Financing of Reproductive Health in Rwanda: Contributions of Resource Tracking

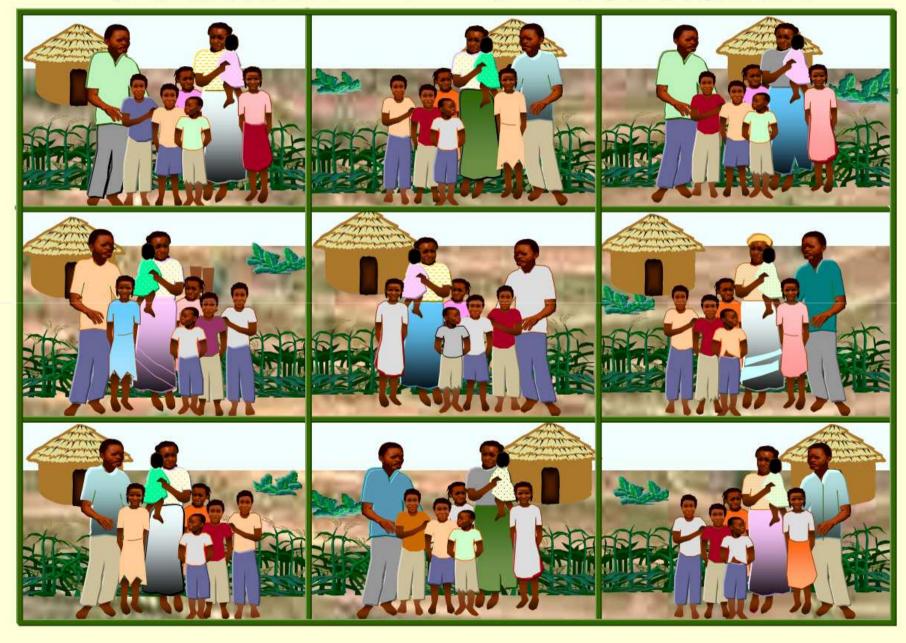


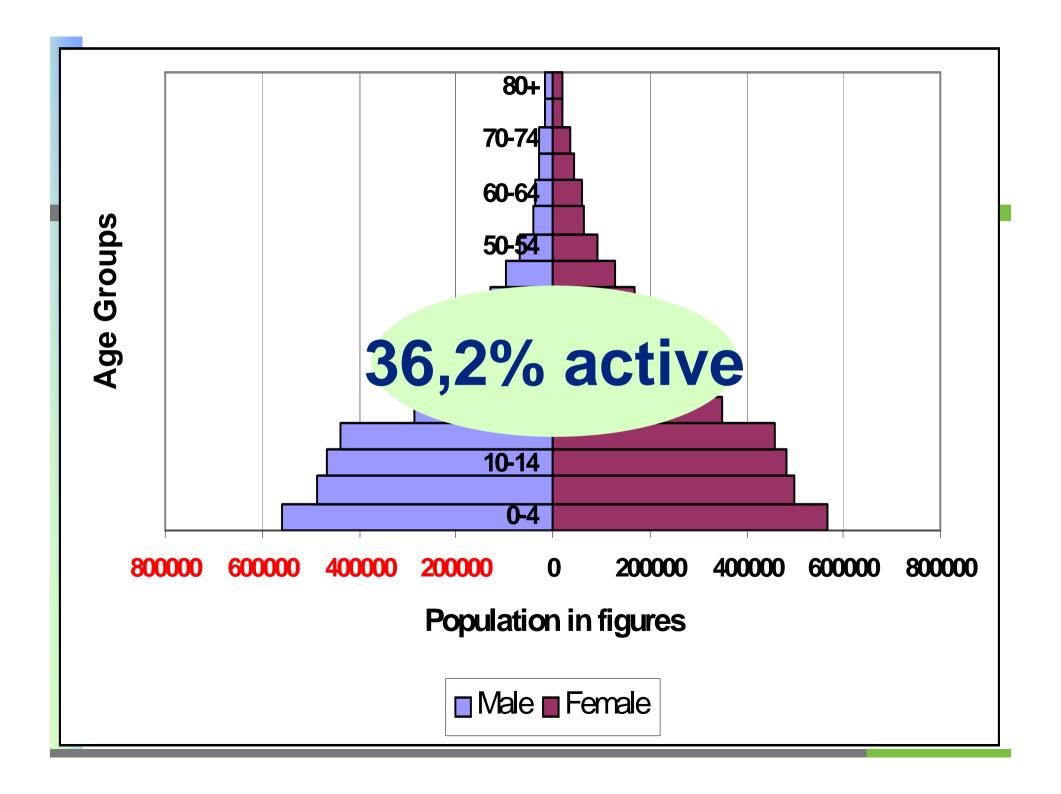
Claude Sekabaraga, MD, MPH Former, Director of Policy Planning and Capacity Building Ministry of Health, Rwanda

