

# Trends in malaria financing in Rwanda

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# Presenter disclosures

Jenna Wright

- (1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**
  - No relationships to report

# How global health initiatives affect the financial burden of malaria in Rwanda

## Outline

- Malaria situation in Rwanda
- International and government response
- Policy questions
- Methodology
- Findings

# Malaria situation in Rwanda

- Malaria is the leading cause of morbidity in Rwanda

	<b>2003</b>	<b>2006</b>
<b>Adult malaria morbidity rate</b>	<b>67.5%</b>	<b>34%</b>
<b>Under-five malaria morbidity rate</b>	<b>32.5%</b>	<b>38%</b>
<b>Severe malaria cases</b>	<b>856,233</b>	<b>48,969</b>

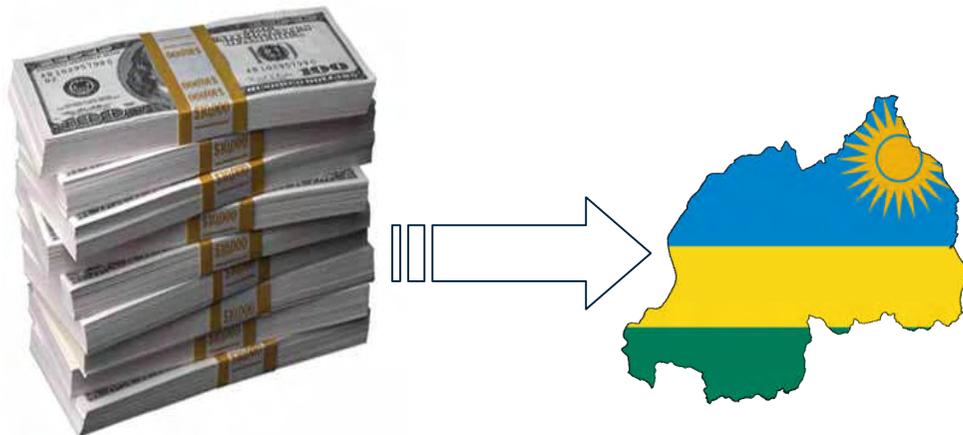
Source: Programme National Integre de Lutte Contre le Paludisme, 2008

- Less than half of all Rwandans receive malaria care<sup>1</sup>

<sup>1</sup> Integrated Living Conditions Survey II

# International response

- **President's Malaria Initiative** started operations in mid-2005
- **The Global Fund to Fight AIDS, Tuberculosis and Malaria** awarded malaria grants to Rwanda in rounds three and five (2004 and 2006)
- **Others** (World Health Organization, Department for International Development [UK], etc.) provide funding for malaria programs



Rwanda experienced a major influx of donor funding for malaria between 2003 and 2006

# Government response to fight malaria<sup>2</sup>

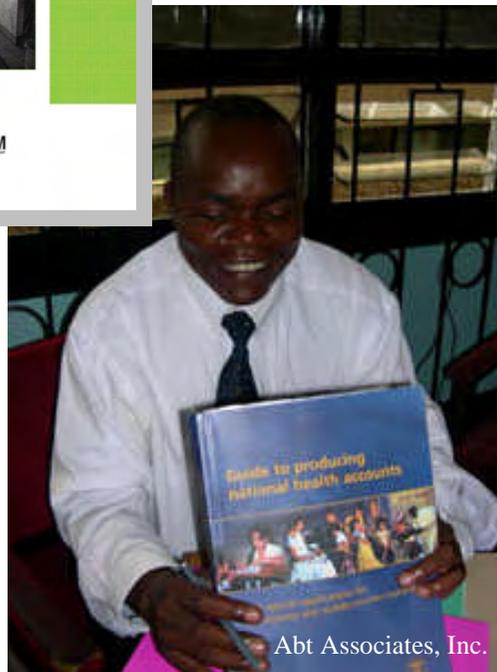
- Distribution of **long-lasting insecticide treated nets** for children, bringing the rate of coverage from 17.4 percent in 2005 to 91 percent in 2006
- Scale-up of a government strategy to train **community health workers** to detect, treat preliminarily, and refer patients with malaria
- New government policy to purchase **Coartem®** (artemisinin-based combination therapy) starting October 2006

