

COUNTRY CONTEXT AT-A-GLANCE

GDP per capita¹

(PPP int'l dollars)
WDI (2017)

\$2,036

Living in poverty¹

(Under \$1.90 int'l dollars / day)
WDI (2013)

56%

Government health spending as % of GDP²

Rwanda's Health Resource Tracking Tool (2014-15)

2%

Life expectancy at birth¹

(Years)
WHO (2016)

68

Maternal mortality¹

(Per 100,000 live births)
WHO est. (2015)

290

Neonatal mortality¹

(Per 1,000 live births)
WHO est. (2016)

16

Premature NCD mortality³

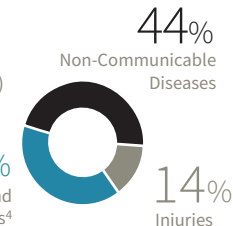
(Probability)
WHO est. (2016)

18%

Causes of death

WHO est. (2016)

42%
Communicable and Other Conditions⁴



\$ FINANCING

Rwanda's Health Resource Tracking Tool (2014-15 data)

PHC spending:

\$35



Per capita

Prioritization of PHC:

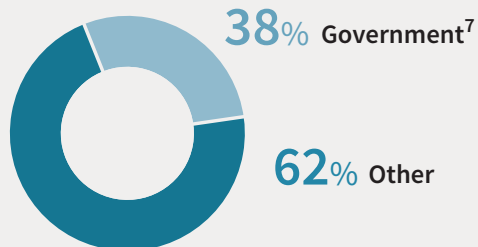
Overall health spending⁵

71% on PHC

Government health spending⁶

71% on PHC

Sources of PHC spending:



CAPACITY

Primary Health Care Progression Model (2018 data)⁸

Governance

3.5



Inputs

2.6



Population Health & Facility Management

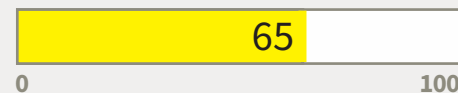
3.1



PERFORMANCE

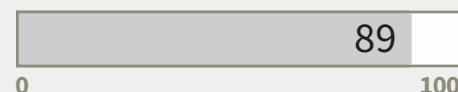
Access Index⁹

DHS STATcompiler (2014 survey)



Quality Index⁹

HMIS (2018 data) and ISS (2017 data)



Service Coverage Index

2017 UHC Global Monitoring Report



EQUITY

Access: % with perceived barriers due to cost, by wealth quintile

DHS STATcompiler (2014 survey)



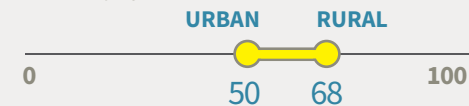
Coverage of RMNCH¹⁰ services, by mother's education

Health Equity Monitor (2014 data)



Outcomes: Under-five mortality¹¹, by residence

Health Equity Monitor (2014 data)

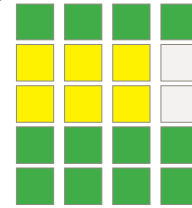


1. Indicator values presented here may differ from country data sources due to the use of standardized categories and methods to enhance international comparability. Government of Rwanda estimates are as follows: GDP per capita (USD): \$718 (EICV4, 2014); Living in poverty: 39% (EICV4, 2014); Life expectancy at birth: 67 (HSSP4, 2018); MMR: 210 (DHS, 2014); NMR: 20 (DHS, 2014). 2. Domestic general government health expenditure as % of gross domestic product (GDP) 3. Probability of dying between ages 30 and 70 from cardiovascular disease, cancer, diabetes, or chronic respiratory disease 4. Communicable, maternal, perinatal, and nutritional conditions 5. Current PHC expenditure as % of Current Health Expenditure (CHE) 6.

Domestic general government PHC expenditure as % of domestic general government health expenditure. 7. Domestic general government PHC expenditure as % of current PHC expenditure 8. The PHC Progression Model uses mixed methods to assess foundational capacities of PHC on a scale from 1 (low) to 4 (high) 9. Because different data/indicators are used in each country, composite index values may not be comparable across countries. See page 2 for the specific indicators used in this VSP. 10. The composite coverage index is a weighted score reflecting coverage of eight RMNCH interventions along the continuum of care (http://www.who.int/gho/health_equity/report_2015/en/) 11. Deaths of children before age 5, per 1,000 live births.

