FOREWORD 1
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The Government of Rwanda views health care as a basic human right and, as such, our health care delivery model aims to serve all Rwandans, especially the most vulnerable. This rights-based approach is at the root of Rwanda's health strategy. It is articulated in Rwanda's Economic Development and Poverty Reduction Strategy, Rwanda's Vision 2020, and the United Nations' Millennium Development Goals. Our objective is to engage the nation in a participatory effort to eradicate poverty and the many ills it brings.

This guide has been developed in line with the overall health care strategy of the Ministry of Health of Rwanda in the regulation of development partner initiatives, and in the promulgation of policies and the execution of programs.

Over the past decade, Rwanda has seen child mortality under age 5 drop by half. We have achieved universal access to HIV therapy and now are able to address HIV/AIDS as a chronic disease. More women than ever are delivering their babies in health facilities, and more than 95% of Rwanda's 11 million people have health insurance. Rwanda's successes in preventing and treating the top killers—malaria, tuberculosis, HIV/AIDS, respiratory infections, and diarrheal diseases—have led to a dramatic increase in life expectancy. With over 400 health centers, 42 district hospitals, and 45,000 community health workers providing care at the village level, Rwanda has created a system to bring health care to both its urban and rural populations. This system has improved financial and geographic access to all Rwandans, even the poorest. And our accomplishments represent the strength of the Government's stance on health care and human rights and the support of its development partners.

Achievements such as these are pivotal. In another decade, Rwanda will undoubtedly continue to see its people living longer, healthier lives. The gross domestic product per capita will also likely increase, and Rwanda's population will be in better economic shape.

However, by fighting the current top killers we are only able to increase the life expectancy to approximately 54 years, since infectious diseases do not account for all of the country's disease burden. Regretfully, there remains a serious gap in Rwanda's current health care system. Non-communicable diseases (NCDs)—probably accounting for about 25% of

the national burden of disease—have yet to be addressed in a strategic and systematic way.[1] These diseases include cardiovascular disease, cancer, epilepsy, pulmonary disease, and diabetes, among others. These are global diseases and yet, more often than not, NCDs are thought to be problems of middle- and high-income countries. In such countries, risk factors for NCDs include obesity, tobacco use, and other factors termed poor lifestyle choices. However, in Rwanda and other developing countries, this is not the case. NCDs are instead linked to malnutrition, infection, congenital abnormalities, and toxic environments. All of these factors are ultimately exacerbated by poverty. On top of that, HIV/AIDS, tuberculosis, malaria, and neglected tropical diseases further contribute to risk factors for NCDs, whether treated or untreated.

Rwanda is acutely aware of the need to both treat and protect its population from emerging risk factors that accompany urbanization. Over the next 5 years, the country anticipates expanding access to integrated chronic care by building on the existing health care platforms established by programs fighting infectious diseases. Expanded access and improved options for preventing and treating chronic illnesses and NCDs would have a tremendous impact on morbidity and mortality. Currently, there are many disease-specific advocacy groups in Rwanda fighting for advanced care for conditions such as cardiovascular illness, diabetes, epilepsy, and hemophilia. The challenge for Rwanda is to identify and execute the right set of integrated strategic plans for preventing and treating NCDs. Chronic care integration is one such plan.

Inshuti Mu Buzima (IMB)—the sister organization to the Harvard-affiliated nonprofit Partners In Health (PIH)—was invited to work in partnership with the Ministry of Health of Rwanda at the end of 2003. We appreciate that IMB-PIH is committed to supporting Rwanda's vision for health care and that it devotes itself to the needs of the entire populations of three districts. In particular, IMB-PIH has made a unique contribution in the area of chronic care and NCDs. This approach has led to joint undertakings between the Ministry of Health and IMB-PIH, including a conference in January 2010 focused on how to tackle non-communicable diseases in Rwanda. Through such discussions, chronic care integration has been identified as an indispensable part of strategic planning to improve the health of the Rwandan population. Other areas of planning for NCDs include gynecologic care at district hospitals; improving the quality of generalist physician care at district hospitals; histopathology; cancer care; cancer surgery; cardiac surgery, and neurosurgery. Now, in January 2011, Rwanda finds itself equipped with a health care system capable of launching chronic care integration; and IMB-PIH finds itself prepared to support the effort.

Many Rwandans are able to afford the prevention and treatment of uncomplicated cases of common diseases such as malaria or pneumonia, but most cannot afford the costs of chronic care of HIV/AIDS, heart disease, diabetes, epilepsy, or cancer. Therefore, chronic lifelong treatment and managed care for NCDs must be rooted in a publicly sponsored, tactical, and efficient plan to achieve accessibility and affordability. Already Rwanda has taken steps to tackle some of the prevention issues unique to NCDs, including the improvement of household cooking stoves and access to treatment for streptococcal pharyngitis, among myriad other steps. But we have much work to do. We will never achieve our development goals if we don't take seriously the non-communicable ailments of our patient populations—ailments which most of our citizens must simply endure since they cannot pay for treatment. Without decreasing the attention we currently have on combating communicable diseases, the Ministry of Health affirms our unwavering dedication to preventing and treating non-communicable diseases, and making chronic care available to all. It is in this context that I am proud to be collaborating on this publication by Inshuti Mu Buzima–Partners In Health.

Thank you.

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References

1 Mathers C, Boerma T, Fat DM. The Global Burden of Disease: 2004 Update. Geneva: World Health Organization; 2008.