

Rwanda's Digital Health Transformation: The eBuzima EMR System

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Works in Progress: Transforming the HIV Response in a Time of Change, April 20-22, 2026 | Nairobi, Kenya



PRESENTATION OUTLINE



A Healthy People. A Wealthy Nation

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Background

02

eBuzima Overview

03

Key Population Modules

04

Kigali Pilot Insights

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Key Take Aways

eBuzima vs. Legacy EMRs in Rwanda

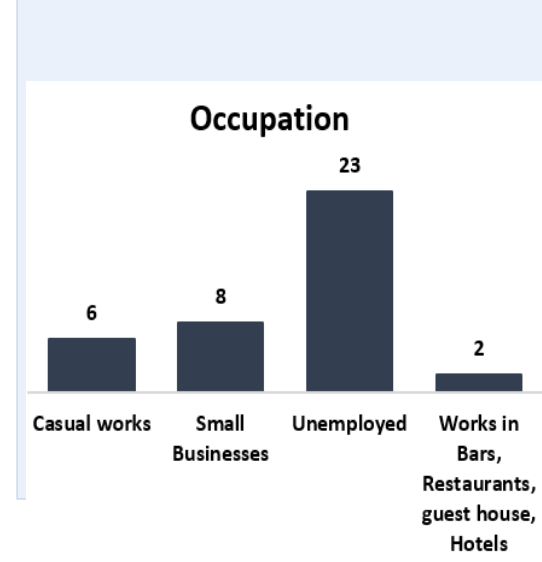
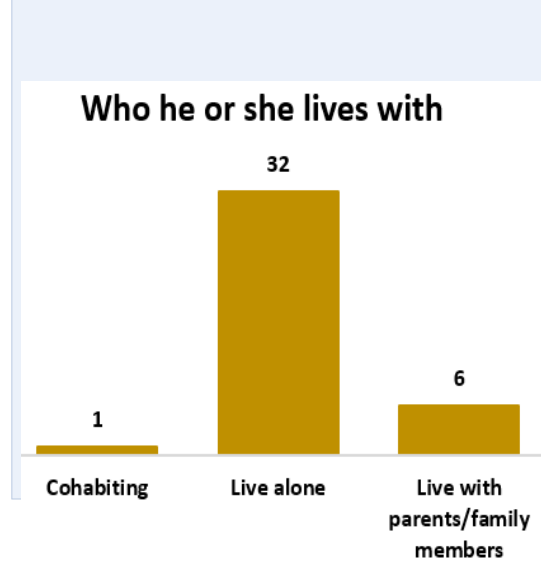
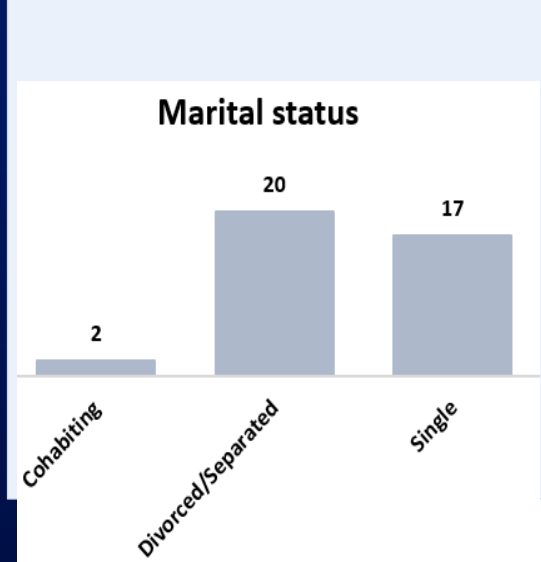
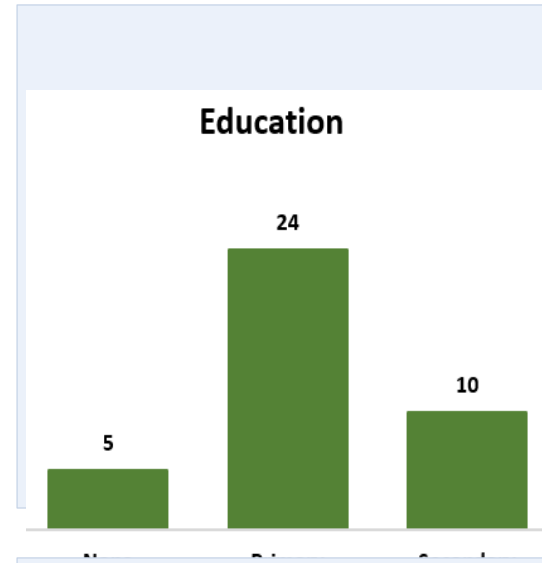
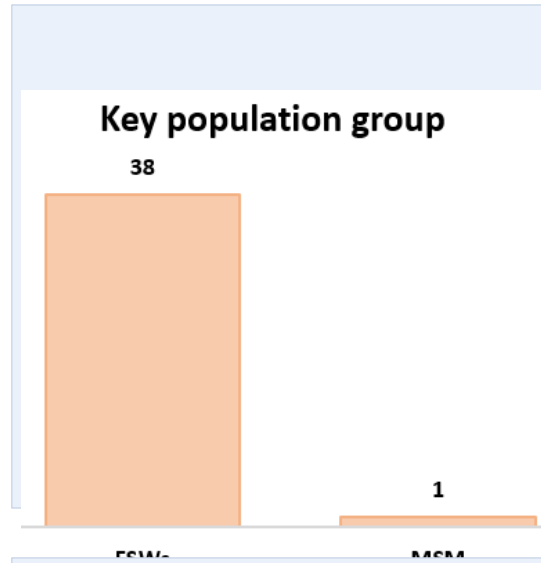
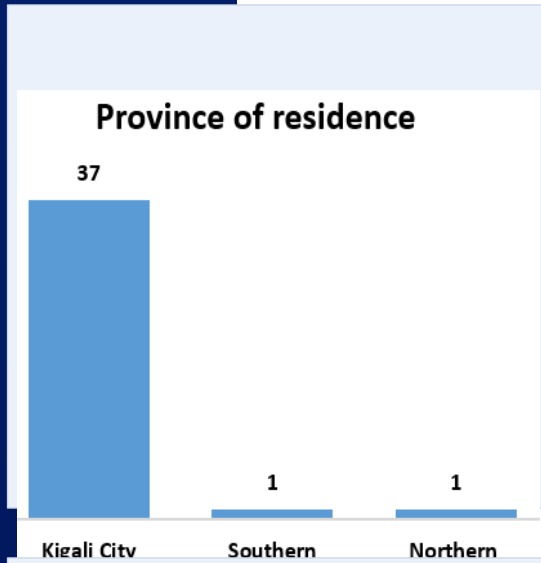
Feature	Other EMR systems	eBuzima EMR
Scope	Often single-facility or hospital-specific (OpenMRS, OpenClinic), Often donor- or project-driven, not fully national	National, All public health facilities
	Specific to some health services	All health services offered in public health facilities
	Specific to some services. E.g.: DHIS2 focuses on program level data like HIV CBS (With Tracker the system captured individual level data).	Comprehensive clinical records across all services
Data architecture	Decentralized / local installations	Centralized and web-based
Patient-records sharing	Often siloed within one facility or small network	Records synchronized across all public facilities
Patient-facing app	Usually clinician-only access	Integrated mobile app for appointments and records

