

Dear readers,

Public health progress is most meaningful when it reflects the lived realities of populations across the life course and responds to the social, cultural, and structural contexts in which health and illness occur. Rwanda has made remarkable advancement in strengthening its health system and improving population health outcomes. Yet, as the country advanced toward universal health coverage and equity-driven development, there is a growing need for evidence that illuminates how policies, programs, and services are experienced by diverse and often vulnerable groups.

This issue of the Rwanda Public Health Bulletin (RPHB) brings together different studies that collectively underscore the importance of inclusive, context-responsive public health practice across the life span. The articles span early childhood to older age, and address communicable diseases, maternal health, mental health, disability, and social policy—highlighting how health outcomes are shaped not only by clinical interventions, but also by communication, awareness, seasonality, policy implementation, and lived experience.

The assessment of language communication abilities among children and adolescents with Down syndrome, as perceived by parents, foregrounds the critical role of caregivers' perspectives in understanding developmental needs and informing inclusive education and health services. Community-based storytelling to enhance awareness of schistosomiasis among school-aged children demonstrates the value of culturally appropriate, participatory approaches in addressing neglected tropical diseases. Together, these studies reaffirm the importance of tailoring interventions to local contexts to enhance understanding, acceptance, and impact.

At the systems and policy level, the qualitative exploration of challenges in implementing the National Older Person's Policy in Kigali reveals persistent gaps between policy intent and practice, particularly in addressing the complex health and social needs of an ageing population. Complementing this, the analysis of seasonality data for maternal health decision-making illustrates how routine health information, when thoughtfully analyzed, can generate actionable insights to improve service planning and maternal and newborn outcomes.

Finally, the field reflection on post-conflict mental health practice gives voice to unspoken psychological pain, reminding us that healing and recovery extend beyond biomedical indicators and require trauma-informed, person-centered care.

Collectively, these articles emphasize that effective public health action must be inclusive, grounded in local evidence, and attentive to the lived experiences of individuals and communities at every stage of life. They call on researchers, policymakers, and practitioners to continue strengthening context-responsive approaches that leave no one behind.

May this publication serve as both a source of knowledge and a call to action for policymakers, health professionals, researchers, and communities to continue investing in inclusive, evidence-based, and person-centered health care in Rwanda.

Yours sincerely,

The seal of the Rwanda Biomedical Center (RBC) is circular. It features a central emblem with a sun, a book, and a staff with a snake, surrounded by the text 'RWANDA BIOMEDICAL CENTER' and 'Rwanda Biomedical Center' in smaller text below.

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