



RWANDA'S HEALTH SECTOR

Contents

1.	Country Overview	2
	1.1. Key Country Statistics	3
2.	COVID-19	3
3.	Health Overview	4
	3.1. Key Health Statistics	6
4.	Challenges Facing the Private Health Sector	6
5.	Opportunities for the Private Health Sector	6
6.	References	8

1. Country Overview

Rwanda is a landlocked country situated in the equatorial zone of Central Africa with a population of 12.63 million people.^[1] Kinyarwanda is the most common language spoken, followed by English and French.

The post-colonial period was filled by ethnically motivated violence which later culminated in the 1994 Rwandan genocide. However, after the civil war, Rwanda has had one of the most impressive GDP growth (8% in 2005).^[2]

Over the last two decades, the economy has been guided by the long-term strategy, “Vision 2020”, which set the goal to transform Rwanda into a middle-income country and the East African hub with modernized agriculture, knowledge-based industry and services. The economic transformation is in its early stages and the alleviation of mass poverty is no better than that of the neighbouring countries. As a result, a third Economic Development and Poverty Reduction Strategy, “Vision 2050”, was prepared to ensure the growth of Rwanda to an upper-middle-income country by 2035.^[3]

The government of Rwanda continues to invest in the country’s economy by modernizing their infrastructure to improve service delivery with an aim of building human capital. The most common modes of transportation are road, rail and air.^[4] Rwanda’s economy is mostly based in rural areas and is heavily reliant on agriculture.^[5]

Rwanda, being a small and populated country, is tightly controlled with the police force, security services and armed forces enforcing the law. This helps to guarantee public safety and has reduced incidents of reported violence. The rebel groups formed after the Hutu people’s migration to the Democratic Republic of Congo (DRC) are no longer a threat to the present regime.^[3]

Rwanda is a member of the World Trade Organisation (WTO) and the East African Community (EAC).



1.1. Key Country Statistics ^{[6] [7] [8] [9]}



68.7 years Life expectancy, 2018



9.43 GDP growth (annual %), 2019



Imported products- Other furniture (**\$120M**), Broadcasting equipment (**\$94.3M**), Baked goods (**\$81.4M**)



21.82 Exports of goods and services as a % of GDP, 2019



36.13 Imports of goods and services as % of GDP, 2019



Exported products-Gold (**\$637M**), Niobium, Tantalum, Vanadium, and Zirconium (**\$76.7M**), Tin Ores (**\$60.7M**), Tea (**\$56.1M**)



Balance of trade, 2018 **\$11,326,200.59**^[9]



GDP ranking, 2018 **139** out of 196 countries

2. COVID-19

Rwanda recorded its first confirmed case of COVID-19 on March 14th, 2020. As of 10th March 2021, almost a year after the first case was recorded, Rwanda's total COVID-19 cases stand at 19,779, with 270 deaths and 18,033 recoveries.

The government put in place several measures to help reduce the spread of the virus. The public health sector has been handling COVID-19 cases robustly and rapidly, with an aim to minimize exposure and maximize all efforts. Despite the effect of the pandemic on the poor population, the government has been able to provide food relief to approximately 20,000 households. Rwanda has also implemented an Economic Recovery Plan that includes extensive social protection measures. Curfews are still in place, social gatherings of more than five people have been banned and anyone out in public must wear a face mask. Rwanda's decision to impose a lockdown helped the country battle COVID-19. ^[10]

In April 2020, the World Bank Group approved \$14.25M for International Development Association (IDA) credit in immediate funding to support Rwanda's response to the global COVID-19 pandemic under a new operation, the Rwanda COVID-19 Emergency Response Project. The project was designed to help the government prevent, detect and respond to the threat posed by the coronavirus and strengthen national systems for public health preparedness. It also provided support for clinical care capacity and establish isolation capacity at a selected number of national and district hospitals responsible for triaging and treating COVID-19 cases.

^[11]

3. Health Overview

In 1987, Rwanda's health sector was supported through the Bamako Initiative sponsored by the United Nations Children Fund (UNICEF) and the World Health Organization (WHO). The initiative aimed to increase access to primary healthcare by raising resources for effective, efficient, financially viable and equitable health services. The health sector had then begun to decentralize its healthcare system to accommodate the changes that came along with implementing the initiative. ^[12] The progress was later disrupted by the genocide, which caused extensive damage to the country's development system, including the health system. Most health workers fled the genocide while some were killed, creating a gap in the healthcare workforce, a challenge that the country faces to date. ^[13]

