinyarwanda is likely to be spoken in rural areas. The main international language – at least in business circles – is English. Taxi drivers, restaurant waiters and some hotel employees may be more comfortable in French rather than English, though this often depends on age, with younger Rwandans somewhat more likely to speak English than their elders. Kiswahili is often used in commercial centres and by members of the military.

#### MONEY

The local currency is the Rwandan franc (RWF). Foreign exchange bureaux are easy to find in commercial centres, especially in Kigali, and enable the safe changing of money for reasonable rates. US dollar is the most widely accepted hard currency, though euros can also be changed. Carry post-2006 US dollar bills as foreign nationals may face difficulty in using older notes. In addition, exchange bureaux offer preferential rates for \$100 bills and commercial establishments may not accept smaller bills. ATMs are widely available and will provide cash on international credit cards. Caution should be exercised while making ATM transactions due to the threat of skimming. Credit cards are seldom accepted outside major hotels and restaurants in Kigali, though VISA tends to be the only credit card accepted. Banks and Western Union branches in Kigali provide wire transfer facilities.

# Tipping

# TIPPING

Tipping is discretionary. A small tip (10% of the bill) can be given for good service.

# **Geography & Weather**

#### GEOGRAPHY

Rwanda is a land-locked mountainous country situated in the Great Lakes region of Central Africa, bordered by Congo (DRC) in the west, Uganda in the north, Tanzania in the east and Burundi in the south. The country has a fertile and hilly terrain. The Ruzizi river and Lake Kivu run between Congo (DRC) and Rwanda. The capital Kigali is located in the centre of the country. The western part of the country slopes towards Lake Kivu and Ruzizi and forms what is known as the Great Rift Valley. Eastern Rwanda features plains, swamps, lakes and hills. Rwanda is administratively divided into four provinces (Est, Nord, Ouest and Sud) and one city (Kigali).

#### CLIMATE

#### **Climate overview**

- Rwanda has a temperate climate.
- There are two rainy seasons: February to May and October to January.
- July to September are the driest months.
- Monitor the Rwanda Meteorology Agency website for weather updates.

#### Earthquakes and volcanic activity

- North-western Rwanda lies in an active seismic zone, making it vulnerable to earthquakes.
- The Nyiragongo and Nyamuragira volcanoes near the Rwandan border in north-eastern Congo (DRC) are active.

### Flooding and landslides

- Flood and landslides are common in western and northern provinces during the rainy seasons.
- Landslides may suddenly block or damage mountainous routes, as well as cause fatalities and population displacement.

#### Droughts

• Eastern province is prone to droughts and resultant water shortages.

# **International Dialing & Power**

#### **DIALLING CODES**

Country Code 250

IDD Prefix (International Direct Dialling) 00

NDD Prefix (National Direct Dialling) 0

#### COMMUNICATIONS

International calls are possible from fixed lines as well as from mobile phones. Major mobile operators in the country include Airtel and MTN. SIM cards can be bought on arrival though all users are required to register their SIM cards. A form, including contact details and an ID copy, needs to be completed for such a registration. Around 95% of the country is covered by 4G LTE network. Business-class hotels can be expected to offer reliable wireless internet access and increasingly many cafes do the same. National postal services can be used, though private courier services such as FedEx and DHL are preferable for international business correspondence and consignment delivery.

#### ELECTRICITY

This is the most common plug type used:

# Calendar

#### **Holidays & Security Dates**

# 2024

01 Nov All Saints Day

**25 Dec** Christmas Day

In some countries, if this holiday falls on a Saturday or Sunday, a public holiday is declared for the following Monday.

# **26 Dec** Boxing Day

In many countries, if this holiday falls on a Saturday or Sunday, a public holiday is observed on the following Monday or Tuesday respectively.

# 2025

**01 Jan** New Year's Day

In many countries, if this holiday falls on a Saturday or Sunday, a public holiday is declared for the following Monday.

28 Jan Democracy Day

01 Feb National Heroes' Day

**07 Apr** Genocide Memorial Day

**01 Jul** National Day

**04 Jul** Freedom Day

15 Aug Assumption Day

25 Sep Kamarampaka

01 Oct Patriotism Day

26 Oct Armed Forces Day

# **Destination Guide for Rwanda**



Medical

#### **Destination Guide Content**

# **Medical Care**

#### Basic

#### Standard of Health Care

The standard of medical care in Rwanda is well below international standards. The healthcare system is limited in terms of facilities, equipment and staff. There are few medical facilities, especially outside of Kigali. Only private facilities should be used where available. Health professionals speak mainly French, though doctors at some facilities in Kigali may speak English as well. Any complicated illness or injury will require medical evacuation to the nearest centre where adequate medical care is available, usually Nairobi or Johannesburg. The destination depends on the nature of the illness or injury.

