Rwanda is one of the leading implementers of grants supported by the Global Fund partnership.

The country has emerged as a special success story by registering remarkable progress in health equity and other human development indicators. The advances in the country’s health sector have been achieved by building a health care system founded on the principle of coordinating development partners around one national plan, which aims to give all citizens access to quality health care.

In 1994 – the year of the genocide that resulted in up to a million deaths and shattered the country’s health system and economy – life expectancy had declined to about 28 years. Since then, there has been a dramatic change, with life expectancy almost doubling from 35 in 1995 to 67 years in 2017.¹ This remarkable progress has been associated with great advances against infectious diseases such as HIV, TB and malaria, and improvements in reproductive, maternal, newborn and child health, including progress on vaccines. The Rwandan constitution made health a right in 2003.²

Despite this progress, the country is still a low-income country, which faces enormous challenges in sustainable systems for health, notably in the response to HIV, tuberculosis and malaria. Malaria remains one of the leading causes of sickness. Key and vulnerable populations are disproportionately affected by HIV, with female sex workers registering more than 45 percent prevalence.³

Main results achieved by Global Fund-supported programs:

<table>
<thead>
<tr>
<th>Result</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>People currently on antiretroviral therapy for HIV</td>
<td>175 thousand</td>
</tr>
<tr>
<td>New smear-positive TB cases detected and treated</td>
<td>36 thousand</td>
</tr>
<tr>
<td>Insecticide-treated nets distributed to protect families from malaria</td>
<td>18.1 million</td>
</tr>
</tbody>
</table>

Results

Global Fund partners in Rwanda have used grants for health systems strengthening to integrate service provision in health facilities, and to subsidize premiums and co-payments of health insurance for 2 million of the poorest Rwandans. Investments by the Global Fund have also triggered increased domestic investments in health. Between 2000 and 2011, each annual increase of US$1.00 in foreign assistance for health in Rwanda was accompanied by US$1.29 in additional government spending on health that year. Government spending on health has exceeded the 15 percent target set by the Abuja Declaration.

Building Resilient and Sustainable Systems for Health

Rwanda has used investments by development partners such as the Global Fund to invest in the country’s health infrastructure, developing fully integrated primary health care. Today, Rwanda serves as a model for other countries committed to far-reaching transformation of health provision. Another key to Rwanda's success is the community health management model, which places about 45,000 trained community health workers in villages across the country. The community health workers are elected by the communities, and they are then trained and equipped with mobile phones to link patients with clinics and hospitals that are further away. Community-based health insurance, performance-based financing and the Human Resources for Health program have also been key pillars of the country’s health infrastructure.

HIV

Overall, HIV prevalence among the country’s adult population has stabilized at 3 percent since 2005. In July 2016, Rwanda introduced a “treat all” approach to HIV. With support from the Global Fund and PEPFAR, more than 175,000 people have been put on lifesaving treatment, representing 87 percent of people living with HIV in Rwanda. Treatment coverage is projected to increase to 99 percent of all people living with HIV by 2020.

Tuberculosis

Between 1990 and 2013, the TB mortality rate fell by 81 percent, while prevalence and incidence fell by 75 percent. About 90 percent of new infectious TB cases were successfully treated in 2013. Today, Rwanda has the lowest TB incidence among its neighbors in the Great Lakes Region, at 56 per 100,000 population. At 6.2 per 100,000 population, the country also has the lowest TB mortality rate in that region. Since the start of Global Fund support in the country, nearly 36,000 people have been treated for TB.

Malaria

Rwanda achieved universal coverage of insecticide-treated mosquito nets in 2010, which contributed to a decline of over 75 percent in malaria cases and deaths. Eighty-one percent of households own at least one insecticide-treated mosquito net. Since 2003, the Global Fund has supported distribution of 18.1 million mosquito nets in the country. Of those, 5.2 million were distributed across the country in 2016.

Pressing Forward

In 2014, Rwanda and the Global Fund launched a results-based financing approach called the National Strategy Financing model. As it implements its national strategies on HIV, TB and malaria, Rwanda will evaluate its performance based on pre-defined indicators and targets. The model also provides Rwanda with flexibility to allocate resources to priority areas in response to changing circumstances. Rwanda’s robust internal control systems are being applied to oversee the grants, including audits – a strong example of country ownership of the outcomes of Global Fund grants. In 2015, Rwanda and the Global Fund signed three grant agreements worth US$219 million to support Rwanda’s national strategic plans for HIV, tuberculosis, malaria and to build sustainable systems for health.

About the Global Fund

The Global Fund is a 21st-century organization designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. As a partnership between governments, civil society, the private sector and people affected by the diseases, the Global Fund mobilizes and invests nearly US$4 billion a year to support programs run by local experts in more than 100 countries. The Global Fund’s operating costs are just 2.3 percent of grants under management, reflecting an exceptionally high degree of efficiency. The organization has as its core principles: partnership, country ownership and performance-based funding.

A community health worker visits a man at his home in northern Rwanda, explaining how to prevent malaria and other diseases. The health worker is part of a government program aimed at providing malaria prevention and treatment in villages and towns across the country. The health workers are chosen by their communities, and trained through a program supported by the Global Fund. About 45,000 community health workers spread across Rwanda offer prevention, education, care, support, treatment and other interventions aimed at improving the health of communities.

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5 http:/ /dhsprogram.com/publications/publication-FR316-DHS-Final-Reports.cfm