Outline

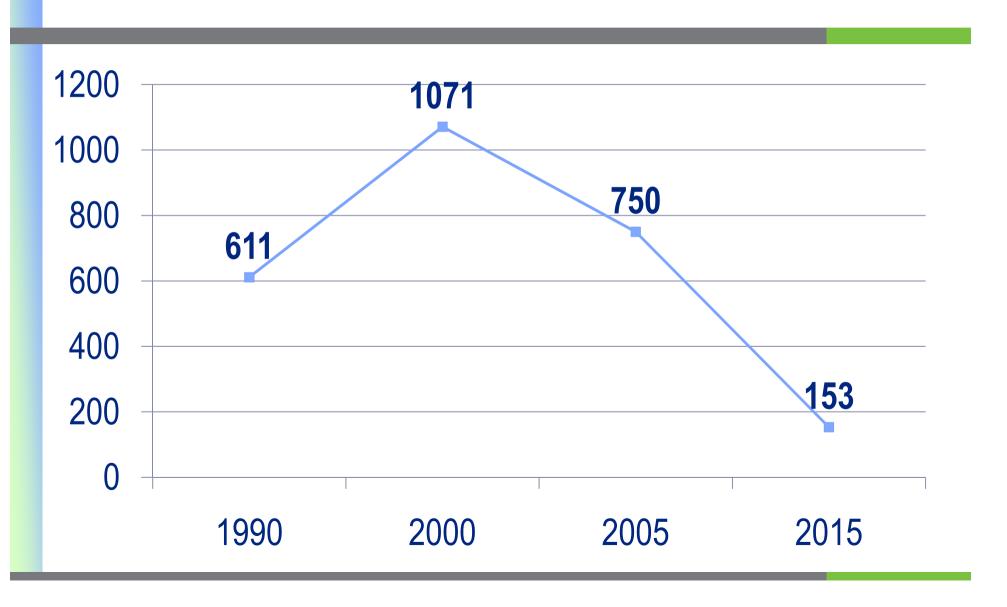
- RH context in Rwanda
- Expenditures on RH
- Influence of resource tracking on RH financing

