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**Abstract**

Rwanda has, at the time of writing, managed to suppress the spread of COVID-19 to levels lower than all the countries that surround it in Central and East Africa. This chapter examines some of the main reasons why. From the pre-emptive stages of pandemic preparation, the Rwandan Government planned for the use of information technology to be central within its public health approach, and followed through with implementation of a range of measures utilising such technology when the virus was detected within Rwanda's borders. From the use of robots for diagnostic and data collection purposes, to the deployment of drones to communicate public health guidance to the population, the benefits in reducing contact and transmission have been clear. Further necessary clarification is provided related to the legal basis for executive use of powers and the balance between human rights and state obligations under Rwanda's 2003 Constitution (as amended in 2015). Finally, the chapter analyses the historical-social context of Rwanda that contextualises the likelihood of Rwandan people adhering to restrictions placed upon their everyday lives. The chapter concludes that, while some aspects of Rwanda's approach may be replicable elsewhere, other reasons for Rwanda's success may be less transferrable, being dependent on the social context developed after more than two decades of transitional justice and reconciliation-based activities in the country.

**Key Words:** Rwanda, Kigali, Africa, Constitution, Trust, Robots, Drones

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## 1. Introduction

Rwanda is a small, landlocked country in central-east Africa with a hybrid legal system including elements of civil law, common law and customary law.[1] This makes Rwanda an interesting case study when considering emergencies such as the COVID-19 pandemic, as it has the potential to draw on a wide range of potential legal responses that nations with more fixed legal traditions may not consider appropriate, including a combination of codified provision, case precedent and modernised indigenous mechanisms.

As of 27 July 2021, Rwanda is recorded as being in the top quarter of countries in terms of lowest confirmed COVID-19 deaths per-capita (45th out of 181 countries), with a record comparable to or better than nations in the region including Uganda, Somalia, Sudan and Malawi, and far better than many high-income countries.[2]

Section 2 of this chapter outlines Rwanda's initial response to COVID-19, where themes of prior experience of epidemic preparedness, public health and use of technology become evident. Section 3 examines the legitimacy of the use of executive powers in creating and implementing measures that are enforceable against the Rwandan population. In Rwanda there has been devolution of powers to deal with COVID-19 to the regional and local level, in keeping with constitutional provisions, and section 4 discusses these provisions and their legal basis. Section 5 analyses the human rights implications of the COVID-19 response with a focus on the balance between fulfilling state obligations to protect the lives and health of the population at the expense of restricting other rights. In section 6, a snapshot is provided of the use of technology in Rwanda's pandemic response, while section 7 explores the historical, social and political context, without which Rwanda's COVID-19 response is unlikely to have been as successful as it was. Section 8 concludes with insights from Rwanda's relative success for other states.

## 2. Overview of the legal and political response and adaptation to COVID-19

As awareness Increased globally regarding a pandemic spreading at pace in early 2020, the Rwandan authorities were able to draw upon previous experience in response to epidemics such as the Ebola

All websites accessed on 27 July 2021.

[1] Jean-Marie Kamatali, *Introduction to Rwandan Law* (Routledge 2020) 13-14.

[2] John Hopkins University, Coronavirus Resource Center, Mortality Analyses (as of 20 July 2021) <https://coronavirus.jhu.edu/data/mortality>.

virus disease. In late January 2020, nearly two months before the first COVID-19 case was confirmed in Rwanda, the government introduced thermal scanning of all travellers entering the country through airports or land borders, with healthcare workers documenting information and travel history related to any suspected cases.[3] Already at this preliminary stage, then, there were indications of three intersecting themes: the pre-existing context (the Ebola epidemic); the use of executive powers (the specific approach being ordered by the government); and technology (the use of thermal scanners for early detection). All three of these themes continued to be crucial in Rwanda's COVID-19 response.

