



RWANDA

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Snapshot of the Strength of the Health Information System as a Source of HIV Data

Health information systems (HIS) are important tools in combatting the HIV epidemic, from the individual to the population level. Electronic health records contain individual patient information that helps clinicians provide high-quality care and can improve continuity of care across services and institutions. Laboratory information systems improve the submission of lab tests and the receipt of results. Logistic information systems can help forecast the need for medications and other commodities and reduce stockouts of antiretroviral drugs and other medications. Routine health information systems are used to compile this information for reports from facilities to the national level. Data use at all levels of the health system is necessary to monitor coverage of HIV interventions and progress toward targets. And finally, population-level surveys provide information on changes in behavior and HIV prevalence every few years; these data are needed to assess the impact of HIV programs over time.



HIV IN RWANDA

- Adult HIV prevalence rate: 2.7¹
- Prevalence rate for women: 3.4¹
- Prevalence rate for men: 1.9¹
- Number of adults living with HIV: 220,000²
- Number of new HIV infections in 2016: 7,500²
- Number of AIDS-related deaths in 2016: 3,300²
- People living with HIV who know their status: 87%²
- People who know their status and are on antiretroviral therapy (ART): 91%²
- People on ART who have achieved viral suppression: N/A²

1 UNAIDS. (2017). AIDSinfo. <http://aidsinfo.unaids.org>

2 United States President's Emergency Plan for AIDS Relief. (2018). Country Specific Information: Rwanda. Retrieved from <https://www.pepfar.gov/countries/index.htm>

3 World Health Organization. (2018). Global Health Observatory: Rwanda Summary Statistics. Retrieved from <http://apps.who.int/gho/data>

4 United Nations Statistics Division. (2016). 2020 World Population and Housing Census Programme. Retrieved from <https://unstats.un.org/unsd/demographic/sources/census/censusdates.htm>

5 United Nations Development Programme (UNDP). (2018) Human Development Indices and Indicators: 2018 Statistical Update. Retrieved from <http://hdr.undp.org/en/2018-update>

6 International Telecommunications Union. (2017). ICT Development Index 2017. Retrieved from <https://www.itu.int/net4/ITU-D/idi/2017/index.html>

Population

11,918,000+³

Year of last census

2012⁴

Life expectancy at birth

65.3/69.9 years (m/f)^{3,5}

Total expenditure on health

7.9% GDP³

Physician density

0.064 per 10,000³

Nurse & midwife density

0.832 per 10,000³

Hospital bed density

16 per 10,000³

Internet users

20% of the population⁶

This is one of 13 briefs prepared by MEASURE Evaluation (funded by the United States Agency for International Development and the United States President's Emergency Plan for AIDS Relief) to document the strength of a country's HIS as a source of reliable data for efforts to control the HIV epidemic.

HEALTH INFORMATION SYSTEM FACTS

| Indicator name | Status | Global* status | Title and details |
|---|--------|----------------|--|
| Health strategy | yes | 72% | Fourth Health Sector Strategic Plan July 2018 – June 2024 |
| Health sector monitoring and evaluation (M&E) plan | no | 42% | Monitoring & Evaluation Plan for the Health Sector Strategic Plan (HSSP III) 2014–2018 |
| Health information system (HIS) policy | no | 19% | |
| HIS strategic plan | yes | 33% | |
| Core health indicators | yes | 49% | Fourth Health Sector Strategic Plan July 2018 – June 2024 ; pages 20–30 of the Annexes. |
| HIS coordinating body | no | 26% | |
| Master health facility list | yes | 28% | Health Facility List 2018 |
| Completed Health Metrics Network assessment | no | 56% | |
| Population census within the past 10 years | yes | 49% | 2012 Census |
| Availability of national health surveys | yes | 100% | 2014–2015 Demographic and Health Survey |
| Completeness of vital registration (births and deaths) | no | 7% | Births and deaths estimated less than 90% complete |
| Electronic system for routine site-level data | yes | 91% | https://www.dhis2.org/inaction |
| Health statistics office | yes | 98% | http://www.statistics.gov.rw |
| Annual health statistics report | no | 9% | Annual Health Statistics Booklet 2016 |
| Health statistics website with latest data available | yes | 49% | http://www.moh.gov.rw/index.php?id=188 |
| Data quality assessment aligned with health sector strategy | yes | 67% | |