#### EMERGENCY NUMBERS

Emergency 112

Contact International SOS for help with your medical situation. Contact us

**Hospitals & Clinics** 

# Vaccinations

#### Cholera

Vaccination should be considered for some travellers and relief workers who are likely to encounter unsanitary conditions, or will have limited access to safe water.

# COVID-19

Vaccination is recommended for all travellers.

# **Hepatitis** A

Recommended for all travellers and international assignees, especially groups at higher risk including:

- long-term and frequent visitors.
- adventurous travellers who travel to more remote locations or stay in areas with poor sanitation.
- gay, bisexual, and other men who have sex with men (see US CDC).
- people who use illicit drugs.
- those with liver disease.

# Hepatitis B

Recommended for all travellers and international assignees.

#### Rabies

Consider for certain travellers, especially:

- For international assignees and long-term visitors.
- For children who tend to play with animals and may not admit to being bitten or scratched.
- If you are travelling to a location where quality medical care may not be available immediately after being bitten/scratched by an animal.
   (Unvaccinated people need immunoglobulin within 24 hours of an animal injury, and this medication is scarce in some countries. If you are pre-vaccinated, you do not need this immunoglobulin after an injury.)
- If contact with dogs, monkeys or other potentially rabies-carrying animals is likely.

Jogging increases your risk of dog bite.

# Typhoid fever

Recommended for all travellers and international assignees.

# **Routine Vaccinations**

#### Influenza

#### Influenza occurs in:

- Temperate southern hemisphere: April to September.
- Temperate northern hemisphere: November to March.
- Tropics: year-round.

Annual vaccination is recommended. Vaccination is especially important for people at higher risk of severe disease. People who are at higher risk for severe disease include:

- People over the age of 65.
- People with underlying health conditions.
- Pregnant women.

#### Measles-Mumps-Rubella

Vaccinations against measles, mumps and rubella are routine in childhood, and are usually available as a combined vaccine "MMR". See routine childhood vaccination schedules: Australia, Canada, Europe, USA, UK All adults should ensure they are immune to these diseases before they travel abroad. If unsure of your immunity, consult your health professional. You may need to be vaccinated.

#### Polio

Vaccination against polio is routine in childhood in many countries. See routine childhood vaccination schedules: Australia, Canada, Europe, USA, UK All adults should ensure they are immune to the disease before they travel abroad. If unsure of your immunity, consult your health professional. You may need a *primary vaccination* or a *booster*. Booster recommendations vary by country.

# **Tetanus-Diphtheria-Pertussis**

Vaccinations against tetanus, diphtheria and pertussis are routine in childhood.

See routine childhood vaccination schedules: Australia, Canada, Europe, USA, UK

All adults should ensure they are immune to these diseases before they travel abroad. If unsure of your immunity, consult your health professional. You may need a *primary vaccination* or *booster*. Booster recommendations vary by country.

# Varicella

Varicella (chickenpox) vaccinations are included in the routine childhood immunization schedule of some countries. See routine childhood vaccination schedules: Australia, Canada, Europe, USA, UK

All adults should ensure they are immune to varicella before they travel abroad. If unsure of your immunity, consult your health professional.

# Malaria

# **Risk in all areas**

Malaria is transmitted by mosquitoes that usually bite from dusk to dawn. Symptoms can develop as early as seven days or as late as several months after exposure. Early malaria symptoms are flu-like and can include fever, sweats/chills, head and body aches, and generally feeling tired and unwell. People also sometimes feel nauseous and vomit or have diarrhoea. Untreated, malaria can cause serious complications like anaemia, seizures, mental confusion, kidney failure and coma. It can be fatal. Follow the ABCDEs to minimise malarial risk: A: Awareness - Be Aware of the risk, the symptoms and malaria prevention.B: Bite Prevention - Avoid being Bitten by mosquitoes, especially between dusk and dawn.

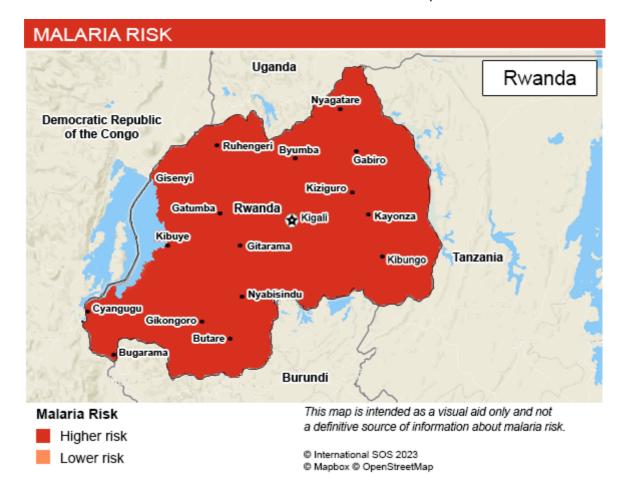
**C**: Chemoprophylaxis - If prescribed for you, use **Chemoprophylaxis** (antimalarial medication) to prevent infection and if infected reduce the risk of severe malaria.

