

Community-based health insurance as a key pillar for achieving universal health coverage in Rwanda

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Key messages

Rwanda's community-based health insurance (CBHI) scheme has improved access to health care and financial protection: Since its introduction in 1999, the CBHI scheme has enhanced access to essential health care services, particularly for the most vulnerable populations. Membership in the CBHI scheme has increased from 7% of the total population in 2003 to 91.4% in 2023 (RSSB, 2023), providing vital protection against financial risk. Concurrently, there has been a reduction in out-of-pocket (OOP) health care expenses, falling from 26.6% in 2000 to 10.4% in 2020 (World Bank, 2023).

The success of the CBHI is underpinned by strong government leadership and community engagement: Government leadership, together with active community involvement, has been essential to the nationwide rollout of the CBHI. The Government's commitment is evident in law enforcement, community mobilization, government policies and resource mobilization.

CBHI premiums have evolved to promote equity by matching contributions to economic status: Initially based on flat premiums, CBHI policy has been amended to ensure equity, requiring citizens with a better economic status to pay higher premiums. This progressive financing approach has strengthened the financial sustainability of the scheme and improved access for people with lower incomes.

New sources of domestic revenue have enhanced the financial sustainability of the CBHI: The transfer of CBHI management to the Rwanda Social Security Board (RSSB) in 2015, coupled with the introduction of new domestic revenue streams in 2020, has helped to address funding deficits and ensure the timely payment of hospital bills. This has improved the efficiency and sustainability of the scheme.

The CBHI has brought about increased the utilization and affordability of health care: Health care utilization under the CBHI has grown significantly, with annual visits per capita rising from 0.25 in 2001 to 1.57 in 2022. However, despite this increase, challenges related to the quality of health care services persist, including drug shortages and long waiting times at health care facilities.

Private sector engagement has been critical to the expansion of the CBHI: Collaboration with private health care providers has extended CBHI coverage to essential services such as dialysis and medical imaging, underscoring the importance of private sector involvement in achieving comprehensive health care coverage.

However, the CBHI still faces challenges that affect its successful implementation: Despite its successes, it still faces significant challenges, including the sustainability of funding, improving the quality of public health care services, reducing co-payment burdens for lower-income individuals and addressing gaps in service coverage. Tackling these issues is essential for the long-term success of the scheme.



Executive summary

Issue

The CBHI, was established in Rwanda in response to health care challenges following the 1994 genocide against the Tutsis. It was rapidly expanded and has become pivotal in improving access and protecting people against financial risk in health care while advancing the universal health coverage (UHC) agenda. However, it has faced challenges relating to high co-payments for secondary health care services and limited coverage for essential treatments, affecting sustainability and inclusivity.

Impact

The rapid growth of the CBHI has expanded access to health care, particularly for vulnerable populations. It is estimated that it covered 91.4% of the total population in 2023 (RSSB, 2023). In addition, the introduction of the CBHI has reduced OOP expenditure from 26.6% in 2000 to 10.4% in 2020 while increasing health care utilization from 0.25 annual visits per capita in 2001 to 1.57 annual visits per capita in 2022.

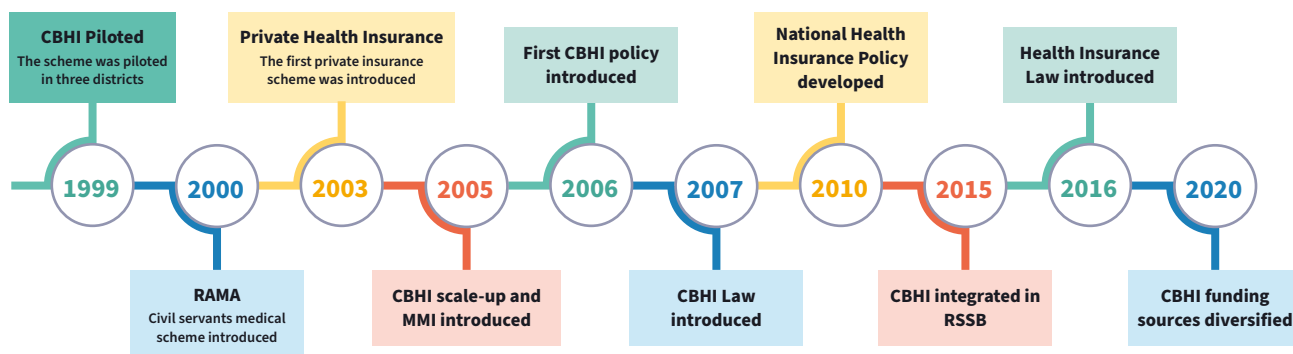
Conclusions

Rwanda's CBHI is a success story in advancing UHC, offering valuable lessons for other countries. Its rapid expansion demonstrates its potential, but challenges such as coverage limitations and financial barriers require immediate attention to ensure the sustainability and equity of the scheme in the long term.

Policy implications

Based on the evidence presented, this policy brief proposes a comprehensive set of policy measures seeking to improve the functioning, sustainability and equity of the CBHI. These measures focus on co-payment restructuring, CBHI coverage, funding mechanisms and stakeholder collaboration. The primary objective is to improve equitable access to health care, particularly for lower-income individuals, by strategically addressing financial barriers, service gaps and concerns about the quality of health care provision.

