

SPOTLIGHT ON RWANDA

PROGRESS OVERVIEW

Rwanda is one of the few sub-Saharan African countries on track to achieve MDGs 4 and 5. Child mortality fell rapidly between 2000 and 2013 from 182 to 52 deaths per 1,000 live births. Maternal mortality fell from 1,000 deaths to 320 per 100,000 live births. Rwanda has also seen a significant reduction in health inequalities – both in mortality rates and coverage of services. Disparities in child mortality rates have reduced significantly between socioeconomic groups as well as between rural and urban areas over the past decade. Impressive improvements have also been made in the coverage of services – 98% of one-year-olds received the DTP3 vaccine in 2010, higher than in the UK. Equity gaps have also been closing between rural and urban areas and socioeconomic groups across a wide range of indicators. In 2000, women in the richest economic group were three times more likely to give birth in the presence of a skilled attendant. By 2010, this ratio had reduced to 1.4, with coverage among the poorest group rising from 22% to 64%. There is still a long way to go, but this trend is encouraging.

OUTCOMES

MDGs

Child mortality rate: 52 per 1,000
 Child deaths per year: 22,000
 MDG target: 51 per 1,000 – **ON TRACK**
 Average annual rate of reduction (2000–2013):
 10.0% – **ACCELERATING**
 Equity of progress (2000–2010):

- Economic groups: **Decreasing inequality**
- Regions: **Decreasing inequality**
- Urban/rural: **Decreasing inequality**

POST-2015

On track for post-2015 nationally: **Yes**
 On track for all groups: **No**

- Economic groups: **Yes**
- Regions: **No, but with potential**
- Rural and urban: **Yes**

Figure 16: Trends in intervention coverage

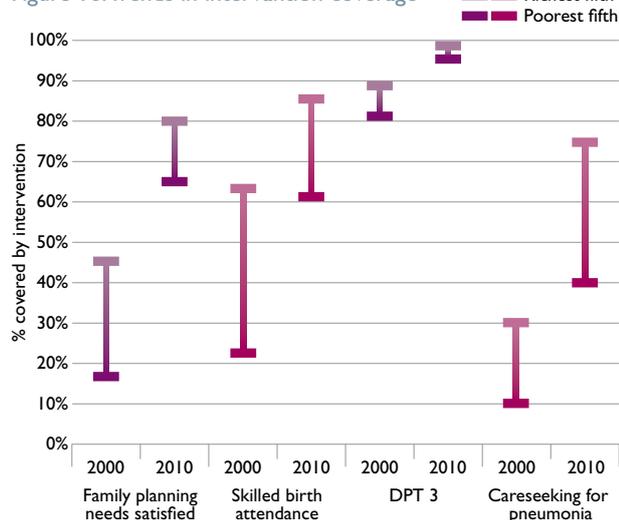
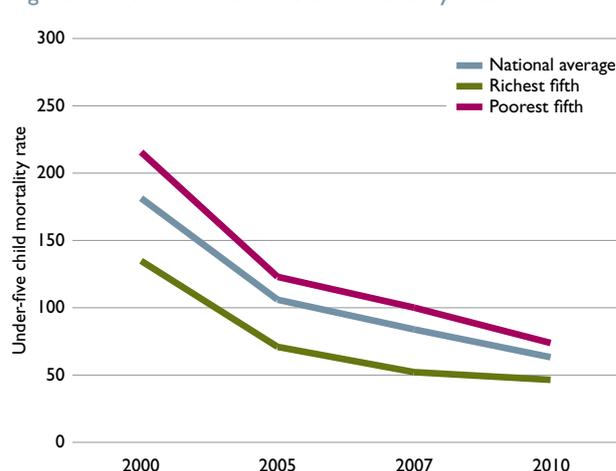


Figure 17: Trends in under-five child mortality rate



Policy spotlight: investment in the national health system

Rwanda's achievements in health outcomes are linked to improvements across a range of sectors and programmes, including its National Social Protection Strategy and significant progress in water, sanitation, education, and gender equality. Specific investments have also been made in health:

- Rwanda has increased health spending to 6% of GDP, far beyond the average for other sub-Saharan African countries (2%). Rwanda is one of just six African countries that allocated more than 15% of its budget to health, meeting the Abuja declaration of 2001.
- A national health insurance system, the *Mutuelles de santé*, covers more than 98% of the population with a comprehensive benefits package. The compulsory scheme includes national subsidies for the poorest. It has both dramatically reduced out-of-pocket spending and increased utilisation of health services.
- In addition to a national subsidy system, Rwanda uses performance-based financing, which appears to have had a positive impact on the utilisation of maternal health services by both the poorest and richest socioeconomic groups.

- Rwanda has also emphasised greater coordination of donors and aid sustainability.

Challenges

While Rwanda's benefit packages are quite comprehensive on paper, a shortage of health workers means that few facilities are fully staffed to deliver them. The poor quality of health services remains an issue, largely because of a lack of well-trained health workers. Utilisation rates are still lower among the poorest quintiles and for certain patients, such as children with acute illnesses.

See Appendix 3 for guidance on interpreting data, and References section for sources used for policy analysis.