

# **MUTUAL HEALTH INSURANCE IN RWANDA**

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# Health Sector Strategy

## Goals

- 1) To ensure the availability of human resources
- 2) To ensure the availability of quality drugs, vaccines and consumables
- 3) To expand geographical accessibility to health services
- 4) To improve the financial accessibility to health services
- 5) To improve the quality of and demand for services in the control of disease
- 6) To improve national referral hospitals and research and treatment institutions
- 7) To reinforce institutional capacity

# Health Sector Objectives

- To improve the availability of human resources
- To improve the availability of quality drugs, vaccines, and consumables
- To expand geographical access to health services
- To improve financial access to health services

# Objectives Contin'd

- To improve the quality of and demand for services in the control of disease
- To strengthen National Referral Hospitals and Treatment and Research Centres
- To strengthen the sector's institutional capacity

# MUTUAL HEALTH INSURANCE IN RWANDA

## Background

- it was in the 1960s that community-based health insurance systems started in Rwanda
- The initiative continued to expand over the years since 2000
- The number of mutual health insurance increased from six(6) in 1998 to 76 in 2001 and 226 in November 2004.

# Background informn cont'd

Presently mutuelle covers about 2.101.034 people, representing 27% of the population of Rwanda.

## Coverage rates per province of mutual health service

Pronnvince	No. Of M.H.Centres	Target popn	Beneficiary	Rate of Subscriptn
<b>Butare</b>	30	689.618	172.404	25%
<b>Byumba</b>	27	672.396	188.270	28%
<b>Cyangugu</b>	7	577.120	92.339	16%
<b>Gikongoro</b>	3	465.242	41.187	9%
<b>Gisenyi</b>	11	821.158	270.982	33%
Gitarama	36	849.847	382.431	45%
Kibungo	33	667.135	306.882	46%
Kibuye	5	445.565	71.300	16%
Kigali ngali	37	749.863	202.463	27%
Kigali City	18	572.896	120.308	21%
Umutara	8	400.541	40.054	10%
Ruhengeri	11	810.745	202.686	25%
<b>Total</b>	<b>226</b>	<b>7.722.126</b>	<b>2.101.034</b>	<b>27%</b>

# CURRENT ORGANIZATION OF MUTUAL HEALTH INSURANCE

- **At the unit level (Cellule level)**, the mutual health committee is composed of 4 members
- **At the sector level**, the mutual health committee is composed of all the chairmen of the mutual health committees at the unit level
- **At the level of the partner health centre**, there is a management committee of the mutual health Association composed of a chairman, a vice-chairman, a secretary-treasurer and an auditor, who are all elected.

## Cont'n of Organizn of Mutual Health Insurance

- **At the District level**, there is a committee composed as follows:
- the Mayor, the focal point of the mutual health insurance society,
- heads of health centres,
- assistant mayors for social affairs,
- chairmen of mutual health committees of zones of influence of health centres, and civil society representatives

## Cont'n of Organizn of Mutual Health Insurance

- **At the health district level:**
- the federation of mutual health role is to provide technical assistance to the different mutual health insurance in the Districts and manage the contractual relationships with district hospitals.

## Funding/Subscription Policy

- ***the mutual health insurance in Rwanda use a policy of family subscription***
- Subscription fee depends on the income disparities of different locations e.g Districts ie contributions differ depending on the geographical income of a particular area/population.
- Health care and services covered by mutual health insurance comprise all services and drugs provided at the health centre

# MAJOR CHALLENGES

- Voluntary nature of subscribers (limits the no. of subscribers)
- Services are limited and exclude crucial services like surgery (which are referred to referral hospitals)
- Lack of a specific legal framework for mutual health insurance
- Over-utilization of the services by subscribers
- Abusive prescription of drugs by some health facilities
- Low management capacities of some mutual health committees
- Lack of grants to mutual health insurance, in general and, particularly, for bearing the cost of treatment in hospitals

# Proposed Financing mechanism ( External Financing)

## Institutional mechanism

- Transfer of funds to BNR on the account of MINECOFIN
- Minecofin to allocate funds through General Budget Support
- MINECOFIN transfers to admin've district account throu. Banques populaire and Commercial Banks
- The money is transferred to the accounts of cellules- which pays the portions of indigent list of persons to mutual health committees
- The committees pay health centres and hospitals

# M&E Mechanism

- The committee at the district level keep monitoring the transfer of funds to the final beneficiaries in collaboration with the committee at the cellule level.
- MINECOFIN +MINISANTE/MINALOC do periodical follow-ups ( quarterly or semi-annually)

**THANK YOU FOR YOUR  
ATTENTION!**