

# RWANDA CASE STUDY

## PROSPECTS FOR ECONOMIC GROWTH BY ADDRESSING POPULATION

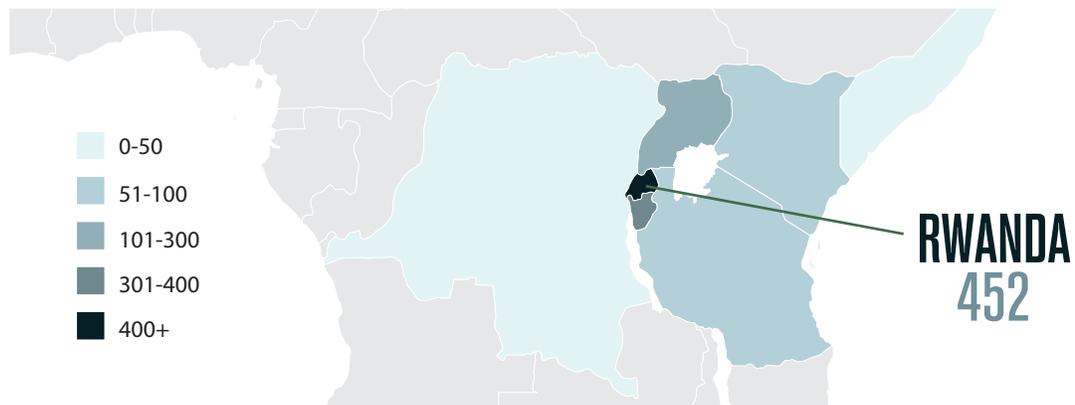
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### BACKGROUND:

Rwanda has one of the highest population growth rates in all of Central and East Africa at 2.6% as well as the highest population density in all of Sub-Saharan Africa at 452 persons per square kilometer. A primarily agricultural society, this puts significant pressure on the country's infrastructure and natural resources.

Population density (people per sq. km of land area)



Fortunately, the country has seen remarkable economic growth in recent years. Over the past 5 years, economic growth rates averaged 8.2%. Consequently, the share of the population living in poverty fell from nearly 57% in 2005 to 45% in 2011. In that same period, those in extreme poverty fell from 37% to 24%, meaning more than 1 million Rwandans were lifted out of poverty during this time.

However, challenges remain in sustaining and increasing this development because it has yet to significantly change the course of its population growth.

### VISION 2020 AND KEY GOVERNMENT POLICIES:

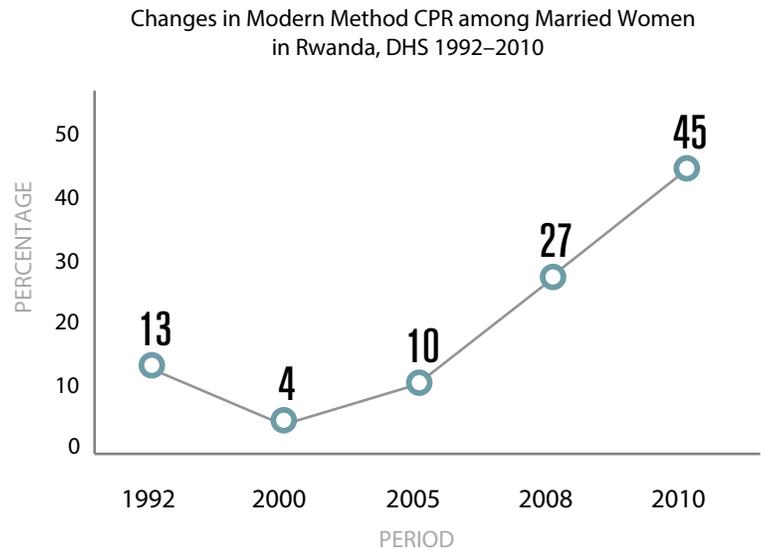
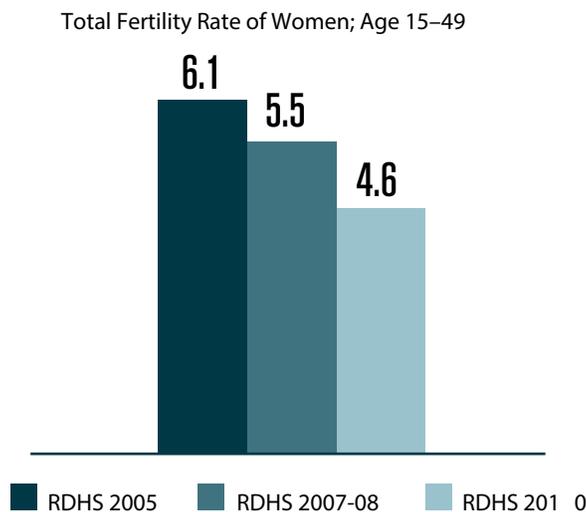
In the years following the horrific 1994 genocide, the Government of Rwanda made a significant commitment to improve the quality of life and economic conditions for the people of Rwanda.

