

Dear readers,

I am pleased to introduce this publication of the Rwanda Public Health Bulletin (RPHB), which brings together critical research focusing on advancing the quality, accessibility, and person-centeredness of healthcare in Rwanda through context-specific innovations and inclusive approaches. The studies and insights shared in this issue exemplify the forward-looking, equity-driven public health research vital for building a resilient, responsive, and inclusive health system.

This publication captures a diverse range of health system challenges and innovations, from the role of community health workers in improving surgical care outcomes, to the development and assessment of digital tools for mental health support, to the introduction of labor analgesia in low-resource settings, and the lived experiences of wheelchair users with spinal cord injuries. It also features a comprehensive review of global models for longitudinal mental health diagnosis, assessed through the lens of local relevance and feasibility.

The role of community health workers in surgical care and post-operative follow-up demonstrates the power of task-shifting and community-based models in expanding access to quality care. The evaluation of the E-Ruhuka mental health mobile application among university students signals the importance of leveraging digital innovation to address emerging mental health needs, particularly among the youth. The implementation of labor analgesia in a major teaching hospital reflects our dedication to improving maternal care and ensuring that every woman receives safe and respectful care during childbirth.

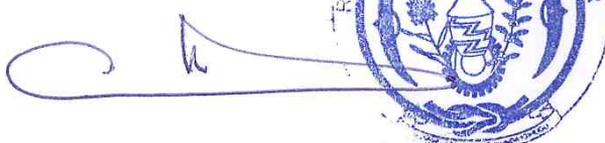
Equally important is the attention given to the rehabilitation and reintegration of persons with disabilities. The qualitative study exploring the experiences of wheelchair users after spinal cord injury rehabilitation reminds us that health does not end at hospital discharge. True healing requires support for social inclusion, accessibility, and dignity. Moreover, the review of longitudinal mental health diagnostic models offers a valuable lens for thinking about how Rwanda can better identify, monitor, and support individuals living with mental illness across their lifespan.

The findings in this publication share a common commitment to understanding and addressing health needs from the perspective of those most affected, such as patients, healthcare users, and communities. They highlight the importance of designing and implementing health interventions that are scientifically sound, culturally sensitive, inclusive, and sustainable. In this regard, the studies in this publication align with Rwanda's broader health sector vision to deliver person-centered care that respects dignity, enhances experience, and promotes health equity.

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.

As we move forward, let us remain steadfast in our mission to build a health system that is equitable, resilient, and centered on the needs of the people we serve.

Yours sincerely,

A handwritten signature in blue ink is written over a circular official seal. The seal is for the Rwanda Biomedical Centre (RBC) and features a central emblem with a sun, a water drop, and a caduceus, surrounded by the text 'RWANDA BIOMEDICAL CENTER' and 'Rwanda Biomedical Centre'.

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