

Health: A Practical indicator of sustainable development



BY PROF. VINCE SININING

When communities take charge of their health needs with the support of the national government, people's lives improve.

I agree with what most experts have concluded that health is both a determinant and outcome of sustainable development interventions. Common sense dictates us that health and better education provide an outcome of higher productivity and higher wages, leading to the socio-economic development of the country.

In the past decades, one can noticeably see the progress that Africa have accomplished when it comes to economic and human development. Rwanda in particular, is recently the top country

The past issues of *Light Magazine* have featured the improvements and efficient delivery of health services in various provinces in Rwanda. The role of health workers and their dedication to serve played an important role in providing the health care needs, disease prevention, referral and treatment of the people.

in Africa when it comes to progress in human development. Having lived in Rwanda for a year, I have witnessed the country's development in key areas: health, education, foreign investment, and infrastructure. Improvements in health, education, and skills development translate to an efficient workforce that will drive the economy in the positive direction. I consider Rwanda a good example in its efforts to improve access to healthcare, infrastructural development, environmental concerns, and energy development.

The health landscape in Rwanda has transformed dramatically. It has made

considerable improvement in the health outcomes of its populations. The government, in spite of the challenges posed by pervasive poverty, epidemic diseases, and food insecurity, continues to find solutions to the problems. It is truly inspiring when you can see various districts in Rwanda with fully functional Health Care Centres. The continued use of innovation in training community health workers will further improve health services delivery. Health promotion is a key tool in achieving the country's sustainable development goals. Tackling health-related issues must continue to be integrated into the country's

development agenda. A healthy and educated workforce serves as a benchmark towards a better economy. President Paul Kagame is leading Rwanda in the right direction.

The last time I had the opportunity to listen to President Paul Kagame speak in person was during the African Leaders Summit in Kigali early in 2017. The first time I met President Kagame and heard him speak was in early 2000, at the time when he came to Washington, DC and spoke at the US Institute of Peace. He was a young leader of Rwanda then, filled with hopes. Who would ever thought that he has delivered those 'hopes and dreams' for his beloved Rwanda from its painful past? When he said in his 2017 campaign that he will make poverty a history in Rwanda, I have no doubts he can. I am confident, if the current trends in health and education improvements continue, Rwanda will remain a good example of how a country, with political



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will, can make poverty a history.

If my memory serves me well, I once read in the news that President Kagame has in mind reducing, if not eliminating, dependence on foreign aid. One can easily notice the reduction of aid dependency in the national budget. Generally, countries in Africa are dependent on aid from donor countries. However, financial aids from traditional international donors are declining. Funding to healthcare systems are likely to decline as well. Delivering an efficient health care to the people is expensive.

The need for funding from donors will continue. Insufficient funding remains the most significant threat to the health systems. Resources are needed for the health systems to respond effectively to life-threatening communicable and non-communicable diseases. In most cases, health sector is underfunded and understaffed. Dependence on aid may still be unavoidable.

However, alternative solutions to reduce dependence from traditional international donors can come out from private-public partnerships, South-South cooperation, and other international donors.

In January 2018, news broke out that Bill Gates, through his Gates Foundation, will pay off \$76 million of Nigeria's debt. This is the money Nigeria borrowed from Japan



to eradicate polio in the country. As no new cases of polio were reported in 2017, Gates fulfilled his promise to pay off Nigeria's debt to Japan.

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In 2017 alone, the Gates Foundation spent \$3 billion to help stop the spread of the disease, and names polio eradication one of its "top priorities." International foundations, such as the Gates Foundation, are good sources to obtain financial support in eradicating diseases and delivering effective health care services instead of borrowing money with interest from rich countries.

Going back in 2001, we may recall that the African

Union (AU) member states agreed to allocate 15% of their budgets to healthcare. Reports have indicated that only six countries – Botswana, Burkina Faso, Malawi, Niger, Rwanda and Zambia -- have met this commitment. However, experts also have noted that 15% of a small budget is not sufficient. Aside from the issue of budget, clinics and hospitals continue to face the challenge of having enough trained medical staff to cope with the number of people needing care. Bridging the skills gap is a key component in making the effective delivery of health care sustainable.

In the July 2017 issue of New York Times, Eduardo Porter offered an interesting recommendation to the Republican lawmakers in the US Congress to look for a good example in health care system, not in Denmark, but in Rwanda. He went on to say, "Rwanda's economy adds up to some \$700 per person, less than one-eightieth of the average economic

output of an American. A little more than two decades ago it was shaken by genocidal interethnic conflict that killed hundreds of thousands. Still today, a newborn Rwandan can expect to live to 64, 15 years less than an American baby. But over the past 15 years or so, Rwanda has built a near-universal health care system that covers more than 90 percent of the population, financed by tax revenue, foreign aid and voluntary premiums scaled by income. It is not perfect.

A comparative study of health reform in developing countries found that fewer than 60 percent of births there were attended by skilled health workers. Still, access to health care has improved substantially even as the financial burden it imposes on ordinary Rwandans has declined.

On average, Rwandans see a doctor almost twice a year, compared with once every four years in 1999." With that, I congratulate President Kagame and Minister of Health Dr. Diane Gashumba for a job well done. I am honored to call Rwanda, once my home.

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