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IPU Advisory Group on Health

Report on the field visit to Rwanda

24 - 27 January 2018

Background

Rwanda is one of the few African countries that have achieved MDGs 4 and 5 on maternal, newborn and child health. According to the 2015 Rwanda Demographic and Health Survey, under-five mortality declined in the country from 152 deaths per 1000 live births in 2005 to 50 in 2015. Infant mortality has followed that trend, decreasing over the same period from 86 infant deaths per 1000 live births to 32. And maternal mortality, for the last fifteen years, has also been declining, from 1071 maternal deaths per 100,000 live births in 2000 to 210 in 2015. The HIV incidence and the number of AIDS-related deaths have also sharply declined, putting the country on a path to ending AIDS epidemics by 2030, as stipulated by SDG 3.3.

More than 97 per cent of Rwandan infants have received basic vaccinations and almost all Rwandan adolescent girls are vaccinated against human papillomavirus, which causes cervical cancer.

Rwanda is the most densely populated country in Africa. If unchanged, the current growth rate of 2.6 per cent per annum will produce a population of 14 million by 2020, threatening efforts to reduce poverty and improve health outcomes for all.

Rwanda's population is essentially young: more than 62 per cent of all Rwandans are under 19 years of age. Within that figure, younger adolescents (ages 10-14) make up about 17.1 per cent, older adolescents (ages 15-19) about 12.4 per cent, and children under ten about 32.1%, almost a third of the population.

Following the adoption of IPU's 2012 IPU Resolution on "Access to health as a basic right: The role of parliaments in addressing key challenges to securing the health of women and children", the Parliament of Rwanda and IPU have increased their cooperation on sexual and reproductive health. Between 2013 and 2017 they implemented four consecutive cooperation agreements enhancing the Parliament's capacity to legislate, advocate and oversee sexual and reproductive health issues. A particular focus of this collaboration has been support for implementation of the Law Relating to Human Reproductive Health (hereinafter "reproductive health law"). IPU has also supported the organization of outreach visits by MPs and Senators to promote family planning, reproductive health services and civil registration.

Objectives of the field visit

The field visit to Rwanda by the IPU Advisory Group on Health was aimed at documenting good practices to share with the global parliamentary community as well as making recommendations to the country's Parliament on ways to continue

strengthening its contribution to sexual and reproductive health programmes and interventions.

The Advisory Group met on the first day with the presiding officers of both chambers of Parliament and with the parliamentary bodies that deal with sexual and reproductive health. It also met with the UNFPA Resident Representative and members of the Technical Working Group on Adolescent, Reproductive Health and Family Planning. On the second day the Group visited a one-stop centre for victims of gender-based violence and a youth-friendly centre in the districts of Kacyiru and Kimisagara. The second day concluded with a visit to the University of Rwanda's Campus of Sciences and Technologies, where the Group met with professors and students. On the third day the Advisory Group went to the Rwamagana District in Rwanda's Eastern Province, where it visited a district hospital and a health centre and met with community health workers. On its way back to the Masaka Sector of Kicukiro District, in the Kigali suburbs, the Advisory Group visited a health facility run by the Catholic Church, witnessed a community health worker's activities at her home, visited a secondary health facility offering contraceptives to people unable to obtain them from the Catholic Church facility and visited a civil registration office. On the last day, the Advisory Group participated in community work in Kigali, which it considered a very useful community forum, enabling both local leaders and high-level authorities, including MPs and Senators, to address local residents on specific health issues and other government programmes.

The participants¹ wish to renew their thanks to the Parliament of Rwanda for organizing these impressive and very productive activities and meetings. Unfortunately, there is no room in this report for details on the rich and informative discussions and exchanges during the visit. Those wishing to obtain more detailed information are invited to contact the IPU Secretariat.

The Advisory Group's findings and recommendations

Political leadership on sexual and reproductive health

Participants in the field visit came away impressed with the strong leadership on sexual and reproductive health witnessed at all levels. From the first meeting in Parliament to the visit to the Catholic Church-run health centre, such issues as family planning, contraception, HIV and other sexually transmitted infections (STI), comprehensive sexuality education and cervical cancer were discussed in an open manner. The information provided was grounded in the latest evidence and supported

¹ Field visit participants:

Members of Parliament: Mr. Habibe Millat, Bangladesh, Chair of the Advisory Group; Ms. Petra Bayr, Austria, Vice-Chair of the Advisory Group; Mr. Célestin Sebuho, Rwanda, member of the Advisory Group; Ms. Bogolo Kenewendo, Botswana; and Mr. Christopher Kalila, Zambia.

Technical partners of the Advisory Group: Ms. Elisa Scolaro, WHO/Department of Reproductive Health and Research; Ms. Rusa Divine and Ms. Hellen Nomugisha, PMNCH/Youth Constituency.

IPU Secretariat: Ms. Aleksandra Blagojevic, Secretary to the Advisory Group.

by printed material carefully designed to meet the needs of different groups, including university students and adolescents.

