Republic of Rwanda
Ministry of Health

HEALTH SECTOR STRATEGIC PLAN -V (HSSP V): 2024-2029

Health Sector Strategic Plan (HSSP) V 2024/25–2028/29 is a comprehensive blueprint aimed at advancing the Rwanda health sector's progress toward universal health coverage by 2030, in alignment with Rwanda's Vision 2050, the National Strategy for Transformation 2, and the United Nations' Sustainable Development Goals. The development of HSSP V was based on a deep-dive analysis of the health sector data that informed the prioritization and built on new reforms in the health sector. It considered lessons learned from the COVID-19 pandemic response and the implementation of HSSP IV.

Key achievements from HSSP IV

HSSP V builds on the successes of HSSP IV, which brought significant reforms in health service delivery, including:

Reduction in Maternal and Child Mortality

- ✓ Maternal Mortality Ratio (MMR): 50% decrease
  - ★ From 210 to 105 per 100,000 live births (2014/15 to 2023).
- ✓ Under-five Mortality:
  - ★ Drop from 50 to 45 per 1,000 live births (2014/15 to 2023).

Improvements in Nutrition

- ✓ Stunting Prevalence:
  - ★ Declined from 38% to 33% (2014/15 to 2023)

Reflects progress in reducing chronic malnutrition.

Increased Access to Contraceptives

- ✓ Modern Contraceptive Use:
  - ★ Improved from 48% to 58% (2014/15 to 2023).

Despite these achievements, challenges persist, including gaps in human resources, infrastructure, and financial sustainability.

Key Statistics and Context for HSSP V

1. Population and Health Context

- Population Growth:
  13.2 million people in 2022, projected to reach 15.7 million by 2030.
- Life Expectancy:
  Rose from 64.5 years (2012) to 69.6 years (2022), reflecting healthcare improvements.
- Disease Burden:
  Shifting from communicable (e.g., malaria, HIV) to non-communicable diseases (e.g., stroke, heart disease, liver cirrhosis).

2. Workforce and Infrastructure:

- Health Workforce:
  HSSP V targets quadrupling health professionals to tackle challenges in distribution, retention, and skills.
- Infrastructure Expansion:
  10 new hospitals, 23 health centres.
  30% of existing facilities renovated

3. Health Financing:

- Estimated Cost: RWF 6.9 trillion (US$4.9 billion).
- Financing Gap RWF 2.2 trillion (US$1.6 billion).

4. Key Health Indicators for 2029:

- Maternal Mortality: Target 60/100,000 live births
- Under-Five Mortality: Target 20/1,000 live births
- Stunting Prevalence: Reduce to 15%.
- Quadruple human resources for health.

2. Health Sector Strategic Plan V Framework

Strategic Pillar/Enabler	Objective	Key Strategies
Pillar 1: Health Workforce	Quadruple the number of health professionals by 2029 under the "4x4" reform.	• Increase workforce density to meet international standards. Improve training and focus on advanced skills. • Enhance welfare through incentives and career development. Strengthen distribution and retention policies. • Address attrition with better working conditions.
Pillar 2: Health Infrastructure Modernization	Develop modern, climate-resilient, and user-friendly health facilities.	• Construct 10 hospitals and 23 health centers. • Renovate 30% of existing facilities. Establish Kigali Health City. • Integrate digital technologies into operations.
Pillar 3: Quality of Care through PHC	Ensure equitable access to high-quality primary healthcare services for all.	• Enhance integrated services for maternal, child, and non-communicable disease care. • Strengthen multi-sectoral policies to address health determinants. • Promote community empowerment to increase service uptake. • Focus on the six quality dimensions: safety, effectiveness, person-centeredness, timeliness, efficiency, and equity.
Pillar 4: Health Security and Emergency Management	Strengthen preparedness and resilience for public health threats.	• Update and implement the National Action Plan for Health Security. • Use artificial intelligence for outbreak detection. • Integrate climate data for outbreak prediction. • Establish a One Health system for holistic health management (human, animal, and environmental health).
Pillar 5: Research, Innovation, Biomanufacturing, and Digitalization Leverage research and innovation to improve health outcomes.		• Build capacity in health research and foster local innovation. • Promote local vaccine and drug production through biomanufacturing. • Expand digital health solutions. • Strengthen regulatory frameworks to ensure safety and quality of innovations.
Enabler 1: Health Financing	Mobilize adequate and sustainable resources for universal health coverage (UHC).	• Transition from external to domestic resource mobilization. • Improve efficiency through strategic purchasing and cost-effectiveness analysis. • Expand health insurance coverage with private sector involvement. • Strengthen financial protection mechanisms to reduce out-of-pocket expenses.
Enabler 2: Leadership and Governance	Improve sector governance and coordination for effective implementation of HSSP V.	• Strengthen the Health Sector Working Group and Technical Working Groups. • Align stakeholders (government, partners, private sector, civil society) with HSSP V priorities. • Build leadership capacity at all levels. • Institutionalize accountability frameworks for monitoring progress and outcomes.