**D**: Diagnosis - Immediately seek **Diagnosis** and treatment if a fever develops one week or more after being in a malarial area (up to one year after departure).

**E**: Emergency - Carry an **Emergency** Standby Treatment (EST) kit if available and recommended (this is the kit which contains malaria treatment).

#### Malaria is present year-round in all of Rwanda. Prevention:

- mosquito bite avoidance
- medication: consult your travel health doctor for an individual recommendation. Some authorities recommend preventive medication.



# **Yellow Fever**

Proof of yellow fever vaccination is required for specified travellers to enter

Rwanda has a low risk of yellow fever transmission throughout the country. A yellow fever vaccination certificate is *required* for entry for anyone  $\geq$  1 year of age arriving from a country with a risk of yellow fever transmission. Vaccination is *generally not recommended* for travellers going to Rwanda. However, vaccination *may be recommended* for some travellers who are at higher risk for infection due to the duration of their trip, planned activities, or other individual circumstances.

*For onward travel:* A yellow fever vaccination certificate may be required for entry at your next destination, including your home country. Travellers going to India and Oman will be *required* to show proof of vaccination to enter. *(Discuss vaccination with your travel health professional well in advance of your trip. The certificate becomes valid 10 days after vaccination and is valid for the life of the traveller. Note that vaccination requirements may change at any time; check with the relevant embassy or consulate for your destination. Occasionally border authorities request a valid vaccination certificate although it may not be required under the official policy.)* 

Yellow fever is caused by a virus spread through mosquito bites. The symptoms range from a mild flu-like illness to a severe haemorrhagic fever with organ failure. It is prevented through vaccination and preventing mosquito bites.

Vaccination provides life-long protection. It is only available through designated yellow fever vaccination clinics. They will issue a signed and stamped International Certificate of Vaccination or Prophylaxis (ICVP) which becomes valid 10 days after the vaccination, and is valid for the lifetime of the person vaccinated.

Many countries require proof of vaccination for entry. If proof is not available, authorities may deny entry, mandate vaccination or may monitor your health. Some countries require proof of vaccination when departing. Always check the relevant location guide, or ask the consulate or embassy for the requirements, several weeks prior to your trip.

View Yellow Fever Infographic Poster PDF

# The Disease

Yellow fever is a potential fatal viral disease which is spread through mosquito bites. It is one of the 'viral haemorrhagic fevers'. It occurs in some countries of Africa and South America. There is no specific treatment available, hence prevention through vaccination and preventing mosquito bites is critical. Many countries require travellers to show proof of vaccination in order to enter.

# Transmission

The virus is carried by certain mosquito species (*Aedes* and *Haemogogus*), which tend to live around houses, or in jungles, or both environments. People (and monkeys) are infected through mosquito bites. When the virus moves into urban areas, large outbreaks can occur in humans if a large proportion of the population has not been vaccinated and is not immune.

#### Symptoms

Some people never develop symptoms after being infected. For those who do become ill, the first signs usually appear three to six days after the mosquito bite. These are often a sudden headache and fever, and "flu-like" symptoms that can include fatigue, muscle pain, back pain and sometimes nausea and vomiting. Most people recover in about four days. However within 24 hours after appearing to improve, about 15% progress to a serious toxic form of the disease. High fever, abdominal pain, vomiting, and jaundice, which turns the skin and eyes yellow (hence the name "yellow fever") can occur. The illness can progress to haemorrhagic (bleeding) symptoms and organ failure. Between 20%-50% of people who have a severe case of yellow fever die from the disease.

# Diagnosis

The diagnosis is made through highly specialised laboratory testing of blood and tissue samples.

#### Treatment

There is no specific treatment for yellow fever. Patients are managed with supportive therapy. In severe cases hospitalisation and intensive care is required.

#### Prevention

Prevention is through preventing mosquito bites, and vaccination. **Prevent mosquito bites:** 

- When outdoors, wear clothing that covers most of your body (long sleeves, long pants, socks and covered shoes).
- Consider treating clothing with an insecticide. These are available as both soaks and sprays, and usually last through several washings.