With a higher proportion of women in Parliament than any other country, Rwanda is a model of equal representation and empowerment. While women MPs are spearheading work on sexual and reproductive health, men MPs play an equally important role, contributing to community outreach, policy debate and decisions. The involvement of male leaders at all levels has helped to spread the message that reproductive health is a responsibility shared by all.

The Advisory Group was pleased to see that the Government and Parliament of Rwanda have been continuously building on their achievements while remaining open to new approaches and ideas for improvement. The Advisory Group visit is itself a proof of this openness. So too is the existence of the Technical Working Group on Adolescent, Reproductive Health and Family Planning, established to facilitate dialogue between different stakeholders working in these areas (national institutions, civil society representatives and development partners). The Advisory Group considers this working group an impressive example of people-centred, cross-sectoral cooperation driven by the needs of young people, which make up almost two-thirds of Rwanda's population.

The Advisory Group looks forward to seeing further progress in Rwanda, inspired by domestic innovation, openness and effective regional and international cooperation. The Group advises the Government and Parliament of Rwanda to pay particular attention to factors that slow progress for some groups, particularly in relation to family planning and antenatal care. Those factors may include genocide-induced psychological trauma as well as broader social and cultural beliefs, moral values and traditions.

Health funding and coverage

Health care in Rwanda, historically of poor quality, has seen great improvement in recent decades. Rwanda operates a universal health care plan considered one of the highest-quality systems in Africa. The country's universal health care model provides health insurance through a system called *Mutuelles de santé*, a community-based health insurance scheme in which residents of a particular area pay premiums into a local health fund and can draw from it when in need of medical care. The premium payments are pooled by the Rwanda Social Security Board so that beneficiaries can access all health services, including referrals to all public health facilities nationwide.

Health insurance in Rwanda today covers more than 90 per cent of the population, financed by tax revenue, foreign aid and voluntary premiums scaled according to income. This scheme is one of the main reasons for the dramatic improvements in Rwanda's health indicators in such a short period of time, so it is critically important to strengthen it further and make it sustainable over time.

Today, 16.5 per cent of the budget approved by the Rwandan Parliament is allocated to health, making Rwanda one of the few countries that have met and exceeded the

Abuja Declaration target. This allocation clearly shows that health is a priority for the country. The results achieved show how the impact of a political priority can be strong if carefully implemented and adequately financed.

Despite the country's tremendous development progress, foreign aid still covers some 30-40 per cent of its overall budget. Rwanda's achievements, particularly in the health sector, have led some donors to redirect their support to countries where health problems and disease are more prevalent. For a country lacking the resources to move money from one priority area to another, this shift in donor funding presents an important challenge to Rwanda.

The Advisory Group recommends the Parliament of Rwanda to support the Government's engagement with international donors and establish clear roadmaps for gaining their support for the national health system. These should indicate how much money will be needed in coming years, and for what, and the extent to which the amounts budgeted would be covered by domestic and foreign sources.

The Advisory Group recommends parliamentarians from donor countries to advocate continuing financial support for Rwanda's health system. Donors should also support financing of domestic plans and strategies to ensure gradual and smooth transition to more secure domestic financing.

Legal environment

The reproductive health law, passed by the Rwandan Parliament in 2016, defines the rights and responsibilities of the Government and the population with respect to sexual and reproductive health. The law defines family planning as a way to attain the number of children desired and to avoid unwanted pregnancies. It also seeks to ensure delivery that is safe for both mothers and newborn infants; the prevention and treatment of sexually transmitted infections, including HIV; access to sexuality education and contraceptives; the prevention of gender-based violence and care for the victims thereof; and public awareness with the aim of attitudinal change.

The Advisory Group commends the Parliament of Rwanda for its efforts to continuously improve the national health policy and legal system and conform to international laws and standards. Passage of the reproductive health law is clear proof of this determination. The Group witnessed on the ground how the law empowers parliamentarians, health workers, local officials as well as other segments of society, especially young people, to talk openly about sexual and reproductive health. A dramatic rise in the prevalence of modern contraceptive methods (from 4 per cent between 2000 and 2007 to 48 per cent in 2015) and a drop in the total fertility rate (from 6.1 in 2000 to 4.2 in 2015) are direct consequences of the law's consistent implementation.

The Advisory Group recommends the Parliament of Rwanda to continue strengthening its outreach to the people, particularly the most marginalized and vulnerable groups, to inform them about their rights and obligations under the reproductive health law. The Group also recommends that the text of the law be shared as a best practice example,

through IPU, the internet and other means, with other parliaments looking to legislate on sexual and reproductive health.

The Advisory Group notes with concern that other legislation in Rwanda, and most notably the Penal Code, may not be entirely harmonized with the reproductive health law. The Group encourages the Parliament of Rwanda to continue reviewing the country's legislation in the light of available evidence and real needs on the ground, taking a human rights-based approach. One of the priority areas to look at is the Penal Code's criminalization of consensual sex between minors, which may impede adolescent access to sexual and reproductive health education, services and products. The Advisory Group recommends the Parliament and Government to consider decriminalization as a way for the country to continue improving sexual and reproductive health.

