

50272-101

REPORT DOCUMENTATION PAGE		1. REPORT NO. JDMCG/TR-84/3	2.	3. Recipient's Accession No.
4. Title and Subtitle Private Sector Research Retrieval and Analysis Project: Rwanda			5. Report Date February 22, 1984	
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9. Performing Organization Name and Address JDM Consulting Group 12002 Greenleaf Avenue Potomac, MD 20854 (301) 340-7123			10. Project/Task/Work Unit No. 698-0135-3-6134605	
11. Contract(C) or Grant(G) No. (C) FR-0135-0-00-3061-01 (G)			13. Type of Report & Period Covered Final, 1978 to 1983	
12. Sponsoring or Performing Organization Name and Address U.S. Agency For International Development Room 2492, New State, Washington, DC 20523 (202) 632-8174			14.	
15. Supplementary Notes This paper is one of a series by the author on the topic of private sector financing of primary health services in Africa. The series includes Rwanda, Somalia, Upper Volta, Niger, Senegal, Liberia, Sierra Leone, Swaziland, and an Overview & Recommendations chapter.				
16. Abstract (Limit: 200 words) Major Findings and Conclusions: The major finding is that there are no available data on individual expenditures for private medicine in Rwanda. A very good and otherwise thorough report exists, however, which details public expenditures and selected private expenditures. (Health Financing and Expenditures in Rwanda and Togo, by Andre Laurent, Sandoz Institute for Health and Socio-Economic Studies, Geneva, 1983) The following conclusions were taken from that report. 1) The health sector absorbs five times more resources than would have been thought from an examination of the <<public health>> budget only. 2) In providing 64% of the total funds for health, foreign aid, from all sources and of all kinds, brings health expenditures to 5.5% of the GNP per capita. 3) Foreign private contributions to Rwanda are about equal in size to the Operating Budget of the Government of Rwanda for Health (including Ministries of Health, Education, Foreign Affairs, and Defense). 4) Government expenditures on the Med School comprise 1.4 times the amount spent throughout the country in all the private hospitals and 1.65 times the amount spent for all dispensaries and public hospitals. 5) Medicines comprise 12% of all expenditures, 134 million Rwf (Ministry of Health) and 167 million Rwf (private sector). 8 item bibliography.				
17. Document Analysis a. Descriptors 1) Rwanda 2) Health 3) Market study 4) Private Sector 5) Primary Health Care 6) Health Services 7) Africa 8) Rural Health 9) Finance				
b. Identifiers/Open-Ended Terms				
c. COSATI Field/Group				
18. Availability Statement: Release Unlimited			19. Security Class (This Report) UNCLASSIFIED	21. No. of Pages 9
			20. Security Class (This Page) UNCLASSIFIED	22. Price

PRIVATE SECTOR RESEARCH RETRIEVAL AND ANALYSIS PROJECT
Project No. 698-0135-3-6134605

RWANDA

Support for this project was provided by the
United States Agency for International Development
Contract No. AFR-0135-0-00-3061-01

NTIS Accession Number JDMCG/TR-84/3

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February 22, 1984

PLEASE NOTE

This paper is one of a series by the author on the topic of **private sector financing of primary health services in Africa.**

The titles in the series are the following:

"Private Sector Research Retrieval and Analysis Project: Somalia,"
October 18, 1983, NTIS Accession Number JDMCG/TR-83/1

"Private Sector Research Retrieval and Analysis Project:
Liberia," November 29, 1983, NTIS Accession Number JDMCG/TR-83/2

"Private Sector Research Retrieval and Analysis Project: Upper
Volta," December 20, 1983, NTIS Accession Number JDMCG/TR-83/3

"Private Sector Research Retrieval and Analysis Project: Niger,"
January 22, 1984, NTIS Accession Number JDMCG/TR-84/1

"Private Sector Research Retrieval and Analysis Project: Zimbabwe
and Lesotho: Bibliographies," February 16, 1984, NTIS Accession
Number JDMCG/TR-84/2

"Private Sector Research Retrieval and Analysis Project: Rwanda,"
February 22, 1984, NTIS Accession Number JDMCG/TR-84/3

"Private Sector Research Retrieval and Analysis Project:
Swaziland," March 8, 1984, NTIS Accession Number JDMCG/TR-84/4

"Private Sector Research Retrieval and Analysis Project: Senegal,"
June 1, 1984, NTIS Accession Number JDMCG/TR-84/5

"Private Sector Research Retrieval and Analysis Project: Sierra
Leone," June 2, 1984, NTIS Accession Number JDMCG/TR-84/6

"Private Sector Research Retrieval and Analysis Project: Overview
and Recommendation - Household Expenditure Survey," June 2, 1984,
NTIS Accession Number JDMCG/TR-84/7

I. Introduction

The purpose of this paper is to investigate issues pertaining to private financing of health services in Rwanda. This paper is one of eight related to private financing of health services in eight African countries. (*) Recent changes in policy and economic environments have increased the prominence of the issues of local financing and non-governmental support of the health system. The worldwide recession has severely affected the ability of poor countries to provide public benefits. Furthermore, a political philosophy eschewing the public sector's role in remedying social problems has caused donor countries to reevaluate their roles in foreign assistance programs. The resulting attention to LDCs' private sectors has demonstrated that they account for a substantial portion of all health sector expenditures. Policies are being developed and pursued which exploit local, possibly more stable, financing sources. This introductory paper is offered in anticipation of a need for guidance to missions in private sector health policy.