# Policy questions

- **Policy questions:**
  - **Who finances malaria care and prevention?**
  - **Who decides how the money is spent?**
  - **What do Rwandan households buy to manage malaria?**
  - **What effect does income have on a household's management of malaria?**

# Malaria subaccounts

## GUIDELINES FOR PRODUCING MALARIA SUBACCOUNTS WITHIN THE NATIONAL HEALTH ACCOUNTS FRAMEWORK PREPUBLICATION VERSION

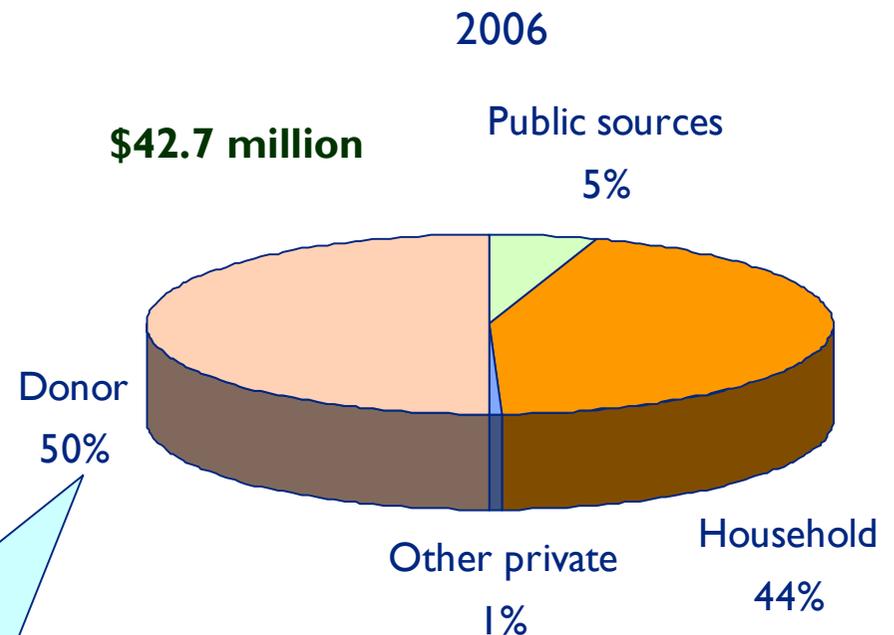
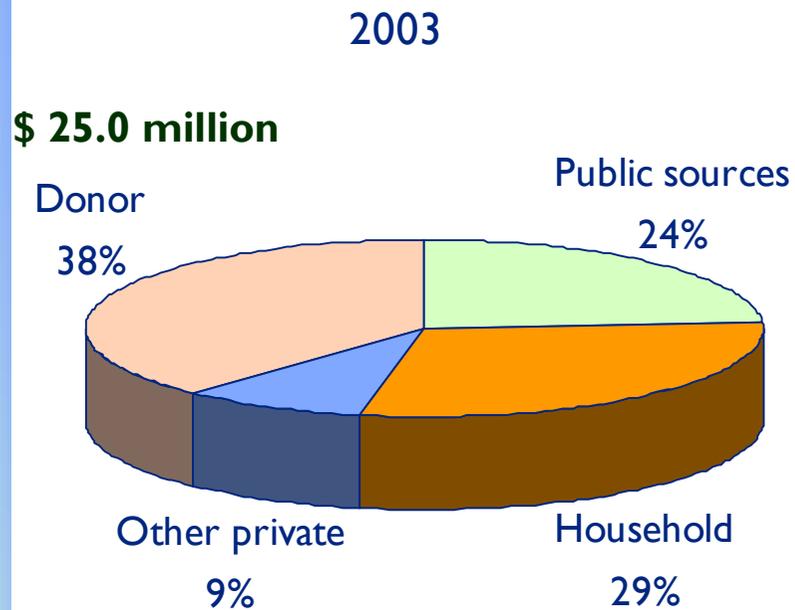


## ■ Based on National Health Accounts framework

- Internationally endorsed: World Health Organization, World Bank, United States Agency for International Development, Gates Foundation, etc.
- Conducted in 100+ countries
- Tracks all health spending, including public, private and donor contributions