Always follow the manufacturer's instructions.

- Use an effective insect repellent that contains DEET, Picaridin, PMD, or IR3535. In general, the higher the concentration of the active ingredient in a product, the longer it lasts and hence the more effective it is. Reapply after swimming or excessive sweating.
- Stay away from mosquito breeding areas, such as stagnant water.
- Avoid using perfumes and wash off sweat as both attract mosquitoes.
- Consider using a bed net impregnated with insecticides.
- Ensure windows are covered with fly-wire. Use "knock-down" insect spray to kill mosquitoes in your room.
- Choose air-conditioned, well-screened accommodation, if possible.

Vaccination: An effective vaccine is available, which contains live but weakened virus. Vaccination provides protection to most people within about 10 days, and this climbs to almost everyone by 30 days. A single vaccination provides life-long immunity in most people. There are precautions and contraindications to vaccination, and not everyone can receive the vaccine. Yellow fever vaccination is only available through designated yellow fever vaccination clinics. They will issue a signed and stamped International Certificate of Vaccination or Prophylaxis (ICVP) which becomes valid 10 days after the vaccination, and is valid for the lifetime of the person vaccinated. **Proof of Vaccination for Entry / Exit requirements** 

Many countries require proof of vaccination in order to enter – these are places where yellow fever exists, but also places that do not have yellow fever but have mosquitoes which are capable of being infected. If proof is not available, authorities may deny entry, mandate vaccination or may monitor your health. Some countries require proof of vaccination when departing. Requirements are specific for each country, and can vary depending on where the trip originated. Always check the relevant location guide, or ask the consulate or embassy for the requirements, several weeks prior to your trip. If vaccination is required for entry/ exit purposes but is medically contraindicated or not recommended, the doctor will complete the "Medical Contraindications to Vaccination" section of the ICVP. In addition they can issue a medical waiver letter. The waiver should be written on letterhead stationery, signed and stamped by the doctor, clearly stating the reason the vaccination was not administered. Generally waivers are given for a specific trip and subsequent waivers need to be issued for further trips.

# **Risk to Travellers**

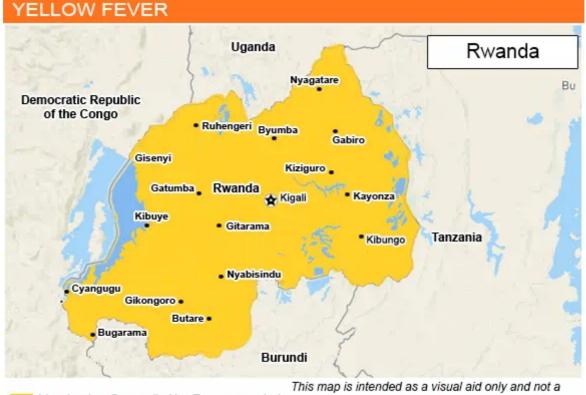
The risk of acquiring yellow fever is higher in Africa than in South America, but the risk varies greatly according to location and season. In West Africa, peak transmission is late in the rainy season and early in the dry season (July-October). Transmission is highest during the rainy season (January-March) in Brazil. However, people can get the disease any time of year.

# CDC Yellow fever information

### CDC Yellow fever vaccine

The potential for yellow fever exposure in Rwanda is low, and vaccination is generally not recommended.

No cases have been reported since 1950.



Vaccination Generally Not Recommended definitive source of information about yellow fever risk.

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# **Health Threats**

# Rabies

Rabies is a viral disease contracted when bitten or scratched by an infected (rabid) animal, often a dog. Once it enters the body, the virus travels along nerves and causes paralysis. As it reaches important organs like the spinal cord and the brain, it causes coma and death.

In countries where rabies is present in animals or bats, ALL animal / bat bites, scratches and licks to broken skin must be treated seriously. Rabies vaccination is very effective in preventing rabies, even after a bite/scratch by a rabid animal.

# **Rabies vaccination**

Pre-exposure vaccination is often recommended for expatriates and longterm visitors to destinations where rabies is present. It's especially recommended if quality medical care may not be available after being bitten or scratched by an animal. Pre-exposure treatment can be especially useful for children, since they may not tell their parents that they have been bitten/scratched.

Pre-exposure vaccination makes it easier to treat a bite or scratch. That's important because some types of rabies treatment can be in short supply in many countries, even in cities.

# If bitten, scratched or licked (on broken skin) by an animal:

- Immediately cleanse the wound with soap and water and a povidoneiodine solution if available.
- Seek medical advice from a qualified source or your assistance company.
- Notify local health authorities immediately. You may need *post-exposure vaccination*, even if you have had pre-exposure vaccination. (THIS CAN BE LIFE SAVING.)

