



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

“TAKING THE URBAN TURN”



BE-CAUSE HEALTH ANNUAL CONFERENCE, BRUSSELS 15<sup>TH</sup> TO 16<sup>TH</sup> OCTOBER 2019

## STRUCTURE OF PRESENTATION

### 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**

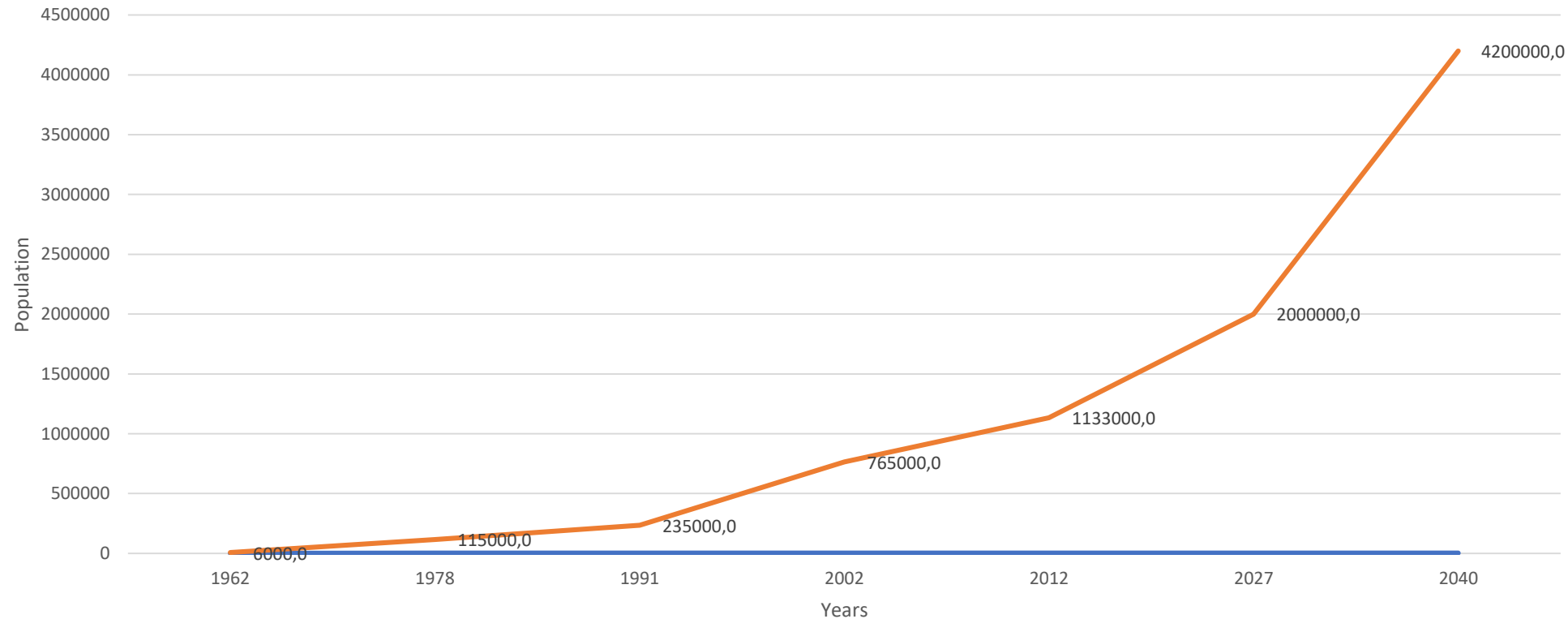
## Map of the City of Kigali



## 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)



EXPONENTIAL POPULATION GROWTH

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

## Accessibility

- Establishment of health posts and their next generation
- Creation of Kigali Hospital Network
- Medicalization of Health centers
- Duo practice policy
- Specific medical missions and outreach program
- Isange one stop center
- Addition of more CHWs

## Quality assurance

- Accreditation program
- Quality and safety policy
- Institutional support for quality assurance initiatives
- Establishment of Rwanda Accreditation body – **On going**

