

Rwanda Initial Country Assessment Executive Summary

Country background

The Rwandan government strongly supports family planning to improve the health and economic status of the people of Rwanda. In its Vision 2020 Plan, the government recognized the need to address issues such as high fertility and rapid population growth to achieve goals related to socioeconomic development. The Economic Development and Poverty Reduction Strategy for 2008 through 2012 targets a contraceptive prevalence rate of 70 percent by 2012, and the Ministry of Health is committed to progressively increasing its budget line item for contraceptives.



The contraceptive prevalence rate is 36 percent, with 27 percent of women reporting use of modern contraceptive methods. Approximately 15 percent of married women use injectable contraceptives, the most popular modern method, followed by pills (6 percent). Nearly two in five married women (38 percent) have expressed an unmet need for family planning.

Service delivery and supply systems

The public sector, which supplies contraceptives for free, is the dominant source of family planning products in Rwanda. According to the 2005 Demographic and Health Survey, 73 percent of women receive their contraception from public facilities, 14 percent from the private sector, and 13 percent from other sources.

The public sector is an especially dominant source of injectables. 86 percent of women receive their injectables through government sources, and 9 percent receive them from the nongovernmental organization (NGO) private sector.

The Ministry of Health has trained about 12,000 community health workers since 1995, although 60,000 workers are estimated to be needed to service all districts. In 2007, the Government of Rwanda launched a new community health policy which included a strategic plan for an integrated community-based approach to health service delivery.

Government-assisted facilities are also part of the public sector but are managed by faith-based organizations and do not provide family planning services. The Ministry of Health is working to establish secondary clinics near these centers that will provide family planning services.

The national regulatory structure is ambiguous and in transition. Stakeholders confirmed the findings of our desk research that there is no “formal” product registration system or process.

Stakeholder perspectives

All stakeholders expressed enthusiasm for depo-subQ provera 104^{TM1} in the Uniject^{TM2} injection system (depo-subQ in Uniject) introduction in Rwanda. Identified advantages included:

- Increased safety of subcutaneous injections compared to the intramuscular injections of the current depot medroxyprogesterone acetate (DMPA) presentation.
- Potential savings in storage and transportation costs due to smaller product size and portability compared with the current DMPA presentation.
- Potential for community-based use, particularly in light of Rwanda's recent launch of a nationwide, phased rollout of community-based distribution of condoms and oral contraceptives.
- Potential of depo-subQ in Uniject to eventually replace the current DMPA presentation, such that only one type of DMPA product will be needed.

Concerns included:

- The price of the product—the primary concern for stakeholders.
- Issues about what types of providers should be allowed to provide initial injections. Stakeholders generally agreed that women should receive their initial injection from a nurse in a health center, although community health workers could provide subsequent injections.

All stakeholders agreed that commitment from the Ministry of Health is critical to successful product introduction. All interviewed Ministry of Health staff were very interested in the product, particularly its applications for community-based distribution.

Population Services International expressed interest in the social marketing potential of the product and suggested that the product's packaging, overall size, and ease of use would be very marketable in Rwanda. The Rwandan Association for Family Well-Being (the local affiliate of the International Planned Parenthood Federation) suggested that the product would be highly useful in its clinics and mobile services.

Conclusions and recommendations

Conclusions based on our initial assessment include:

- There are few apparent obstacles to landscape assessment and introduction planning in Rwanda.
- Coordination between partners and donors, as well as a clear demonstration of alignment with government plans, is required to move forward with this project.
- Depo-subQ in Uniject may facilitate delivery of injectable contraceptive by lower-level trained injection providers and play an influential role in increasing access to contraceptives through Rwanda's community-based distribution system.
- Potential for rapid scale-up to the national level appears high.

We recommend Rwanda for landscape assessment and introduction planning. Essential criteria for advancing to the project's next stage are in place. These criteria include clear government

¹ Depo-subQ Provera 104 is a trademark of Pfizer.

² Uniject is a trademark of BD.

commitment to family planning and to the product, as well as engagement of the existing Family Planning Technical Working Group.