

# UNIT 1

## Overview of the health system in Rwanda

### Learning outcomes :

- Improve awareness on policies and strategic documents in health sector
- Make familiar district staff with the Rwanda health system structure
- Provision of knowledge and communication skills on Health education and promotion.

### Assessment approach

- Use formal and informal procedures in gathering information on learning and making judgment about what participants know and can do and how that will change participants' attitudes. It should be an integral part of the training.
- At the beginning of the session, verify what participants already know or can do and check whether participants are at the same level.
- During the session verify if the participants understand and give support and feedback when necessary.
- At the end of the unit and the session verify if the objectives set have been achieved.
- Different techniques of assessment should be used: Questions, activities, homework etc.

### Objectives

*At the end of this chapter, participants will be able to:*

- ✓ Explain the role of the health sector in economic development
- ✓ Discuss how to promote positive behavior change and lifestyle for diseases prevention
- ✓ Discuss the role of district employees in health programmes.

### Learning Activities

- ✓ Story telling about benefits of good sexual conduct
- ✓ Group discussion on consequences of sexually misbehaving
- ✓ Debate on ways and benefits of gender balance preventions



### 1.1. Policy framework and strategic documents

**The Health Sector Policy** (January 2015) states the overall vision of the health sector as follows: To pursue an integrated and community-driven development process through the provision of equitable, accessible and quality health care services. The Rwanda Health Sector mission is to provide and continually improve affordable promotive, preventive, curative and rehabilitative health care services of the highest quality, thereby contributing to the reduction of poverty and enhancing the general well-being of the population.

**The Rwanda Health Sector Strategic Plan 2018-2024 (HSSP IV)** is the guiding document outlining national strategic directions to improve health standards of Rwandans over the next seven years. Its content reflects a comprehensive analysis of the Rwanda's health sector progress and situation to date. It is also based on rigorous technical inputs from key health sector stakeholders, including program managers in the Rwanda Health Sector and in other public institutions, Development Partners, as well as members of the Private Sector and Civil Society Organizations.

**The 2015 Health Financing and Sustainability Policy** specified the key objectives that are required to take the health system in the directions outlined below:

- To increase efficiency for improved quality and service delivery (value for money).
- To strengthen Health Insurances and risk pooling systems.
- To enhance strategies and interventions for increasing revenue for health including the community and private sector to monetize available expertise.
- To strengthen the institutional environment for sustainable financing and ensure accountability in the health sector.

There are still challenges and gaps that need to be looked into and necessary adjustments need to be made in the design and implementation of each of the above components, such as the definition of health services benefit package, addressing the current financial status of the Community Based Health Insurance (CBHI) schemes and how to finance subsidised health services.

## 1.2. Levels of Rwanda Health System and Institutional Arrangement

The Rwandan health sector is a pyramidal structure and consists of four levels: the central level, the intermediary level, the peripheral level and the community level.

Administrative catchment area	Type of health facility	Abbreviations	Number per type
National	Referral Hospital	RH	8
Province	Provincial Hospital	PH	4
District	District Hospital	DH	39
Sector	Health Center	HC	507
Cell	Health Post	HP	>1,000
Village	Community Health Worker	CHW	45,011

Source: @ [www.moh.gov.rw](http://www.moh.gov.rw), Dec2021

### The Central Level:

The central level comprises (i) Ministry of Health (MOH), (ii) Rwanda Biomedical Center (RBC) and the (iii) national referral and teaching hospitals.

- The responsibility of the MOH at central level is to formulate policies and strategies, ensure monitoring and evaluation, facilitate capacity building and mobilization of resources. The central level organizes and coordinates the intermediary and peripheral levels of the health system and provides them with administrative, technical and logistical support.
- The RBC's mission is to provide quality affordable and sustainable health care services to the population through innovative and evidence based interventions and practices, guided by ethics and professionalism. The core functions of the RBC include coordination and improvement of biomedical research activities, coordination of various activities geared towards the fight against communicable and non-communicable diseases, provide high level technical expertise in the health realm, ensure availability of medicines and medical supplies at all times in health facilities, and establish strategic relations with regional and international institutions, so as to achieve the strategic health goals.
- The mission of the national referral and teaching hospitals is to provide tertiary care to the population.

- These include King Faisal Hospital (KFH), Rwanda Military Hospital, Kigali University Hospital (CHUK), Butare University Hospital (CHUB) and Ndera Hospital for mental health and psychiatric care. King Faisal hospital was created to provide a higher level of technical expertise than that available in the national referral hospitals to both the private and public sector and to reduce the number of patients being referred abroad for complex medical interventions.