The authorities' clear awareness of the potential severity of the virus was shown when, in February 2020, one of Rwanda's most modern health centres, in Kanyinya on the outskirts of Kigali, was pre-emptively converted to become a COVID-19 treatment centre.[4] Subsequently, one of Kigali's largest hotels was similarly repurposed and all 80 of Rwanda's public hospitals were required to prepare isolation rooms for any suspected cases of COVID-19.[5]

As the situation escalated globally during March 2020, clarification was made that Rwanda's strategic response would primarily be driven by the executive with three ministerial departments explicitly named – the Office of the Prime Minister, the Ministry of Health, and the Ministry of Local Government. However, it was not confirmed whether it was envisaged that the response would be purely one of general policy or of binding law. A joint taskforce was established[6] and Rwanda's 'National Preparedness and Response Plan, March – August 2020' was published by the Rwanda Biomedical Centre, listed as being a joint publication of the Centre and the Ministry of Health.[7] It was here that Rwanda's COVID-19 response was comprehensively outlined. A vertical hierarchy was established, with a National Steering Committee at the highest point and a Joint Taskforce reporting to the Committee. The activities of the taskforce were divided into four key strands; 'Epidemiology Operations', 'Administration and Logistics', 'Communications' and 'Plans', and within each strand there was a set of activities and responsibilities listed (see Figure 1).[8]

[3] Elizabeth Farah Louis and others, 'Rwanda's Response During COVID-19' (2020) 12(5) Psychological Trauma: Theory, Research, Practice, and Policy 565; James Ngamije and Callixte Yadufashije, 'COVID-19 Pandemic in Rwanda: An Overview of Prevention Strategies' (2020) 13(8) Asian Pacific Journal of Tropical Medicine 333.
[4] Naz Karim, 'Lessons Learned from Rwanda: Innovative Strategies for Prevention and Containment of COVID-19' (2021) 87(1) 23 Annals of Global Health 3.
[5] ibid.
[6] Ibid 2.
[7] Daniel M Ngamije and Sabin Nsanzimana, 'Coronavirus Disease 2019, National Preparedness and Response Plan March – August 2020' (2020) Rwanda Biomedical Centre and Rwanda Ministry of Health.
[8] ibid 5.

