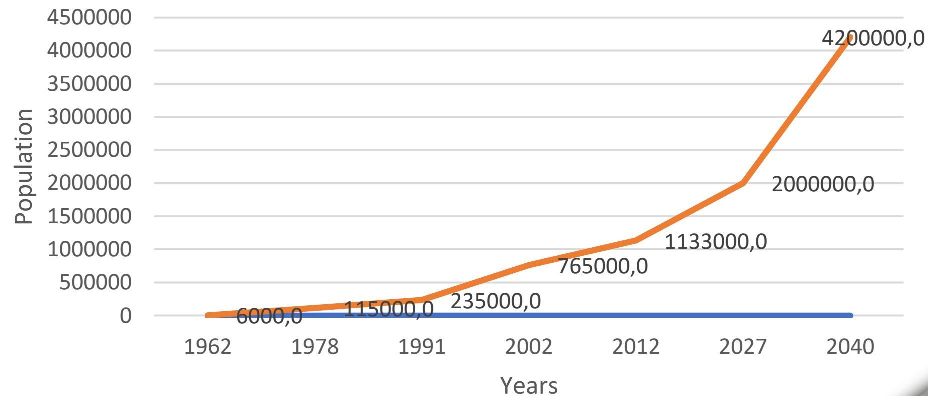
A proposed Model for the development of medicalized first line health services for the City of Kigali in Rwanda:

striving for excellence

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

"TAKING THE URBAN TURN"

URBAN HEALTH CHALLENGES



EXPONENTIAL POPULATION GROWTH

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:

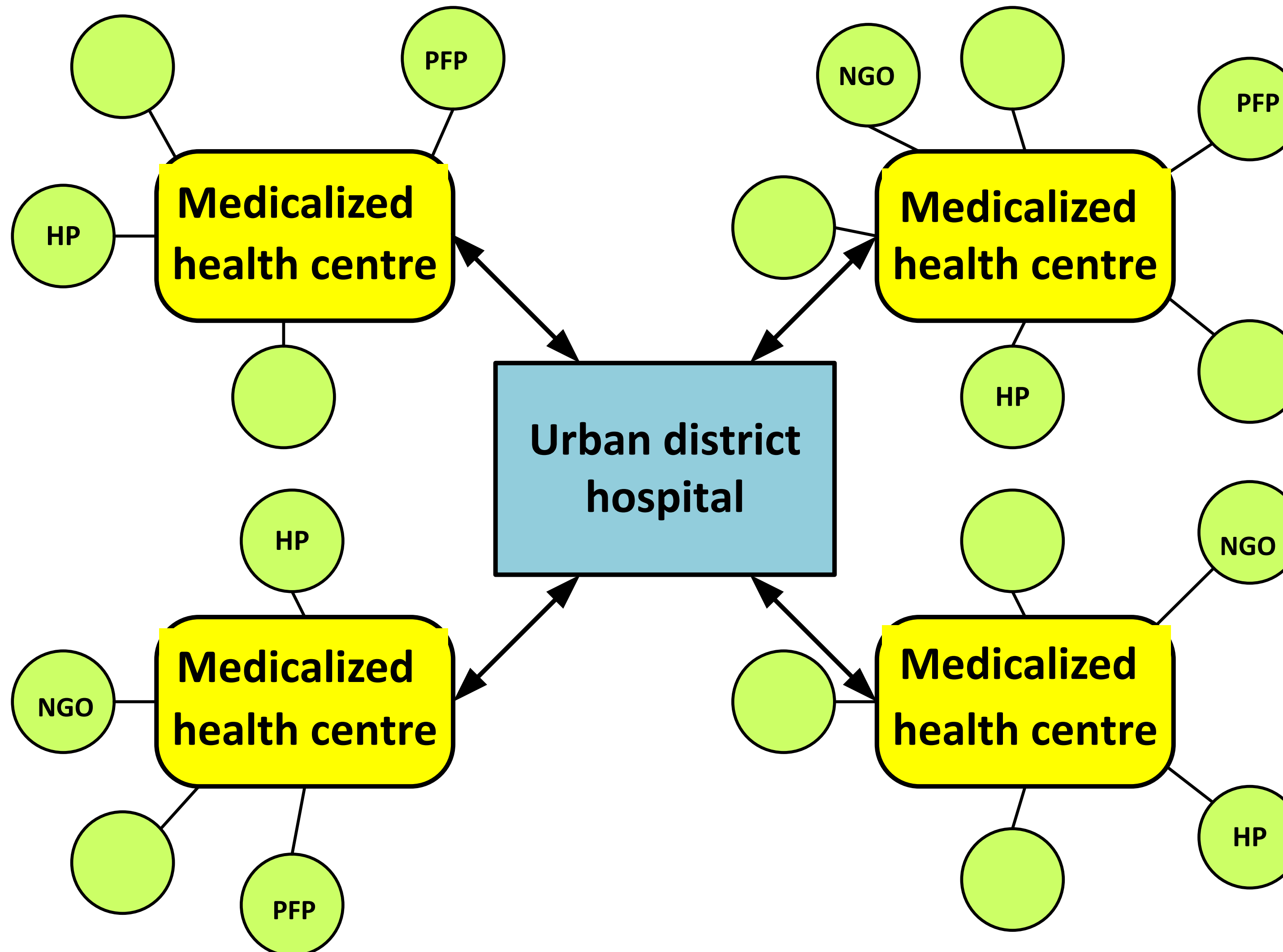
- High Blood pressure
- Diabetes
- Overweight
- Alcohol and smoking