This paper represents the results of a search and retrieval activity for research performed recently on financing of modern and traditional health delivery systems. Following this Introduction is a brief account of the Major Findings, Conclusions, and Recommendations. The final section contains a discussion of the materials retrieved and evaluated.

(*) The countries discussed in the eight papers include Somalia, Rwanda, Niger, Upper Volta, Senegal, Liberia, Sierra Leone, and Swaziland.

II. Major Findings, Conclusions, and Recommendations

The major finding is that there are no available data on individual expenditures for private medicine in Rwanda. A very good and otherwise thorough report(*) exists, however, which details public expenditures and selected private expenditures. The following conclusions were taken from that report.

1) The health sector absorbs five times more resources than would have been thought from an examination of the <<public health>> budget only.

2) In providing 64% of the total funds for health, foreign aid, from all sources and of all kinds, brings health expenditures to 5.5% of the GNP per capita.

3) Foreign private contributions to Rwanda are about equal in size to the Operating Budget of the Government of Rwanda for health (including Ministries of Health, Education, Foreign Affairs, and Defense).

4) Government expenditures on the Medical School comprise about 1.4 times the amount spent throughout the country in all the private hospitals and about 1.65 times the amount spent for all dispensaries and public hospitals.

5) Medicines comprise about 12% of all expenditures, 134 million RWF through the Ministry of Health and 167 million RWF through the private sector.

6) Most health services are curative in nature: 69% of Rwanda's expenditures, 48% of public bilateral aid expenditures,

(*) Laurent, Andre; Health Financing and Expenditures in Rwanda and Togo, Sandoz Institute for Health and Socio-Economic Studies, Geneva, 1983.

56% of private aid, and 0% of public multilateral aid (totalling 52% of the total). Public multilateral aid provides the bulk of the preventive services and food supplements.

To expand the potential for private sector health projects, it is recommended that the survey conducted by the Ministère du Plan be investigated and, barring success there, conduct simple, small sample surveys to provide information on what people are currently able to pay for health services.

III. Discussion

To establish a context for the following discussion, the health resources of Rwanda are described in Tables 1 and 2.

Table 1

Distribution of Staff by Type, Institution, and Nationality

Type	Public			Certified Private			TOTAL
	Rwandan	Foreign	Total	Rwandan	Foreign	Total	
Physician	54	30	84	14	11	25	109
Med. Assistant	171	3	174	30	2	32	206
Reg. Nurse	63	1	64	10	4	14	78
Other Nurse	329	16	345	97	85	182	527
Paramedics	292	14	306	161	21	182	488

Reference: Laurent, p. 12.

Very little is known about Rwandan private expenditures on health services. The only work that was found which specifically dealt with the subject was Laurent's Health Financing and Expenditures in Rwanda and Togo. This is an empirical work, containing much interesting data. It excludes, unfortunately,

Table 2

Public and Private Health Service Provision

Institutions	Public Number	Public Beds	Certified Number	Private Beds
Hospitals	11	2,219	12	1,635
Specialized Hosp. Sanitorium	1	184	0	0
Psychiatric	0	0	1	120
Dispensaries	117	1,362	61	1,189
Health Centers	28	0	32	0

