

# Rwandan child mortality sharply on the decline

September 25 2015, by Linda Koffmar

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After the genocide in the mid-1990s, Rwanda initiated major social and health reforms to improve the survival of all children. In his dissertation, Aimable Musafili from Uppsala University and the University of Rwanda reports an impressive decline in child mortality in Rwanda including disappearing social divides.

Rwanda will, as one of the few African countries, reach the Millennium Development Goals for women and [children](#)'s health and survival. Challenges remain, especially at the time around delivery, when sustained efforts are needed to improve the quality of services for all.

In an analysis of the whole country over two decades, Aimable Musafili demonstrates that [child mortality](#) decreased. From the peak at the time of the genocide when one in four children died it decreased to 65 deaths per 1000 births in 2010. Differences in child survival between rural and urban areas and between rich and low-income families have disappeared. Mortality in the first month of life has decreased more slowly, and children of educated mothers were less likely to die.

In hospital-based studies, Aimable Musafili has focused on stillbirths and deaths during the first week of life. Mothers living in rural areas and those not covered by health insurances more frequently suffered such losses. Half of these deaths around delivery had been possible to prevent by removing barriers and improving the quality of care. A training program to manage new-born children in the first minutes of life (Helping Babies Breathe) improved knowledge and skills. A follow-up

showed that repeated efforts were needed if this improved quality of care is to be sustained.

**More information:** The doctoral thesis "Child survival in Rwanda: Challenges and potential for improvement: Population- and hospital-based studies" was defended on 23 September 2015:  
[urn.kb.se/resolve?urn=urn:nbn:se:uu:diva-259476](https://urn.kb.se/resolve?urn=urn:nbn:se:uu:diva-259476)

Provided by Uppsala University

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