

CASE STUDY

# RWANDA

Rwanda's health sector has made significant progress in recent years, increasing its health spending and improving access to care. Maternal mortality has dropped by 80%, from 1,071 deaths per 100,000 live births in 2000 to 210 in 2014/15. 43.9% of pregnant women receive four or more antenatal care visits, and 91% of births are now attended by a skilled practitioner.<sup>1</sup> See Table 1 for key demographic and health indicators.

Rwanda's progress is due to strong national leadership, community-focused primary care, district ownership, continuing sensitization of community health workers, and provision of services by Mutuelle de Santé, a national, publicly financed insurance scheme for the informal sector. This is now managed by the Rwanda Social Security Board, and covers over 85% of the population. An additional 6% of the population are covered by formal medical schemes, so over 90% of the population is covered by some

**Table 1. Rwanda: key demographic and health indicators**

Total population (2016) <sup>1</sup>	11,918,000
GNI per capita (PPP international US\$, 2013) <sup>1</sup>	1,430
Life expectancy at birth M/F (years, 2016) <sup>1</sup>	66/70
Total expenditure on health as % of GDP (2015) <sup>1</sup>	7.5
Out-of-pocket expenditure as % of current health expenditure (2016) <sup>2</sup>	9
Voluntary health insurance as % of current health expenditure (2016) <sup>2</sup>	5
Nurses & midwives/10,000 pop.(2015) <sup>3</sup>	8.307
Physicians/10,000 pop. (2017) <sup>3</sup>	1.346
Percentage of births attended by skilled health personnel (2010-2015) <sup>4</sup>	90.7
Percentage of married or in-union women of reproductive age whose need for family planning was satisfied with modern methods (2014) <sup>4</sup>	65.9
Abortion at the woman's request (Y/N) <sup>5</sup>	N

<sup>1</sup> WHO Global Health Observatory <https://www.who.int/gho/en/>

<sup>2</sup> Global Health Expenditure Database <http://apps.who.int/nha/database/Select/Indicators/en>

<sup>3</sup> National Health Workforce Data Platform accessed via WHO Global Health Observatory <https://www.who.int/gho/en/>

<sup>4</sup> Demographic and Health Survey 2014-2015 <https://microdata.worldbank.org/index.php/catalog/2597>

<sup>5</sup> Global Abortion Policies Database <https://abortion-policies.srhr.org/country/rwanda/>

form of public health insurance. Utilization of primary health services has increased five-fold, from 0.3<sup>2</sup> visits per capita in 2003 to 1.43<sup>3</sup> in 2015<sup>4</sup>.

In 2011 the Ministry of Health reviewed and updated the health services packages provided by the whole health sector. The resulting Service Package for Health Facilities at Different Levels of Service Delivery (Service Package) specifies the services which should be provided at each health facility level, and the inputs required to implement them. Services are broadly defined, but are complemented by national treatment guidelines, clinical protocols and an essential medicines list.

Not all services in this package are exempt from user fees. Members of insurance schemes pay an insurance premium to qualify for services. Members of the Mutuelle de Santé scheme pay a tiered premium and co-payments, with exemptions for the poorest populations. The Mutuelle de Santé package is defined in a Gazette published in 2016, which reflects the Service Package, and can be updated through clinical guidelines and the Essential Medicines List. The government aims to revise this package in the coming years, to align it with patients' needs and to make it sustainable.

*Prioritizing the benefits package:* All participants in the Mutuelle de Santé scheme receive the same benefits (as outlined in the Gazette). Beneficiaries, who pay premiums and co-payments, are entitled by law to

a comprehensive range of preventive and curative services throughout the country in public facilities (there may be a one-month waiting period if the annual premium is paid after the defined registration period). The Ministry of Health has defined the services to be delivered by facility type, based on available staffing and level within the referral system. The benefits package covers both inpatient and outpatient care, and lists essential drugs.

The care available at each level of the health system as is follows.

- Health centres: Minimum package of activities as defined by the government, including curative, preventative, promotional and rehabilitative services. Maternity and inpatient services are included.
- District hospitals: Complementary package of activities as defined by the government for patients referred from a primary health centre. These include obstetric/gynaecological care, surgery, advanced laboratory services, ophthalmology centres and radiology services.
- Tertiary hospitals: Specialized package of tertiary-level activities as defined by the government for patients referred from a district hospital, such as ophthalmology, dermatology, ear, nose and throat, stomatology and physiotherapy, in addition to services available at district hospitals.

2 Some of the data for Rwanda, including this statistic and the breakdown of total spending, are based on past estimates. National Health Accounts Rwanda 2006.

3 Rwanda 2016 Annual Health Statistics Booklet.

4 General Disclaimer. Indicator estimates in this case study may differ from those listed on the WHO Global Health Observatory or other UN estimates' websites.



- Except in emergencies, hospital services are covered only for members referred by a lower-health facility level. Ambulance costs are reimbursed by community-based health insurance where medically necessary and for patients referred from one health facility to another.
- “Patient roaming” allows beneficiaries to access care anywhere in the country.