| Indicator name | Status | Global* status | Title and details |
|--|--------|----------------|--|
| Performance of Routine Information System Management (PRISM) assessment conducted in any region or district | yes | 47% | PRISM Report 2013 |
| Percentage of facilities represented in health management information system reports is available | yes | 74% | |
| Proportion of government offices using data to manage health programs (set and monitor targets) is available | no | 40% | |
| Measles coverage reported to the World Health Organization (WHO)/UNICEF | yes | 98% | WHO/UNICEF estimates of immunization coverage 2017 revision ; page 8. |
| Data on the number of institutional deliveries available by district and published within a year | no | 28% | Annual Health Statistics Booklet 2016 , page 35 |
| Policies, laws, and regulations mandating public and private health facilities to report indicators determined by the national HIS | no | 33% | |
| Standards or guidelines for routine health information system data collection, reporting, and analysis | yes | 51% | |
| Procedures to verify the data quality | yes | 47% | Data Quality Assessment Procedures Manual 2016 |
| Routine health information system forms allow for gender disaggregation | yes | 60% | |
| At least one national health account completed in the past 5 years | no | 35% | National Health Accounts Rwanda 2006 with HIV/AIDS, Malaria, Reproductive Health Subaccounts |
| Database of healthcare workers by district and main cadres updated in the past 2 years | yes | 26% | |
| Annual data on tracer medicines and commodities in public and private health facilities available | yes | 21% | |
| eHealth strategy | yes | 58% | The National Health Strategic Plan 2009-2013 |
| Completeness of disease surveillance reporting is available | yes | 28% | |

* "Global status" is the percentage of the 43 countries tracked by the [HIS Strengthening Resource Center](#) that have a positive result (yes/no) for the indicator. A positive result (yes) indicates that the indicator is available and current; a negative result (no) indicates that the indicator is unknown, not available, or not current.

According to the 2010 and 2014/2015 Rwanda Demographic and Health Survey reports, the proportion of reproductive age women who were tested for HIV in the past 12 months and received the results of the test really did not change from survey to survey: 38.6 percent in 2010 and 38.4 percent in 2015/2016.^{7,8} The proportion of men 15–59 years of age actually decreased slightly, from 37.7 percent in 2010 to 36.7 percent in 2015/2016, respectively.^{7,8} However, the proportion of pregnant women attending antenatal care who received counseling on HIV, an HIV test, and the result was quite high: 92.2 percent in 2015/2016.⁸

According to the Rwanda Health Sector Annual Report 2016–17, 78 percent of people living with HIV were on ART. The percentage of adults and children who were on ART 12 months after initiation of treatment was estimated at 92.6 percent. Viral suppression of those on ART for 12 months was 86.4 percent.⁹

An updated eHealth policy is under development and is expected to include an HIS strategy as a component. The last publication regarding eHealth in Rwanda—the National E-Health Strategic Plan 2009–2013—outlined the creation of an eHealth system that is integrated and interoperable, in order to span and support the continuum of care across many settings and locations. The plan recognized that information technology training needs to realize this vision would be substantial and that collaboration and support from development partners would be necessary, to avoid duplication of efforts and to create a streamlined system. The plan also called for the creation of one unique electronic identification number for each citizen as one of the first steps to build such a system.¹⁰

7 National Institute of Statistics of Rwanda (NISR), Ministry of Health–Rwanda (MOH), & ICF International. (2012). Rwanda Demographic and Health Survey 2010. Calverton, MD, USA: NISR/Rwanda, MOH/Rwanda, and ICF International. Retrieved from <http://dhsprogram.com/pubs/pdf/FR259/FR259.pdf>

8 National Institute of Statistics of Rwanda, Ministry of Finance and Economic Planning, Ministry of Health, & ICF International. (2016). Rwanda Demographic and Health Survey 2014–15. Kigali, Rwanda: National Institute of Statistics of Rwanda, Ministry of Finance and Economic Planning/Rwanda, Ministry of Health/Rwanda, and ICF International. Retrieved from <http://dhsprogram.com/pubs/pdf/FR316/FR316.pdf>

9 Republic of Rwanda Ministry of Health. (n.d.) Health Sector Annual Report: July 2015–June 2016. Retrieved from https://medicine.yale.edu/intmed/globalhealthscholars/sites/RW%20Health%20Sector%20Annual%20Report%202015-2016_333359_284_5061_v1.pdf

10 Ministry of Health. (2009). The National e-Health Strategic Plan 2009–2013. Retrieved from https://www.isfteh.org/files/media/rwanda_national_ehealth_strategy_2009-2013.pdf