6 Children / 3rd Generation

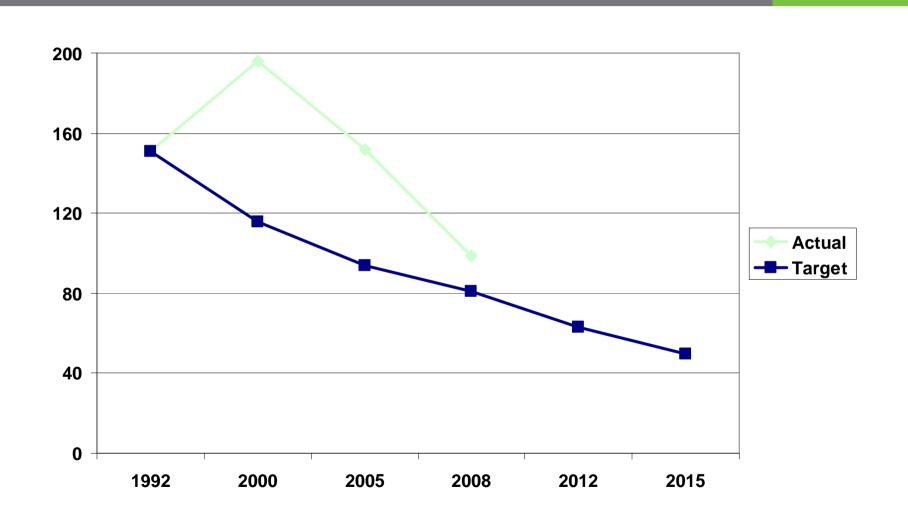


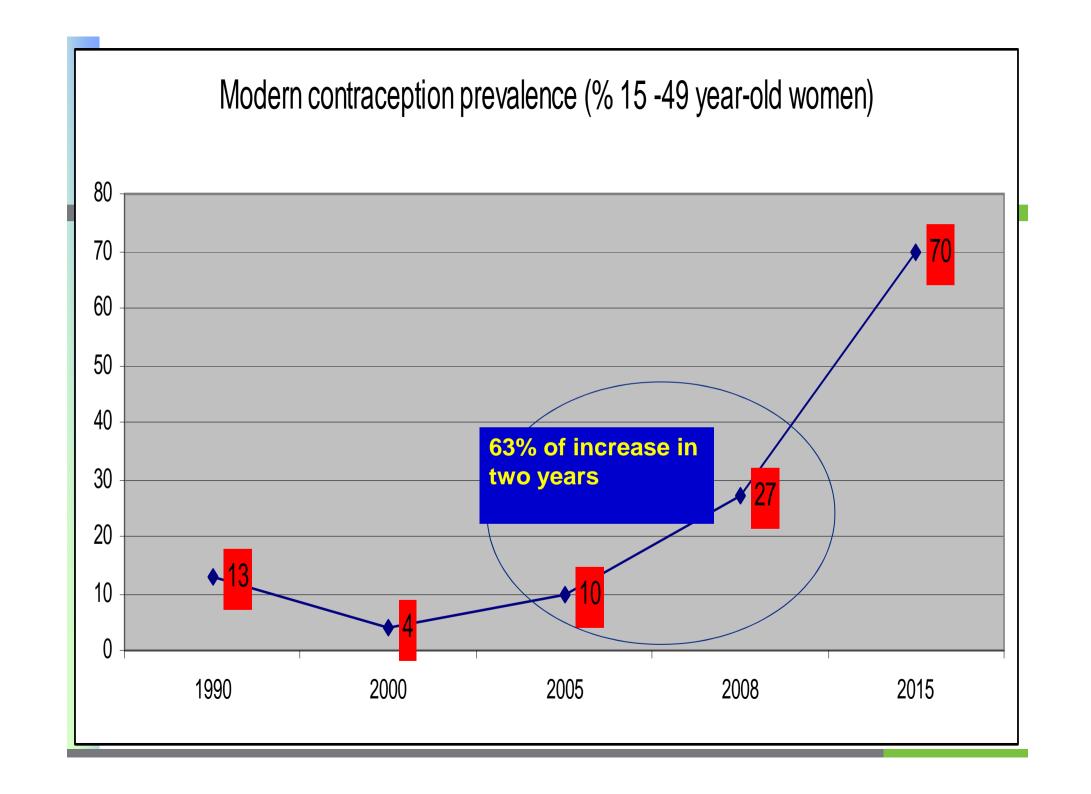


MDG's 5: Reduction of Maternal Mortality



Actual U5MR (DHS) vs. MDG4 target in Rwanda – 35% reduction from 2005 - 2008



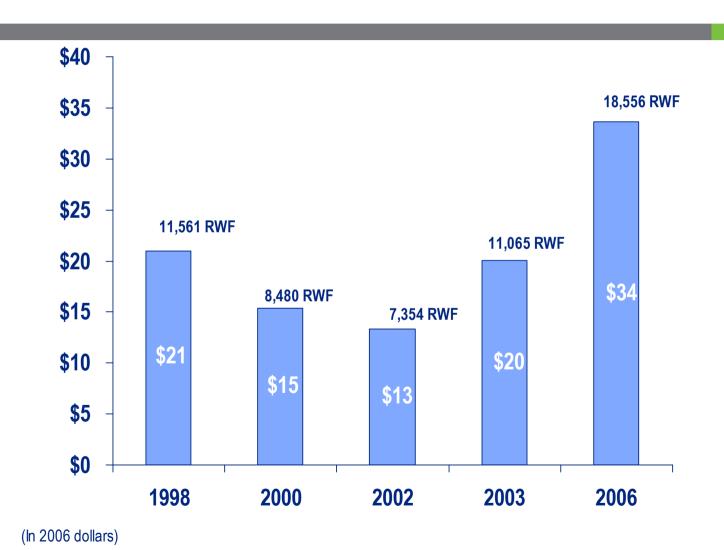


Reproductive Health Financing

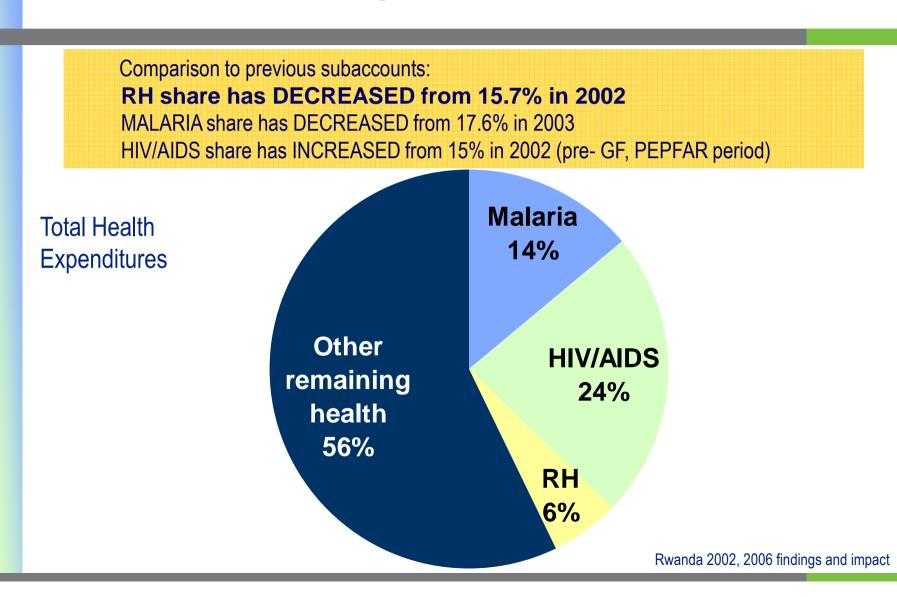
Resource Tracking in Rwanda: Approach