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

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

CONCEPT OF FIRST LINE HEALTH UNIT (FLHU)



One management unit

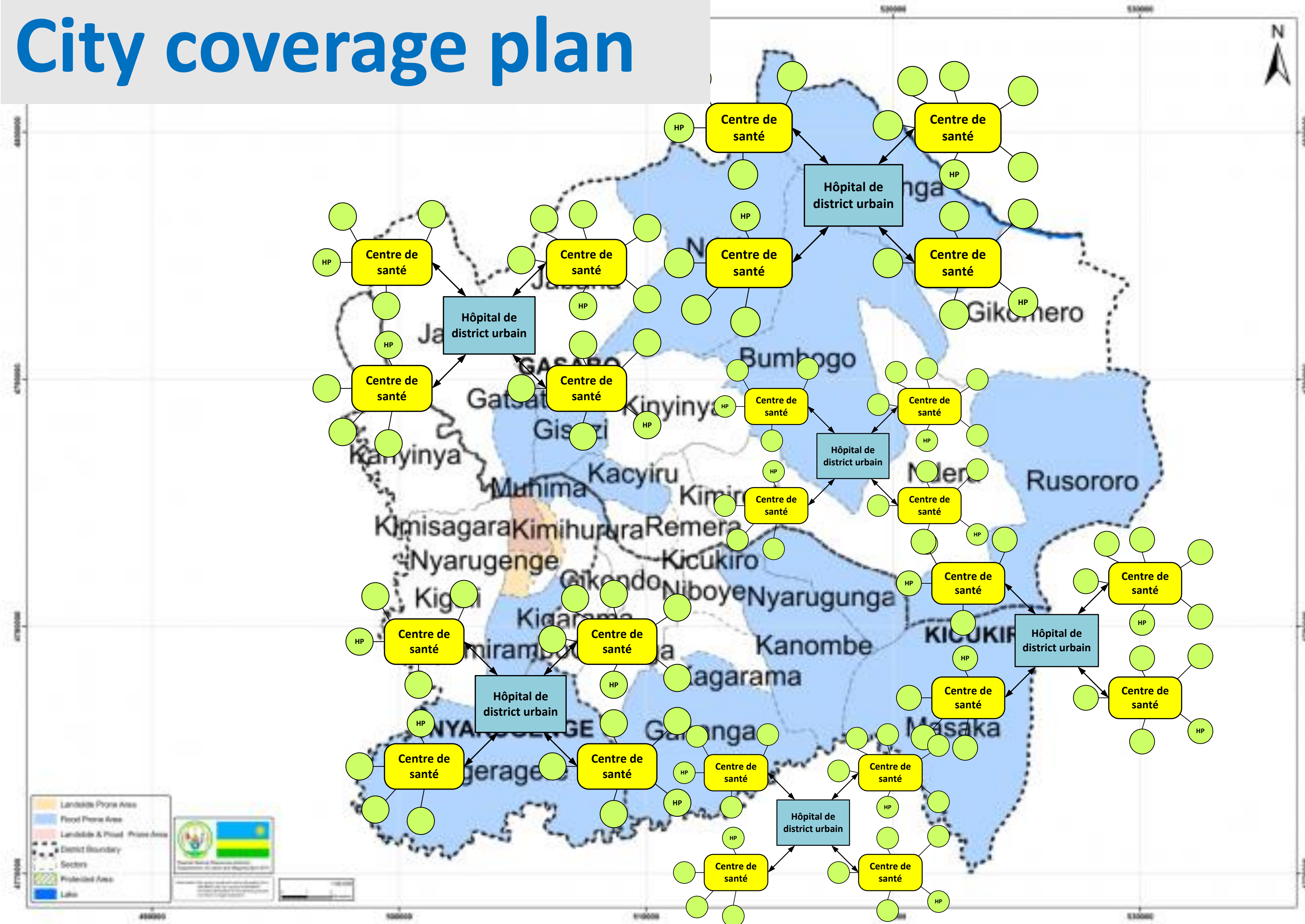
Entry point: PFP, NGO, HP

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

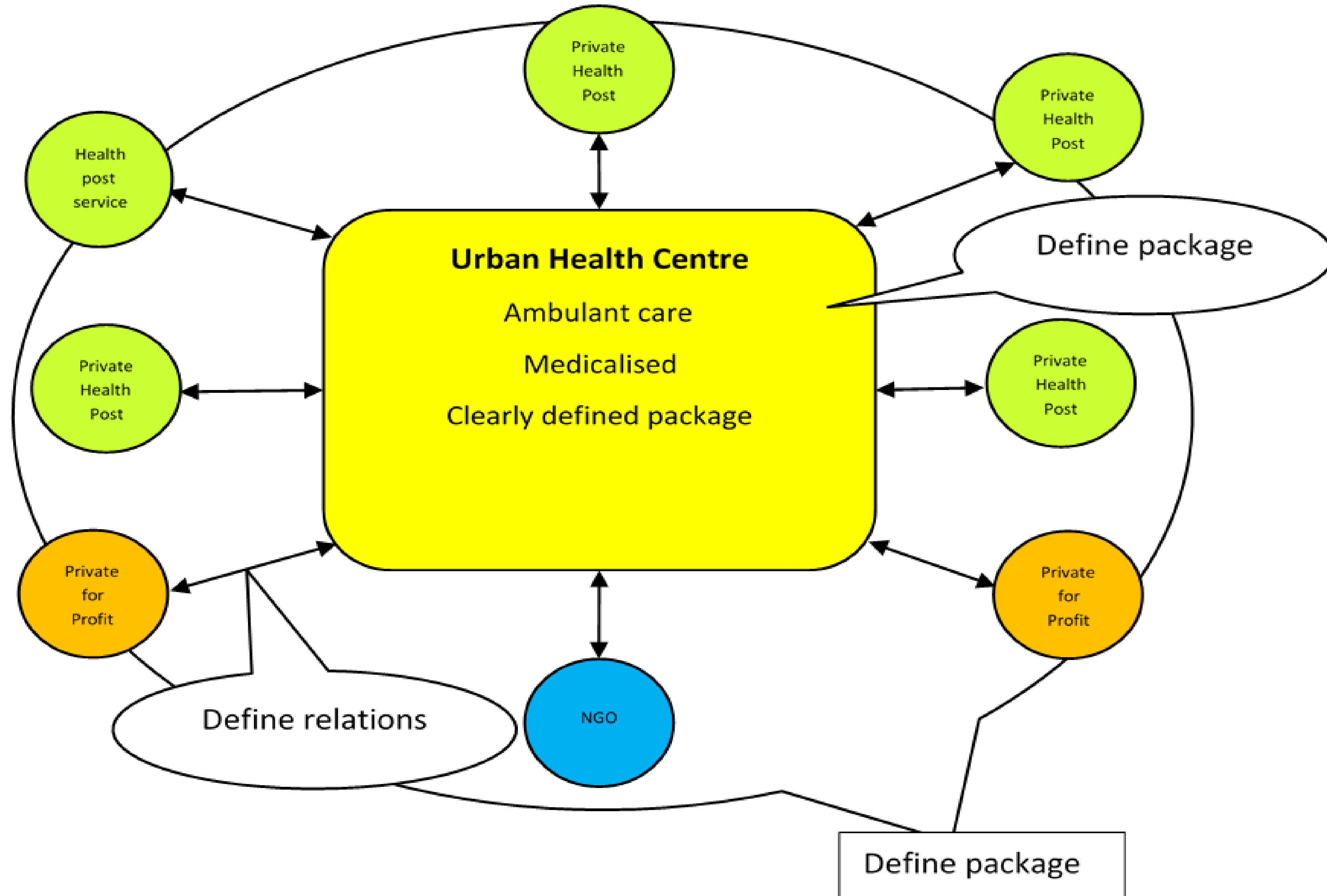
