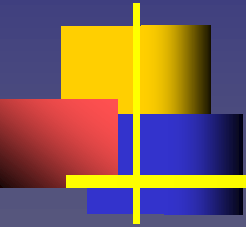


Health Information and Health Reform in Rwanda: Evidence for Performance Analysis and Decision Making



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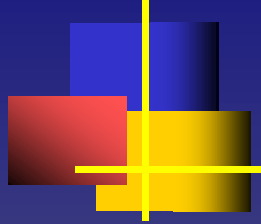
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4th ICSBHS, Sidney, 22-25 September 2001

Introduction



- Rwanda is a small country in central Africa
- 27 000 km² with about 8 million inhabitants
- In 1994, War & Genocide

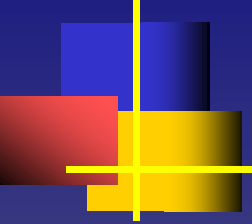



Administrative apparatus destroyed
Health system completely dismantled
Human resource greatly reduced



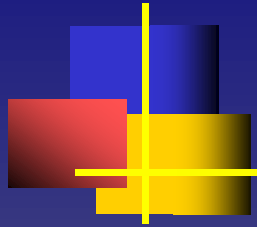
Opportunity exists for profound health sector reform

Health sector reform in Rwanda

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- 
- Decentralisation / Health district implementation
 - Integrated local health services
 - Community participation
 - > management decision making
 - > financing (alternative options, e.g. “mutuelle”)
 - Quality of care improvement
 - Public - private mix
 - Health information system (HIS)

Approach (2)

Health Information System

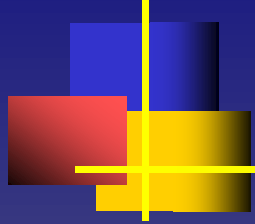


- HIS as a key component of the health sector reform
- HIS was redesigned in 1997 (all levels involved) and was implemented in 1998
- Computerised monthly information related to diseases, activities, resources and administration
- Completeness rate was very high: 85 %
- Data provided by health centres

1st level of the health system; public and not-for-profit;

n = 340

Approach (3)



- In addition to that :

- ⊗ surveillance of interest diseases (WHO)
- ⊗ socio-demographic survey (UNFPA)
- ⊗ public expenditure review (DFID, WHO)
- ⊗ national health accounts (USAID, WHO)
- ⊗ demography and health survey (USAID)



Integration at the central level of the MoH

Findings (1)

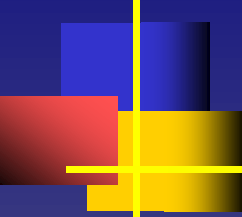
Activities

		<div><i>New HIS</i></div>		
		1997	1998	1999
Curative consultations	(NC/Inh/Yr)	0.36	0.28	0.25
Obstetrical coverage	(%)	10.2	10.7	10.2
Antenatal care coverage	(%)	54.6	58.4	68.1
BCG Immunisation coverage	(%)	61.6	41.9	56.8
Measles Immun. Coverage	(%)	53.2	36.3	36.7

Source: HIS

Findings (2)

Resources



	1997	1998	1999
MoH budget as a share of national budget (%)	2.2	3.1	4.2
Domestic rec. expend. at the district level (USD/inh/yr)	0.28	0.39	0.44
External rec. Expend. at the district level (USD/inh/yr)	2.93	2.2	1.59
Infrastructure coverage (Health centres / 10 000 inh.)	0.43 §	0.44	0.42
Human resource coverage (med. doctor / 10 000 inh.)	0.18 °	0.18	0.18

