

Rwanda

Case Study:

Childhood Vaccination Delivery in Rwanda

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Raporo ku ibimenyetso simusiga by'umugore utwite

RED	1198570047005266	CO
Tangirana na RED	Indangamuntu y'umubyeyi	Ibimenyetso by'ibibazo kuri

Raporo yo ku byara

BIR	1197764156439641	01	22.12.2011	GI
Tangirana na BIR	Nimero y'irangamuntu y'umugore wabyaye	Nimero y'umwana	Itariki yavukiyeho	Igitsina

Raporo y'umwana wakingiwe

CHI	1198115542663562	02	13.08.2012	V2	V
Tangirana na CHI	Nimero y'irangamuntu y'umubyeyi	Nimero y'umwana	Itariki yavukiyeho	Urukingo yabonye	Yabonye inzose z'uwo

Raporo y'uwapfuye

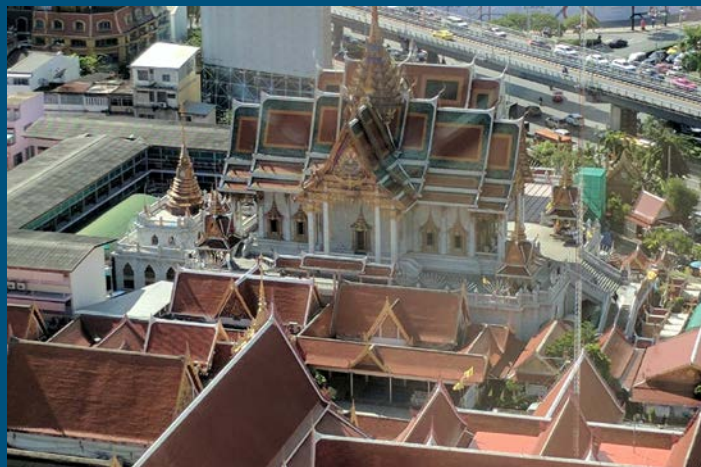
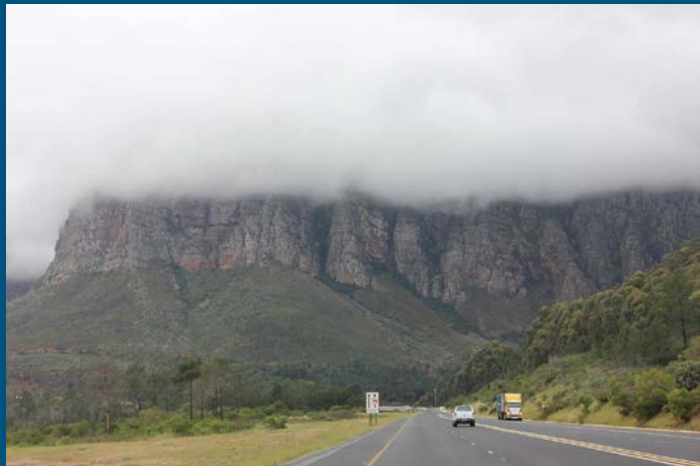
DTH	1198856485725498	01	13.03.2010	A
Tangirana na DTH	Nimero y'irangamuntu y'umubyeyi	Nimero y'umwana	Itariki yavukiyeho	

Raporo y'igisubizo ku bibazo by'umugore utwite

RES	1198456789511156	FE	HO
Tangirana na RES	Nimero y'irangamuntu y'umubyeyi	Ibimenyetso by'ibibazo	Aho aherereye

The REACH project

- Research initiative based in the Munk School of Global Affairs at the University of Toronto.
- REACH is led by Professor Joseph Wong and supported by the Mastercard Center for Inclusive Growth
- Our team supervised by Dr. Stanley Zlotkin of The Hospital for Sick Children, University of Toronto



— **98%**

98% of children receive basic WHO childhood vaccinations.

- 1994 genocide
- GDP per capita of USD 700
- International assistance approx. 40% of current health budget

The image shows a printed report titled 'SMS RWANDA' (Service de Santé Mobile Rwanda) with the Rwandan text 'URUKORO RWANDA RWANDA MUTURUKO RWANDA NA BUN'. The report contains multiple tables with columns for various health metrics, likely related to vaccination coverage, organized into sections such as 'Rapport y'ubushyamba', 'Rapport y'ubushyamba mu bituranyi bitanduye', and 'Rapport y'ubushyamba mu bituranyi bitanduye'. The data is presented in a structured grid format.