- RH Subaccounts conducted in 2002 and 2006, before and following introduction of major global health initiatives
- Conducted by NHA team including MoH, MinFin, research institutions
- Provides comprehensive picture of expenditures on health
- Each estimate must be verified from by least two sources

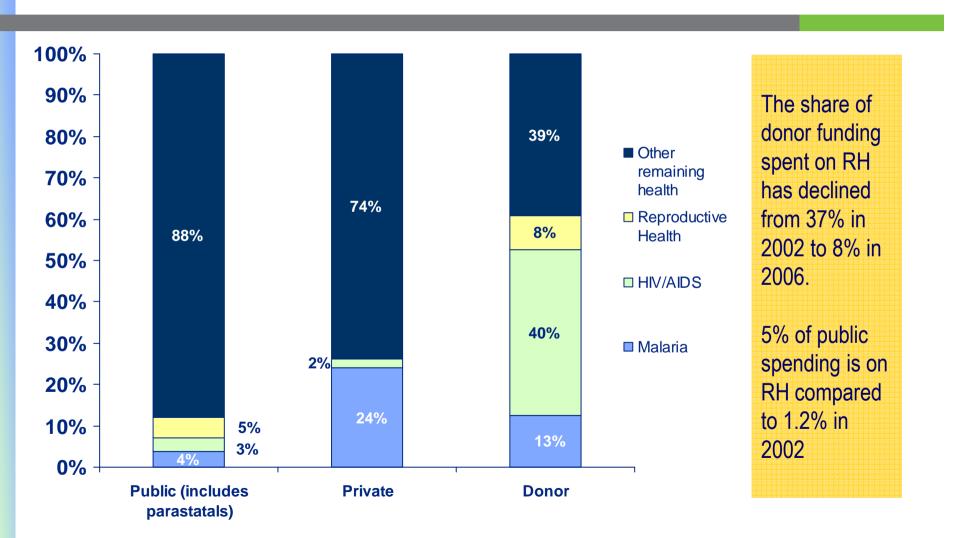
Per capita health expenditure since 1998 in 2006 constant US \$