## ■ Malaria subaccounts conducted as part of a general NHA exercise, not “stand alone” estimates

# Households are spending more on malaria

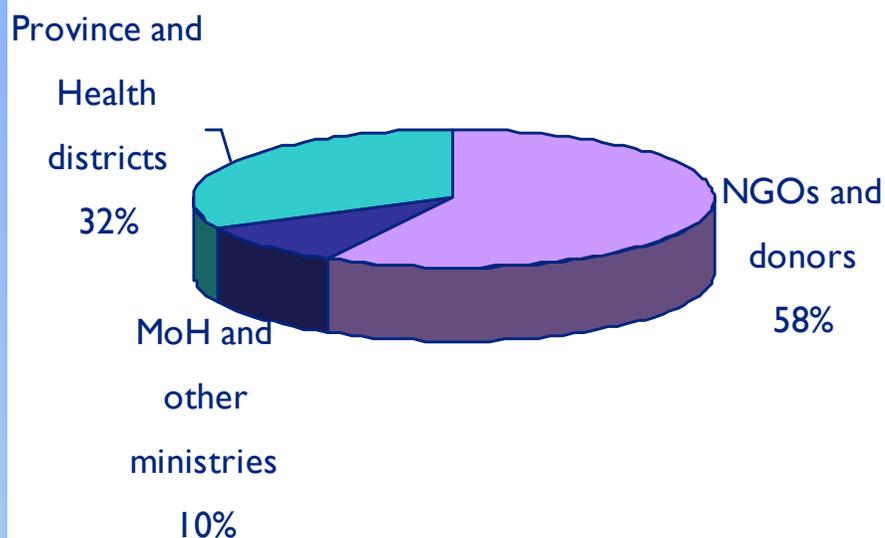


**Half** of total malaria spending came from donors in 2006, but households carry a significant burden

# Government agencies manage more donor malaria funds

\$ 9.6 million

2003



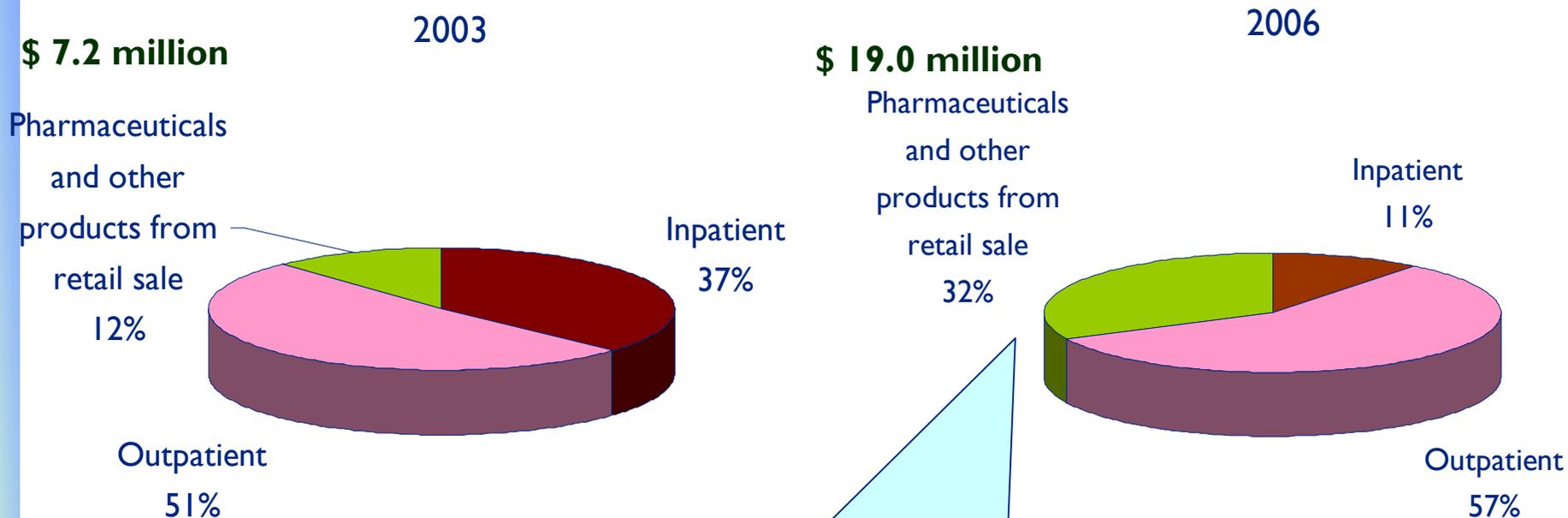
\$ 21.3 million

2006



More government coordination over the malaria response, but  
More burden on government agencies