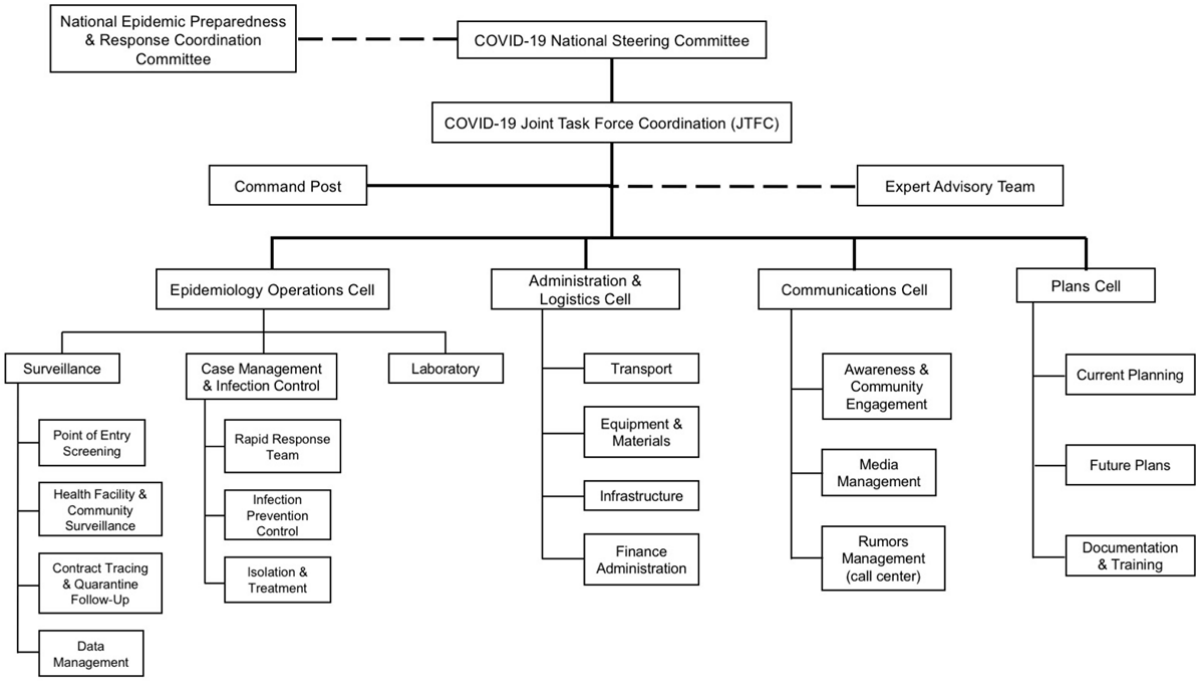


*Figure 1: Rwanda COVID-19 Incident Management System Coordination Structure*[9]

On 14 March 2020, the first case of COVID-19 was confirmed in Rwanda.[10] President Paul Kagame tweeted that: "… panic in this situation does not help. Focus and simple but effective measures are key to keeping each other and everyone safe".[11] A cabinet communiqué on 1 April announced that, with the exception of those providing essential services, "All employees (public and private) shall continue to use technology to work from home";[12] that "Electronic payments and online banking services should be used whenever possible";[13] and, crucially in the context of this chapter, that "The minister for ICT and Innovation briefed cabinet about technology tools being used in the fight against COVID-19 and available e-learning tools for education".[14] Evidently, then, the Rwandan executive had planned from the early stages of the pandemic for technology to form a core element of their public policy response.

The evidence was strengthened as communiqués established at the end of April that mass screening and testing was to be expanded nationwide.[15] As identified by Masanabaganwa et al, individuals were

[9] ibid 5.
[10] World Health Organisation (Rwanda), 'First Case of COVID-19 Confirmed in Rwanda' (*WHO Africa*, 15 March 2020) <https://www.afro.who.int/news/first-case-covid-19-confirmed-rwanda>.
[11] President Paul Kagame (*Twitter* 14 March 2020) <https://twitter.com/PaulKagame/status/1238803616544239618>.
[12] Prime Minister Edouard Ngirente, 'Cabinet communiqué' 01 April 2020 3 (e).
[13] ibid 3 (l).
[14] ibid 5.
[15] Prime Minister Edouard Ngirente, 'Cabinet communiqué 30 April 2020 4 (a).

screened for symptoms and provided samples on the spot and then received their results via text message within eight to 24 hours,[16] arguably exceeding the technological response that many more developed countries implemented at the same stage. Here, the intersection between public policy, science and technology is clear. Indeed, as Musanabaganwa et al argue, any suggestion that Rwanda's comparatively low number of COVID-19 cases might have been due to cases being missed or overlooked is unsustainable, given not only the systematic testing of suspected cases, but also extensive random community sampling.[17]

### 3. The executive and use of powers in response to emergency

Rwanda's key responses to the COVID-19 pandemic were developed and communicated by the executive rather than the legislature. As characterised by Binagwaho, on the day that the first confirmed COVID-19 case emerged in March 2020 "the government rapidly responded without waiting for a second case to emerge. Immediately, systematic contact tracing and testing were conducted, and the country implemented a national lock-down the following day".[18] These measures were compulsory, binding and enforceable.[19] Whilst the requirement for such enforceable provisions to be scrutinised by a legislature would ordinarily be expected, this ordinary process does not lend itself to emergency situations, where a delay of even a few days has been shown to result in exponentially increasing levels of risk. As such, the rapid nature of the executive response was arguably justified.