RWANDA
SCORE
GOVERNANCE
3.5
Governance and Leadership
3.6

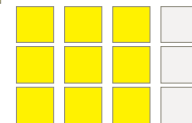
- Measure 1: Primary health care policies (1/2)
- Measure 2: Primary health care policies (2/2)
- Measure 3: Quality management infrastructure
- Measure 4: Social accountability (1/2)
- Measure 5: Social accountability (2/2)


Adjustment to Population Health Needs
3.3

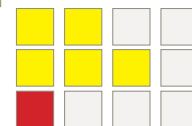
- Measure 6: Surveillance
- Measure 7: Priority setting
- Measure 8: Innovation and learning


INPUTS
2.6
Drugs and Supplies
3.0

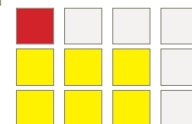
- Measure 9: Stock-out of essential medicines
- Measure 10: Basic equipment availability
- Measure 11: Diagnostic supplies


Facility Infrastructure
2.0

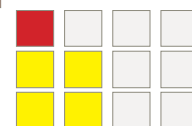
- Measure 12: Facility density
- Measure 13: Facility amenities
- Measure 14: Standard safety precautions and equipment


Information Systems
2.3

- Measure 15: Civil Registration and Vital Statistics
- Measure 16: Health Management Information Systems
- Measure 17: Personal care records


Workforce
1.7

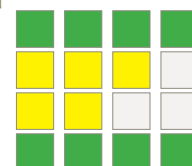
- Measure 18: Density and distribution
- Measure 19: Training
- Measure 20: Community health workers


Funds
4

- Measure 21: Facility budgets
- Measure 22: Financial Management Information System
- Measure 23: Salary payment


POPULATION HEALTH AND FACILITY MANAGEMENT
3.1
Population Health Management
3.3

- Measure 24: Local priority setting
- Measure 25: Community engagement
- Measure 26: Empanelment
- Measure 27: Proactive population outreach


Facility Organization and Management
3.0

- Measure 28: Team-based care organization
- Measure 29: Facility management capability and leadership
- Measure 30: Information system use
- Measure 31: Performance measurement and management (1/2)
- Measure 32: Performance measurement and management (2/2)



| RWANDA | SCORE | PERCENTAGE | SOURCE | YEAR |
|--|--------------|-------------------|------------------------------|-------------|
| ACCESS | 65 | | | |
| Financial | | | | |
| Perceived access barriers due to treatment costs* | | 49% | DHS STATcompiler | 2014 |
| Geographic | | | | |
| Perceived access barriers due to distance* | | 22% | DHS STATcompiler | 2014 |
| QUALITY | 89 | | | |
| Comprehensiveness | | | | |
| Average availability of RMNCH services (%)** | | 100% | HMIS | 2018 |
| Average availability of infectious disease services (%)** | | 99% | HMIS | 2018 |
| Average availability of NCD services (%)** | | 91% | HMIS | 2018 |
| Continuity | | | | |
| DTP3 dropout rate* | | 1% | WHO/UNICEF | 2017 |
| Treatment success rate for new TB cases | | 87% | WHO TB Programme | 2015 |
| Person-Centeredness | | | | |
| % of clinicians who told caregiver the sick child's diagnosis** | | 78% | ISS | 2017 |
| Provider availability | | | | |
| <i>No recent indicator available from international or national data sources</i> | | | | |
| Provider Competence | | | | |
| <i>No recent indicator available from international or national data sources</i> | | | | |
| Safety | | | | |
| <i>No recent indicator available from international or national data sources</i> | | | | |
| SERVICE COVERAGE | 57 | | | |
| Reproductive, Maternal, Newborn and Child Health | | | | |
| Demand for family planning satisfied with modern methods | | 65% | UHC Global Monitoring Report | 2017 |
| Antenatal care coverage (4+ visits) | | 44% | UHC Global Monitoring Report | 2017 |
| Coverage of DTP3 immunization | | 98% | UHC Global Monitoring Report | 2017 |
| Care-seeking for suspected child pneumonia | | 54% | UHC Global Monitoring Report | 2017 |
| Infectious diseases | | | | |
| Tuberculosis cases detected and treated with success | | 72% | UHC Global Monitoring Report | 2017 |
| People living with HIV receiving anti-retroviral treatment | | 74% | UHC Global Monitoring Report | 2017 |
| Use of insecticide-treated nets (ITN) for malaria prevention | | 67% | UHC Global Monitoring Report | 2017 |
| Children under 5 with diarrhea receiving ORS | | 28% | DHS STATcompiler | 2014 |
| Non-Communicable Diseases (NCDs) | | | | |
| % of population with normal blood pressure*** | | 74% | UHC Global Monitoring Report | 2017 |

*These variables must be transformed by subtracting the value from 100 when calculating summary scores. **Country-specific (proxy) indicator, used in absence of globally comparable survey data. ***Age-standardized and rescaled when included in the Service Coverage Index (see detailed indicator descriptions). Note: Summary scores for the domains of Access, Quality, and Coverage are calculated by taking the average of indicator values within each subdomain, and then taking the average across subdomain scores.