



## Public Private Partnership Mixes in Health Care Sector in Rwanda

Author

**Gbeneol J. Tombari**

### ABSTRACT

*Rwanda is a good example of how a country can overcome challenges and obstacles to improve the socio-economic well-being of citizens. With no reliable healthcare system in 1994, after the genocide against the Tutsi, the country has come a long way in building a decent healthcare system for its people. The purpose of this research is to analyze the changing PPP mixed in health care sector in Rwanda. The study was carried out to reflect/reveal or bring to light the perennial problems of the healthcare mixes within a period of six months. This work looked at the public-private sector mixes in healthcare system using Rwanda as a case study. In Rwanda, the ministry of health began health sector reforms in accordance with the Lusaka declaration in 1995. These reforms included decentralization of the health system, development of the primary healthcare system, and community participation in managing health service financing. Rwanda is one of the few African countries with 90% coverage in all Districts for immunization and access to critical health services including TB treatment and access to ARVs for HIV patients. Within a very short period of 23 years, Rwanda has built a working health system in which even the poor and disadvantaged have access to quality medical care through the Community Based Health Insurance.*

### INTRODUCTION

Many governments are confronted by fiscal constraints that force them to carefully prioritize and restrict public expenditures. Moreover, many public health systems are already indebted and face further fiscal pressures, such as the need to provide care to increasingly aging populations, improve quality, or invest in often expensive medical treatment and technology advances.

It has been proposed that the regulation of public private partnership will strengthen Government health institution and culminate in effective health delivery system in Rwanda (The New Times, [allafrica.com](http://allafrica.com)).

Healthcare delivery is one of the major areas every responsible government takes seriously. In most advanced nations, large sum of money is budgeted for it. Professionals and Technocrats devise means of putting up policies that will ensure efficient and effective health care delivery. Apart from the policy making aspect, those saddled with the responsibility of implementing these policies do not relent in making sure that the policies are properly implemented. This is because of the view that “Health is Wealth”, in other words, ‘to have a wealthy nation, the people must be healthy’.

Public –private partnership was negligible in Rwanda up until the 2010, with the concessions granted investors in key areas a more common practice. The government has however attested to its interest in PPP for infrastructure development and as a catalyst for private sector development. Formalizing PPP as a procurement option in the 2008 National public investment policy (NPIP).

The Rwanda government established two bodies within the ministry of finance and economic planning – a public investment technical team (PITT), and a dedicated PPP unit. The Rwanda development board has facilitated the closing of a total of 14 PPP and concession (January 2014). Stakeholders of PPP are not just the public officials and the private-sector partner but it also includes employees, and users, the press, labour unions and relevant interest groups such as local communities. It is important to communicate with all the stakeholders to minimize potential inertia in establishing a partnership. Progress in PPP has been delayed Rwanda by an unclear legal framework, communication plan and strategy.

The purpose of this research is to analyze the changing PPP mixed in health care sector in Rwanda.

## METHODOLOGY

The study was carried out to reflect/reveal or bring to light the perennial problems of the healthcare mixes within a period of six months. This work looked at the public-private sector mixes in healthcare system using Rwanda as a case study.

In analyzing the changing public-private sector mixes, these questions were asked and efforts made to answer them:

- a) Are there changes in public-private sector mixes in healthcare systems?
- b) Can public-private sector partnership bring about effective and efficient service delivery?
- c) How can Rwanda benefit through public-private sector partnerships?

## RESULTS

In Rwanda, the ministry of health began health sector reforms in accordance with the Lusaka declaration in 1995. These reforms included decentralization of the health system, development of the primary healthcare system, and community participation in managing health service financing. Improved availability of family planning commodities and services is a priority intervention in Rwanda's framework for development, vision 2020 (WHO, 2011).

Rwanda's National Reproductive Health policy is based on six priority areas: Safe motherhood and infant health; family planning; prevention and care of genital infections and sexually transmitted infections (STI) including HIV/AIDS; adolescent reproductive health; and social change for empowerment of women (WHO, 2011).

Innovations in Policy and Financing Key Policy Advances: Development of the National Family planning policy, in which all government ministries are responsible for developing action plans for population issues; increase in public-private partnerships (PPP) to support contraceptive commodity security, including the ministry of health's pharmacy task force, which provides free contraceptives through pharmacies and drug shops. Strengthening public sector service provision (government health centers, hospitals and other public entities), now serving almost 90% of all family planning users. These advances have led to improved outcomes, most notably an increase in modern contraceptive use from 10% in 2005 to 27% in 2007-2008.

Challenges: Further efforts are needed towards:

- 1) Ensuring contraceptive security, including steady national and donor funding for contraception;
- 2) Increasing the share of modern contraceptive methods within the method mix;
- 3) Reducing disparities between urban and rural populations.
- 4) Provision of services for underserved populations, young and unmarried women.

## DISCUSSION

The new law passed by the Lower Chamber of Parliament in Rwanda to govern public-private partnerships will be an important boost for investors in major projects in the country, especially those from overseas. Under the proposed PPP law, a "Public-Private Partnership" or "PPP" is defined as a "contractual arrangement between a contracting authority (of the government) and a private partner which involves the sharing of risks for a significant period of time in terms of functions related to financing, design, construction, rehabilitation, operation and/or maintenance or management of an infrastructure facility, other asset, or a public service based on pre-defined output specification on behalf of the Contracting Authority".