Importantly, however, the question remains of whether or not there was a pre-existing legal basis for such use of executive powers in Rwanda. On examination of the 2003 Constitution of the Republic of Rwanda as amended in 2015, Article 61 provides for a formal separation of powers between the legislature, executive and judiciary, and outlines that the "three branches are separate and independent from each other but are all complementary".[20] Like many constitutions, there are existing provisions that allow for unusual circumstances to provide a basis for laws to be created at the executive level. For example, Article 108 gives authority for the President to declare war, siege or a state of emergency, and Article 112 allows for the creation and implementation of presidential orders if approved by the cabinet. Further, Article 92 provides for presidential decrees to be adopted and given the same legal standing as an ordinary law if the Parliament is unable to sit. Thus, several

[16] Clarisse Musanabaganwa and others, 'One Hundred Thirty-Three Observed COVID-19 Deaths in 10 Months: Unpacking Lower than Predicted Mortality in Rwanda' (2021) 6 BMJ Global Health e004547 2.
[17] ibid.
[18] Agnes Binagwaho, 'We Need Compassionate Leadership Management Based on Evidence to Defeat COVID-19' (2020) 9(10) International Journal of Health Policy Management 413.
[19] ibid 414.
[20] Rwanda's Constitution of 2003 with Amendments through 2015, Art.61.

constitutional routes can give a legal basis for binding executive action to be implemented complementary to, or in replacement of, the ordinary legislative process.

Beyond the technical details, there are also cultural provisions within Rwanda's Constitution that could be argued to apply to the COVID-19 context, particularly as contained in Article 11, which states that "Rwandans, based on their values, initiate home-grown mechanisms to deal with matters that concern them"[21] and that "Laws may establish different mechanisms for home-grown solutions".[22]

Of further importance, Article 3 of the Constitution provides that, "The Constitution is the supreme law of the country"[23] and Article 95 clarifies explicitly that international treaties or agreements are placed third in a hierarchy behind organic law and – of highest importance - the Constitution itself. There is no room for ambiguity if laws in different positions of the hierarchy come into conflict, as Article 95 states that "a law cannot contradict another law that is higher in hierarchy".[24] As such, any external principles or international obligations would be held to be of secondary consideration under Rwandan law unless enshrined under the terms of Article 168, which gives force of law to such agreements. The practical effect here is that if an international law comes into conflict with an organic law or a provision from within Rwanda's constitution, then the latter two would be upheld by a Rwandan court over the former.

**4. Regional and local responses**

Rwanda has a system of devolving aspects of law to the regional or local level. This is necessary as only 17% of the population live in an urban setting, with 83% still living and working in rural locations.[25] The legal basis for such devolution of powers is found in Article 6 of the Constitution, which notes that "Public powers are decentralised at local administrative entities in accordance with provisions of law".[26] One such law is found in Article 9 of the law governing the City of Kigali, which provides that the Council of the City of Kigali is "responsible for taking decisions, putting in place strategies and issuing instructions on administrative sanctions to be imposed on those who fail to comply with regulations of the Council in accordance with the law".[27] Since population density may exacerbate a public health problem, affecting certain areas more than others, it is unsurprising that provisions may vary across the country, in keeping with principles of decentralisation.

[21] ibid Art 11.
[22] ibid.
[23] ibid Art 3.
[24] ibid Art 95.
[25] Karim (n 4).
[26] Rwanda's Constitution of 2003 with Amendments through 2015, Art.6.
[27] Law No 22/2019 of 29/07/2019 Governing the City of Kigali, O.G., no. Special of 31 July 2019.

The City of Kigali Council implemented its own administrative measures to allow for sanctions to be taken against individuals observed to have contravened national guidelines on lockdown, curfew, social distancing, or any other instruction. On 31 August 2020, the Council issued the first enforceable instructions orienting the public on what specific administrative sanctions could be taken against any person that breached the guidelines.[28] The measures were questionable in three respects. First, referring to the instructions themselves, there is arguably no legal basis for the Council to issue instructions of the specific nature of the ones created. The Council, in Article 1 of its developed instructions, provides that the aim is to sanction persons who do not comply with measures developed *by the Government of Rwanda*. However, according to Article 9 of the law governing the City of Kigali as discussed previously, the Council only has existing competence to sanction those who do not comply with *their own* regulations. To the best of the authors' knowledge, the Council has not issued city-specific COVID-19 regulations; thus, issuing sanctions on measures created by *the government* is not within its legal mandate.

