

Rwanda's remarkable health recovery

An example of effective evidence-based policies, central planning, health systems, and equitable access to healthcare.

It has taken only ten years for Rwanda to create a sustainable healthcare system that not only meets all of the Millennium Development Goals but addresses the healthcare needs of even its poorest citizens whilst delivering high quality health care with limited resources.

Successes include:

- 80 % drop in deaths from HIV, TB and malaria
- 60 % drop in maternal mortality
- 63 % drop in annual child deaths
- Life expectancy double (was only 30 years after genocide)
- Average health care cost of \$55 per person per year
- Healthcare spending (\$55 per person on health care and public health) puts the country at 22nd among the 49 countries in sub-Saharan Africa
- Building of hospitals and clinics
- Increased number of people receiving HIV treatment from 870 in 2002 to more than 100 000 in 2012 while retaining 92% of patients in care
- Training of 45 000 community workers to provide in-home care as well as psychosocial support for HIV patients whilst providing basic primary healthcare to the communities
- Government's Gardasil vaccine immunization 2011 campaign against cervical cancer reached 93% of eligible girls
- Only country in sub-Saharan Africa on track to meet most of MDG's
- Population size increased by 35 % since 2000

How has this impacted Rwanda's economic growth?

GDP per person has tripled to \$580, with millions of Rwandans lifted from poverty over the last decade.

It is a little known fact that Rwanda received the least health aid of anywhere in sub-Saharan Africa, due to its genocide reputation.

How did the Rwandan government achieve these marked improvements?

Through their focus on effective implementation of the limited funds available, a problem which is almost always the central complaint and factor in developing countries where lack of implementation is the root cause of non-delivery and lack of performance.

The government's Vision 2020 is the cornerstone of this multi-dimensional (across various government departments) approach which is aimed at developing Rwanda into a middle income country.

The Rwandan government understood that a healthy population was crucial for its Vision 2020 to succeed and it made healthcare a key pillar of its development plan.

The successes achieved have largely been due to the purposeful co-ordination between sectors and development of plans to deal with certain cross-cutting issues such as HIV. In 2011 this was extended to other non-communicable diseases such as cancer and cardiovascular disease and going forward more research and funding will be put towards delivery in these disease areas.

More controversially, in the case of foreign aid, the Rwandan government determined that if funding organisations or NGOs wanted to work in Rwanda, they needed (and continue to do) fit within Vision 2020 plan and meet government's and their own transparency and accountability standards, or they would be asked to leave. Many did, but those who stayed have created an enormous impact that will be felt for generations to come.

Taking an holistic view on its healthcare needs, in particular HIV and the funding available at the time, the Rwandan government used the large sums of funding by organisations such as Global Fund and PEPFAR to rather build a robust system of private healthcare that benefited the population in the cities and rural areas. The government built hospitals, clinics, trained 45 000 community health workers to provide in-home care as well as psychosocial support for HIV patients whilst providing basic primary healthcare to the communities.

Providing access to healthcare for all Rwandan citizens

In order to ensure that all its citizens have adequate access to health care, Rwanda provides universal health insurance and focuses particular attention on providing for vulnerable populations.

The information supplied was extracted from the British Medical Journal article published in early 2013 as well as information supplied by the Rwandan Health Ministry and an article in Atlantis Healthcare which was based on the BMJ article.

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