# Households spend more to treat/prevent malaria by purchasing drugs and nets in the private sector

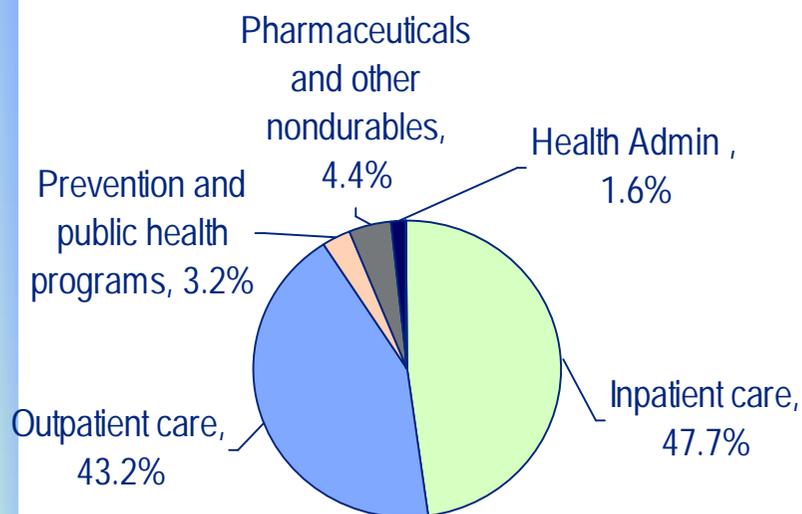


One-third of all household spending goes to buying drugs and commodities at pharmacies, suggesting households are self-medicating

