

Maternal deaths in Rwanda have fallen from 210 per 100,000 live births in 2017 to 149 per 100,000 in 2025, a reduction of 61 deaths per 100,000, government officials said Thursday.

Prime Minister Justin Nsengiyumva briefed lawmakers in both chambers of Parliament on the progress of the country's health sector, highlighting improvements in maternal and child health since 2017.

"Rwanda has made remarkable progress in maternal and child health," Nsengiyumva said. "Between 2017 and 2025, maternal mortality fell from 210 to 149 per 100,000 live births, while under-five mortality dropped from 50 to 36 per 1,000 live births."

He said Rwanda now ranks above the sub-Saharan African average, where maternal deaths stand at 448 per 100,000 and under-five mortality at 68 per 1,000.

To further reduce deaths among mothers and children, the government continues to invest in services for pregnant women and newborns, including micronutrient supplementation, treatment of maternal anemia, and prevention and management of childhood illnesses. Programs also address child malnutrition, which declined from 33% in 2020 to 27% in 2025.

Nsengiyumva said the government is particularly focusing on districts where malnutrition rates remain high. Programs such as the "1,000 First Days of Life" support mothers and children from conception until the child reaches age two.

Health insurance reforms

The prime minister also addressed changes to Rwanda's community-based health insurance program, Mutuelles de Santé, or Mituweli, aimed at improving access without overburdening citizens.

"Mituweli has encouraged early healthcare-seeking, with 88% of Rwandans now covered," Nsengiyumva said. Contributions vary by income category, from fully government-subsidized coverage to 20,000 Rwandan francs for the highest category. The government covers 52% of total costs.

Coverage now includes chronic conditions such as cancer, kidney failure, heart surgery, orthopedic procedures, organ transplants, and essential medications. The program's expenditures rose from 39 billion Rwandan francs in 2015-16 to 98 billion

in 2024-25.

Nsengiyumva said the changes were carefully planned to avoid overburdening citizens and promised support for those affected. He cited the example of a kidney patient needing dialysis three times a week, who would pay more than 9 million francs annually without insurance, but only 10% of that cost with Mituweli coverage.

Deputy Christine Mukabunani emphasized that contribution increases should come with expanded access to private healthcare providers.