Community Health Workers

Rwanda started its community health program in 1995, soon after the Tutsi genocide. Community health workers (CHWs), initially numbering about 12,000, focused in those early days on health education and the facilitation of health campaigns. Over time, their role has evolved into a more comprehensive, community-led initiative.

Today, the number of CHWs in Rwanda is approximately 45,000. Each village (100 to 200 households) elects three volunteers to act as CHWs for the general population – a man and a woman for general diseases and a woman in charge of maternal and newborn health. The CHWs are trained by the Ministry of Health to deliver health services, monitor health at village level and refer sick patients to the nearest health facility.

CHWs offer a wide range of services, including identification and referral for a variety of diseases, treatment of pneumonia, diarrhea and malaria, family planning information and services, STI prevention and community action against malnutrition. The maternal health workers are responsible for identifying pregnant women, conducting antenatal care visits and ensuring delivery at health facilities. CHWs are volunteers who receive performance-based financing through cooperatives.

All CHW activities are included in the health reporting system. The Advisory Group examined various forms that are regularly completed by CHWs to refer patients, order medicines and report generally on the situation in their villages. CHWs also use an SMS-based reporting system that ensures quick communication with health centres, hospitals and other health officials.

The Advisory Group was impressed by the commitment and ability displayed by the CHWs and is convinced that they have been key to the success, affordability and inclusive character of Rwanda's health system. Their proximity to the people has enabled them to spread information about sexual and reproductive health and increase the uptake of services.

The Advisory Group learned that the Government has commissioned an evaluation of the CHW system with a view to streamlining it and making it more effective and sustainable. The Group applauds the Government for this initiative and urges that particular attention be paid to CHW workload, including administrative tasks. The Advisory Group recommends that the results of the evaluation be presented to the Rwandan Parliament.

Gender-based violence

Rwanda has come a long way in combatting gender-based violence. Gender equality and empowerment of women are clearly enshrined in the country's constitution and legislation. The country has established a strong gender-sensitive policy framework conducive to the advancement of women's rights and dignity, enabling women and girls to thrive and realize their full potential.

But gender-based violence against women and girls, remains a challenge. According to United Nations figures for 2015, at least two women in five (41.2%) had experienced physical violence by the age of 15, while more than one in five (22%) had experienced sexual violence by that age. Since 2009, however, the country has taken an innovative approach to combating gender-based violence, physical as well psychological, and providing justice for victims. It is called the Isange ("Feel at home") One Stop Center.

Isange is a multisectoral and interdisciplinary programme implemented by the Ministry of Gender and Family Promotion, the Ministry of Health, the Rwanda National Police and the Ministry of Justice. It offers victims free medical, psycho-social and legal services, including emergency contraception, HIV prophylaxis, STI prevention and treatment, family planning, safe abortion and other services. Isange centres are open 24/7 and are served by doctors, judicial police officers, social workers and psychologists, working together to provide all the services required by victims under one roof. Since 2009, Isange centres have been established in each of the country's 44 district hospitals, all offering similar services. Isange is available to the public through a toll-free line – 3029 – which has been an essential means of gathering information from the affected.

Most of the individuals received at Isange are female victims of sexual abuse, a large majority of whom are under 18. Isange centres also deal with a sizeable number of domestic violence victims, including children under five.

The Advisory Group applauds Rwanda for strongly confronting sexual and gender-based violence in the face of a long history of abuse against women and girls. The Group is aware that decades of systemic gender discrimination are deeply reflected in local culture and practice and recommends that the Government and Parliament continue taking effective action to deal with those root causes.

The Advisory Group congratulates Rwanda on its holistic, one-stop approach to fighting gender-based violence and child abuse. It recommends the systematic inclusion of these issues in parliamentary debates and outreach activities and

increased efforts to reach out to women and girls as well as men and boys. Special emphasis should be placed on reaching the poorest and most marginalized.

The Advisory Group notes with concern that many victims of sexual violence admitted by Isange are minors. The Group understands that at least one family member is expected to accompany the victim in such cases, a requirement that may deter victims of violence originating within the family from seeking help. The Advisory Group recommends the Parliament and Government of Rwanda to inquire further about this issue. Based on their findings, they should consider amending existing legislation and policies to empower and enable adolescents to access these services and confront such violence, even when the suspected perpetrators are family members.

Conclusion

The Advisory Group believes that the lessons learned in Rwanda are a source of important information for all countries. It encourages the Rwandan Parliament to share its experience in dealing with sexual and reproductive health and urges parliamentarians from other countries to reach out and support Rwanda. IPU and other international partners should continue to support the Parliament in its work, providing technical expertise and support for parliamentary outreach.

In recognition of its achievements in the health sector, particularly in family planning and maternal and infant health, Rwanda has been chosen to host the Fifth International Conference on Family Planning - the world's largest scientific conference devoted to family planning. The conference will take place in Kigali from 12-15 November 2018. The Advisory Group congratulates Rwanda on this important recognition and urges the country to use this opportunity to share its experiences with the rest of the world. The Advisory Group recommends that a parliamentary side event be organized during the conference to bring together members of parliament from all over the world working on family planning and sexual and reproductive health.