## HRH

- Continuous training program for health professionals -HRH Program
- Non financial retention program for medical doctors –**Housing facilitation program**
- Mandatory continuous health professional development program for A2 Nurses
- Institutional retention strategies-PBF
- Empowerment of CHWs

## Health promotion

- Car free day and Mass exercises
- NCDs mass campaign and voluntary screening

## 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

### STRATEGIC INTERVENTIONS

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

### CENTERED ON

#### **National Health Sector Policy guiding principles:**

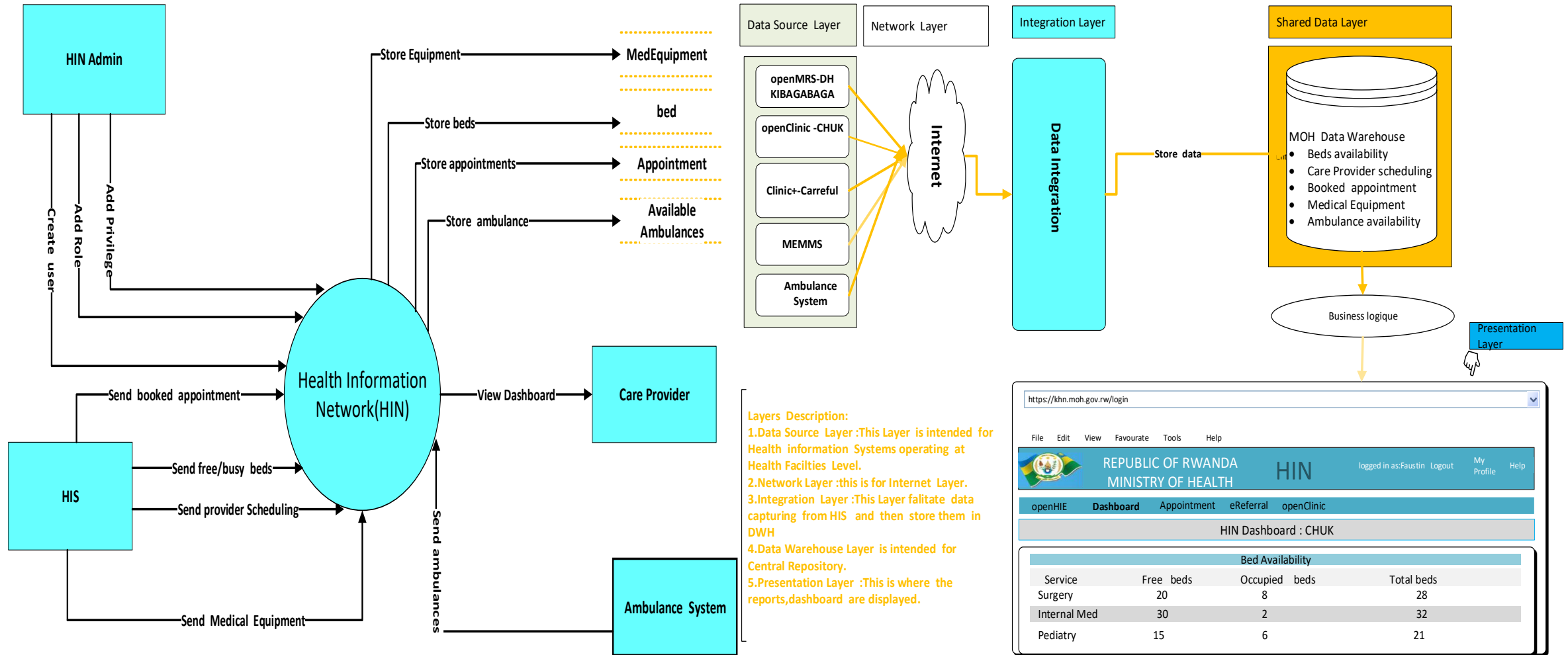
- **People-centred**
- **Integrated care**
- **Sustainable services**

### 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**



## HIN Contextual Framework



### 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  
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