Partners for Health Reform*plus*

Fact Sheet on HIV/AIDS in Rwanda

April 2004

Socio-economics

Rwanda is a heavily indebted poor country with a per capita gross domestic product of US$ 250 in 2000. The country has a population of about 8 million, half of which is under the age of 20. Most Rwandans (90 percent) are active in agriculture.

Total Population	8.1 million
Adult HIV Prevalence	8.9%
Adults and Children Living with HIV/AIDS	500,000
Life Expectancy at Birth	39 years

About 66 percent of rural and 12 percent of Kigali urban residents are classified as poor; most poor households (98 percent) live in rural areas. Illiteracy is high, with an average level of 44 percent among the adult population.

HIV/AIDS

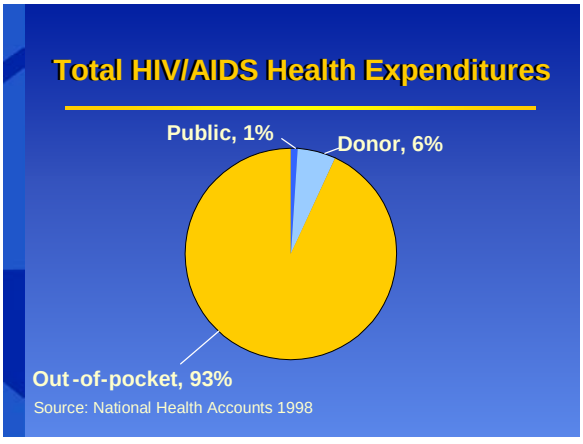
At the end of 2001, an estimated 500,000 Rwandans were living with HIV/AIDS, corresponding to an adult HIV prevalence rate of 8.9 percent. Nearly 50 percent of sero-positive individuals are women and 13 percent are children under 15. The epidemic has had a significant effect on the country's life expectancy: as of 2002, it stood at 39.5 years. It is estimated that, in the absence of AIDS, life expectancy would have been 51.5 years. Data from a few small-scale studies in the late 1990s indicate HIV infection rates of up to 30 percent among pregnant women in the capital, Kigali. More recent data suggest that rural sero-prevalence ranges between 2 percent and 7 percent.

Despite the effort of offering mother-to-child transmission programs in more than 30 hospitals and health centers, by the year 2015, AIDS is expected to increase the country's already high infant mortality rate of 107 per 1,000 live births. Most likely, this will disproportionately affect infants from poor families who already report a significantly higher mortality rate than infants from richest households.

At the end of 2001, about 264,000 children orphaned by AIDS were living in Rwanda.

Expenditures on HIV/AIDS

With a growing number of sero-positive patients needing medical care, the demand for resources is increasing and causing increasing challenges to the health system. National Health Accounts findings from 1998 reveal total per capita health expenditures of US$ 12 per year. Of these, about 10 percent were spent on prevention and treatment of HIV/AIDS and related care.



A disproportionate 93 percent of total HIV/AIDS resources were contributed by

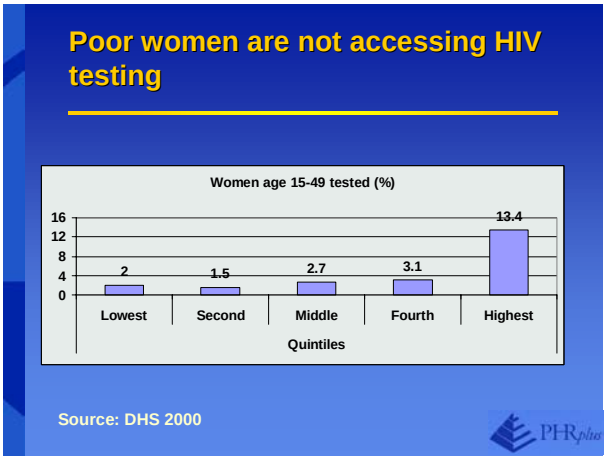
Sources: Schneider P. et al. 2000. *Rwanda National Health Accounts 1998*. Partnerships for Health Reform Technical Report 53; UNAIDS. 2002. *Epidemiological Fact Sheet on HIV/AIDS Rwanda*.

household out-of-pocket spending. Additional resources came from donors (6 percent) and the government (1 percent).

Of total HIV/AIDS expenditures, 14 percent was paid out-of-pocket by 202 patients for ARV treatment; 79 percent was paid out-of-pocket by about 400,000 HIV-positive patients for HIV-related care; and about 7 percent was contributed by donors and the government to finance prevention.

Equity in utilization and financing of health care

In the absence of a financial support system that facilitates patients' access to care, treatment of HIV/AIDS-related diseases is defined by patients' socio-economic background and ability to pay user fees. As a result, the more wealthy utilize care considerably more often than poorer individuals, who constitute the majority of the population.



While the wealthy may have the financial capacity to pay for ARV drugs and quality treatment of opportunistic infections, the large majority of HIV-positive individuals receive limited care and drugs provided by nurses in health centers. A survey conducted with 300 low-income HIV-positive individuals found the following:

- In order to have access to medical care, 66 percent receive financial assistance, and 18 percent borrowed money from family/friends to pay for care.

Socio- Economic Status of HIV+ Individuals Defines Access to Care

Group	Socio-Economic Income Group	# Patients (%)	What Treatment? (Amount paid by patient)
Richest	High income, formal sector	202 (0.05%)	Triple therapy: $6,233/patient/year
2	Middle income, formal sector	40,000 (10%)	Opportunistic infections (care by physicians) $37/patient/year
3	Low income, informal sector	300,000 (75%)	Opportunistic infections (care by nurses) $18/patient/year
Poorest	Poor, Informal sector	> 50,000 (14%)	Traditional healers in-kind payments

Source: National Health Accounts 1998

- In general, these individuals did not perceive to have received donor and government assistance.

Policy results

The findings resulted in policy advancements. For example, the Minister of Health used the findings to successfully negotiate an increased budget for HIV/AIDS from the Ministry of Finance. Additionally, HIV/AIDS funds from donors have increased dramatically over the past years, and Rwanda now benefits from greater diversity in donor funds, including the World Bank Multi-country HIV/AIDS Program, or MAP; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and bilateral donor funds. The challenge now will be to allocate these resources, and monitor and evaluate how effectively they reach vulnerable groups throughout the country.

Further work needs to be done. Efforts should include the following:

- Institutionalize financial data collection and reporting in the public and private health sector.
  - Strengthen accounting procedures in the health sector to ensure cost-effective use of limited resources.
  - Build human capacity to collect and manage financial data.

- Improve equity in utilization and financing of medical care.

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