3. Cost and Monitoring Indicators

The successful implementation of HSSP V requires significant financial resources and a robust monitoring and evaluation (M&E) framework to ensure accountability, track progress, and achieve the desired health outcomes.

3.1 Costing of HSSP V

1. Baseline Scenario (Scenario 1):
   - Total estimated cost: RWF 5.9 trillion (~US$4.2 billion).
   - Focuses on sustaining current levels of services and implementing critical reforms.

2. Ambitious Scenario (Scenario 2):
   - Total estimated cost: RWF 6.9 trillion (~US$4.9 billion).
   - Expands service delivery and includes innovations like advanced digital health integration and additional infrastructure projects.

Projected Financing Gap:
- Scenario 1: RWF 1.2 trillion (~US$878.4 million).
- Scenario 2: RWF 2.2 trillion (~US$1.6 billion).

Key Cost Drivers:
- Workforce expansion under the "4x4" reform.
- Construction of 10 hospitals, 23 health centres, and renovation of 30% of existing facilities.
- Implementation of digital health technologies.
- Scaling up health security measures and biomanufacturing capacity.
- Maternal and child health interventions targeting reductions in mortality and malnutrition.

Sources of Funding:
- Domestic sources (tax revenue, health insurance contributions).
- External sources (development partners, donors).
- Private sector participation through public-private partnerships (PPPs).

3.2 Monitoring and Evaluation (M&E) Indicators

The M&E framework for HSSP V is designed to provide real-time data for informed decision-making and ensure alignment with national and global goals, such as the Sustainable Development Goals (SDGs).

Key Monitoring Tools:
- Health Intelligence Centre: A centralized data hub for real-time analytics.
- Joint Sector Review Meetings: Conducted annually to assess progress and set priorities for the next implementation period.

Indicator	Baseline (2023)	Target (2029)
Maternal Mortality Ratio (MMR)	105 per 100,000 live births	60 per 100,000 live births
Under-Five Mortality Rate	45 per 1,000 live births	20 per 1,000 live births
Stunting Prevalence	33%	15%
Health Workforce Density	1.2 per 1,000 population	4.8 per 1,000 population
Health Facility Coverage	70% of needs met	100% of needs met
Proportion of Population Covered by Health Insurance	85%	100%
Health Financing from Domestic Sources	45%	60%

Key Focus Areas:

1. Service Delivery Quality:



- Coverage of maternal and child health services.
- Immunization rates for children.
- Treatment and prevention coverage for communicable and non-communicable diseases.

2. Equity and Access:



- Geographic and socioeconomic equity in healthcare service utilization.
- Reduction in out-of-pocket health expenditure.

3. Health System Strengthening:



- Workforce density and skill mix improvements.
- Infrastructure expansion and digital health adoption.
- Efficiency in resource allocation and utilization.

Annual Reviews and Reporting:

Annual Joint Health Sector Reviews to assess progress against KPIs.
Performance-based frameworks to link funding to results.

Conclusion

HSSP V represents Rwanda's commitment to a robust, equitable, and innovative health system. Strategic investments in workforce, infrastructure, PHC, and digital health are pivotal to achieving its ambitious targets. Closing financing gaps will require concerted efforts from all stakeholders, including government, development partners, and the private sector.