# **Dengue fever**

Dengue, or "break-bone" fever, is a viral disease of the tropics and subtropics. It is transmitted by the *Aedes aegypti* and *Aedes albopictus* mosquitoes that bite during the daytime and are found in and around human habitation. Transmission from mother to child is possible during pregnancy or birth. Symptoms include high fever, severe headaches, joint and muscle pain, nausea and vomiting. A rash often follows. The acute illness can last up to ten days, but complete recovery can take two to four weeks.

Occasionally, a potentially fatal form of dengue called severe dengue (previously known as dengue hemorrhagic fever or DHF) occurs. Severe dengue is more likely in infants and pregnant people, as well as for people who have been infected in the past and are infected again with a different strain of dengue. When a pregnant person is infected there is a risk of preterm birth, low birth weight and foetal distress. About 2 to 3 out of 100 severe dengue cases are likely to be fatal. Prevention is through avoiding mosquito bites. There are two commercially available dengue vaccines approved in a few countries. Dengvaxia is generally only used in people with previous dengue infection while Qdenga can be considered for people without a history of dengue infection.

# Onchocerciasis

Onchocerciasis, also known as "river blindness", is caused by parasitic worms. The disease is mainly found mainly in parts of tropical Africa, though several non-African countries are also affected. Humans contract the disease via fly bites. Once introduced into the human body, the worms enter the bloodstream and mature in nodules under the skin. Later, large numbers of microscopic larvae (called microfilariae) are released. These migrate within the body.

Prevent insect bites to avoid infection.

The disease is present in some areas but at low levels.

# COVID-19

COVID-19 is predominantly a respiratory illness, caused by the SARS-CoV-2 virus. Transmission is from person to person via contaminated respiratory droplets. People are infected when these droplets are inhaled or land directly on the mouth/nose/eyes, or indirectly when transferred by touching contaminated surfaces and then touching the mouth/nose/eyes. Most people will develop a mild to moderate illness only which lasts up to two weeks, or have no symptoms. Symptoms vary greatly. Common symptoms include fever, cough and sore throat. Sometimes there is a loss of or change in the sense of smell or taste. The illness can progress to being severe and can be fatal. Older people and people with underlying health conditions are at higher risk of severe disease and death. Antiviral treatment is available and is particularly important for people at higher risk of severe illness.

Some people may continue to have symptoms that last for weeks or months after the initial infection has gone.

Prevention is through vaccination, hand hygiene, and physical distancing. Wearing a mask, and ensuring adequate ventilation in enclosed spaces can reduce the risk of infection.

The first imported cases were confirmed on 14 March 2020. For more information, see the Ministry of Health website and the Ministry of Health Twitter page. The country has a COVID-19 hotline: 114.

# Tuberculosis (TB)

Tuberculosis (TB) is a serious bacterial disease. The bacteria can be coughed or sneezed into the air by an infected person. Most people who contract TB have had prolonged, close, exposure to an infected person. Family members, close friends and healthcare workers are most at risk. People with compromised immune systems, babies and children, those travelling to or living in countries with high TB rates, smokers and those who consume alcohol or other substances and those residing in group accommodation (such as prisons or nursing homes) are also at higher risk.

Active TB causes a variety of symptoms that are sometimes vague, but often include prolonged cough, chest pain, weakness, lack of appetite, weight loss, fever, chills, night sweats, tiredness, and lack of energy. Latent (inactive) TB causes no symptoms.

Tuberculosis is diagnosed by evaluating a patient's risk factors for exposure to TB, clinical symptoms, chest X-rays, CT scan, tuberculin skin testing and examination of sputum or secretions which may contain the bacteria. Most strains of TB can be treated with antimicrobial drugs. Up to four different types of medicines may be used together to treat a patient. If left untreated, active TB can be life-threatening. Some forms of TB have become resistant to drugs (MDR TB), and some forms are extensively resistant to drugs (XDR TB). These forms are hard to treat.

A vaccine, Bacillus Calmette-Guerin (BCG) is available. It protects children against severe TB. Some authorities recommend vaccinating children up to 16 years old or for travellers who may live or travel for three months or more to places with higher rates of TB infection or with the risk of multi-drug resistant TB. It must be discussed on an individual basis with your own health care provider.

Avoid enclosed or crowded environments where there are known TB patients, such as hospitals and prisons, whenever possible. People who must enter such places, such as health care workers, should wear specially fitted personal respiratory protective masks (such as the N-95 mask). Other ways to prevent the spread of TB include early identification, isolation and treatment of active cases, spreading awareness of symptoms to ensure people seek medical care early and ensuring that people on treatment take their medication and complete the entire course.