# Spending on malaria services shifted away from inpatient care

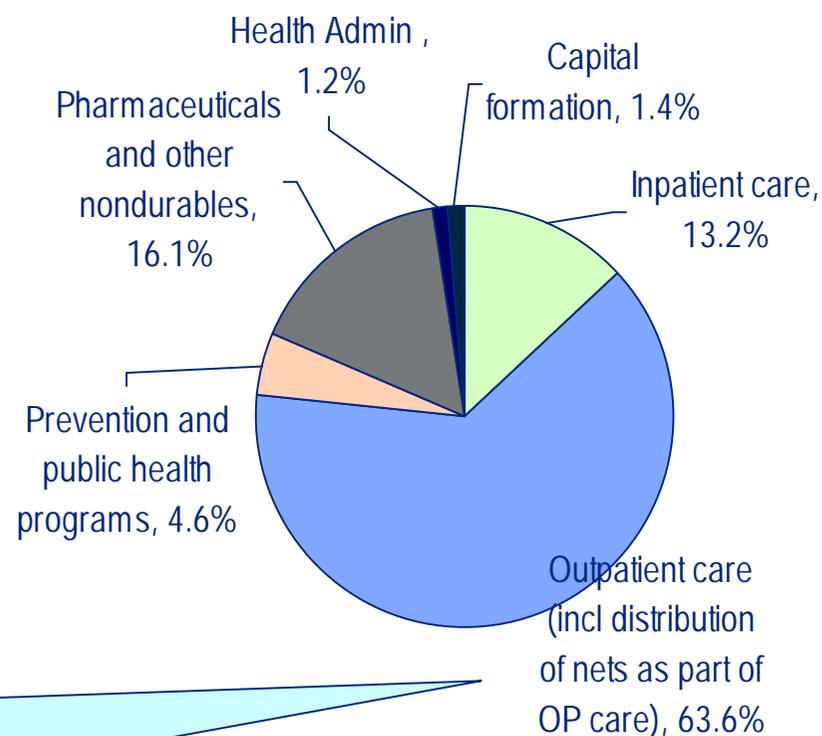
2003

\$ 25.0 million



2006

\$42.7 million

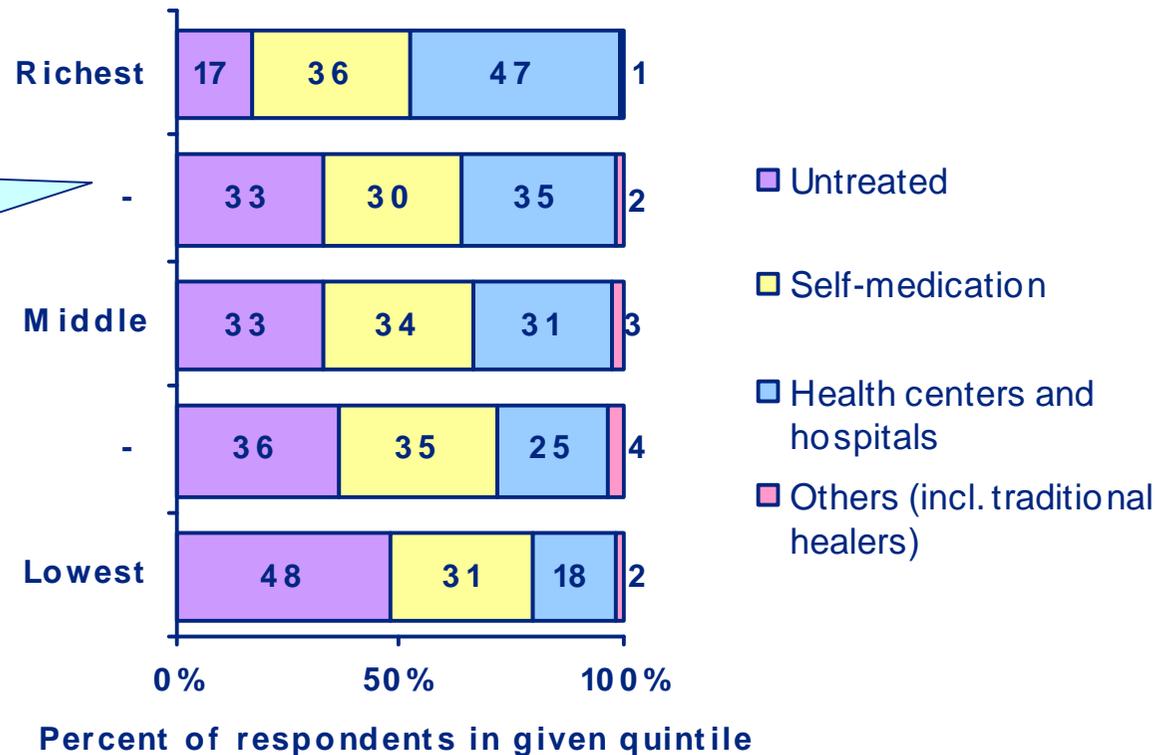


Spending on outpatient care more than doubled in absolute terms, while inpatient care halved.