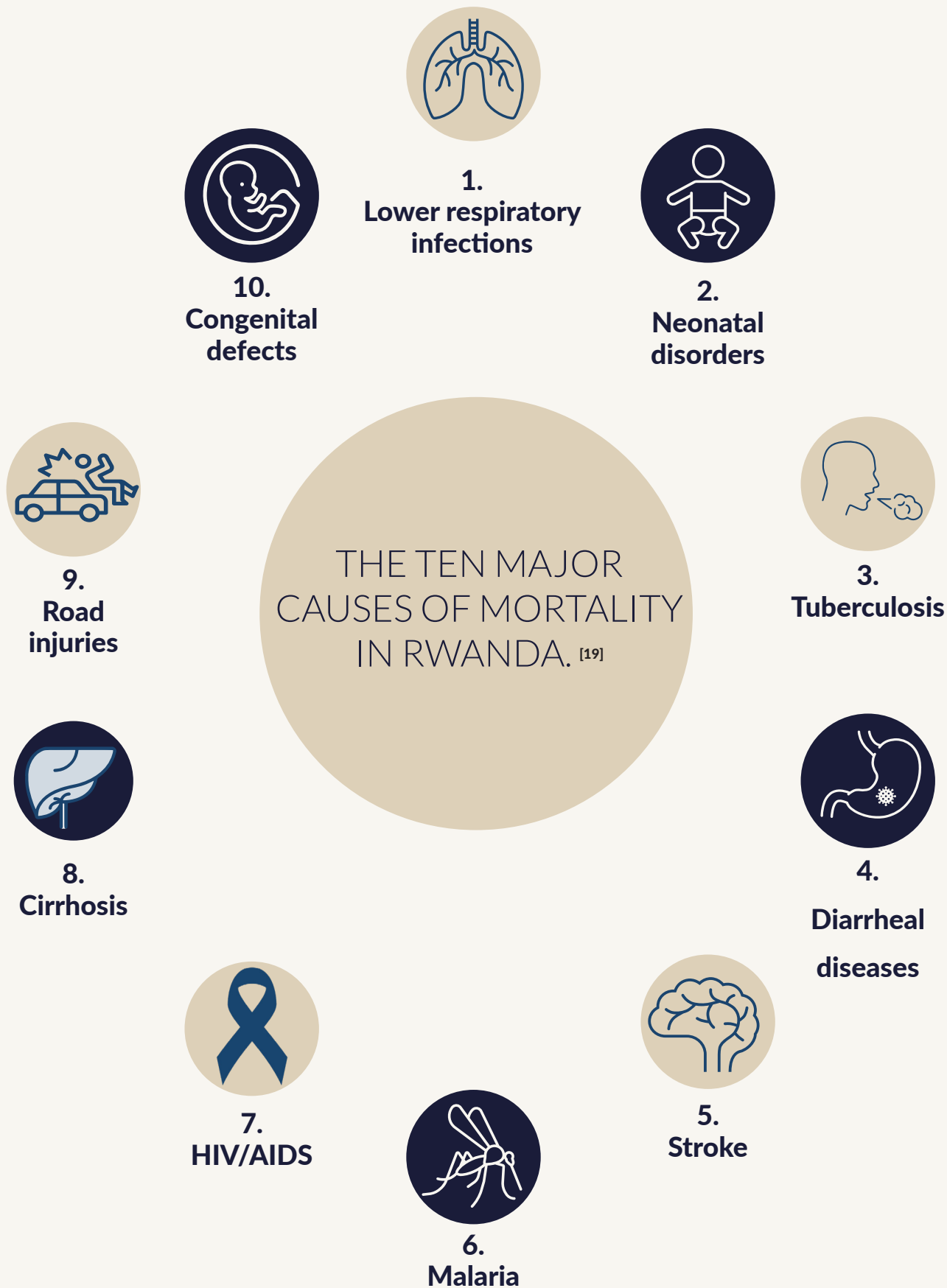
Since the genocide, Rwanda has been able to implement an integrated minimum healthcare package to meet basic community health needs, focusing on access to drugs and regular contact between healthcare providers and communities. Health services in the country are provided by the public sector (64%), private sector (8%) and faith-based organizations (FBOs) (28%). ^[14] Currently, Rwanda has 48 hospitals providing health services. ^[15] Healthcare services are provided on four different levels with much focus on primary care. They are:

