



# Financial Protection and Access to Health Care Workshop

Rwanda experiences

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Performance based financing as a  
Strategic Purchasing mechanism: the  
case of Rwanda

# Brief description of PBF schemes

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- Initiated in 2002 (pilot)
- PBF is institutionalized in Rwanda
  - Clinical PBF: in all public health facilities since 2008
  - Community PBF: in all CHWs cooperatives since 2005
- Building blocks of the national health care financing strategy

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# Strategic purchasing

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- ❑ Reach the health related MDGs/SDGs
- ❑ Key mechanism to enhance quality of care (through a combination with hospital accreditation) and equity
- ❑ Adjust PBF indicators to cover emerging diseases

# Progress on maternal and child health indicators - 2000 to 2015

<b>Maternal and Child health indicator</b>	<b>DHS 2000</b>	<b>DHS 2005</b>	<b>DHS 2010</b>	<b>DHS 2014-15</b>
Neonatal mortality rate (per 1000 births)	44	37	27	20
Infant mortality rate (per 1000 births)	107	86	50	32
Under five mortality (per 1000 births)	196	152	76	50
% of children 12-23 months fully vaccinated	75	80	90	93
Maternal mortality ratio	1071	750	476	210
% of births attended by skilled health personnel	27	28	69	91
Antenatal care coverage (at least 1 visit)	92	94	98	99
Unmet need for family planning	36	39	21	19
Women 15-49 using modern contraceptive method	6	10	45	48
Contraceptive prevalence rate	-	17	52	53

# Types of providers' payment mechanism in the public sector

Payment method	Physicians and other health professionals	Health facilities
Fee-for service		X
Salary+ PBF "bonus"	X	
Line item budget		X

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# Community Based Health Insurance



# CBHI development phase

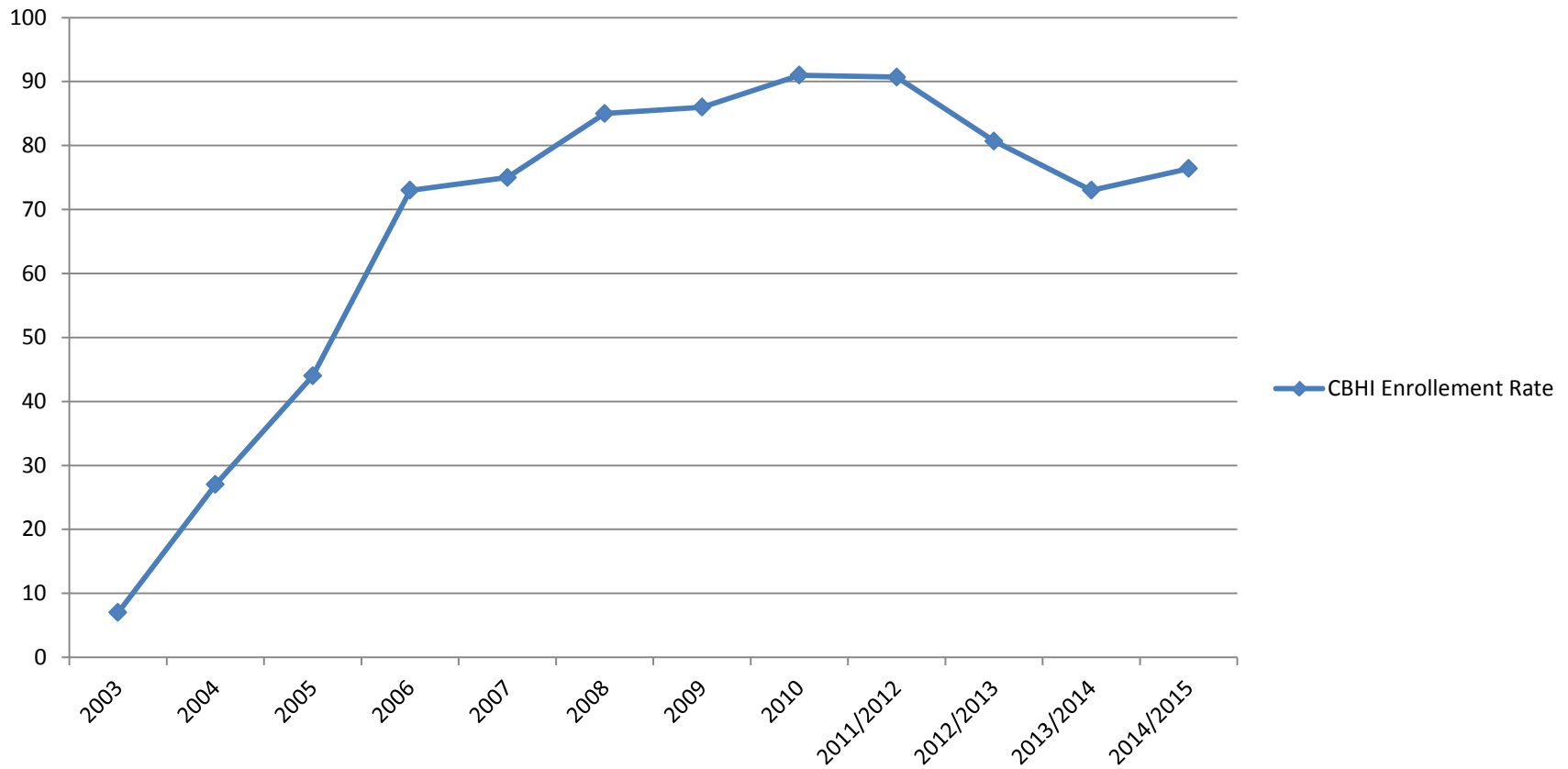
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- Phase 1 (1999-2003) political commitment and piloting;
- Phase 2 (2004-2006) expansion of independent, district-level schemes across the country;
- Phase 3 (2006-2009) consolidation into a national scheme and standardization; Flat fee (50% population and 50% subsidy by the government)
- Phase 4 (2010-2015) focusing on increasing domestic financing and sustainability and fine-tuning for greater equity \_Stratification, contribution based on socio economic categories



