



Progress on Health in Rwanda

Drivers of Progress - Leadership, performance and financial barriers

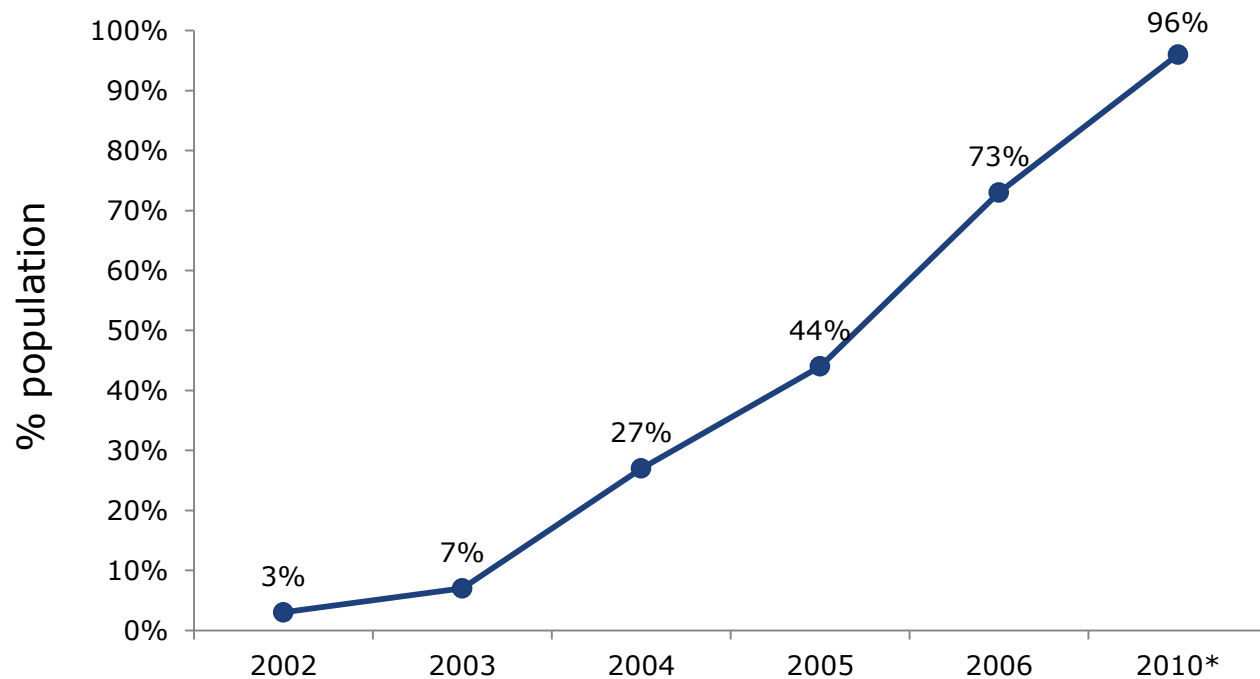
Rwanda's story

	Progress achieved	
Life expectancy	29yrs (1995)	50yrs (2008)
Child mortality	219 (1994)	103 (2007)
Maternal mortality	1071 (2000)	750 (2005)
Immunization (measles)	25% (1994)	90% (2008)
HIV prevalence	13.9% (2000)	3% (2007)
BUT....	-Only slight improvements in malnutrition, children underweight decreased but large inequalities exist	