Secondly, among the sanctions included in the Kigali City measures there are *ibindi bihano bishobora kwiyongera ku ihazabu* (additional sanctions to a fine). The instructions provide that a person who has not complied with the government's pandemic measures may be taken to an identified place for up to 24 hours and be given 'civic knowledge' on COVID-19 prevention. This is comparable to the detention of a person who is suspected of committing a criminal offence, yet again the Council does not have a legal mandate to issue such sanctions. As discussed below in the context of human rights considerations, Article 24 of the Constitution stipulates that no one shall be detained unless provided for *by the law in force* at the time the offence was committed, while Article 29 provides that no one shall be detained on account of any act that *does not constitute an offence* (emphasis added). In the case of the existing COVID-19 guidance, it can be argued that the government measures are not tantamount to an offence since they do not appear in any promulgated law. If they had appeared in the law, and there was a general expectation of enforceable sanction for breaches of the instructions, then this should have been provided for in the *national* guidance or as an amendment to the law governing crimes and punishments in general. Although there is provision for ordinary restrictions such as fines to be administered for breaches of local measures, there is no existing legal text that allows local or regional administrative institutions to order detention among those sanctions.

[28] Amabwiriza No 90 yo ku wa 31 Kanama 2020 y'Inama Njyanama y'Umujyi wa Kigaliyerekeye Uburyo bwo Guhana Abatubahirije Ingamba zo Kwirinda Ikwirakwiza ry'icyorozo cya COVID-19 mu Mujyi wa Kigali <https://kigalicity.gov.rw/fileadmin/templates/Documents/cok_Council_Resolutions/2020/Amabwiriza_y_Inama_Njyanama_y_Umujyi_wa_Kigali_agena_ibihano_kubatubahiriza_ingamba_zo_kwirinda_koronavirusi.pdf>.

Thirdly, the Rwandan Constitution and other ratified international legal instruments provide for equality of persons before the law. In consideration of this principle, and the need for legal certainty, it appears inconsistent in law to sanction people differently for the same 'offence' depending solely on their geographic location, particularly with a sanction as serious as detention.

However, the Government of Rwanda has not made any official comment on these apparent legal anomalies, either in support or in criticism of the local measures. This may have been taken to be a tacit approval, as since the City of Kigali's localised approach has been implemented some other regions have likewise developed their own specific sanctions.[29]

## 5. Human rights and civil liberties

Before we close our discussion of the lawfulness of sanctions, we must consider the legal basis on which human rights and civil liberties are granted in Rwanda, and the extent to which they may be restricted. Chapter IV of the Rwandan Constitution confirms that there are various human rights and freedoms that anybody in the country is entitled to rely upon, including the right to liberty and security whereby an individual may only be detained, arrested or punished under an existing law at the time an action is carried out;[30] and the right to due process, including the right to legal representation, together with a presumption of innocence until proven guilty.[31]

However, chapter IV also specifies obligations of the state that, whilst normally complementary, could come into conflict with certain rights held by individuals. For example, where chapter IV sets out that everybody has the right to good health[32] and to live in a clean and healthy environment,[33] or where it refers to the state as having an obligation to respect, protect and defend human beings,[34] there is an acceptance that in order for these obligations to be met, this may require that some individual rights and freedoms are restricted in the process.[35] Crucially, no specificity is provided on whether the intention is for these to be read as obligations only on the national authorities, or whether such responsibility also extends to local bodies such as the Council of the City of Kigali. With this being open to interpretation, then, and in the context of a pandemic with severe implications for life and health,

[29] Sylidio Sebuharara, 'Rubavu: hashyizweho ibihano ku batubahiriza amabwiriza yo kwirinda COVID-19', (*Kigali Today*, 4 June 2020) <https://www.kigalitoday.com/amakuru/amakuru-mu-rwanda/article/rubavu-hashyizweho-ibihano-ku-batubahiriza-amabwiriza-yo-kwirinda-covid-19>.
[30] Rwanda's Constitution of 2003 with Amendments through 2015, Art.24.
[31] ibid Art 29.
[32] ibid Art 21.
[33] ibid Art 22.
[34] ibid Art 13.
[35] Article 41. See also Article 45 on the State having the duty to mobilise the population for activities aimed at good health, and Article 51 which provides that the state has a duty to protect vulnerable groups including the elderly and those with disabilities. As the COVID-19 virus has been shown to be especially dangerous for precisely those groups, this provision could be argued to be applicable during the pandemic.

it could be argued that such restrictions are in fact *lawfully* implemented where those restrictions can be argued to be necessary in order for the state, at both national and local levels, to meet its obligation to protect the population as a whole.

