A proposed Model for the development of medicalized first line health services for the City of Kigali in Rwanda:

striving for excellence

BE-CAUSE HEALTH ANNUAL CONFERENCE, BRUSSELS 15TH TO 16TH OCTOBER 2019

“TAKING THE URBAN TURN”
**URBAN HEALTH CHALLENGES**

**EXPONENTIAL POPULATION GROWTH**

City of Kigali population growth 1962-2040 (proj)

- **1962**: 600,000
- **1978**: 1,150,000
- **1991**: 2,350,000
- **2002**: 7,650,000
- **2012**: 11,330,000
- **2027**: 20,000,000
- **2040**: 42,000,000

**ACCESS TO CARE:**
- Geographical: Overloaded health facilities
- Financial: Private facilities
- Uncovered needs in eye care, dental care, physiotherapy, palliative care, chronic diseases care
- Mental Health

**EPIDEMIOLOGIC TRANSITION:**
- High Blood pressure
- Diabetes
- Overweight
- Alcohol and smoking

**URBAN CONTEXT**
- Water and sanitation
- Waste management
- Pollution
- Road accidents
- Mental Health

**NUMEROUS ACTORS:**
- City of Kigali and administrative districts, DHMT, DHU
- Public Health Facilities
- Private Health facilities
- Ministry of Health and RBC
- Civil Society
- Enabel

**HEALTH FACILITIES**
- 4 referral hospitals
- 4 District Hospitals
- 5 Private hospitals
- 200 Private facilities, 59 Public and 22 FBO
- 1 MD / 2,120 inhabitants
- 1 bed / 417 inhabitants
- 1 ambulance for 50,000
CONCEPT OF FIRST LINE HEALTH UNIT (FLHU)

One management unit

Entry point: PFP, NGO, HP

Mentored by: Health Center (public finality but mix public and private actors)

Optimal Division of labor

HP: Health Post – PF: Private For Profit – NGO Non Governmental Organization
City coverage plan
Medicalized first line health unit model for CoK

UHC: MD, Nurses, admin staff
HP: A1 Nurse with private MD

Note: MD might work at both levels
Package of Care at Urban Health Center

- Diagnostic Services (Labo, US)
  - NCD: Hypertension, diabetes, CVA
  - Follow-up clinics for STI/HIV
- Revalidation services handicap care
- Mental Health, epilepsy (diagnosis and follow up)
- Eye clinic (incl. Production of glasses)
- Dental care
  - Minor surgery
- MNCH Services (ANC, Under-Five cl, Delivery, etc.)
- Administration and finance
Ongoing – pending questions

• HR: availability of MD, tasks of (private) MD

• Division of labor within the unit: ? Concentrate promotional and preventive services at HP level?

• Financial sustainability:
  • How to cover the costs of MD while maintaining social protection
  • Consider various funding sources: health insurance, government subsidies, Out-of-Pocket payments, contracting for preventive services, conditionalities, separate fee system for specific users (i.e. external visitors, tourists, ...), evening or weekend on call system at higher fee, etc.;

• Scale up: estimated need of 30-40 FLHU based on norm of 30-50,000 inhabitants per center

• Next steps: continue the debate, develop coverage plan, involve private sector, analyze the costs and financial modalities, define model of contracting, e-patient filing, develop budget proposal and involve other partners
Thank you
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