

THE

LIGHT

MAGAZINE

ISSUE N°5

April 2017

Price: Rwf1,500 . BIF 3,500 . KES 200 . UGX 6,500 . TZS 4,500 . US\$ 2



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London open
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Tackling Health Problems in Rwanda



Dr. Vince Sinining at the 2000 World Summit, United Nations, New York.

By Vince Sinining

In 2000, World Leaders came together at the UN Headquarters in New York adopted the United Nations Millennium Declaration, obliging their nations to a new global partnership to reduce extreme poverty and setting out a series of time-bound targets to be achieved in 2015, called the Millennium Development Goals (MDGs).

MDGs were the world's time-bound and quantified targets for addressing extreme poverty in its many dimensions: income, poverty, hunger, disease, lack of adequate shelter, and exclusion-while promoting gender equality, education, and environmental sustainability.

In 2005, more than one hundred seventy (170) leaders gathered in New York for the World Summit. It was a once-in-a-generation opportunity to take bold decisions in the areas of development, security, human rights and reform of the United Nations. A set of proposals were outlined in March 2005 by Secretary-General Kofi Annan in his report "In Larger Freedom."

In 2008, representatives from governments, foundations, businesses and civil society groups rallied around the call to action to slash poverty, hunger and disease by 2015. World leaders came together for a High Level meeting for the new commitments to meet the MDGs. In this gathering, the UN generated an estimated \$16 billion, including some \$1.6 billion to bolster food security, more than \$4.5 billion for education and \$3 billion to combat malaria.

In 2010, world leaders met again at the UN in New York for the MDG Summit

and adopted a global action plan "Keeping the Promise: United to Achieve the Millennium Development Goals." In this meeting, a number of initiatives were adopted against poverty, hunger and disease. In a major push to accelerate progress on women's and children's health, member states generated a pledge of over \$40 billion.

In all of those meetings, as a senior advisor and representative to select member states, I have been fortunate to be part of the debates, discussions, and decisions made. The MDGs was hailed then as 'the most successful anti-poverty movement in history'. 2015 came, the year we set out our targets to be achieved and many of us who were part of the history of MDGs asked ourselves what progress had been made on each of the goals that we all worked so hard to come up with. The MDGs have targeted eight key areas – poverty, education, gender equality, child mortality, maternal health, disease, the environment and global partnership. Each goal is supported by 21 specific targets and more than 60 indicators.

On health issues, official reports indicated that that child mortality rate had reduced by more than half (MDG 4: The target was a drop of two-thirds). The global maternal mortality ratio had fallen by nearly half (MDG 5: Target was a reduction of two thirds). HIV infections fell by around 40% (MDG 6: Halting and reversing HIV/Aids has not been met). On access to drinking water, some 2.6 billion people have gained access to improved drinking water since 1990 (MDG 7: The target of halving the proportion of people without access to improved sources of water was achieved in 2010 – five years ahead of schedule).



Dr. Vince Sinining, visiting schools in the Southern Province.

Health Issues and Progress in Rwanda

In 2016, I came to Rwanda, awed by its beauty and serenity, and the gentle smiles of the people in every corner I visited. However, within six (6) months that I lived here, I was sent to the hospital four times, diagnosed with Malaria. I was worried. But the malaria that worries me did not stop me from calling Rwanda my home and to continue my contribution of educating the future generation of leaders. With more than 1.2 million cases of malaria and over 7,000 cases of tuberculosis in 2009, this is a big challenge for the Ministry of Health to tackle. Reports indicate that in 2005, 477,000 people died because of malaria. In 2012, the number was reduced to 11,450. The progress made in tackling malaria was attributed to the government's efforts in various malaria prevention strategies such as bed net distribution, education campaigns, and community mobilization.

On HIV/AIDS health issue, the United Nations Children's Agency (UNICEF) reported that 690,000 children in Rwanda were without one or both of their parents. Deaths of parents due to the disease are an added burden to the number of orphans caused by the Genocide against the Tutsi. Official reports have indicated that Rwanda is one of only two countries in sub-Saharan Africa to achieve the United Nations goal of universal access to antiretroviral therapy (ARVs). The World Bank has been supporting Rwanda to combat HIV/AIDS. The grant -- given through the Rwanda HIV/AIDS Multi-Sectoral Project -- is part of the Africa HIV/AIDS Multi-Country Action Program. The epidemic has remained at a prevalence of about 3%.

On malnutrition, I had the opportunity to visit schools around the country in the last six months I have been living here. In Districts outside of Kigali, most of the people are living below the poverty line and malnutrition is a common scene among children. On tackling malnutrition among the poor, the government set up the "Girinka – One Cow Per Family" program that gives poor families a cow. Its milk helps improve the children's nutrition and the same cow produces manure for the vegetable garden around the house.

On medical personnel, the World Health Organization reported that in 2000-2010, two hundred twenty one physicians were registered working in Rwanda. This shows a severe shortage of trained medical staff although new statistics may have shown improvement. To fill the gaps on shortages of medical personnel, the government has invested significant resources in pre-service training institutes. Noticeably, the Kigali Health Institute was established charged principally with training nurses and technicians.



Dr. Vince Sinining visiting schools and observing classroom instructions.

On tackling the health care system in Rwanda, the government has made remarkable progress implementing a Universal Health Care system that is considered to have one of the highest quality health systems in Africa. "Mutuelles de Santé" is a community-based health insurance scheme, in which residents of a particular area pay premiums into a local health fund, and can draw from it when in need of medical care. Premiums are paid according to a sliding scale, with the poorest members of society entitled to use the service for free, while the wealthiest pay the highest premiums and are charged co-pays for treatment. Rwanda is highly commended for its progress in rebuilding its health system. 96 per cent of children in the country are now fully immunized. People's use of basic health services increased and the HIV/AIDS epidemic is contained. Enrollment in community based health insurance schemes has also dramatically increased.

On 'Vision 2020' strategy, the nation hopes to transform itself into a middle-income nation, decreasing levels of extreme poverty from 60% of the population to 25% and raising life expectancy to 65 years. With the way, Rwanda is moving forward, it will not be a surprise that the nation will be ahead of others in Africa in meeting its targets.

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