Financing of Reproductive Health in Rwanda: Contributions of Resource Tracking

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Outline

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

36.2% active

Population in figures

Male
Female
MDG’s 5: Reduction of Maternal Mortality
Actual U5MR (DHS) vs. MDG4 target in Rwanda – 35% reduction from 2005 - 2008
Modern contraception prevalence (% 15 -49 year-old women)

63% of increase in two years
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 $

(In 2006 dollars)
RH financing in Rwanda Versus Other Priority Areas?

Comparison to previous subaccounts:
- RH share has **DECREASED** from 15.7% in 2002
- MALARIA share has **DECREASED** from 17.6% in 2003
- HIV/AIDS share has **INCREASED** from 15% in 2002 (pre-GF, PEPFAR period)

Total Health Expenditures

- Other remaining health 56%
- Malaria 14%
- HIV/AIDS 24%
- RH 6%

Rwanda 2002, 2006 findings and impact
The share of donor funding spent on RH has declined from 37% in 2002 to 8% in 2006.

5% of public spending is on RH compared to 1.2% in 2002.
Total RH spending has remained relatively constant since 2002. Public sources have increased their contribution to RH.

Donor, 80%

Households, 11%

other private, 2%

Donor, 72%

Households, 12%

other private, 1%

$\text{THE}_{\text{RH}} = $16,981,504 in 2006 constant $

$\text{THE}_{\text{RH}} = $19,334,787 in 2006 constant $
Who Manages RH Funds?

NGOs and donors are managing more RH funds than in 2002

- 2002:
  - Other private (includes NGOs): 38.00%
  - Public (inc. Parastatals): 51.70%
  - Households: 10.00%
  - Donors: 0.20%
  - Others: 0.10%

- 2006:
  - Other private (includes NGOs): 45.50%
  - Public (inc. Parastatals): 26.00%
  - Households: 9.40%
  - Donors: 19.10%
  - Others: 0.00%
How Funds Were Spent by RH Category, 2006

- Maternal Health, 73%
- Family Planning, 22%
- Other RH, 5%

RH expenditures are most for delivery care.
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.

Financing sources of commodities in 2002 vs. 2006:

<table>
<thead>
<tr>
<th>Commodity</th>
<th>2002 Total</th>
<th>2006 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injectables</td>
<td>$1,015,919</td>
<td>$2,707,612</td>
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<tr>
<td>OC</td>
<td></td>
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<tr>
<td>Male Condoms</td>
<td></td>
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<tr>
<td>Implants</td>
<td></td>
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</tbody>
</table>

2002 Total for commodities: $1,015,919
2006 Total for commodities: $2,707,612

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

<table>
<thead>
<tr>
<th>Country</th>
<th>RH subaccounts</th>
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<tbody>
<tr>
<td>DRC</td>
<td>2007-08</td>
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<tr>
<td>Ethiopia</td>
<td>2007-08</td>
</tr>
<tr>
<td>Georgia</td>
<td>2001-03</td>
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<tr>
<td>Jordan</td>
<td>2002</td>
</tr>
<tr>
<td>Kenya</td>
<td>2005-06</td>
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<tr>
<td>Liberia</td>
<td>Ongoing</td>
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<tr>
<td>Malawi*</td>
<td>2002-03, 2003-04, 2004-05</td>
</tr>
<tr>
<td>Mexico</td>
<td>2003-2006 (disaggregated to the state level)</td>
</tr>
<tr>
<td>Rwanda</td>
<td>2002, 2006</td>
</tr>
<tr>
<td>Senegal</td>
<td>2007-08</td>
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<tr>
<td>Tanzania*</td>
<td>2002-03, 2005-06</td>
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<tr>
<td>Uganda</td>
<td>2006-07</td>
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<tr>
<td>Ukraine</td>
<td>2003</td>
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Thank you!