Rwanda falls in the "upper-moderate" incidence category for tuberculosis with an estimated 56 cases per 100,000 population in 2022. BCG vaccination is given at birth and is included in the country's immunisation schedule. International assignees or frequent travellers should consider consulting their doctor as TB screening may be offered.

# **Air Pollution**

Poor air quality, also known as "haze", "smog" and "air pollution", can negatively impact one's health. Some groups are especially vulnerable to problems caused by polluted air. These include children, the elderly and anyone with underlying chronic health problems such as heart disease, emphysema, bronchitis or asthma.

The chemicals in polluted air can affect the lungs resulting in wheezing, coughing, shortness of breath and even pain. Polluted air can also irritate the eyes and nose, and may interfere with immune system function. Long-term exposure can result in reduced lung function, particularly in children. It can also lead to lung cancer.

Limiting exposure to polluted air is the best way to prevent health problems. When air quality is poor, it may be advisable to avoid outdoor physical activities. While indoors, keep doors and windows closed, and use an air conditioner on 'recirculate' if possible. If the air quality is frequently problematic, consider using an air cleaner. During particularly bad periods, you may want to wear a mask while outside. Ask your healthcare provider before using a mask, especially if you have underlying health conditions. See the International SOS Air Pollution website - use your membership number to log in.

# Altitude

Altitude illness is a potentially fatal condition that can affect people who normally live at a low altitude and travel to higher altitudes. It can occur from elevations of 1,500 meters onwards but is more common at elevations above 2,500 meters (8,000 feet). People most at risk are those who have experienced altitude illness before, people who have heart or lung problems and people under the age of 50. There are three different types of altitude illness: Acute Mountain Sickness (AMS), High Altitude Cerebral Edema (HACE) and High Altitude Pulmonary Edema (HAPE). AMS is the most common and mild form of altitude illness. HACE and HAPE are more severe. HACE is a medical emergency and if not treated and managed quickly, can result in coma and death. Management of altitude illnesses involves immediate descent and oxygen treatment. Most people who are affected, even those who develop HACE or HAPE, recover completely if moved to a lower elevation. There are medicines that can be administered by trained medical professionals.

Anyone travelling to high altitudes, especially higher than 2,500 meters, should be aware of and recognise the symptoms of altitude illness. See your travel health professional before departure, for individual advice on preventive measures, especially if you have ever suffered altitude sickness in the past, or if you have an underlying medical condition.

Most of Rwanda is at least 1,500m (4,921ft) above sea level and this includes the capital Kigali at 1,567m (5,141ft). There are also extreme elevations in the west of the country where the highest point, Mount Karisimbi, is 4,507m (14,787ft).

# Cholera

Cholera is a diarrhoeal disease. People get sick when they consume food or water that has been contaminated by the faeces of an infected person. The most common symptom is severe watery diarrhoea, often called "rice-water" stools. Vomiting is also common.

Most cholera infections are relatively mild. People recover on their own by keeping well-hydrated. About 1 in 10 of all infected people will suffer severe illness, which can cause life-threatening dehydration. These cases are treated with oral and/or intravenous fluid replacement and antibiotics.

Most travellers have a low risk of cholera, as following food and water precautions is usually sufficient to prevent the disease.

Healthcare and relief workers who travel to areas of cholera outbreaks and have limited access to safe water are at higher risk. They should consider vaccination against cholera.

# **Hepatitis** A

Hepatitis A is a viral disease that causes liver inflammation. The virus is present in the faeces of an infected person. It spreads through contaminated food and water and is common in areas with poor sanitation. Person-toperson spread also occurs, when the virus is inadvertently transferred into the mouth, including during sexual activity. People at higher risk of infection include men who have sex with men, illicit drug users and people with liver disease.

Not everyone gets symptoms. If symptoms do occur, they begin two to four weeks or more after infection and can last for weeks or months. Symptoms include fever, fatigue, loss of appetite, diarrhoea, nausea/vomiting, abdominal pain/discomfort, jaundice (yellow colour of the skin and eyes), dark urine, claycoloured stool, joint pain and itching. Many infected people suffer only a mild illness. Most cases recover fully after four or more weeks. However, for some, the disease can be severe, and occasionally is fatal. There is no specific treatment and cases are managed through supportive therapy. Prevention is through vaccination, attention to hygiene, and access to safe food and water.

# Travellers diarrhoea

Travellers' diarrhoea is the most common travel-related illness. It usually occurs within the first week away from home. It is spread through contaminated food and water.