### The Intermediary Level:

To decrease the pressure of demand for services in the national referral hospitals, 3 district hospitals were upgraded to referral hospital level (Ruhengeri, Kibuye and Kibungo hospitals) and four other district hospital were upgraded to provincial hospital level (Rwamagana, Bushenge, Ruhango and Kinihira) in order to form an intermediary level of referral hospitals. In addition, there are private practices operating in most of these cities.

### The Peripheral Level (DHs, HCs and HPs):

The peripheral level is represented by the health district and consists of an administrative office (DHU), a district hospital (DH), and a network of health centers and health posts (HCs / HPs). As part of the decentralized structure of the GOR, the District Health Unit (DHU) is an administrative unit in charge of coordination of the provision of health services (including the private sector) and responsible for planning, monitoring and supervision of the decentralized implementing agencies. The DHU is part of the DHMT and reports to the Vice-Mayor in charge of social affairs.

The functions of the DHU include organization and coordination of health services in the Health Facilities (DH, HCs, HPs) and the Community. Health facilities deliver the approved healthcare packages, provide administration, manage logistics supplies and supervise Community Health Workers (CHWs).

Generally, the service package at a district hospital (DH) includes inpatient/outpatient services, surgery, laboratory services, gynecology-obstetrics, radiology, mental health, dental and eye services. The HCs provide preventive services, primary health care, in-patient care, referrals, and basic maternity services, while the HPs provide services such as immunization, family planning, growth monitoring, and antenatal care.

## The Community level:

At the village level, Community Health Workers (CHWs) provide prevention, promotion and some curative health services. Community health services are integrated into the community development services and administrative structures. There are 507 Health Centres spread-out all over the country.

### 1.3. Private health facilities

The private health facilities are authorized by the Ministry of health and categorized as follow:

- Hospitals with full-time specialists and different clinical departments;
- Polyclinics with specialists and different clinical departments;
- Clinics, managed by a medical doctor;
- Pharmacies for medical supply, managed by a pharmacist;
- Dispensaries with a basic package, under the responsibility of a qualified nurse.

### 1.4. Health education and communication

#### Health education:

Health education presents information to target populations on particular health topics, including the health benefits/threats they face, and provides tools to build capacity and support behavior change in an appropriate setting. The objectives of health education include providing knowledge, developing positive attitudes towards health issues and promoting decision-making. The ultimate goal of health education is to promote, maintain and improve individuals' and community health.

The World Health Organization defined Health Education as "comprising of consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health." Health education is a profession of educating people about health. Areas within this profession encompass environmental health, physical health, social health, emotional health, intellectual health, and spiritual health, as well as sexual and reproductive health education.

### Health promotion:

Health promotion has its roots in many different disciplines. Over time it incorporated several previously separate components, one of which was health education. Some authorities hold the view that health promotion comprises three overlapping components: health education, health protection and prevention.

### Health communication:

Health communication includes understanding and use of communication strategies to enhance community and individual decisions to improve the current health status. It binds the domains of health and communication to improve the health of the population. There are three forms of communication: verbal, non-verbal, and written communication. Generally, there are four approaches to health communication: informative, educating, persuasive and prompting.

### **The following are some of the communication channels**

- Media: Audiovisual (radio, TV, print media (newspapers, magazine, posters), online and social media etc....
- Meetings with technical and management groups: District Health Management Team(DMHT), Joint Action Development Forum(JADF), Non-Government Organizations(NGOs) and Civil Society organization(CSOs).
- Community meetings : village members.
- Reports: reports written for different audiences - main report, summary report, media report, public meeting report.
- Workshops: with different target groups.
- Individual/personal briefings with: District officials, community leaders,...

### 1.5. Contribution to NST-1 and SDGs

The HSSP4 contributes to the National Strategy for Transformation (**NST-1**), which provides a medium-term framework for achieving Rwanda's long-term aspirations, as embodied in Vision 2050, the Seven Year Government Programme (7YGP), and the Sustainable Development Goals (**SDGs**). NST-1 aims at increasing the quantity and quality of human capital; increasing capacity to innovate in the economy; accelerating the rate of poverty reduction; and improving quality of life of Rwandans.