The private partner receives financial remuneration for provision of assets or services either by way of government contributions, charges or user fees, or a combination of such contributions, and such charges or user fees. The draft law stipulates that the application of PPPs must be closely aligned to government's development goals and strategies, with contractors opting to apply for the management of government contracts or investing in infrastructure projects on the basis of lease-operate-develop (LOD), build-operate-transfer (BOT), build-operate-own, as well as any other PPP arrangement that may be prescribed by guidelines or policies supplementing the law on PPPs.

Improved availability of family planning commodities and services is a priority intervention in Rwanda's framework for development, Vision 2020. Rwanda's National Reproductive Health Policy is based on six priority areas: safe motherhood and infant health; family planning; prevention and care of genital infections and sexually transmitted infections (STI) including HIV/AIDS; adolescent reproductive health; prevention and care of sexual violence; and social change for empowerment of women.

Rwanda is also been supported by the World Health Organisation in the establishment of a

formidable health care system Rwanda hosted the first ever Africa Health Forum organized by the World Health Organization African Region. The forum themed: Putting people first: The Road to Universal Health Coverage in Africa will seek to galvanize political commitment, foster collaboration and align strategic priorities in advancing the health agenda in the Region, especially around the Sustainable Development Goals (SDGs). The forum will highlight the importance of addressing the challenges and opportunities for effective health services delivery and policy priorities. The Forum, which is going to be open to the public, is an important platform to discuss the public health agenda in Africa with all relevant stakeholders, and comes at a crucial time when the continent is in the early stages of implementing the SDGs.

The Africa Health Forum is further a unique opportunity to strengthen collaboration between WHO and its stakeholders on Africa's health agenda. Specifically, it will facilitate engagement with all partners to kick start exciting new partnerships for improving the health of the African people. Rwanda was strategically selected to host the forum given its excellent records in improving its health system and achieving all the health related MDGs. Rwanda is a good example of how a country can overcome challenges and obstacles to improve the socio-economic well-being of citizens. With no reliable healthcare system in 1994, after the genocide against the Tutsi, the country has come a long way in building a decent healthcare system for its people. Among other things, how to improve health security, progress towards equity and Universal Health Coverage (UHC), and the unfinished agenda of communicable diseases while exploring the new Sustainable Development Goal (SDG) targets, and tackling social and economic determinants of health on the African continent have been critically look at.

Rwanda is one of the few African countries with 90% coverage in all Districts for immunization and access to critical health services including TB

treatment and access to ARVs for HIV patients. Within a very short period of 23 years, Rwanda has built a working health system in which even the poor and disadvantaged have access to quality medical care through the Community Based Health Insurance. Rwanda is a good example for other African countries to learn from and understand the context in which home grown solutions can be used to address public health and deliver quality healthcare to citizens. (The New Times, 2017).

## REFERENCES

1. Accelerating Universal Access to Reproductive Health (Rwanda DHS (2005; 2007 – 08). [www.who.int/reproductivehealth/publications/monitoring/rhr-hrp-11-19](http://www.who.int/reproductivehealth/publications/monitoring/rhr-hrp-11-19).
2. Austin, J. The Collaboration Challenge: How Nonprofits and Businesses Succeed Through Strategic Alliances. (Jossey-Bass Publishers, San Francisco, 2000).
3. Ayad M. Hong R. Levels and Trends of Contraceptive Prevalence and Estimate of Unmet need for Family Planning in Rwanda: Further Analysis of the Rwanda Demographic and Health Surveys, 2000 – 2007/08. DHS Further Analysis Report No. 67. Calverton, MD, USA, ICE Macro, 2009.
4. Eugene kwibuka, Rwanda: Government to regulate Public- Private Partnerships, [allafrica.com/stories/201506030895](http://allafrica.com/stories/201506030895), html, accessed 12:07:12/15.
5. Health Sector Policy. Government of Rwanda, 2005 ([http://www.eac.int/health/index.php?option=com\\_](http://www.eac.int/health/index.php?option=com_), accessed 24 April, 2011).
6. Lynn Adrian, Micheal.K, Marina C, Rwanda Health System Strengthening Design Team Summary Report, from the USAID /Rwanda Mission.
7. Public Private Partnership in Rwanda, [www.commonwealthgovernance.org/](http://www.commonwealthgovernance.org/)--
8. Rwanda Demographic and Health Survey 2005. Rwanda,
9. Rwanda National Statistical Institute, and Calverton, MD, USA, ORC Macro, 2006.
10. Rwanda Interim Demographic and Health Survey 2007 – 08.
11. Rwanda, Rwanda National Statistical Institute, and Ministry of Health, and Calverton, MD, USA, ORC Macro, 2009.
12. Saksea P, et al. Mutual Health Insurance in Rwanda: evidence on access to care and financial risk protection. Health Policy, 2011, 99 (3): 203 – 209.