Prevention is through choosing safe food and water, and paying attention to hygiene. Select food that is thoroughly cooked while fresh and served hot. Avoid undercooked or raw meat, fish or shellfish. Avoid salad and raw vegetables unless you can wash them with clean (treated) water and you peel them yourself.

Unless you are certain that the tap water is drinkable - choose bottled water and beverages, avoid ice.

# **Typhoid fever**

Typhoid fever is a serious infection caused by *Salmonella typhi* bacteria. People are infected through ingesting contaminated food or water. Choosing safe food and water and vaccination reduces the risk of developing the disease. Symptoms usually begin one to three weeks after exposure. Although typhoid fever is often called a diarrhoeal disease, some patients do not have diarrhoea. Persistent, high fever is typical. Other early symptoms are flu-like: body aches and pains, weakness, loss of appetite and a continuous dull headache. A rash with pink spots may appear on the chest and abdomen of some patients. In severe cases, perforation of the bowel can cause severe bleeding or infection in the abdomen, which can be fatal.

Typhoid is treated with antibiotics. However there is a growing problem of antibiotic resistance. "Extensively drug-resistant" (XDR) typhoid is present in some locations and does not respond to many of the antibiotics which are usually used against typhoid, making preventive measures even more important.

# HIV, Hepatitis B and C, and STIs

HIV/AIDS, hepatitis B, and hepatitis C are spread by contact with bodily fluids (especially blood and semen).

- unprotected sex,
- needle sharing during IV drug use, or
- unsafe blood or medical/dental instruments.

Genital herpes (HSV), genital warts (HPV), gonorrhoea, chlamydia, syphilis and most other sexually transmitted diseases are spread by genital contact. Prevention:

- In many countries, hepatitis B is now a routine childhood immunisation and need not be repeated. All non-immune travellers should consider vaccination.
- Always use new condoms (preferably brought from your home country).
- IV drug users should not share needles.
- Avoid having tattoos or piercings done.
- In healthcare settings, make sure that needles and syringes are sterile and not shared between patients.
- Call International SOS or your corporate medical department if you are hospitalised.
- Be aware of your risk when assisting anyone with an injury. Protect yourself from contact with bodily fluids.
- Seek medical attention within 24 hours if you accidentally come into contact with someone else's bodily fluids.

# Schistosomiasis

Schistosomiasis, also known as bilharzia, is a disease caused by parasitic worms that live in freshwater lakes, rivers and rice paddies. It can penetrate the skin of persons who are wading, swimming, bathing or washing in contaminated water. There is no vaccine.

To prevent infection:

- Avoid swimming or wading in fresh water in countries where schistosomiasis occurs.
- Using soap during bathing *reduces* the risk of infection, as does a vigorous rubdown with a towel immediately after contact with contaminated water. Do *not* rely on these methods to prevent schistosomiasis.
- Heat bath water for five minutes at 50°C (122°F).
- Water held in a storage tank for at least 48 hours should be safe.

# Food & Water

#### Drink bottled water. Care with food.

#### Food Risk

Food served in large hotels can be considered safe. Always choose meals that are well cooked from fresh produce and served hot; avoid reheated foods. Avoid street vendors; the standard of hygiene may be low and food may not be fresh. Do not buy pre-peeled fruit or salad; fruit that you wash and peel yourself is safe. Avoid shellfish. Ensure that milk and other dairy products have been pasteurized.

#### Water and Beverages

Tap water is unsafe to drink. Drink boiled or bottled water, or carbonated beverages, provided that the seal is intact. Look for bubbles when you open a carbonated beverage - bubbles are evidence that the product has been processed. Bottles are sometimes refilled with tap water and resold, and these products are not safe to drink.

Avoid ice because it can be made from unsafe water. Do not rinse your mouth or toothbrush with tap water, and do not open your mouth in the shower.