Methodology

- Extensive review of:
 - peer-reviewed literature on Rwanda's vaccination coverage
 - Government of Rwanda documentation
 - WHO and UNICEF data
- Field research in collaboration with Rwanda's Ministry of Health in August 2017

“90% is not good enough for Rwanda.”

- Remarkably high and equitable vaccination coverage
- Overcame geographical, financial, and political challenges





**POLITICAL
WILL**

**Commitment to
strong health
outcomes**



**COMMUNITY
HEALTH
WORKERS**

**Community
sensitization and
health
surveillance**



FUNDING

**'Smart' use of
funding to build
health systems**



**DELIVERY &
COORDINATION**

**Comprehensive
procurement and
delivery systems**

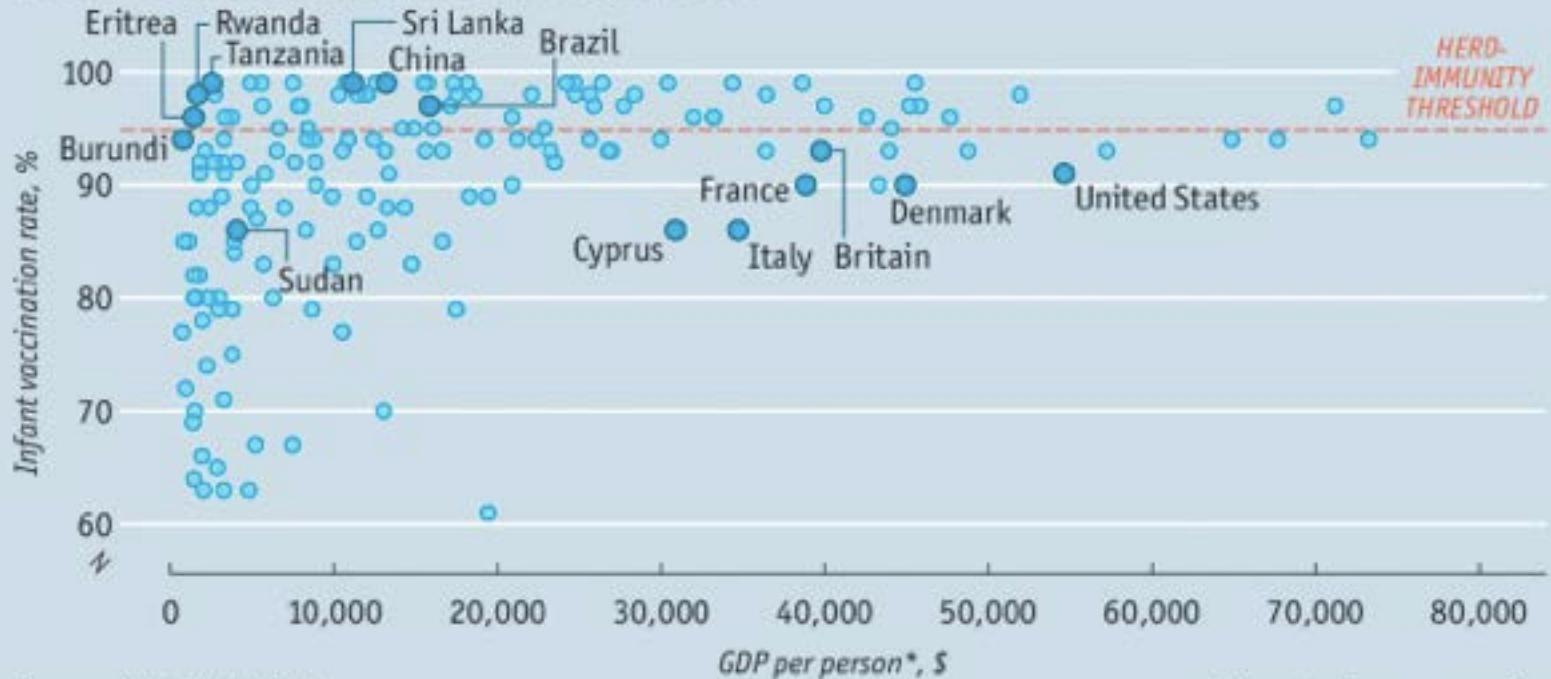
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An ounce of prevention

Measles vaccination and GDP, 2014 or latest available



Sources: WHO; World Bank

*At purchasing-power parity