

State capability and Rwanda's health gains



Rwanda has achieved remarkable progress in health. Since 1990, under-5 mortality has decreased by two-thirds and maternal mortality by three-quarters while life expectancy has nearly doubled.¹ Rwanda has also become a pioneer in tackling cancer and non-communicable diseases that most low-income countries are only beginning to take on.² The health achievements of this country surpass those of its peers and even countries with higher levels of economic development (table).

This success has been attributed to innovative policy making and the alignment of vertical donor funding with horizontal government-driven priorities.²⁻⁴ Although these factors have been important, several countries have pursued similar strategies but have not achieved the same results. Rwanda, on the other hand, has achieved gains across service delivery sectors such as law and order and education, suggesting that general state capability—the government's ability to translate intended policy into reliable day-to-day implementation⁵—has been a distinguishing factor in its health advances.

Performance-based financing, often highlighted in Rwanda's story, has had mixed results when applied elsewhere, partly because of breakdowns in execution.⁶ For example, the failure of the performance-based financing initiative in neighbouring Uganda was caused by challenges in setting targets, delivering payments, and coordinating stakeholders.⁷ Likewise, community

insurance, which has greater than 90% coverage in Rwanda, has faced managerial challenges and uniformly low coverage (often below 30%) in other places, including countries wealthier than Rwanda, such as Senegal and Côte d'Ivoire.⁸ In one review,⁹ four of five insurance schemes faced problems collecting premiums, which undermines their viability.

Countries such as India, South Africa, Ukraine, and Zambia have been unable to align donors and vertical disease programmes around systems strengthening because of inadequate direction and coordination.¹⁰ Rwanda, by contrast, has been able to assert vision and control, systematically maximising these opportunities to build its health system.

Rwanda also outperforms its peers on pragmatic aspects of day-to-day health-care delivery often hindered by weak implementation, such as ensuring reliable supplies of medications.¹¹ This aptitude for consistent execution is not unique to its health sector. Rwanda is a positive deviant for almost all types of service delivery. It ranks 18th globally in institutional performance, including 21st in the reliability of policing and 2nd in the time required to start a business, even outpacing many high-income countries (table).¹² Rwanda has the highest primary school enrolment rate in Africa and is one of the continent's best performers on corruption.^{12,13} The country is also recognised as one of the ten most

	Under-5 mortality (deaths per 1000 livebirths)		Maternal mortality (deaths per 100 000 livebirths)		Life expectancy (years)		GDP per capita (Current US\$)		World Economic Forum Global Competitiveness Report 2014-15 (ranking out of 144 countries)			KKM government effectiveness (percentile, 100=most effective)		Bertelsmann transformation index resource efficiency (0-10, 10=highest)	
	1990	2013	1990	2013	1990	2012	1990	2013	Institutions	Reliability of policing	Time required to start a business	1996	2013	2003	2014
Rwanda	152	52	1400	320	33	63	\$353	\$639	18th	21st	2nd	11th	56th	3	6
Malawi	245	68	1100	510	47	55	\$199	\$226	77th	82nd	127th	34th	33rd	1	4.7
Tanzania	167	52	910	410	50	61	\$172	\$913	93rd	108th	105th	24th	29th	5	4
Nigeria	213	117	1200	560	46	52	\$322	\$3006	129th	136th	109th	15th	16th	3	4.3
India	126	53	560	190	59	66	\$376	\$1499	70th	88th	106th	54th	47th	6	6
Côte d'Ivoire	152	100	740	720	53	50	\$891	\$1529	86th	92nd	39th	55th	16th	1	3
USA	11	7	12	28	75	79	\$23 955	\$53 042	30th	22nd	14th	92nd	91st	NA	NA
Denmark	9	4	9	5	75	80	\$26 862	\$59 832	16th	15th	18th	97th	99th	NA	NA

GDP=gross domestic product. KKM=Kaufmann-Kraay-Mastruzzi Worldwide Governance Indicators. NA=not available.

Table 1: Comparison between Rwanda and other countries

improved economies for doing business and one of few countries on track to achieve most Millennium Development Goals.¹⁴

These numbers point to general state capability as a common thread in the country's success, including its health achievements. Indeed, its success in introducing cutting-edge health policies and channeling external aid—the factors credited for its health gains—are themselves reflections of this underlying capability. On measures specific for state capability,⁵ Rwanda outranks peer nations and has made great improvements in recent years (table).^{15,16}

How has such strong state capability been achieved? Rwanda has had the same politically secure leadership since 1994, enabling the sustained pursuit of a long-term vision based on country-defined priorities. Additionally, Rwanda's hierarchical political culture, which predates the genocide, supports centralised decision-making and strict compliance with top-down directives.¹⁷ The current leadership progressed from a rebel army that ended the genocide and has repeatedly earned resounding electoral mandates, reinforcing a sense of shared interest and chain of command. Coupled with its small size, Rwanda is able to concentrate discretion at the national level, yet assure that actors in the periphery implement according to plan.

All of this does not, however, indicate that Rwanda's state capability is the result of fear or an outlier without wider relevance. Such conclusions diminish the professionalism, diligence, and ingenuity apparent throughout the country. Unlike many post-revolutionary governments that centralised authority and remained in power for prolonged periods, Rwanda's Government used technical assistance to edify its own capacity for policy making and administration while launching novel homegrown initiatives.^{18,19} Its government has made policy decisions based on technocratic evidence and instituted mechanisms, such as performance contracts for district governments, to inculcate accountability.²⁰

Rwanda shows that improving health is not simply about knowing what to do and how to do it, but depends on the establishment of systems that can reliably get things done. Policy documents must be translated into health outcomes through a complex, political, and evolving state apparatus. Rwanda's

leaders understood their context and calibrated their approach for developing this apparatus to the specific opportunities and considerations of their country. Rather than simply cutting and pasting Rwanda's policies, countries looking to emulate its success might be best served to cultivate their state capability based on location-specific social, cultural, and political factors. Rwanda also demonstrates the importance of state capability as a factor that should be better studied and integrated into efforts to improve global health.

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We declare no competing interests.

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