1. Referral hospitals
2. District hospitals
3. Health centers
4. Health posts

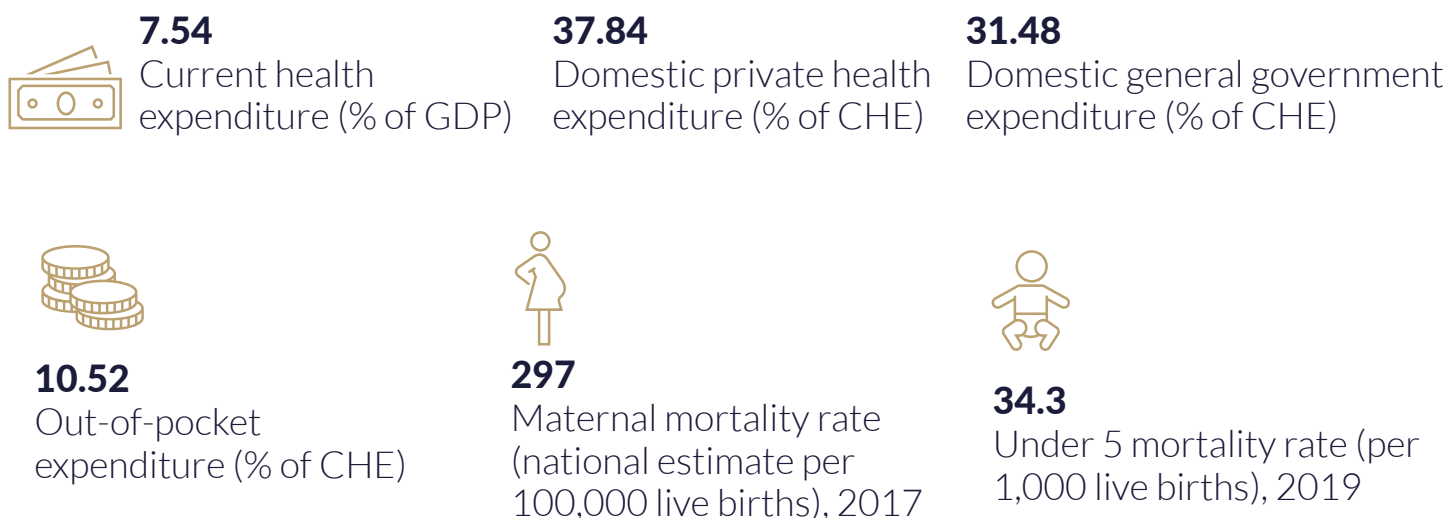
Rwanda is one of the few African countries to have attained its Millennium Development Goals (MDGs) and is on its way to achieving almost 100% universal health coverage (UHC) for its citizens [16]. Over the past two decades, through a community-based health insurance scheme, the nation has been able to reach more than 90% of the population with medical coverage i.e., mutuelles de santé. It is also the first African country to use an application (AI-controlled system named BabyI) to support basic medical care. Patients can communicate with doctors using the app to receive prescriptions and make appointments. ^[17] Despite improvements in health outcomes, Rwanda faces diverse challenges within its health sector such as non-communicable diseases, which account for 44% of deaths.

The public sector is organized into three levels: the central level, intermediate level, and peripheral level. Each has a defined technical and administrative platform called a minimum package of activities. The public sector is coordinated on all levels to prevent overlap and improve the use of resources and provide quality services. The central level, located in the capital, is responsible for developing health policy and the overall strategic and technical framework within which the health services are provided. The intermediate level is made up of 11 provincial health offices managed under health, gender and social affairs guidelines. The peripheral level consists of district health offices each with an administrative office, a district hospital and health centers.

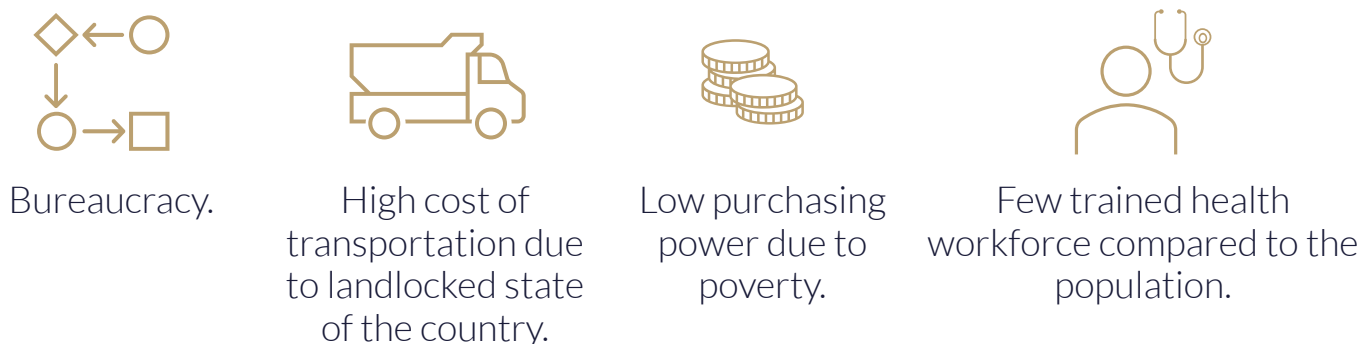
The private medical sector in Rwanda has grown considerably over the years and continues to grow. It consists of two general hospitals, two eye hospitals, 50 clinics and polyclinics, eight dental clinics, four eye clinics, and 134 dispensaries. ^[18]



3.1. Key Health Statistics ^[20]




4. Challenges Facing the Private Health Sector ^[21]



5. Opportunities for the Private Health Sector ^[21]

- All sectors are open to investments with no restrictions.
- Low levels of petty crime and corruption.
- Investment opportunities in the establishment of more pharmaceutical plants and distribution centers.
- Training of more medical and nursing professionals to bridge the gap in the health workforce currently overwhelming the country.
- There is need to scale more low-cost, high-volume service delivery models to increase reach to the underserved population.



Do you need more in-depth information on Rwanda's health sector and how your project or business can contribute?

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