eBuzima Overview: EMR Live Demo with Focus on the KP Module

System URL: <https://ebuzima.moh.gov.rw/>

Kigali Pilot Insights: Key Population Data

[Reporting Period: As at 31 March 2026]



Key Findings

Of 39 KP members enrolled in eBuzima, the majority are:

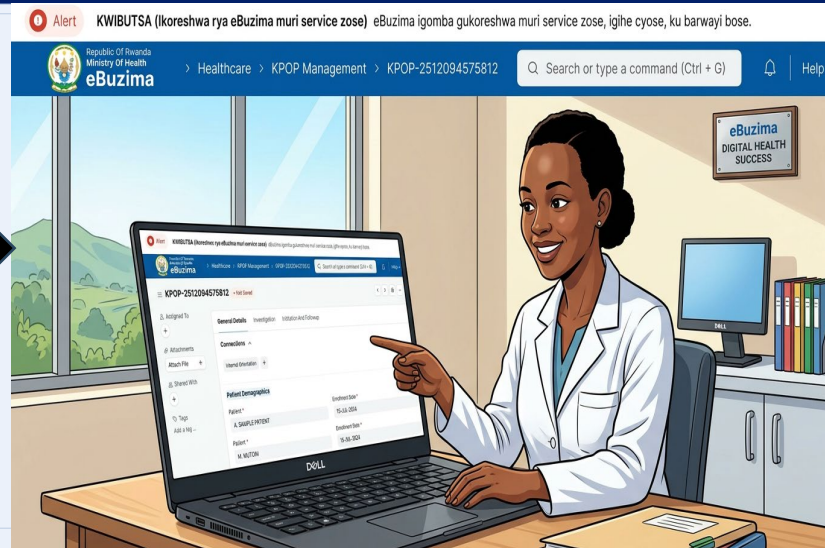
Location	Kigali City (37 of 39)
KP Group	Female Sex Workers (38 of 39)
Living Situation	Live alone (32 of 39)

Note: While based on a single pilot site, the data suggest that eBuzima may be a promising tool for informing policymakers on served populations and their needs.

eBuzima at Scale: Building a Connected, Data-Driven Health System for Rwanda



Before: Paper-based records



After: eBuzima digital platform

Implementation: Rolled out to majority of public health facilities with ongoing supervision and technical support (April 8 2026)-for other services other than HIV services including KP and PrEP services-in 1 pilot site.

Impact: Empower health workers with real-time data, improving quality of care and evidence-based decision making

1

Infrastructure Investment

Expanding digital infrastructure and connectivity across all public health facilities nationwide(MOH will oversee EMR systems in private HF's)

2

Capacity Building

Strengthening health care provider skills and technical expertise to use the new system

3

System Integration

Achieving full interoperability of eBuzima across all health service areas and platforms



Thank You!