### 1.5.1. Contribution to the thematic areas and priorities of the SDGs

The contribution of the health sector towards achieving the Sustainable Development Goals can be seen in the following 10 of 17 goals:

- **Poverty Reduction (SDG 1):** The health sector will collaborate with other sectors to implement social protection systems for all, including expanding coverage (removing financial barriers in accessing health services & elimination of catastrophic expenditures on health) with a focus on vulnerable groups, in addition to the enhancement of promotive and preventive health interventions, reducing the risk of contracting/developing communicable and non-communicable diseases.
- **Adequate Nutrition (SDG 2):** As investments by the Government of Rwanda to improve food security, consumption and production, the health sector will commit itself to supporting adequate nutrition of children, adolescents, pregnant and lactating mothers and vulnerable groups by 2030.
- **Education (SDG 4):** The health sector will also collaborate with other sectors to ensure access to early childhood development services, childcare and in the review of curricula in educational institutions to include health promotion (of pre-primary, primary, secondary and tertiary levels).
- **Gender Equality (SDG 5):** The health sector focus within this area, in collaboration with other sectors, will be on the prevention and management of all forms of gender-based violence, in public and private spheres, including trafficking, sexual and other forms of exploitation and eliminate gender barriers to receiving essential health services.
- **Clean Water and Sanitation (SDG 6):** Through HSSP4, the health sector will advocate for interventions to achieve universal access to safe water and sanitation for the reduction of water, sanitation or hygiene related diseases and for response-preparedness to ensure availability of clean water during environmental emergencies and/or disasters.
- **Economic Growth (SDG 8):** The health sector will collaborate with other sectors to target the promotion of healthy and decent employment as a driver of economic growth and enforce safety standards in all forms of employment. Additionally, the health sector will support the development, review and implementation of policies supporting the following areas; Employment, Creation of Employment, Access to Employment and a Healthy Work Environment.

- **Tackling Inequalities (SDG 10):** While improving health and productivity of citizens, the health sector in collaboration with other sectors will develop interventions and promotion activities that address social, gender and economic barriers at household levels to reduce household income disparities and improve social protections for vulnerable/marginalized individuals with respect to Universal Health Coverage.
- **Climate change & Environmental Health (SDG 13):** The health sector will collaborate in strengthening protection mechanisms for preservation and conservation in order to promote environmental health and mitigate adverse effects of climate change on the population.
- **Inclusive Societies (SDG 16):** The health sector will collaborate with other sectors to address violence and injury prevention among children and adults, Gender-Based Violence and Civil and Vital Registration of important personal and social events (like birth, death, marriage, divorce).
- **Partnership for health (SDG 17):** The Health sector will focus on Resource Mobilization, Capacity Building and Private Sector engagement, mobilizing partners to support planning, implementation, monitoring and attainment of health related SDGs in the context of mutual stakeholder responsibilities and accountabilities.

### 1.5.2. Contribution to thematic areas and priorities of NST-1

The contribution of the health sector to economic development and poverty reduction can be viewed from two angles.

- The health sector contributes to ensuring a healthy population that in turn is able to: engage in economic production, reduce time lost due to caring for the sick, reduce catastrophic expenditure as a result of seeking care when strong pre-payments mechanisms are in place. A healthy population, therefore, grows the economy and lifts itself out of poverty.
- The health sector is expected to create more jobs and employment opportunities given the projected increase in the number and complexity of health services, hence, requiring increase in number and skills of human resources for health.

- This second approach is dependent on whether other aspects of the economy are growing at the same or even faster rate so that the economy is able to accommodate the increased health sector wage bill and the new staff; or the private sector and middle class is sufficiently developed to afford payment of health services privately. This second approach is usually seen in countries that are already middle or high income.
- In the medium term, the health sector will continue to be more of a consumptive sector, requiring investment because the returns in the form of a healthy population are long-term. The Health sector requires expansion of the private sector, as well as growth of the middle class to afford the private services but these are both in the early stages. The other aspect is investing in highly specialized health services to attract clients from the region and beyond as a solid foundation for the country's rise to a future destination for medical tourism.



#### Points to Remember

- The Rwanda Health Sector mission is to provide and continually improve affordable promotive, preventive, curative and rehabilitative health care services of the highest quality, thereby contributing to the reduction of poverty and enhancing the general well-being of the population.
- The Rwandan health sector is a pyramidal structure and consists of four levels: the central level, the intermediary level, the peripheral level and the community level.
- The contribution of the health sector to economic development and poverty reduction can be viewed from two angles.
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- Health communication includes understanding and use of communication strategies to enhance community and individual decisions to improve the current health status. It binds the domains of health and communication to improve the health of the population.