# Achievement in enrollment

CBHI Enrollement Rate



# CBHI: Expanding Coverage practical strategies

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# Financial Sustainability

## Practical strategies

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- Increased Resources:
  - Diversification of resources (Population contributions, Government, SHI & PHI);
- Cost containment measures:
  - Control on abuse & over-utilization: Co payment & mandatory referral system;
  - Mitigation of insurance risks:
    - Adverse selection: Enrollment by HH and no Individuals
    - Overbilling: Rigorous bills verification
- CBHI sustainability study scenarios: Revision of premium levels, universal mandatory enrollment

# Deepen Benefit Package: Evolution

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- *Phase 1 (Pilote 1999 - 2003):*
  - Health center (Primary Care)
  - Limited package at District Hospital level (C section, non surgical pediatrics services, malaria)
- *Phase 2 (Expansion phase 2004 - 2006 )*
  - Health center (Primary Care)
  - District hospital
- *Phase 3 (Expansion phase 2006 - 2008 )*
  - Health center (Primary Care)
  - District hospital
  - Tertiary care
- *Phase 3: (Consolidation phase 2011 - 2015)*
  - Health center (Primary Care)
  - District hospital (Secondary care)
  - Tertiary health care
  - Patient Roaming

# CBHI perspectives

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- Move of CBHI management from MoH to RSSB;
- CBHI computerization;

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# Mobile applications



# Mobile Facilitate Products and Solutions

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- Main domains of mHealth
- Selected mHealth Insurance applications from East Africa
- Intelligent Health Systems – information system tools for managing CBHI programs

# 12 domains of mHealth usage

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- Client education & BCC
- Sensors & point-of-care diagnostics
- Registries/vital events tracking
- Data collection & reporting
- Electronic health records
- Electronic decision support
- Provider to provider communication
- Provider work planning & scheduling
- Provider training & education
- Human resource management
- Supply chain management
- Financial transactions and incentives

Ref: Labrique AB, Vasudevan L, Kochi E, Fabricant R, Mehl G. mHealth innovations As health System strengthening tools: 12 Common applications And a visual framework. Global Health: Science and Practice. 2013 Aug 15;1(2):160–71.



# East Africa UHC mHealth examples

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- Rwanda CBHI membership system:
  - Mobile phone gateway to pay annual CBHI contributions using mobile money
  - SMS platform to check status of individual membership by phone
- Rwanda Mganga.net:
  - Uses special cellular Point-of-Sale devices to record health services provided to individuals in health posts – data is available for patient history, logistics management and system can automatically bill insurance provider
- Airtel (multiple countries)
  - Insurance with Micro Ensure: Free health insurance accounts set up by mobile providers to reward their customer base – with option to purchase additional benefit packages.
  - Health savings accounts targeting motorcycle taxi drivers that automatically transfer funds monthly to an a personal health care savings account – facilitates payment for care using mobile money if they have an accident.

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**HMIS**



# Intelligent Health Systems

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- **Monitoring system for National CBHI program:** Rwanda adapted the DHIS-2 platform to implement a monthly reporting and M&E system to monitor key indicators from over 450 CBHI offices across the country. It tracks:
  - Coverage of membership by income category
  - Revenues
  - Expenditures
  - Stocks of essential supplies
- **CBHI Financial Modeling Tool:** Linked to this is an Excel based tool that projects the financial health of individual CBHI sections based on historical expenditure trends and projected revenues from membership over different time horizons
- **OpenMRS billing module:** Rwanda's Ministry of Health has adapted this electronic medical records system to automatically generate bills to different insurers from services recorded in the EMR.