My Quality

Dr Stephen Rulisa, obstetrician and gynaecologist
Kigali, Rwanda

Rwanda has seen one of the most dramatic improvements in health of any country in Africa in recent decades. Linked to a booming economy, infant mortality declined from 107 deaths per 1000 live births in 2000 to 32 deaths per 1000 live births in 2014–2015, according to the country’s latest Demographic and Health Survey, published in July 2015.

How was it done? Dr Stephen Rulisa, head of the Department of Obstetrics and Gynaecology and now dean of the School of Medicine and Pharmacy at the University of Rwanda, says it is vital to involve the patients at every step.

“You have to make sure the patients are on board and understand the importance of what you are doing. You have to educate them so that they demand the services themselves. That way, you ensure that the services are used. It is no good imposing services, however good, if they aren’t used.”

It begins with antenatal care. Latest figures show that 99% of pregnant women in Rwanda have at least one consultation with a skilled health worker before giving birth. Almost half (44%) have four or more consultations.

The proportion of women who deliver in a clinic or hospital soared from 27% in 2000 to 91% in 2014–2015. A text messaging system ensures that women are reminded of their antenatal appointments and are able to summon help when labour begins. But technical innovations such as this only succeed when they make it easier for women to access the services they already know, Dr Rulisa says.

Aged 45, he is also head of the Department of Clinical Research at the University Teaching Hospital, Kigali, secretary-general of the Rwanda Society of Obstetrics and Gynaecology and a past president of the Rwandan Medical Association. His approach can be summarized in a single phrase: put the patients first.

He said: “It is all about ensuring patients are at the centre of all you do. We need to make services accessible and bring them as close as possible to the patients.”

Complaints are to be welcomed, not feared, he says. “We should use complaints as a way to make improvements. They are healthy.”
Constant improvement is necessary to ensure health services are robust for the future. Complacency is the enemy. “We need to build a robust sustainable health system that cannot be broken by an outbreak of disease such as Ebola,” he says.

Vaccination is a key part of any health system and it, too, is dependent on education. But it is not only the mothers who need educating. The children do too. They then take the message home and educate their parents.

In Rwanda as elsewhere in Africa, malaria is a major killer of young children. Deaths have fallen across the continent in recent decades as the provision of effective treatment and protective measures such as insecticide-treated bednets has spread. But there is much more to do.

Ignorance is the main barrier to progress. Dr Rulisa has spent the last 15 years researching the disease. One project was focused on a single village, equipping the local clinic and educating the population in how to use bednets and to seek treatment as soon as they developed symptoms.

“Malaria is eradicable. We had a whole package of measures we delivered, explaining when mosquitoes bite, the right way to use the bednets, how to sleep under them. In some cases people had hung their bednets in the corner, or left them in a suitcase. They thought they were protective just by being present in the house.”

“It is not rocket science. If you can change the mindset of the mothers you can save lives. We have to get them to understand that malaria may not kill them as adults but it may kill their babies, so they need to protect them and bring them for treatment as soon as they spot symptoms.”

As a trainee, Dr Rulisa chose obstetrics because he recognized it was a specialty where small investments could yield big dividends. Twenty years later, as a senior clinician, he reiterates the same view: “Saving mothers and children does not require a lot of technological investment or high expertise. Even as a developing country, we can do it.”