§ : 0.18 in 1994

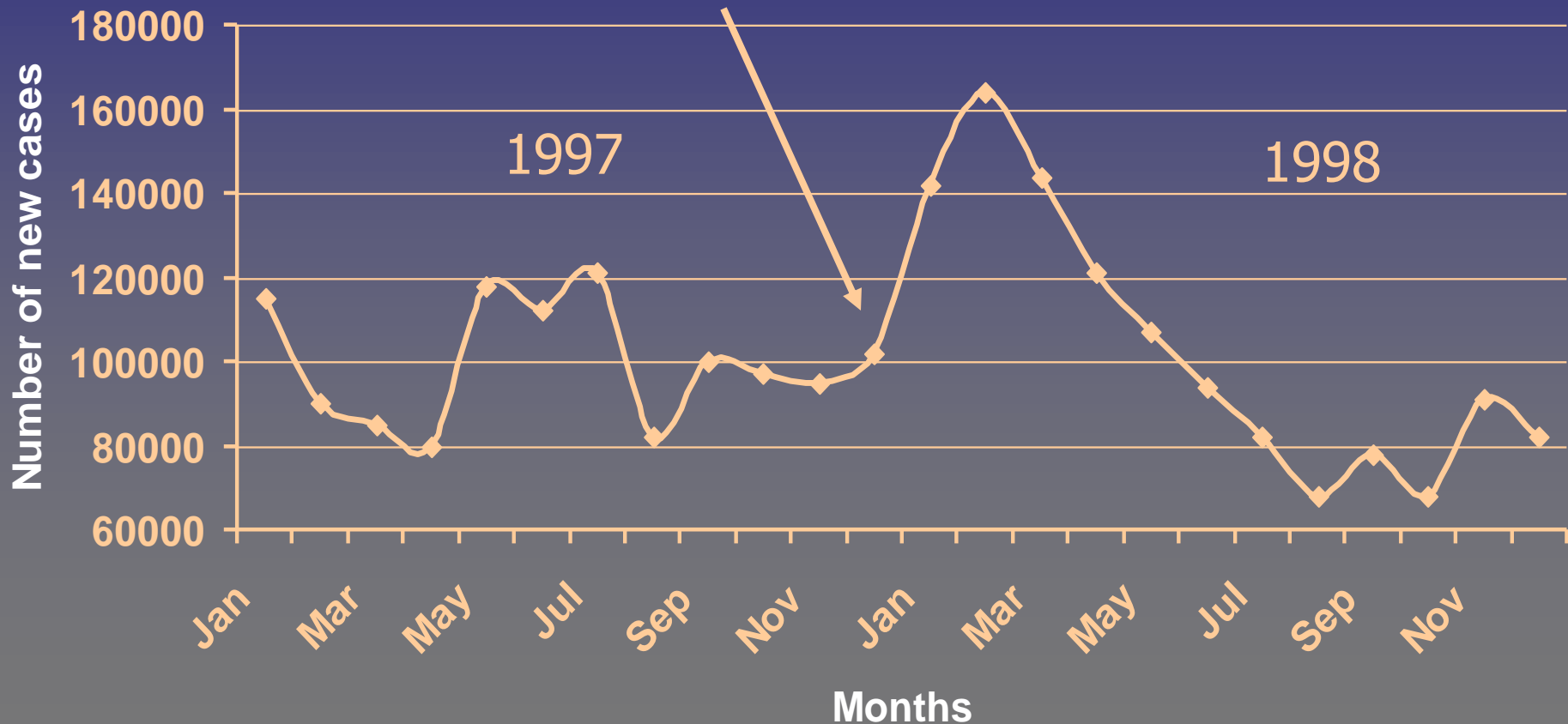
° 0.07 in 1994

Source: PER 1999 and MoH

Findings (3)

Decision making

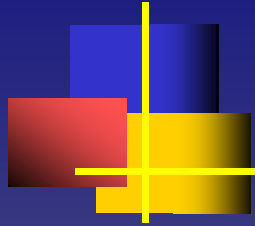
Malaria epidemic outbreak



Source HIS

Findings (4)

Decision making



About 11 % of the population over 12 years in Rwanda is estimated to be HIV/AIDS infected.



Malaria and HIV/AIDS are the biggest health problems in Rwanda



Since 1999, both malaria and HIV/AIDS are benefiting from a share of the MoH budget (4.6 % and 1.1 % respectively)

Future directions (1)

Main problems

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- In Rwanda, the whole HIS consists of:
 - a computerised collection of monthly HC reports
 - disease surveillance
 - specific surveys

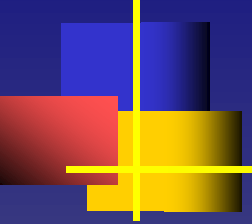
BUT



No vital routine statistics -> difficult to monitor outcomes
Information related to hospitals not yet fully available
No data related to private facilities
No systematic evaluation of reliability

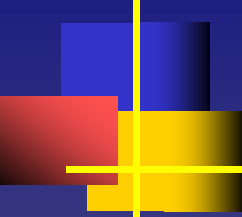
Future directions (2)

HIS development

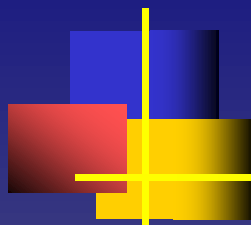
- 
- HIS is the more basic source of data to processing information as a support for sound decision making
 - Integration of different sources are promoted to strengthen coherence and ease analysis at central, intermediate and peripheral levels
 - Extension to management including more sophisticated databases related to personnel, equipment and infrastructures
=> on going process to design "sanitary mapping"

Future directions (3)

Policy implications

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- Health system and peripheral facilities performances should be rewarded through health information analysis
 - Simple data analysis should be used to improve health system knowledge and understanding at all level of the system
 - Scientific basis for health services delivery and organisation roots in HIS, but there is a need to develop methodology and capacities according to available resources in developing countries

Conclusion



- In Rwanda, routine data collection provides useful information that makes decision making easier
- It should be extended to private and referral facilities
- There is a complementarity between routine HIS and more specific surveys
- There is a need to strengthen health services research methodology that could be better suited to resources and information available in developing countries