# **Destination Guide for Rwanda**



Security

#### **Destination Guide Content**

# **Personal Security**

#### STANDING TRAVEL ADVICE

- Defer non-essential travel to Rwanda until further notice due to the ongoing Marburg virus outbreak.
- Monitor developments linked to diplomatic tensions between Rwanda and Congo (DRC) linked to conflict in eastern DRC.
- Workforce in Musanze and Rubavu districts should seek up-to-date itinerary and profile-specific advice when they operate within 12 miles (20km) of the border area with Congo (DRC), including the north-western border city of Rubavu (also known as Gisenyi, (Western province) as well as the Parc National des Volcans/Virunga National Park (Northern province).
- Ensure journey management processes for movement in border regions with Congo (DRC) are up-to-date with recent developments. All travel to Musanze and Rubavu districts should be arranged with appropriate security measures due to the risk of spill over incidents from conflict in Congo (DRC).
- Avoid all cross-border movements to Goma and Bukavu (North and South Kivu provinces, DRC) by road due to the risk of potential short-notice border closures.
- Take sensible basic security precautions against petty and street crime.
- Overland travel outside Kigali should be preceded by enhanced planning. Check that your vehicle is in good condition and equipped with a spare tyre. Do not self-drive unless familiar with local conditions; hire an experienced local driver. The use of a four-wheel-drive (4WD) vehicle is recommended for travel outside of roads between Kigali and major towns, especially during the rainy season. Night-time road journeys should be avoided.
- Factor into your planning the limits of locally available assistance in the event of a breakdown or accident.
- Register with your embassy and all relevant warden networks and keep abreast of local and regional developments through your in-country contacts.
- Be aware of the considerable sensitivities attached to discussions on local politics and ethnicity, which are better avoided.

• Do not scrutinise or photograph military installations or personnel.

# Crime

# Limited to hot spots

# CRIME

Rwanda is one of the safest countries in Africa for foreign nationals. This is partly due to a pervasive police presence, both covert and visible, and a tightly controlled social fabric which, right down to the village or district level, encourages the observance of the law. While reliable statistics are hard to find and not shared by the authorities, anecdotal evidence attests to crime levels roughly on a par with Western European countries. The requirement for everyone to carry identification, the presence of police roadblocks and a culture of 'stop and search' mean that few potential offenders are armed. However, mugging and bag-snatching remain a risk. Reports – albeit rare – of foreign nationals being violently accosted and robbed late at night in central areas of Kigali underlines this. People should not walk alone during darkness and should observe basic security precautions, especially avoiding the ostentatious display of wealth. Smartphones are coveted by opportunistic criminals and they should be used discreetly. Residential break-ins targeting domestic and foreign nationals are increasing. Precautions should be taken to secure residences.

# Terrorism

# Limited indirect risk to foreign nationals

# TERRORISM

Rwanda has no history of terrorism and there are no known domestic terrorist groups operating in the country. Hand grenade attacks – which the government attributes to the ethnic-Hutu Democratic Liberation Forces of Rwanda (FDLR) rebel group – occur occasionally near memorial venues. Public places, such as bus stations or markets, are also potential targets, though no serious incident has occurred in recent years. The ready availability of grenades means that elements unhappy with the perceived authoritarianism of the government may resort to such tactics to register their discontent. The risk is particularly high along the border with Congo (DRC), during the period surrounding the anniversary of the April 1994 genocide (generally between February and May) and during elections. Such incidents may recur, posing low incidental risks to bystanders.

# **Social Unrest**

#### SOCIAL UNREST

Protests are negligible. Demonstrations require government authorisation, which is rarely granted. Those that do take place remain peaceful. In addition, many citizens are still traumatised by memories of the 1994 genocide and are reluctant to engage in violent protests endangering political stability. Persistent – if muted – discontent over land-related disputes and perceived discrimination against some categories of Rwandan citizens may fuel small-scale unrest, particularly during electoral cycles.

# Conflict

# CONFLICT

Relations between Rwanda and Congo (DRC) have deteriorated. Allegations by the Congolese government of Rwandan involvement in the emergence of various rebel groups, including the March 23 (M23) rebel movement in North Kivu province (Congo (DRC)), and suspected Rwandan interference in Congolese affairs remain a constant source of tension. The possibility of small-scale, short-lived security incidents in border areas should be monitored. The tensions are greatest within 12 miles (20km) along the border with Congo (DRC) and especially in the vicinity of the Gisenyi border crossing near Goma (North Kivu). Outright inter-state conflict between the two countries remains unlikely.

Sporadic confrontations between Rwandan soldiers and suspected Rwandan Movement for Democratic Change (FLN) members have occurred in recent years. In May 2021, Rwandan soldiers reportedly ambushed an FLN contingent that had crossed from neighbouring Burundi into Bweyeye (Western province), killing two rebels.

Political tensions between Rwanda and Uganda have previously prompted the closure of the border. Rwanda claims that several of its citizens have been illegally arrested, tortured, killed or deported by Uganda's security system, and also accuses its neighbour of supporting rebel groups (such as 'Plateforme Cinq', P5) opposed to President Paul Kagame's regime. Uganda accuses Rwanda of espionage. However, relations between the two countries have improved in recent years, with Rwanda reopening its border with Uganda in January 2022 following a three-year closure.

As a result of unrest in neighbouring countries, Rwanda hosts approximately 135,000 refugees, asylum seekers and other displaced individuals.