

**BMZ response to the DEval evaluation report:  
“30 Years of Rwandan-German Development Cooperation  
in the Health Sector”**

The Federal Ministry for Economic Cooperation and Development (BMZ) welcomes the report<sup>1</sup> presented by the German Institute for Development Evaluation<sup>2</sup> (DEval) “30 Years of Rwandan-German Development Cooperation in the Health Sector”.

In 2010, with a view to implementing the Paris and Accra agreements, the Rwandan government carried out the first-ever appraisal of the division of labour between development partners engaged in Rwanda and put the agreement to concentrate on three priority sectors per development partner into practice. As a consequence, the German government decided, in response to a request from the Rwandan government, to discontinue its involvement in the health sector after 30 years.

The evaluation has been carried out at the express request of both governments, in order to document and evaluate the outcomes of Rwandan-German cooperation. It underlines the political significance that both governments attach to Germany’s involvement and to the sustainability of the work done after their cooperation has ended.

The present evaluation covers Rwandan-German cooperation over a period of some 30 years, starting in 1980 and finishing at the end of 2012 when the cooperation was discontinued. The changing general conditions during this period are reflected in the division of the report into three phases and the differing degree of detail in the investigations at different stages.

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<sup>1</sup> Reports drawn up by DEval are published on the institute’s website [www.deval.org](http://www.deval.org).

<sup>2</sup> DEval has a mandate from the BMZ to carry out independent evaluations of German development cooperation. The opinions expressed in these reports do not necessarily reflect the position of the BMZ.

The evaluation offers a broad overview of the strategic direction, concrete implementation and subsequent impacts of German development policy in the health sector against a background of changing political conditions in the partner country Rwanda. This means that a detailed, fact-filled compendium of information is available to provide input for the further development of Rwandan health policy and lessons learned for supporting health systems in similar contexts in other partner countries. At the same time, the evaluation also contains important insights for future policymaking and implementation in other sectors in Rwanda.

The evaluation was elaborated in a detailed process of discussion between DEval, the Rwandan health ministry, the BMZ, GIZ and KfW. Practical insights from many years of work on the ground flowed into the evaluation, along with scientific research and statistical data. The concept for the evaluation and the progressive insights were discussed in depth by two reference groups in Rwanda and Germany.

The findings of the evaluation are positive overall and are presented in great detail. They show that in many cases the German contributions hit the spot, but also that lessons were learned and adaptations made to reflect the changing situation. The evaluation makes it clear that the strong ownership of the Rwandan government was an essential prerequisite for the success of the cooperation efforts. In particular, the introduction of a community-based health insurance scheme, which covers more than 90% of the population, an achievement that is unmatched by any other low-income countries. Legal and political reforms appear to promise a long-term positive trend in terms of sustainability.

The study shows that the mix of instruments from Financial and Technical Cooperation and the multi-level approach with measures at the district and the national level had a positive impact on the outcomes and produced a leveraging effect. The political dialogue was further deepened, for example, by using sector-based budget support. Although basket financing and budget support are the instruments preferred by the Rwandan government, despite what it says in the study, the other Technical and Financial Cooperation instruments that were used also address the priorities and strategies of the Rwandan government.

The study demonstrates the fundamental importance of using horizontal, systemic approaches which have the aim of strengthening health systems in the countries with which Germany cooperates in order to achieve sustainable positive development in the health sector. The recommendations in this regard in terms of ensuring that the entire population is

able to benefit from high-quality health services underpin in this respect the necessity of the human-rights-based approach that German development cooperation is following here.

At the same time, the rapidly visible impact of more scattered, vertical interventions in health policy – especially by multilateral funds and initiatives – cannot be overlooked. It is therefore crucial, as the evaluation rightly emphasises, that the two approaches are linked with a view to enhancing the individual advantages of each one, especially through the effective dovetailing of bilateral and multilateral measures.

Bearing in mind the aim of a division of labour among donors, the findings of the investigation underline the necessity for close coordination, although that can mean a not inconsiderable level of work in some cases. The point that the involvement of key individuals has a crucial impact on the quality of the coordination, is a reason to examine the structural as opposed to the individual (person-driven) effectiveness of existing coordination mechanisms in partner countries.

The differentiated and generally critical views expressed by the evaluators with regard to performance-based financing (PBF) in the health sector are an important indicator for further strategic policymaking. Given the recommendations made regarding how to gain deeper empirical insights about the prerequisites for, effort involved, and unintended impacts of PBF, consultation will need to be sought, in particular with international bilateral and multilateral partners. The aim would be to make an early start on establishing the parameters for a policy approach based on fiscal sustainability and social equity.

The evaluation points out a few difficulties with regard to the consultation process for discontinuing German development cooperation in the health sector in Rwanda. From the point of view of the BMZ, considerable capacity has gone into agreeing and implementing “milestones”. Ultimately such a process is dependent on the availability of staff and material capacities within partner structures, and on political and strategic considerations on the part of the stakeholders in the sector. Consequently, it has not proved possible for all the measures to be taken over or continued by other stakeholders in a satisfactory manner.