RH financing in Rwanda Versus Other Priority Areas?

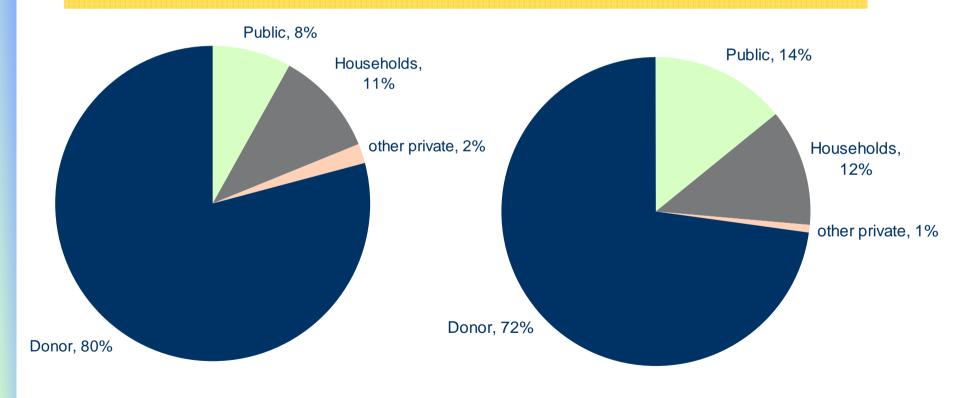


Contribution to HIV, Malaria, RH and Other Health Activities by Financing Source



Financing Sources of RH Expenditures

Total RH spending has remained relatively constant since 2002 Public sources have increased their contribution to RH

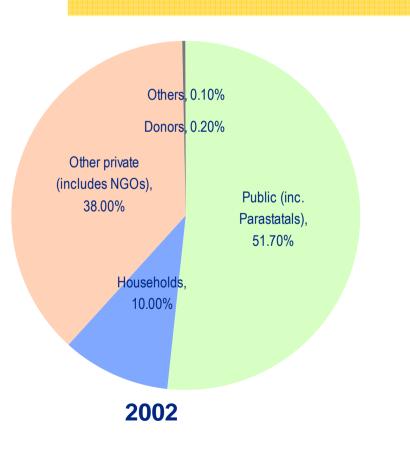


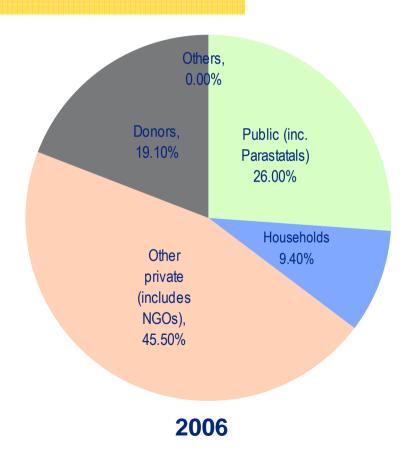
THE_{RH}=\$16, 981,504 in 2006 constant \$