In 2000, President Kagame announced Vision 2020, a policy whereby the country would lay the path to becoming a middle-income nation by the year 2020. Recognizing the strong effects and challenges it can have on the economy, the Government of Rwanda included lowering the population growth rate as a central component to the Vision 2020 plan as well as the several middle term economic development policies in place to implement it. These include the Poverty Reduction Strategy of 2002, the Economic Development and Poverty Reduction Strategy (EDPRS) of 2008-2012 and the current EDPRS 2 implemented from 2013/14 to 2017/18. Additional health and development policies of the country – including the Family Planning Policy of 2012 – contribute to core components of the vision.

In large part because of this strong and coordinated government commitment, progress has been made in improving key health indicators.

## PROGRESS:

Between 2005 and 2010 Rwanda experienced a major drop in its total fertility rate, falling from 6.1 to 4.6. Contributing to this drop is a dramatic increase in the uptake of modern contraception methods. In just five years the modern contraceptive prevalence rate more than quadrupled from 10% in 2005 to 45% in 2010. The country aims to achieve 70% by 2015.



Maternal and child mortality has also declined in recent years. Under-five mortality fell by 61%, dropping from 196 to 76 deaths per 1,000 live births between 2000 and 2010. Additionally there has been a significant decrease in maternal mortality with a decrease in deaths per 100,000 live births from 1,071 in 2000 to 476 in 2010.

Critical for the achievement of these targets have been several important initiatives to improve overall health outcomes.

### COMMUNITY HEALTH WORKERS

Rwanda's more than 45,000 community health workers have been integral in improving maternal and child health indicators particularly in remote areas where health services may be hard to access.

### PERFORMANCE-BASED FINANCING

As of 2005, the Government of Rwanda adopted a performance-based financing system for government-funded providers. Providers in clinics as well as community health workers benefit financially from bringing in more women so are incentivized and compensated for performing well.

### COMMUNITY-BASED INSURANCE

More than 96% of the population of Rwanda was insured in 2012 by Mutuelle de Santé, a community-based insurance system whereby premiums based on income go into a local risk pool and are administered by communities. This coverage led to a dramatic increase in the use of health care facilities.

### ASSISTED DELIVERIES

The proportion of births assisted by skilled providers increased from 27% in 2000 to 69% in 2010. This was the result of several system strengthening measures, such as maternal death audits, improved referral chains, and the introduction of emergency obstetric care (EmOC) facilities in the Health Centers, District Hospitals and National Referral Hospitals.

### EDUCATION

The Government of Rwanda's policy "Education for All" introduced universal basic education in 2008 ensuring all children are entitled to receive 12 years of fee-free schooling, 9 of which are compulsory. In 2012 nearly 2.4 million students were enrolled in primary school and the primary net enrolment rate was 96.5%, just shy of the 2015 MDG Goal of 100% net enrolment. Additionally secondary education saw a 26% increase between 2011 and 2012.

## MOVING FORWARD:

Progress in Rwanda in many respects is laudable. The country stands poised to meet many of its ambitious goals in no small part because of the strong commitment by the government. Nevertheless, its population growth and density remain high, threatening to strain and potentially harm economic growth.

In order to protect gains and continue improving development outcomes, the country needs to continue addressing key challenges. These include the sustainability and costs of family planning programs, cultural and social norms such as the influence of the Catholic Church and male decision-making authority, and educational and employment opportunities for youth.