Improve.  
Health Centers.  
Efficiency.

http://www.youtube.com/watch?v=w8H-gxvxS3A
VIDEO (0:00 – 1:02)
Rwanda Health Care Metrics

- Average Life Expectancy (yrs): 55
- % of GDP spent on Healthcare: 11%
- % of Population without health insurance: 4%
- Doctor for 10,000 people: 1
- % of Urban Population with access to 80% of doctors: 20%
Rwandan Success Story: HIV/AIDS

HIV/AIDS rate among pregnant woman in Kigali:

21% – 33%

HIV/AIDS rate among people age 15-49 years:

2.9%

1988 - 1996

ACTIONS

- Political will: key factor in the fight against HIV/AIDS
- Collaboration with public sector/private sector and government
- Mobilization of community health workers
- Providing 100% access for PMTCT to pregnant women
- Expanding healthcare coverage in districts/national level

2012

Political will & administrative capabilities tackle healthcare challenges
OVERVIEW

Health Care Delivery challenges
+ 400 Health Centers facing huge challenges

Value Proposition of Health Builders
Working with government and health care providers in strengthening its health centers by

- Drug supply
- Infrastructure
- Staff

- providing individual health centers with technical expertise and guidance
- applying a business management approach in 8 key management areas
- increasing access to life-saving drugs and quality care
Improving Health Centers. Efficiency

**STRUCTURE**

- **NGO, 2003** (R. Glaser, J. Sachs, J. Ruxin)
  - Deliver integrated management & infrastructure services in 8 domains to increase healthcare coverage and improve health outcomes
  - **YTD:** mgt. support for 89 Health Centers

- **NGO, 2007** (J. Ruxin)
  - Build new Health Centers, ensure fundamental components for existing centers
  - **YTD:** 5 Centers & 2 maternity wards built

- **For-profit social enterprise, 2010** (J. Ruxin)
  - Investing in future of Rwanda’s health, profitable, market-based approaches to address nutrition challenges
  - **YTD:** KIVU DAIRY

*“Investment over aid”-approach: President Kigame’s Vision 2020*
Improving Health Centers: Efficiency

BUSINESS MODEL

Columbia University

The Global Fund

Unicef

FSG

GE Foundation

Pace Family Foundation

Schmidt Family Foundation

Health Builders/Access Project

Health Builders/Rwanda works

Mgmt Approach & Training

Staff & CHW Training

Electricity, water, technical infrastructure

Building HC & Maternity wards

~ $15 / capita

~ $500,000 / center

Results: Over 2 million impoverished Rwandans treated at cost of $15 p.a.
Improving Health Centers: Efficiency

**BUSINESS MODEL**

- **Columbia University**: Expertise
- **The Global Fund**: $\$
- **Unicef**: $\$
- **FSG**: Expertise
- **GE Foundation**: $\$
- **Pace Family Foundation**: $\$
- **Schmidt Family Foundation**: $\$

**Health Builders/Access Project**
- **Community-led healthcare**
- **Mgmt Approach & Training**: Staff & CHW Training
- **Electricity, water, technical infrastructure**

**Health Builders/Rwanda works**
- **Infrastructure**: Building HC & Maternity wards

**Technology**
- Certified health workers
- Health workers in training

**Infrastructure**
Improving Health Centers. Efficiency

GOALS

1. Community-led healthcare → retention of staff

2. Technology → use technology to impact policy through collection of data

3. Infrastructure → expand to more health centers in more districts
### Improving Health Centers: Efficiency

#### CHALLENGES

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<th><strong>Short-term</strong></th>
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<tr>
<td>Retain current staff</td>
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<tr>
<td>Improve upon existing technology (SMS project)</td>
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<td>Improve monitoring/evaluation</td>
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<th><strong>Long-term</strong></th>
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<td>Influence policy development</td>
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<td>Sustainability by expanding funding sources</td>
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<td>Scaling up in Rwanda and Africa overall</td>
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<td>Expansion of “pay for performance” initiatives</td>
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<tr>
<td>‘Twinning’ of district health centers in Rwanda to other African countries’ healthcare centers to establish similar models of healthcare</td>
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</table>
Commercial SME businesses at 89 health centers – employment opps and decrease “brain drain”

Retention of staff / Certification program

Telemedicine for trainings of health center staff and CHWs

Foster Health Business (“pay for service” in HC)

Train-the-Trainer across countries

Telemedicine & Consultancy

Mobile Health Vans / Ambulance system

911 emergency system with urban call centers

Scale up to 15 districts and a total of 200 health centers within next 5 years (empower people, increase wealth through commercial centers)

Maintain facilities and increase utilization of infrastructure

Model for Healthcare in East Africa
15.232 Business Model Innovation: Global Health in Frontier Markets

Fall 2013

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