THE_{RH}=\$19,334,787 in 2006 constant \$

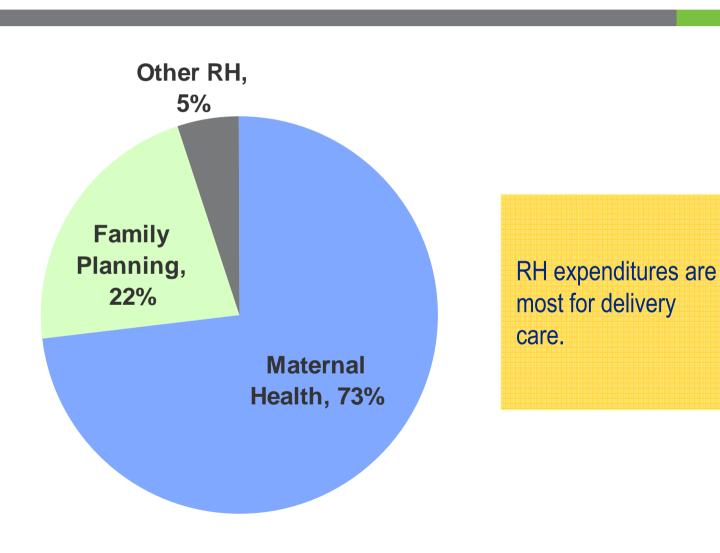
Who Manages RH Funds?

NGOs and donors are managing more RH funds than in 2002





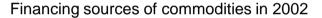
How Funds Were Spent by RH Category, 2006

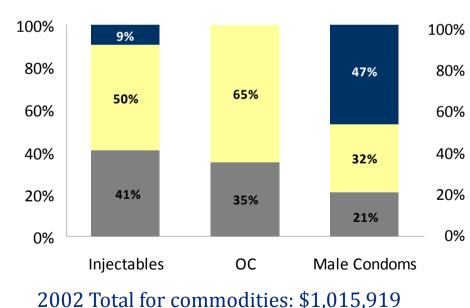


Who pays for contraceptive commodities? Then and now

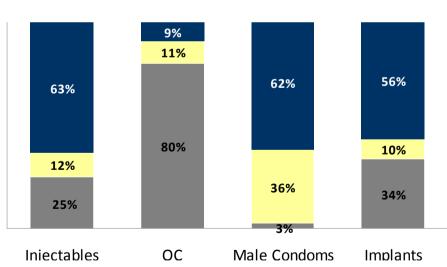
Donated products managed by NGOS account for the largest share of expenditures for each contraceptive commodity type (except for OC) in 2006. Compared to 2002, HH OOP share for each commodity type decreased in 2006

Donors via NGOs OOP Donors via MoH





Financing sources of commodities in 2006



2006 Total for commodities: \$2,707,612

How has the GoR used the 2006 RHS data for decision making?

Planning Process

- Beginning in 2008, family planning and reproductive health were treated as a specific budget program;
- The new 2009-2012 health sector strategic plan identified family planning and reproductive health as a strategic program in recognition of its priority in the national government and donor budgets.

Resource Allocations

- The RHS contributed to the government's decision to provide \$5,000,000 for RH (with 10% for contraceptives) in 2009;
- The government used the data to advocate with donors to mobilize 1 million USD for contraceptives in health sector budget support in 2008;
- The government used the data to secure Global Fund support for RH of US\$2.4 million in contraceptive assistance provided over three years.

Conclusion

- Reproductive health are key to achieving the MDG's.
- The quality and availability of RH services benefits from strong health systems and financing mechanisms (e.g., performance-based financing, community health insurance)
- Specific interventions need earmarked resources (e.g., contraceptives, maternal and new born medical equipment)
- Beginning in 2008, a dedicated budget program and resources allocations reflected strong increases national government support for RH;
- Yet, needs remain high and whether they are met surely will impact success in accelerating achievement of the MDG's.

Countries With or Planning RH Subaccount Analysis

Country	RH subaccounts
DRC	2007-08
Ethiopia	2007-08
Georgia	2001-03
Jordan	2002
Kenya	2005-06
Liberia	Ongoing
Malawi*	2002-03, 2003-04, 2004-05
Mexico	2003-2006 (disaggregated to the state level)
Rwanda	2002,2006
Senegal	2007-08
Tanzania*	2002-03, 2005-06
Uganda	2006-07
Ukraine	2003