Importantly, there have been no legal challenges to existing COVID-19 restrictions or measures heard in the Rwandan courts. Neither have there been any significant challenges made by political opposition, probably due to the consensus democracy and power-sharing structures that are ingrained within Rwanda's political system, and so the analysis remains hypothetical in nature.

## 6. Rwanda's approach to public health and technology

Cahan identifies several hallmarks of Rwanda's healthcare system: use of technology; the principle that no citizen should be denied access; and the principle of equity, which ensures that coverage is universal and free to those who cannot afford to pay for it.[36] Coverage is high in terms of the overall population, with McNeil reporting that 84% of Rwandans have public health insurance, and 6% have coverage through other types of insurance.[37]

In December 2019, upon first learning about the possibility of a pandemic, the government established a team of medical professionals responsible for the fight against COVID-19, who would receive specialist training on the spread of the pandemic and how best to manage it in a clinical setting.[38] Additionally, to prevent health services becoming overwhelmed, approximately 5,000 specially trained youth volunteers were deployed around Rwanda to encourage public respect for preventative guidelines. Predominantly posted to hotspots with a greater concentration of people, particularly the City of Kigali where 800 are based in markets, bus depots and other busy locations, the volunteers are tasked to work through polite reinforcement, with no authorisation to use force or enforce sanctions.[39]

With respect to technology, Musanabaganwa et al venture that Rwanda has been "one of the advanced countries in promoting IT in the region… applying technologies in surveillance and control of epidemics especially in COVID-19 containment".[40] Specifically the authors highlight the use of robots from the early stages of the pandemic, supplied by the Ministry of Health and funded in part

[36] Eli M Cahan, 'Rwanda's Secret Weapon Against COVID-19: Trust' (2020) 371 BMJ 1
[37] Donald G McNeil, 'Rwanda's Health Care Success Story' (*New York Times*, 4 February 2013) <https://www.nytimes.com/2013/02/05/science/rwandas-health-care-success-story.html>.
[38] James Tasamba, 'Rwanda Uses Ebola Experience to Combat COVID-19' (*Anadolu Agency*, 22 April 2020) <https://www.aa.com.tr/en/africa/rwanda-uses-ebola-experience-to-combat-covid-19/1813902>.
[39] James Tasamba, 'Rwanda Youth Volunteers Helping Fight against COVID-19' (*Anadolu Agency*, 6 June 2020) <https://www.aa.com.tr/en/africa/rwandan-youth-volunteers-helping-fight-against-covid-19/1867456>.
[40] Clarisse Musanabaganwa and others, 'Use of Technologies in COVID-19 Containment in Rwanda' (2020) 2(2) Rwanda Public Health Bulletin 8.

by the United Nations Development Programme. Again, knowledge and the experience gained from past epidemics in Africa has been invaluable to Rwanda. For example, the disproportionate number of deaths of frontline medical personnel during the Ebola epidemic[41] prompted the use of robots programmed to keep health records, carry out basic diagnostic work such as temperature checking, and transport essentials such as food and medicines between healthcare professionals and patients. All of these functions minimised the need for physical contact and reduced the likelihood of transmission of COVID-19.[42] Musanabaganwa et al add that Rwanda's strategy has included the use of drones for broadcast of important public health information including preventative measures, symptoms, how to access testing for COVID-19, and dispelling of myths and misinformation;[43] and the use of contact tracing and hotspot detection through the development of a mobile phone application downloadable by anybody in the country.[44]