Removing financial barriers to access

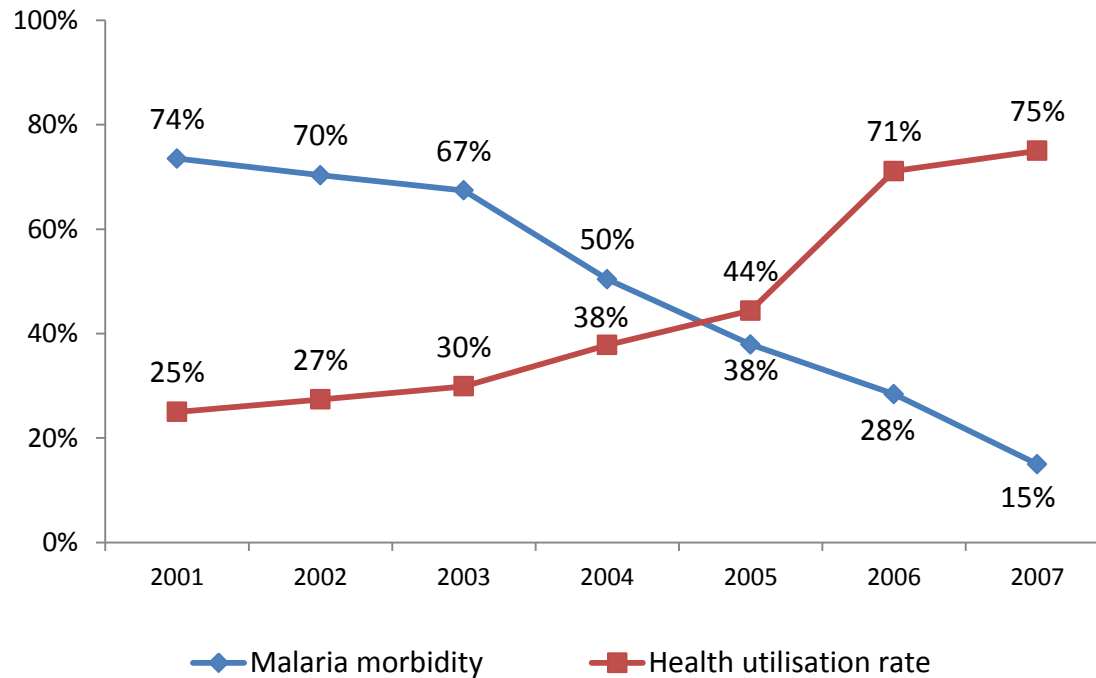
Evolution of Mutuelle de Santé membership





Impact on demand and health outcomes

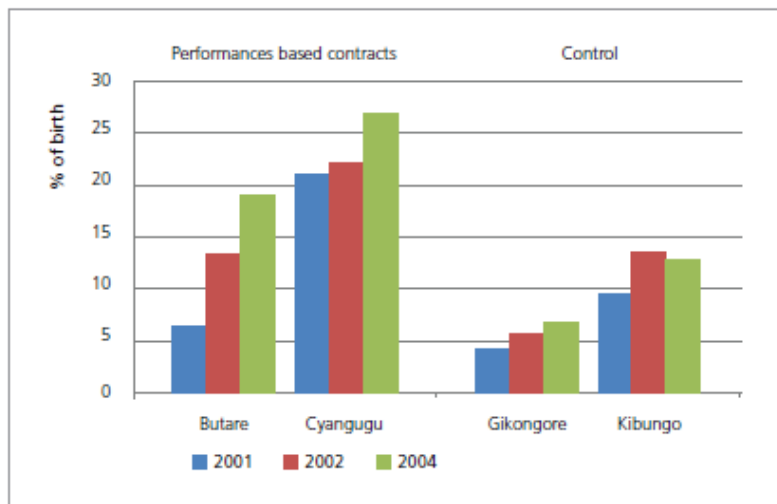
Malaria morbidity in health centres versus health utilisation rate, 2001-2007





The supply side: Performance Based Funding & human resources

Births attended by skilled personnel in two sets of districts, 2001, 2002 and 2004



Source: GPOBA (2005).

PBF establishes a **direct link between service delivery, results and payment.**

Financial incentives and competition.

Periodic evaluations against performance indicators

Staff training, higher salaries and **elimination of salary disparities for comparable jobs** strengthened service delivery



Other key driving factors

- **Strong leadership** at all levels fosters reforms while engaging the population in rebuilding the country and attracting international support
 - **Evidence-based policies** informed by all sectors of society. Once a pilot initiative proves successful, it is scaled up to national level.
 - **Decentralisation** with District health departments as operational unit for health.
 - **Community participation** with integration of Community Health Workers into the local government health structure at village level.
 - **Strong donor coordination** through Government's proactive role so donor finance is channelled through sector budget support and vertical funds are integrated into health services
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