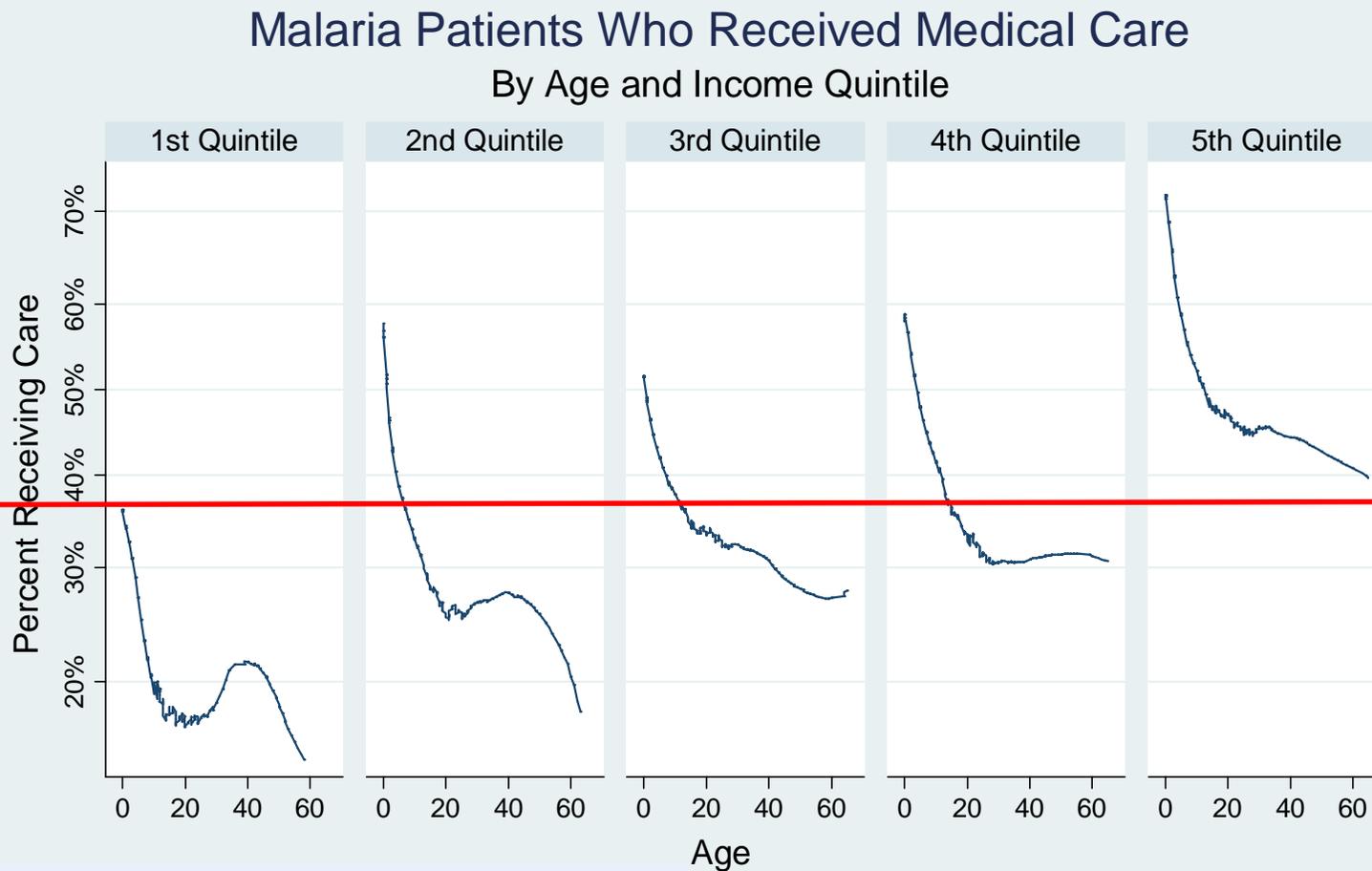
# More Rwandans go untreated for malaria as income drops

About one third of Rwandans self-medicate for malaria regardless of income

Type of care sought by malaria patients 2006



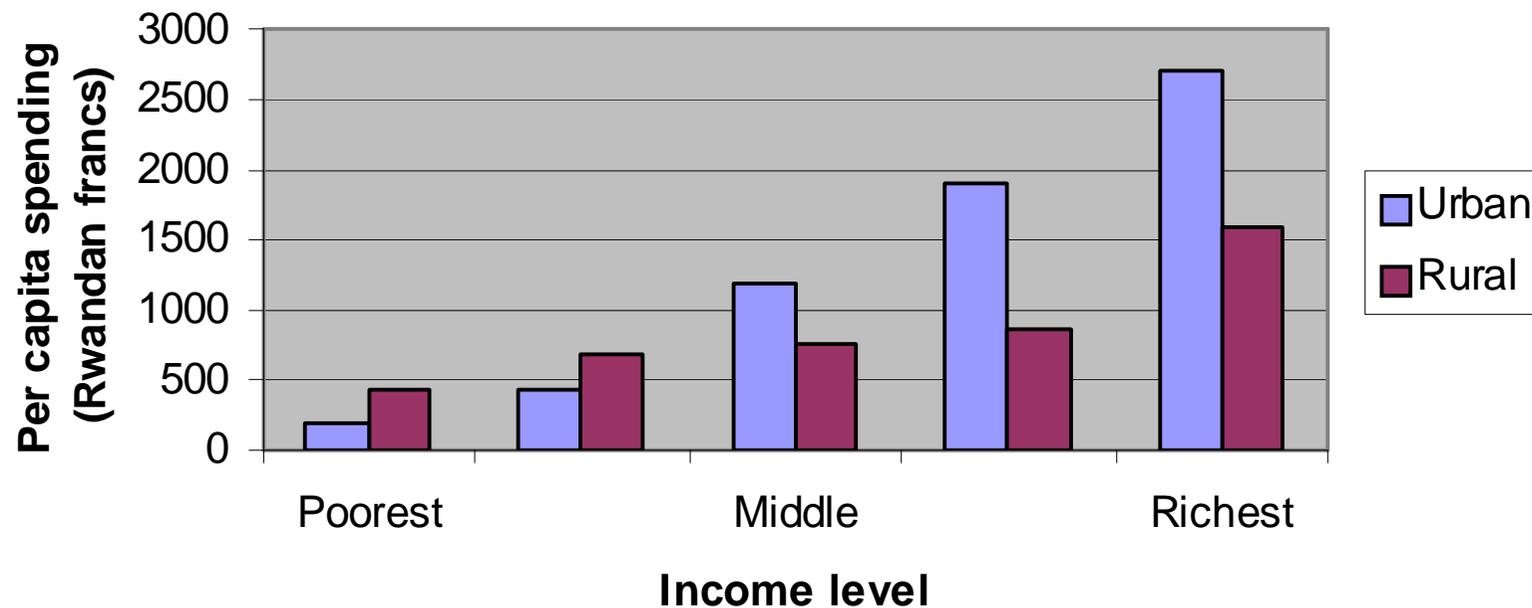
# At any age, the richest Rwandans are the most likely to seek care