Nachega et al explain that elements of the public health strategy, such as contact tracing, were also devolved locally,[45] and conclude that Rwanda's comprehensive response to COVID-19 encompassed a combination of factors including the understanding at an early stage that responses have to be adapted in line with local challenges; drawing upon experiences of previous epidemics; and adapting existing platforms that already follow a public or community health approach (such as for HIV-AIDS). Further, Rwanda's use of technology was used to improve decision-making through accuracy and precision of data.[46]

## 7. The historical, social and political context

Rwanda's pandemic response strategy extended beyond scientific public health measures, underlining that a "multidisciplinary approach is needed to integrate technical, social, political and regulatory issues in addressing COVID-19",[47] factors that are crucial in the Rwandan context.

Rwandans born before 1994 lived through the genocide against the Tutsi[48] that took place between April and July of that year, resulting in the death of approximately one million people, the majority

[41] Joanna Raven, Haja Wurie and Sophie Witter, 'Health Workers' Experiences of Coping with the Ebola Epidemic in Sierra Leone's Health System: a Qualitative Study' (2018) 18 BMC Health Service Research 2.
[42] Musanabaganwa and others (n 40).
[43] ibid 9.
[44] ibid.
[45] Jean B Nachega and others, 'Contact Tracing and the COVID-19 Response in Africa: Best Practices, Key Challenges, and Lessons Learned from Nigeria, Rwanda, South Africa, and Uganda' (2021) 104(4) American Journal of Tropical Medicine and Hygiene 1180.
[46] ibid 1180-2.
[47] Ngamije and Nsanzimana (n 7).
[48] The specific term of 'genocide against the Tutsi' is the correct title for the state of affairs that took place in Rwanda between 6 April 1994 and 17 July 1994 as per 'ICTR Appeals Chamber takes Judicial Notice of Genocide in Rwanda' United Nations International Criminal Tribunal for Rwanda, 20 June 2006 <https://unictr.irmct.org/en/news/ictr-appeals-chamber-takes-judicial-notice-genocide-rwanda>.

belonging to the formerly officially designated Tutsi ethnic group.[49] Prior to 1994, in every decade since the 1950s, there had also been eruptions of conflict stemming from colonial ethnically-driven policies.[50] Since 1994, Rwanda has been transformed as a country through the ongoing efforts of governance and justice institutions at all levels that have allowed ordinary citizens to interact with both local and national politicians, members of the judiciary and other stakeholders regarding a range of issues, allowing their voices to be heard and policies shaped according to the communicated needs of the citizenry.[51] In the context of emergency public health laws, Cahan explains that citizens understand that public health guidance has no political motivation; rather the measures are intended to protect the wellbeing of the population.[52] More specifically on the intersections between governance, trust, and use of science and technology, Cahan goes on to argue that:

> …when the government closes the borders and sends everyone home—when it deploys health workers to people's homes, robots to their treatment centres, and drones to their skies (as it has done)—the people must know these actions are not against them, but for them. That's the only way they'll comply with the guidance—enforcement gets you only so far.[53]

The assertion that public trust is as important, if not more important, than knowledge about science and technology is reinforced by data on public attitudes to science and health published by the Wellcome Trust in 2019, less than a year before the COVID-19 pandemic.[54] Significantly, the data indicate that while Rwandans have on average the lowest self-assessed knowledge about science in the world (although less so in younger age groups),[55] they have the highest confidence in their healthcare system (97%), and near universal agreement about the effectiveness of vaccines, findings that are attributed to the "extraordinary improvements in the country's healthcare system"[56] and "tremendous success"[57] in its vaccination programme over the past two decades. This data echoes broader observations about the trust in state institutions built up amongst the majority of Rwandans in the aftermath of the 1994 genocide,[58] and the positive trajectory the country has been on since