Figure 1: Journey of health insurance in Rwanda, 1999–2020



Source: authors

Conclusion

Although Rwanda's CBHI has made remarkable strides in improving access to health care and financial protection, challenges remain in ensuring sustainability, adequate funding and equitable coverage. The lessons learnt from implementing the CBHI, such as the critical role of the government, community engagement and the promotion of equity through the Ubudehe socioeconomic stratification, have shaped the country's approach to health care reform.

However, several challenges persist, including socioeconomic constraints, co-payment issues at higher levels of care, drug stock-outs, the quality of public care services, limited funding mechanisms and premiums that do not align with people's ability to pay. Addressing these challenges is vital to ensuring the sustainability and equity of the CBHI scheme. This policy brief outlines several policy implications, emphasizing the need for restructuring co-payment, coverage of service gaps, quality improvement of public health care, sustainable funding mechanisms and collaboration with stakeholder. In addition, lessons learnt from Rwanda's experience should be extracted and shared globally to inform and improve health care financing models elsewhere.

Rwanda is well placed to not only sustain its progress but also to serve as a model for other countries that aim to achieve UHC through innovative, community-based health financing models.

Policy implications

Based on the evidence presented, a comprehensive approach to improving equitable access to health care in Rwanda should address key areas such as co-payment restructuring, expanding service coverage, improving service quality, ensuring sustainable funding and engaging and collaborating with stakeholder.

Co-payment restructuring

Reducing co-payments for lower-income individuals, particularly at the secondary and tertiary levels of care, would improve equitable access to health care because it would make it more affordable. Evidence indicates that 44.1% of Rwandans use savings or borrow money to cover co-payments (Nyandekwe, Nzayirambaho & Kakoma, 2020). Minimizing these financial barriers would enhance inclusivity in health care access, enabling equitable utilization of services across different income levels.

Expanding CBHI coverage to include more essential health care services

To support the achievement of UHC, CBHI coverage should be extended to currently uncovered services such as eye care and advanced medical procedures. In 2022, Rwanda's SCI was estimated at 54% (WHO Regional Office for Africa, 2022). The CBHI has proven to be a vehicle to improve on this SCI, but gaps in service coverage for all individuals regardless of economic status must be continuously addressed to accelerate the attainment of UHC.

Improving the quality of public health care services

Enhancing the quality of care within public health facilities is crucial for the CBHI's success in achieving UHC. Evidence indicates that 16.5% of CBHI members rate the health care services they received as poor or very poor (Rulisa et al., 2023). Improving drug supply chains, training health care workers and infrastructure are necessary to ensure that CBHI beneficiaries receive high-quality, accessible care without enduring financial hardship.

Sustainable funding mechanisms

To secure the long-term financial stability of the CBHI scheme, it is essential to continue diversifying sources of funding and increasing contributions from public and private health insurers. Alternative funding streams for CBHI have been introduced; further widening this funding base will reduce dependence on a few revenue streams and promote a more stable framework for health care financing.

Private sector engagement

Strategic partnerships with private health facilities and pharmacies can help to expand the benefits package and improve the delivery of health care services. Such collaborations have the potential to enhance the accessibility and quality of care through service agreements that leverage the resources and expertise of the private sector.

Stakeholder collaboration

Effective health care reform requires robust collaboration with various stakeholders, including communities, NGOs and public health officials. Encouraging community involvement, mutual-help systems and local partnerships helps to boost the acceptance and sustainability of health care programmes such as the CBHI in Rwanda (WHO Regional Office for Africa, 2013). Stakeholder collaboration ensures that health care policies are informed by practical realities and local needs, improving overall impact.

Enhancing data collection and documentation

It is essential to establish comprehensive data collection and management systems for monitoring the implementation of the CBHI. Limited documentation hinders programme evaluation and evidence-based improvements (MoH, 2015; MSH, 2016). Accurate tracking of enrolment, service utilization and health outcomes enables data-driven policy decisions and targeted improvements in the effectiveness and equity of the scheme.

About AHOP

The African Health Observatory - Platform on Health Systems and Policies (AHOP) is a regional partnership that promotes evidence-informed policy-making. AHOP is hosted by the WHO Regional Office for Africa through the integrated African Health Observatory. National Centres include Addis Ababa University, Ethiopia; KEMRI Wellcome Trust, Kenya; the Health Policy Research Group, University of Nigeria; the University of Rwanda; and Institut Pasteur de Dakar, Senegal. AHOP draws on support from the European Observatory on Health Systems and Policies (EURO-OBS), the London School of Economics and Political Science (LSE), and the Bill & Melinda Gates Foundation (BMGF).

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Suggested citation

Mutesi, M., Habimana, J., Matsiko, E., Collins, K., Umubyeyi, A., Janauschek, L., Bataliack, S., Chisare, D. Community-based health insurance as a key pillar for achieving universal health coverage in Rwanda. Brazzaville: WHO Regional Office for Africa; 2025. Licence: CC BY-NC-SA 3.0 IGO.

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