Source: Integrated Living Conditions Survey, 2006

# Per capita spending on malaria increases with income

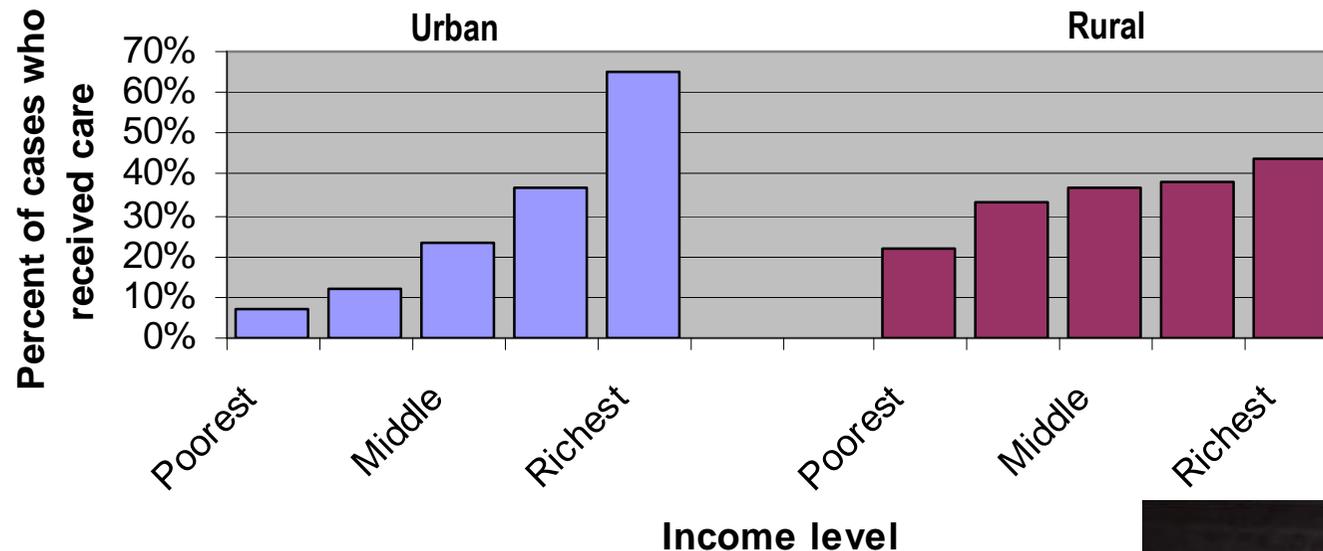
## Annual per capita spending on malaria care



Source: Integrated Living Conditions Survey, 2006

# Income-induced disparities in access to care is greater in cities than rural areas

Malaria cases who received care



Source: Integrated Living Conditions Survey, 2006



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# Summary

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1. Government is coordinating more malaria funding
2. Households are spending more on malaria; trend is shifting from inpatient to outpatient care
3. Equity is an issue in respect to malaria prevention and treatment in Rwanda's health system

# Thank you



Reports related to this presentation  
are available at [www.HealthSystems2020.org](http://www.HealthSystems2020.org)

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