[49] Allan T Moore, 'Words and Power in Conflict: Rwanda Under MRND Rule' (2020) 27(2) Peace and Conflict Studies 6.
[50] Aalyia Feroz Ali Sadruddin and Marcia C Inhorn, 'Aging, Vulnerability and Questions of Care in the Time of COVID-19' (2020) 12(1) Anthropology Now 19.
[51] See institutions and organisations including the National Unity and Reconciliation Commission <https://www.nurc.gov.rw/index.php?id=83> and Never Again Rwanda <https://neveragainrwanda.org/>.
[52] Cahan (n 36).
[53] ibid.
[54] Simon Chaplin and others, 'Wellcome Global Monitor 2018: How Does the World Feel about Science and Health?' (*Wellcome*, 18 June 2019) <https://wellcome.org/sites/default/files/wellcome-global-monitor-2018.pdf>.
[55] ibid 32.
[56] ibid 68.
[57] Ibid 113.
[58] Pamela Abbott and Claire Wallace, 'Happiness in a Post-Conflict Society: Rwanda' in Helaine Selin and Gareth Davey (eds), *Happiness Across Cultures: View of Happiness and Quality of Life in Non-Western Cultures* (Springer 2012); see also Firoz Khan and Pregala Pillay, 'Corruption and its Repercussions on Employment,

then, resulting in trust in other authority figures who assist with the development of national policy, such as scientists in the context of the COVID-19 pandemic. This trust has been established through a pre-existing context which was always likely to result in higher levels of compliance with unusual restrictions on normally held rights and liberties.

## 8. Looking forward: insights on governance, democracy, human rights and the rule of law

The factors examined in this chapter – experience of previous pandemics; high levels of confidence in authority and the healthcare system; and the intersection between law, policy and trust stemming from the nation's recovery after the 1994 genocide - created the particular context which resulted in Rwanda's relative success in suppressing transmission of COVID-19. On the other hand, there may be lessons that the rest of the world could learn from Rwanda. The first is recognition that a purely national as opposed to a partly devolved approach, although easier to implement, may not be the most effective in the event of any future pandemic. Secondly, consideration should be given to what may be learned from how other pre-existing non-pandemic related clinical conditions that rely on public or community health approaches are already being dealt with in a strategic or organisational sense, in order to avoid unnecessarily reinventing the wheel. Thirdly, Rwanda's success at using of technology from the outset, both in the clinical setting and for information and prevention purposes, may be replicable elsewhere. These are some of the simpler recommendations to implement. More challenging is the complete mindset change advocated by Cahan who argues that:

> Covid-19 has shown that the Western world and the global north are not the best at doing everything. It's time to revisit why they're doing what they're doing. The culture of individualism, the lack of solidarity—it's losing trust with the people. And it's making people sick.[59]

It is this context of solidarity that is difficult to create artificially; a nation such as Rwanda, which had been through more than two decades of transitional justice and reconciliation programmes before the pandemic, may be better placed to genuinely appreciate the benefits that such solidarity can bring. Attempts to foster a similar sentiment in a society which has individuality engrained would have to be a long-term vision with no certainty as to how it might be achieved.

In respect of the use of law, a degree of ambivalence remains. It is difficult to know if the lack of precision in the Rwandan Constitution regarding the definition of 'the state' for specific purposes of devolution of powers is intentional to allow for interpretation in the event of abnormal situations, or a weakness of vague drafting that has only coincidentally allowed for this. Likewise, on the one hand

Poverty and Inequality: Rwanda and South Africa Compared' (2019) 8 Journal of Reviews on Global Economics 1203-1212.

[59] Cahan (n 36).

it could be argued that Rwanda as a state has *prima facie* breached individual human rights that are constitutionally protected as discussed in section 5. On the other hand, non-absolute rights may legitimately be restricted on the basis of legality, necessity and proportionality for the greater community benefit. When considering not only that general principle, but also the specific obligations that the Rwandan state has a constitutional duty to uphold, on balance it is argued that the approaches taken by Rwandan state at national and local levels have been lawful. The questions for other states looking to mirror Rwanda's approach would be whether their own constitutional arrangements allow for similar flexibility in interpretation of provisions, and whether they are willing to open themselves up to potential scrutiny or challenges to legality should there be any disagreement on that basis.