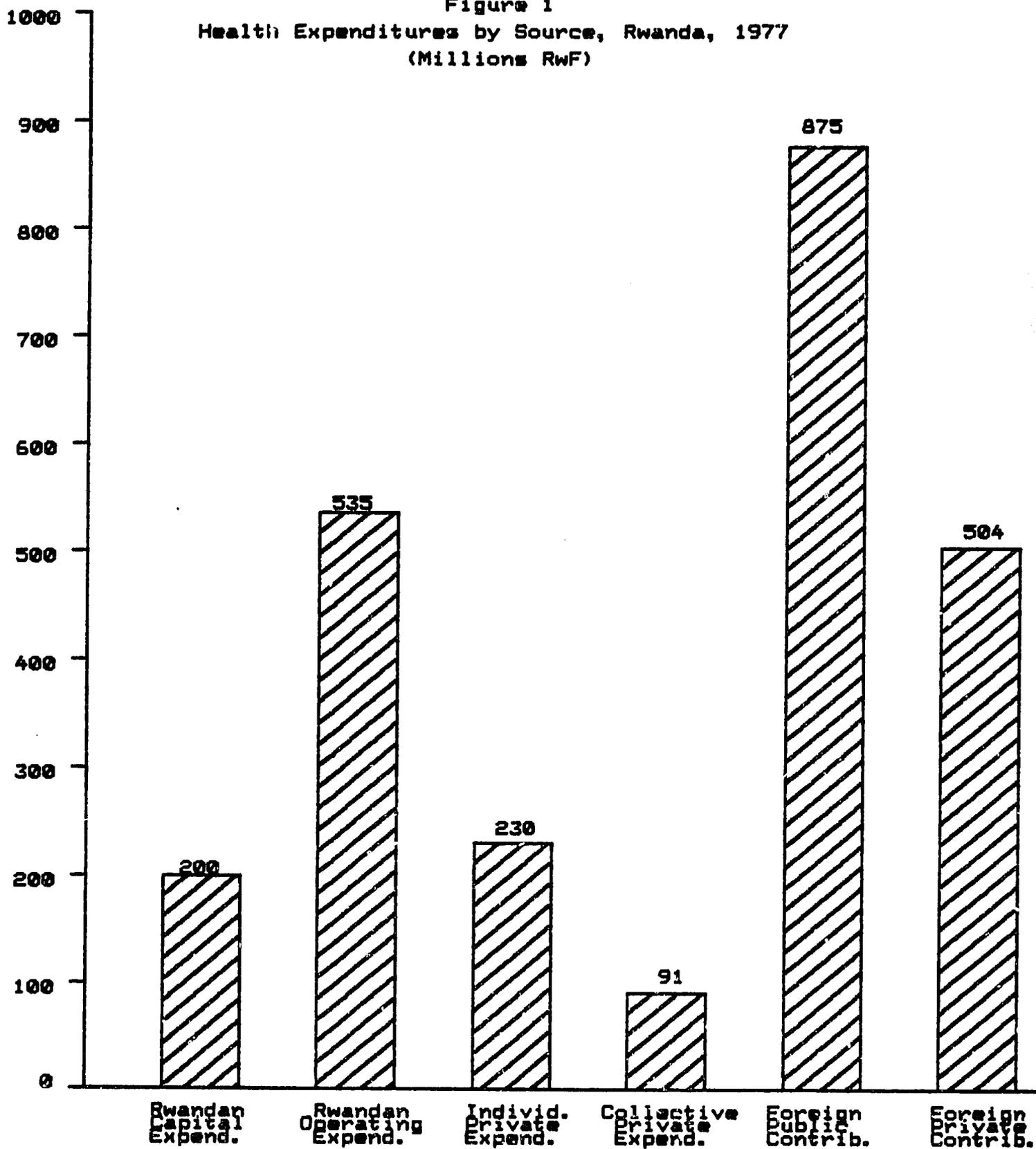
Reference: Laurent, p. 10.

those very pieces of information in which we are most interested - private individual expenditures on primary health care, either traditional or modern. They may exist, though, as survey questionnaires for a recent household expenditure survey in rural Rwanda have been obtained. The questionnaires were published by the Direction Generale de la Statistique, Ministere du Plan, Republique Rwandaise, as part of the Enquête Nationale sur le Budget et la Consommation des Menages. This source should be investigated for household expenditure data.

Laurent's work appeared to be very complete in its discussion of Rwandan public and foreign public and private financing though not exhaustive. Summaries of the data are presented in Figure 1

Note the comparative sizes of the expenditures by the Government of Rwanda (totaling 735 million RwF) to those of foreign public (875 million) and private (504 million) contributions. Excluding individual expenditures for private modern and traditional care, foreign contributions

Figure 1
Health Expenditures by Source, Rwanda, 1977
(Millions RwF)



Reference: Laurent, 1983.

comprise over half (56%) of total expenditures for health. Although employers require employee contributions to social insurance funds, they total only 4% of total expenditures on health. In light of the very heavy reliance on foreign contributions, it appears that future research into private financing for health would best be confined to expanding collective private expenditures through agricultural organizations (coops, marketing organizations, etc.) and studying subsidy and pricing policies. At a minimum, market conditions for health services need to be investigated. The first source to examine is the Ministere du Plan for whatever data they have collected. If that were not successful, simple household surveys can be mounted in 8 to 12 communities throughout the country which could, at low cost, fill in the voids of the Laurent work. The types of questions to guide the data collection in such surveys might be the following:

- A. What are the characteristics of the population groups receiving health services?
- B. In what settings are such services delivered?
- C. Who pays for such services?
- D. How are such payments made?
- E. How are prices determined?
- F. How does the system operate to maintain its viability and adapt to changing conditions?
- G. What are the characteristics of the population groups not receiving any services?

Simple surveys can be constructed and implemented which would provide the information necessary to answer these questions. If the Ministere du Plan has no such data, it is recommended that

the surveys be conducted before any new project work regarding the private sector be mounted.

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