health gains of the MDG era while tackling the emerging challenges including the COVID-19 pandemic. The past achievements were thanks to Rwanda’s universal health coverage (UHC) model, characterized by expansion of health service delivery at all levels, with emphasis on primary health care, and more than 85% health insurance coverage through the Community Based Health Insurance (CBHI). The challenge now for Rwanda is to ensure CBHI sustainability and coverage of more services, which requires both more resources mobilization and priority setting systems that maximize health outcomes within available resources. This paper was prepared to document and share the Rwandan experience of priority setting reforms for UHC.

Methods This is a policy analysis case study, describing the context, process, and key actors in the priority setting reforms for CBHI in Rwanda, using a policy analysis triangle by Walt and Gilson. Information was collected through observation and desk review.

Results The priority-setting reforms for UHC were dictated by the increasing pressure on the resource-constrained CBHI to cover more tertiary-level services. In 2019 stakeholders of priority setting reforms for UHC in Rwanda, using a policy analysis triangle by Walt and Gilson. Information was collected through observation and desk review.

Discussion The initiation of Rwanda’s priority-setting reforms was characterized by Government ownership and stakeholder engagement. The next steps will require strong coordination, and long-term capacity building through learning by doing.

DESIGNING HEALTH BENEFIT PACKAGES FOR UNIVERSAL HEALTH COVERAGE – SHOULD COUNTRIES FOLLOW A SECTORAL, INCREMENTAL OR HYBRID APPROACH?

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Objective To investigate coverage of antenatal care (ANC) and facility births and perinatal mortality before and during the stepwise implementation of the ‘Integrated Programme for the Reduction of Maternal and Child Mortality’ (PIMI), a health system strengthening programme which included free care, health worker training and infrastructure rehabilitation in Guinea-Bissau.

Methods We used data from Bandim Health Project’s rural health and demographic surveillance system from three 24-months birth cohorts: pre-PIMI (2011-13), during PIMI’s pilot phase (2014-16) and its nation-wide full-scale implementation (2017-19); and two areas: pilot regions (PIMI since 2013) and scale-up regions (PIMI since 2017). Using generalized estimating equations, we compared service coverage (first/fourth ANC consultation (ANC1/4) and facility births) and perinatal mortality over time and across areas. We also assessed associations between perinatal mortality and cluster-level ANC4 and facility birth coverage.

Results Across the three cohorts, 23,828 births were included. Pre-PIMI, approx. 1/3 women obtained ANC4 and facility birth in both areas. ANC4 and facility birth coverage increased to approx. 1/2 in both areas. Relative increases were largest in the scale-up area for ANC4 (p = 0.007 for same development), and comparable across areas for facility births (p = 0.16). Perinatal mortality was around 8% pre-PIMI and did not decline over time. Higher cluster-level ANC4 (both areas) and facility birth coverage (pilot area) were associated with a tendency towards lower perinatal mortality pre-PIMI, but this association disappeared over time.

Conclusion While universal access to quality maternal and child health services is considered essential to improve maternal-perinatal survival, increases in ANC and facility birth coverage did not translate into reduced perinatal mortality. Hence, measures of health outcomes cannot be replaced by quality of analysis, political feasibility of reallocation decisions, and integrated health system analysis. Sectoral analysis is especially suited in contexts with large allocative inefficiencies in current service provision and can, in theory, realize large efficiency gains. However, it may be challenging to implement a comprehensive redesign of the package in practice. Incremental analysis is especially relevant in contexts where specific new services raise challenges to the allocative efficiency and sustainability of the health system. It may potentially support efficiency improvement, but its focus has typically been on new services while existing inefficiencies remain unchallenged. The use of hybrid approach may be a way forward to address the strengths and weaknesses of sectoral and incremental analysis.