As illustrated in Table 2, the service package, and in turn the Mutuelle de Santé package, include most of the interventions recommended by the Guttmacher-Lancet Commission on SRHR at high level. Prevention, promotion, information and counselling are not included in the Mutuelle de Santé package, other than some HIV prevention and counselling services. However, the general Ministry of Health service package does include key activities such as behaviour change at community level, paid from the public sector budget. Despite the comprehensiveness of packages covered by community-based health insurers, some services, products and commodities at partnering institutions are not available, requiring insured patients to pay for services and commodities at private establishments. Previously, Mutuelle de Santé contracted only with public health facilities, but has recently begun contracting services from the private sector as well.

*Participation:* The Ministry of Health is primarily responsible for defining the benefits package and setting prices for the Mutuelle de Santé, based on the Service Package. The Mutuelle de Santé package was initially based on the benefits package and the services already being provided in facilities with

user fees. This was consulted on by the Government Cabinet and then published in an official Ministry of Health Gazette, available to the public and key stakeholders. Additions to that package were made in an ad hoc manner (e.g. changes to the essential medicines list). The government aims to increase consultation and inclusivity in the process of modifying this list through a priority-setting process that takes into account the opinions of key actors and key considerations, including affordability and sustainability.

*Challenges:* Although the Ministry of Health is responsible for decisions about the benefits package, the Rwanda Social Security Board pays for the services. A defined consultative process is needed for developing the benefit package, which includes key stakeholders and considers affordability as well as cost-effectiveness and equity. Although co-payments for the lowest socioeconomic class have been waived, there is a further need to investigate whether co-payments or service delivery barriers prevent other beneficiaries from accessing care.

*Successes:* Development partner funding is allocated in line with government-defined priorities. For example, external funding contributes to the premium subsidy for the indigent to receive services through the Mutuelle de Santé. This alignment of development partner funding with the service package is possible because the Rwandan government asked development partners to coordinate and allocate funding towards national plans, and to report using the health resource tracking tool (HRTT). Rwanda conducts an annual resource mapping and partner mapping exercise for health sector needs, and asks

development partners to coordinate with these plans. In addition, the Mutuelle de Santé scheme has been highly successful in providing coverage to most of the population.

*Reforms, revisions and plans for the future:* With the increasing financial constraints on the Mutuelle de Santé, and anticipated development partner

transition, the ministries of health and finance are considering a periodic revision of the benefit package. This was clearly stated as a priority in the fourth health sector strategic plan. Such review will provide an entry point for SRHR actors to support the government by developing an evidence-based and robust priority-setting process to inform the package, as well as the essential medicines list and other levers.

**Table 2. Interventions recommended by the Guttmacher-Lancet Commission on SRHR and their inclusion in/omission from Rwanda’s health benefits package**

Interventions recommended by Guttmacher-Lancet Commission	Rwanda Mutuelles Benefits (2016 Gazette): interventions included/omitted
<b>Comprehensive sexuality education*</b>	<ul style="list-style-type: none"> <li>• Not included in Mutuelles package. The service package outlines promotional activities at community level but without listing what this includes.</li> </ul>
<b>Counselling and services for a range of modern contraceptives, with a defined minimum number and types of methods</b>	<ul style="list-style-type: none"> <li>• Injectables</li> <li>• Contraceptive implants (procedure only)</li> <li>• Intrauterine device insertion (procedure only)</li> </ul>
<b>Antenatal, childbirth and postnatal care, including emergency obstetric and newborn care</b>	<ul style="list-style-type: none"> <li>• Antenatal care</li> <li>• Delivery and postnatal care</li> <li>• Basic and comprehensive emergency obstetric and neonatal care</li> </ul>
<b>Safe abortion services and treatment of complications of unsafe abortion</b>	<ul style="list-style-type: none"> <li>• Abortion (allowed for pregnancies resulting from rape, incest, forced marriage, or health risk to the woman or fetus) and incomplete abortion are included as a gynaeco-obstetric and neonatal emergency service (including manual vacuum aspiration)</li> </ul>
<b>Prevention and treatment of HIV and other sexually transmitted infections</b>	<ul style="list-style-type: none"> <li>• Screening and treatment of sexually transmitted infections</li> <li>• Screening for HIV (treatment provided predominantly through development partner funding)</li> </ul>
<b>Prevention, detection, immediate services and referrals for cases of sexual and gender-based violence</b>	<ul style="list-style-type: none"> <li>• Social psychology: personal and family relationship problems (e.g. family conflicts, violence, intimate partner violence, child abuse/neglect, couple and marriage problems)</li> <li>• Post-exposure prophylaxis</li> <li>• Management of sexual and gender-based violence cases</li> </ul>
<b>Prevention, detection, and management of reproductive cancers, especially cervical cancer</b>	<ul style="list-style-type: none"> <li>• Oncology services including screening and some therapies</li> </ul>
<b>Information, counselling and services for subfertility and infertility</b>	<ul style="list-style-type: none"> <li>• Psychological services only</li> </ul>
<b>Information, counselling and services for sexual health and well-being</b>	<ul style="list-style-type: none"> <li>• Not included in Mutuelles package. The service package outlines promotional activities at community level but without specifying training and activities.</li> </ul>

\* Comprehensive sexuality education is in most countries the responsibility of the ministry of education, and is not normally included in a health benefits package, which concerns interventions in the health sector.