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Commentary

# Lessons and Leadership in Health

## Comment on "Improving the World's Health through the Post-2015 Development Agenda: Perspectives from Rwanda"

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**Abstract**
This paper comments on the principles that informed Rwanda's successful efforts to adapt its health system to population needs, and more specifically to reduce health inequities. The point is made that these may be universally applicable for countries as they deal with the challenges of post-2015 health agenda.
**Keywords:** Principles for Health Development, Rwanda, Health Inequities

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It is refreshing to have a minister of health engaging the scientific community about the problems, deficiencies and developments of the health sector in her country.[1] This paper is a crisp explanation of the principles which guided Rwanda as it improved the health status of its people. The data on this improvement have been set out in other publications and the burden of this paper is a distillation of the lessons learned over the past 20 years. The thesis is that other countries, perhaps more pointedly, those at a similar stage of development might benefit from learning of Rwanda's experience. The lessons are generic and in some instances lack specificity and quite rightly so, because as the paper points out, not all countries are alike and certainly not all began with the disadvantages the modern Rwanda faced 20 years ago. The question of the applicability of Rwanda's experience to other countries is raised and it is pointed out that the country's size location and history may be so unique that it may be impossible to use or emulate the practices employed by Rwanda. The size of countries and their populations are often given as an indication of the ease of applying many of the essential public health functions, but it is often forgotten that they are significant disadvantages of size in relation to health and especially health infrastructure. The transaction costs of many health programs and utilization of several essential technologies may often put them out of the reach of the small countries the majority of which are not rich. However, the evaluation of the progress made towards the health millennium development goals (MDGs) and the various reports from the countries would indicate that principles enunciated here have wide relevance.[2]

The paper offers five main guiding principles that have been followed successfully and should underpin all Rwanda's future health developments. There is insistence on the equity agenda and the subtle distinction is made between programs that focus quite properly on the poor and most vulnerable, and those that in addition to addressing the legitimate needs of the poor seek to close the gap between the poor and the rich. One of the criticisms of the MDGs was that the emphasis was on average values and there was no attention to the equity dimension, although there is conclusive evidence that apart from poverty, inequity per se is damaging to health.[3,4]

The paper allows one to surmise that the community-based health insurance scheme which focused initially on the poorest million, has evolved into a scheme that promotes the equitable assurance of benefits to all. The recommendation on bolstering education and research and improving data sources can be linked to the focus on equity because there can be no reduction of inequity without clear definition of the prior inequality. It is well established that the education particularly of girls has appositive impact on child health.[5] There is a decrease in fertility and better use of health information and health resources. The focus on producing accurate information can be seen as not only providing evidence of the situation to facilitate action but also demonstration of the inequities that must be addressed.

The paper does not make the strengthening of health systems an overarching guide, except to the extent that it is almost automatically embraced by the focus on universal health coverage. But it is of interest to relate 3 of the 5 guiding principles to the bases of an effective health system. The World Health Organization (WHO) has outlined the 6 critical inputs for an effective health system[6] and the 3 which are emphasized in the paper are appropriate financing, trained and motivated human resources and an appropriate health information system, the others being leadership and governance, essential medical products and technologies and service delivery. Although the last 3 have not been mentioned specifically it is intuitively obvious that they must have played a role in Rwanda. Leadership and governance was undoubtedly present as evidenced by the authorship of this paper.

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The approach to strengthening human resources is intriguing and it is highly likely that much more is done than has been set out in the paper but the reference to partnerships with American universities and bringing expatriate specialists to work with local Rwandans in order to improve the quality of care locally is of interest and there are examples of this arrangement being successful elsewhere.[7] It will be very interesting and informative to see whether these locally trained physicians remain in Rwanda to train their successors or rather as has happened elsewhere they seek to be part of the generalized exodus of trained health professionals. This approach to training is not restricted to physicians, but includes other health professionals which gives the impression that Rwanda is committed to developing health teams rather than having specialists practice in isolation.

There is a welcome emphasis on health management information systems to improve data collection and as mentioned above this is important for determining the extent of inequality or inequity which exists. But in addition, the paper gives a glimpse of the introduction of modern communication technology to facilitate the collection of data in real-time which would be the basis of a good surveillance system. Health information systems which are the foundations of public health have been the Holy Grail of all countries for years.[8] The efforts to monitor the MDGs brought into sharp focus the weaknesses of the health information systems. It is hoped that the new approaches will avoid establishing individual monitoring and evaluation systems dedicated to one or other disease or groups of diseases.

It was interesting to note that intersectoral cooperation took its place alongside other principles which leaned more towards the technical. The need for cooperation has been cited repeatedly as a sine qua non-for health improvement and intersectoral cooperation along with community participation and appropriate technology were the 3 pillars of the primary healthcare strategy that underpinned the visionary goal of Health for All by the Year 2000.[9] I would make a distinction between multisectoral cooperation which is cooperation among the sectors of government and intersectoral cooperation which is cooperation among the sectors of the state – the public sector, the private sector and civil society.[10] The reference in the Rwanda experience is more to multisectoral cooperation or the whole of government approach. Although multisectoral cooperation has been advocated for years as being eminently desirable there are relatively few examples of it occurring consistently in practice and the basic reason is that unless the health issue is a national priority there is little political advantage for one sector of government to reorganize its programs and activities so as to specifically improve one or other aspect of health. Successful multisectoral cooperation or successful health in all policies involves adequate agenda setting and not only good policies but also good politics.[11] It must be a tribute to the skills of the health sector as well as the maturity of the government as a whole that in fact there are such concrete examples of functioning multisectoral efforts.

Rwanda has apparently achieved not only a significant measure of cooperation among different sectors of government, but has managed to so organize the international health cooperation that it is in line with its national objectives. Although it is not stated explicitly, there is the impression that these objectives were establishing nationally and were not imposed by external forces. The title of the paper leads to the conclusion that the principles are set out as a guide to the post-2015 agenda when the world would have adopted the sustainable development goals in which health figures prominently. If current trends continue, Rwanda will still have to be dealing with a double burden of communicable diseases and noncommunicable diseases (NCDs) for some time and some of the latter are different from those which are the focus of much of the international attention at this time. For example, the sequelae of rheumatic heart disease still pose a significant problem.[12] One can discern an almost plaintive cry for there to be more collaboration across global health institutions and between countries and the multilateral agencies. This is one area that merits considerable attention, given the current increased scrutiny on the world's major health agency – the WHO. In the midst of all the discussions about the technical competence of that organization it is sometimes forgotten that it represents almost the sole instance in which the governments of the world can be socialized into taking common positions about health matters. As the organization evolves to take account of the political landscape which is so different from when it was founded in 1945 one would hope that sight is not loss of the function of providing for what is sometimes referred to as mutual accountability or the possibility of the world's nations collectively criticizing collective action and developing the tools to facilitate it. The recent developments for monitoring the political commitments made as regards noncommunicable diseases point out the pivotal role WHO plays in for example convening and leading the Interagency Task Force for NCDs comprising all the relevant agencies of the United Nations (UN) system.[13]

The paper is successful in its remit of positing basic principles to be followed as countries deal with the post-2015 health agenda. But the evidence as presented must lead to a positive outlook for Rwanda embracing these and other health challenges which may arise. And the final point may be the most important: the various tools and approaches are only the means to the end which is better health for the world's people.

## Ethical issues

Not applicable.

## Competing interests

Author declares that he has no competing interests.

## Author's contribution

GA is the single author of the manuscript.

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