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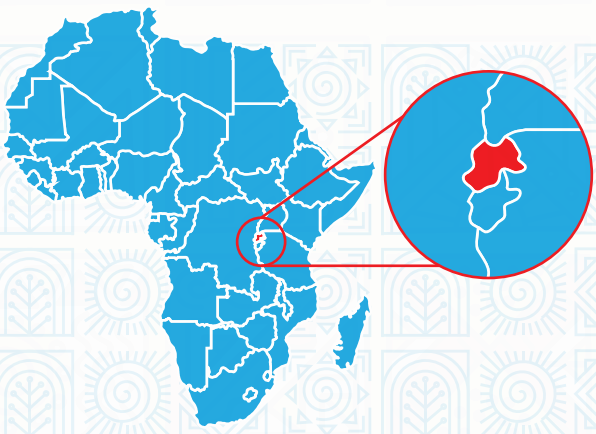
Rwanda: Domestic Financing and Sustainability of Neglected Tropical Diseases Programs



Rwanda: Domestic financing and sustainability of Neglected Tropical Diseases programs

Key takeaways:

The deployment of the Neglected Tropical Diseases (NTD) programs through government-subsidised Community-Based Health Insurance (CBHIs) and earmarked domestic budget allocations, enabled the Rwandan government to cater to the low-income populations which are amongst the most vulnerable and under-resourced communities.

Beyond cost, accessibility is an important factor to consider and work around the local infrastructure to ensure everybody can be reached by health programs.

Centring human dignity is critical to build trust in communities and keep them seeking health services even in resource-constrained settings

Reform objectives:

The Government of Rwanda and the Ministry of Health, supported by the Rwanda Biomedical Centre (RBC), are the primary architects of the nation's transition towards health sovereignty. To mitigate dependency on dwindling foreign aid, the Ministry of Health has established a domestic resource mobilization (DRM) target to increase domestic budget allocations to cover at least 40% of the Neglected Tropical Diseases (NTD) budget. The core of this strategy was the integration of NTD services into the Community-Based Health Insurance (CBHI) scheme.

Achievements:

Rwanda's NTD programmes have benefited from strong partner support, with contribution to approximately 92% of funding, reflecting a high level of international commitment to the country's health priorities. Internal funding from the Rwandan government comprised of USD 120,000 in total for the programme. A radical shift was made in 2022/23 where they shifted from a donor-financed model to absorbing these treatments into domestic publicly subsidies insurance packages. The Government of Rwanda increased its contribution to NTD programming from RWF 126.33 million (USD 0.12 million) in the 2021/22 financial year to RWF 1100.388 million (USD 1.07 million) in 2022/23, introducing a budget line for procurement of NTD drugs and enhancing allocations for the operational costs of mass drug administration. It designed and integrated an NTD care package into the Community-Based Health Insurance (CBHI) scheme, which is subsidized by the government at nearly 50% of its total funding. It accompanied these financial measures by adopting one health policy that commits to enhance collaboration of different actors of NTD stakeholders and devolving NTD programmes to the village level. This increase directly reflects the African Leadership Meeting (ALM) Declaration mandate for increased domestic health spending.

Neglected Tropical Diseases Program Evolution

Feature	Original Situation in 2021/22	Current Situation by 2022/23
Financing Structure	Near-total reliance on external funding (92%)	The creation of a dedicated budget line alongside integration into Community-Based Health Insurance (CBHI) schemes.
Budget allocation	USD 120,000	USD 1.07 million
Intervention Model	Episodic Mass Drug Administration (MDA)	The integration of services into routine clinical care at primary health centres. The implementation of biannual mass drug administration campaigns. The deployment of community health workers has helped bring essential health services closer to communities.

Health impact:

While schistosomiasis is almost eliminated as a public health problem, the national prevalence of soil-transmitted helminth (intestinal worms) infections stood at 41% as of 2020, causing significant morbidity In Rwanda. Poor communities with no access to potable water are more affected, requiring continuous attention and making this an equity issue.

Research shows that domestic health financing has improve access to Rwanda's NTD programme. Steady demand and utilization of STH and SCH services in Rwanda indicates efficiency in the use of investments in NTDs.

Additionally, the mebendazole program is a clear success, with 100% availability of the drug across facilities. In contrast, the praziquantel experienced challenges, reporting a 92% stockout rate. The study also recorded a 95% customer satisfaction rating from patients visiting the health clinics. This outcome was primarily attributed to well-maintained, clean environments and the professionalism and quality of care provided by health workers. However, the demand and utilization can still be improved with timely reimbursements to health facilities and a strengthened procurement and supply chain for NTD commodities.

What is very encouraging in Rwanda is that NTD services remain essentially affordable with no evidence of catastrophic expenses. The NTD program was rooted in equity and inclusion from the start. The program design and delivery were under the CBHI scheme this ensured affordability and accessibility to low-income households. Out of pocket costs were less than USD 1 per visit. Women faced opportunity costs that were 33% higher than those of men, largely due to increased barriers to access. Men had the means to access the clinics through faster means, cutting down on total time spent on the visit. The program acknowledged this and included deployment of community health workers to bring services closer to communities in its delivery.

Policy recommendations

- Sustain and deepen domestic budget growth for priority disease services. Sustainability of programs requires constant and adequate domestic financing. Including a formal budget line for them in the relevant government budgets ensures this.
- Budgets should account for cashflow requirements of programs to avoid delays in payments and reimbursements that interfere with the availability of drugs and services.
- Strengthen supply chains and make reimbursements predictable so facilities can restock essential NTD commodities on time.
- Integrate NTD services into routine primary healthcare and insurance-supported service delivery, so prevention and treatment are part of the regular health system rather than stand-alone campaigns.
- Program design should be approached from an equity lens. Considering factors such as income, gender and access gaps to ensure inclusion of the target population.
- Take measures to increase efficient use of resources, such as policies promoting collaboration of NTD actors, devolution of program management to lower health governance units, quality of care.
- Bringing care closer to communities by constructing health posts and deploying community health workers improves physical access to services and reduces clients' out of pocket expenses.

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Method: The study employed a cross-sectional survey design, using exit interviews with 235 patients across 24 randomly selected health centers in four Rwanda districts, complemented by secondary data and descriptive statistical analysis to assess the availability, affordability, and utilization of STH and schistosomiasis services under domestic financing.

Evidence: Kioko, U., Ruberanziza, E., Macintosh, S., Ngabo, D., & Okungu, V. (2025). Strengthening the sustainability of neglected tropical disease programs in Rwanda: An assessment of access and utilization of domestically financed services for soil-transmitted helminthiases and schistosomiasis. PLoS Neglected Tropical Diseases, 19(8), e0012371. DOI: https://doi.org/10.1371/journal.pntd.0012371

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