A journey to An Integrated, Rationalized, Coordinated, Accessible and Quality Healthcare for the Citizens in the City of Kigali

“TAKING THE URBAN TURN”
Urbanization and population growth
- Country profile
- City of Kigali profile
- Impact on health sector

Strategies:
- Quality assurance
- Human Resources for Health
- Health promotion
- Accessibility
  - Kigali Hospital Network
  - Medicalization of Health centers
Urbanization Rwanda profile

- Rwanda among the fastest urbanizing countries in Africa
  - **Urbanization: urban population**: 30.7% of total population, 2017
  - **Rwanda target 35% of urbanization rate by 2024**

**City of Kigali population growth 1962-2040 (projection)**

- Source: CIA World Factbook, 2018
City of Kigali- Delivery Challenges

- Insufficient and uneven distribution of health facilities
- Lack of enough skilled personnel
- High concentration of people affected by City’s living style e.g. (RTA, Violence, Mental Health, Drug abuse, industries, PTSD, etc.)
- Environmental issues: air pollution due to road traffic, inefficient waste management systems
- Majority of the population (> 80% of the population) is covered by CBHI Scheme, giving only access and reimbursements for services in the public health facilities.
- Infectious diseases exacerbated by poor living conditions, high population density, promiscuity
- Epidemiologic transition: NCDs & mental health
<table>
<thead>
<tr>
<th>Accessibility</th>
<th>Qualiyy assurance</th>
<th>HRH</th>
<th>Health promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishment of health posts and their next generation</td>
<td>Accreditation program</td>
<td>Continuous training program for health professionals -HRH Program</td>
<td>Car free day and Mass exercises</td>
</tr>
<tr>
<td>Creation of Kigali Hospital Network</td>
<td>Quality and safety policy</td>
<td>Non financial retention program for medical doctors –Housing facilitation program</td>
<td>NCDs mass campaign and voluntary screening</td>
</tr>
<tr>
<td>Medicalization of Health centers</td>
<td>Institutional support for quality assurance initiatives</td>
<td>Mandatory continuous health professional development program for A2 Nurses</td>
<td></td>
</tr>
<tr>
<td>Duo practice policy</td>
<td>Establishment of Rwanda Accreditation body – On going</td>
<td>Institutional retention strategies-PBF</td>
<td></td>
</tr>
<tr>
<td>Specific medical missions and outreach program</td>
<td></td>
<td>Empowerment of CHWs</td>
<td></td>
</tr>
<tr>
<td>Isange one stop center</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Addition of more CHWs</td>
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<td></td>
</tr>
</tbody>
</table>

- HRH: HRH Program
- CHWs: Community Health Workers
- PBF: Performance-Based Financing
- NCDs: Non-Communicable Diseases
KIGALI Hospital Network

Autonomous Functional Network of Private and Public Providers Initiated by the Ministry of Health Rwanda and Supported by Enabel-UB Program

**AIM: TO ENSURE**
- Continuum of care
- Improved quality
- Proper management of emergencies
  - Efficiency and Effectiveness
  - Value for money services

**CENTERED ON**
National Health Sector Policy guiding principles:
- People-centred
- Integrated care
- Sustainable services

**STRATEGIC INTERVENTIONS**
- Sharing of resources
  - Human capital e.g. medical and other experts
  - Biomedical equipment
  - Information: Facility and Patient
  - Logistics, etc.), Ambulances

**STRATEGIC INTERVENTIONS**
- Sharing of procurement services
  - Merging technically complex services e.g. Procurement, Sterilization, Maintenance of heavy equipment etc.
  - Production of medical gases and liquids, etc.
  - Joint management of hospital wastes
Health Information Network (HIN) Contextual Framework

**Layers Description:**
1. **Data Source Layer:** This Layer is intended for Health information Systems operating at Health Facilities Level.
2. **Network Layer:** This is for Internet Layer.
3. **Integration Layer:** This Layer facilitates data capturing from HIS and then stores them in DWH.
4. **Data Warehouse Layer:** This Layer is intended for Central Repository.
5. **Presentation Layer:** This is where reports, dashboards are displayed.

**Data Source Layer:**
- openMRS-DH KIBAGABAGA
- openClinic-CHUK
- Clinic+Carreful
- MEMMS
- Ambulance System

**Network Layer:**
- Internet

**Integration Layer:**
- Store data

**Presentation Layer:**
- Business logic
- Presentation layer

**Tools:**
- Favourite
- View
- Help
- File
- Edit

**Data Integration:**
- Store data

**Data Source Layer:**
- Beds availability
- Care Provider scheduling
- Booked appointment
- Medical Equipment
- Ambulance availability

**HIN Dashboard:**
- Bed Availability

**HIN Contextual Framework:**
- Strategies
  - 4: KHN (HIN CONCEPT)
### KHN Challenges:
- Unintegrated EMR systems
- Expensive IT technologies
- Lack of legal framework-PPP policy specific for health sector
- Good initiative which requires a huge investment and partnerships
- Still existing low Ownership at different levels

### Recommendations:
- Ministry of health to advocate and engage other partners to take over and encourage private providers to fully participate in the project
- Ministry of health to mobilize more resources
- Ministry of health to put in place legal framework
- Registration of other providers
Concept:

Intermediate between District hospital & Standard Health center- Since 2015

- Purpose:
  To bring services closer to the population in a context of growing population.

- Strategic objectives:
  
  * Obj 1: Relieve the burden from DH on ambulatory services (NCDs – dental cares–)
  * Obj 2: Address delays in referral of obstetric cases and other life strengthening conditions

As a progression the MoH has developed an Extended Health Service Package (EHSP) for Medicalized Health Facilities
Model description

- **Two medical visits/week at each of the four Health centers:**
  - **Activities:**
    - Medical consultations
    - Other general medicine services including ultrasound services
    - *Ultrasound and doppler machines were provided*
    - Mentorship to health providers-Nurses and midwives

- **Other extra services provided include:**
  - Ultrasound services by nurses
  - Upgraded laboratory services
  - Selected drugs including those of NCDs
  - Basic dental services
    - *Dental chairs were provided*
Rollout

Phase 1:

- Permanent medical doctor - Recruitment in progress
- Dental services full package (MPA)
- Extended service package for MHCs - Published
- Training and privileging nurses and MDWs on the use of US - In progress
- Recognition of 4 MHCs for service reimbursement
- Continuous mentorship for all MHC staff
- Upgrading of laboratory services
- Establish official tariff for services provided at MHCs
- Develop institutional structure
Rollout
Phase 2:
- Provision of an extend ambulatory service package and confirming
- Equipments – To provide basic physiotherapy & ophthalmology equipment to be provided (if pertinent – phase 1)
- Introducing new activities: physiotherapy and ophthalmology services (depending on need and feasibility assessment)

Rollout
Phase 3:
- Implementation of sustainability plan phase 3

Overall Model Challenges:
- Weak internal revenue control mechanisms
- Financial burden (now still covered by Enabel-UB program)
- No official tariff for MHCs
- Medicalized health facilities Structure not approved

Conclusion and recommendation:
Access to quality and quantity healthcare especially in an urban context requires constant review and set up of several innovative strategies eg The current Medicalized HCs.
😊 Thank you
😊 Murakoze cyane