Optimal Division of labor

HP: Health Post – PF: Private For Profit – NGO Non Governmental Organization

City coverage plan



Medicalized first line health unit model for CoK

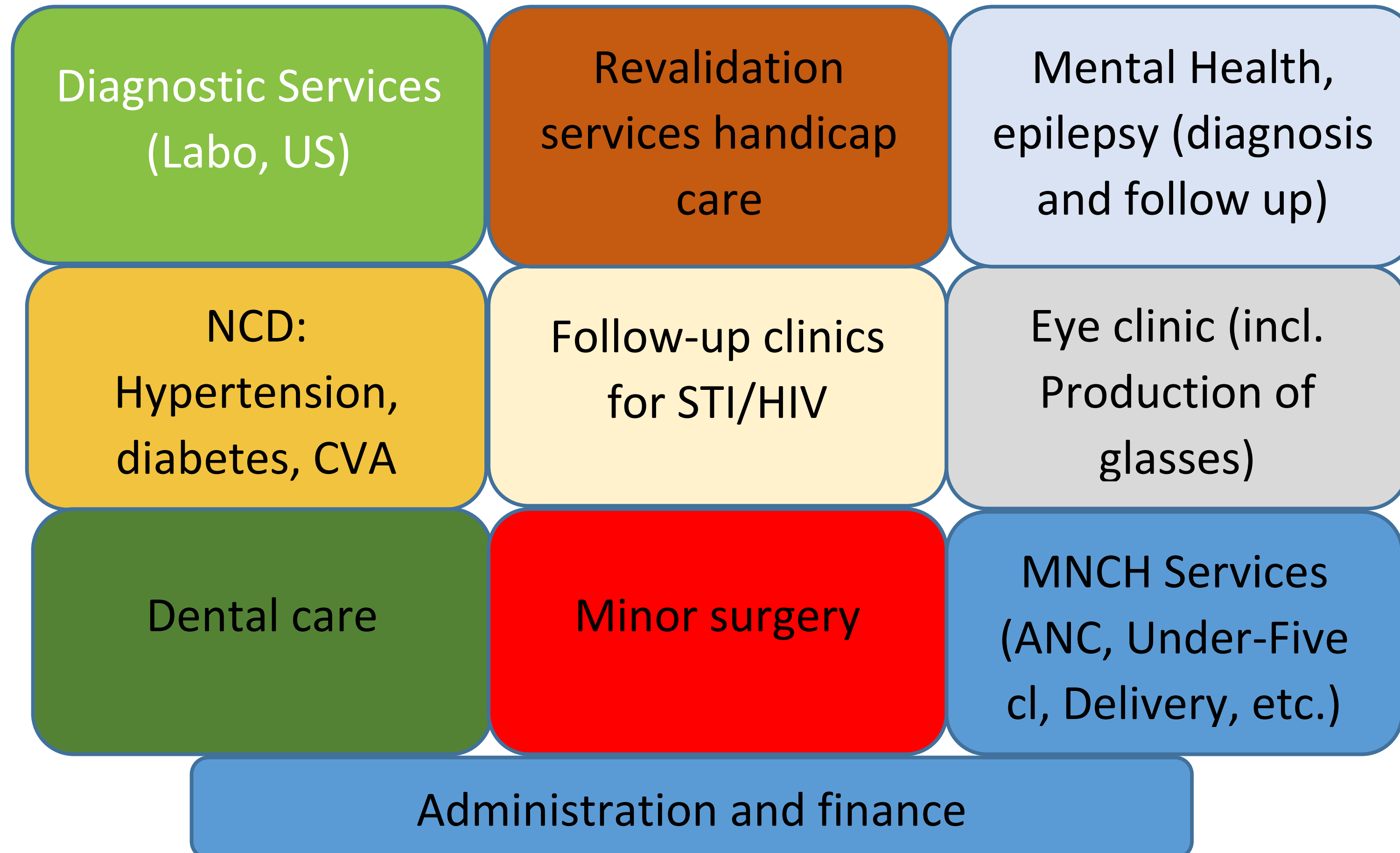


UHC: MD, Nurses, admin staff

HP: A1 Nurse with private MD

Note: MD might work at both levels

Package of Care at Urban Health Center



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

because health 15 YEARS

Thank you
Murakoze cyane

Republic of Rwanda
Ministry of Health

rbc RWANDA BIOMEDICAL CENTER
A Healthy People. A Wealthy Nation

City of Kigali

Enabel
Belgian development agency