**ABSTRACT**

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**TITLE: HOSPITAL EFFICIENCY AND EQUITY IN HEALTHCARE USE: A CASE STUDY OF RWANDA**

**BACKGROUND**

Efficiency and Equity are the key objectives of health system that deemed to be resilient to ensure the move toward universal health coverage, importantly in the SDG’s era. However, evidence show that hospitals in developing countries remain inefficient in term of using the scarce resources and yet, they consume the greatest share of funds devoted to any health care system globally, hence the failure of providing healthcare services needed to everyone mostly the poorest one. This study aims to assess the relative efficiency of district hospital and equity in health care use in Rwanda.

**METHODS**

Data Envelopment Analysis and concentration curves were used in this study to measure hospital efficiency and equity in the use of health care in Rwanda.

**RESULTS**

The results from this study revealed that the mean technical efficiency of Rwandan district hospital was 94.5%. And only 60% of district hospitals are relatively technical efficient. Therefore, almost 40% of district hospitals are wasting their inputs compared to the best performer district hospitals of all inputs used at district hospital levels as considered in this study are being wasted.

In term of equity in use, the concentration curves revealed that the use of most malaria services were pro rich unless the inpatient services which was more concentrated in the poor district while the most of the services related to all the diseases are concentrated in the well-off and all the use of related services were pro rich only inpatient related to malaria was pro poor and assisted delivery which was somewhat equitable in all districts.

**CONCLUSION**

This study has demonstrated that there are inefficiencies in the use of inputs in district hospitals while a certain level of equity in using healthcare services in Rwanda Healthcare delivery system. It also finds some pattern between district hospital efficiency performance and the use of some services. It is then argued that more effort in term of mentorship should put in the district with inefficient hospitals while for improving the equity in use of health care, services should be decentralized to allow access but also health care resource allocation should be based available data in Health Information Management System. This will enable to allocate existing resource in health sector according to existing need. Future studies should look at the causes of district hospital inefficiency or investigate inequality in use of malaria and maternal health as well as their determinant factors.