

Improve.
Health Centers.
Efficiency.

Photo of groundbreaking removed due to copyright restrictions. See <http://www.globalhealthbuilders.org/img/mini-banner-2.jpg>.

<http://www.youtube.com/watch?v=w8H-gxvxS3A>

VIDEO (0:00 – 1:02)

Rwanda Health Care Metrics

55

Average Life Expectancy (yrs)

11

% of GDP spent on Healthcare

4

% of Population without health insurance

1

Doctor for 10,000 people



20

% of Urban Population with access to 80% of doctors

HIV/AIDS rate among pregnant woman in Kigali:

21% – 33%

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

2.9%

1988 - 1996

ACTIONS

2012

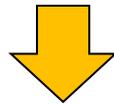
- Political will: key factor in the fight against HIV/AIDS
- Collaboration with public sector/private sector and government
- Mobilization of community health workers
- Providing 100% access for PMTCT to pregnant women
- Expanding healthcare coverage in districts/national level

Political will & administrative capabilities tackle healthcare challenges

OVERVIEW

Health Care Delivery challenges

+ 400 Health Centers facing huge challenges

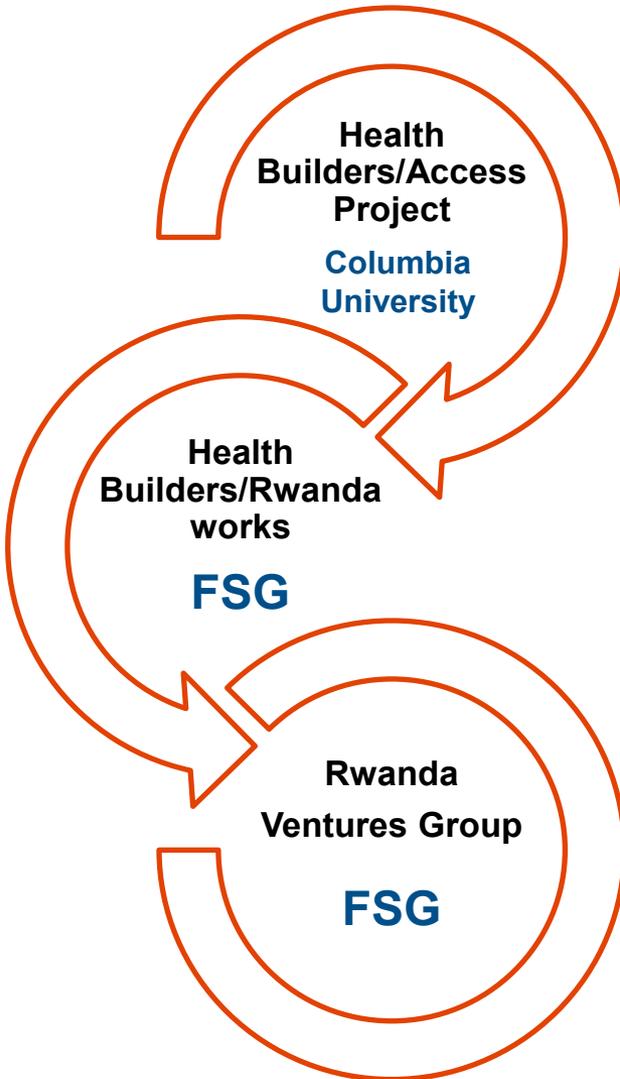


Value Proposition of Health Builders

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

STRUCTURE



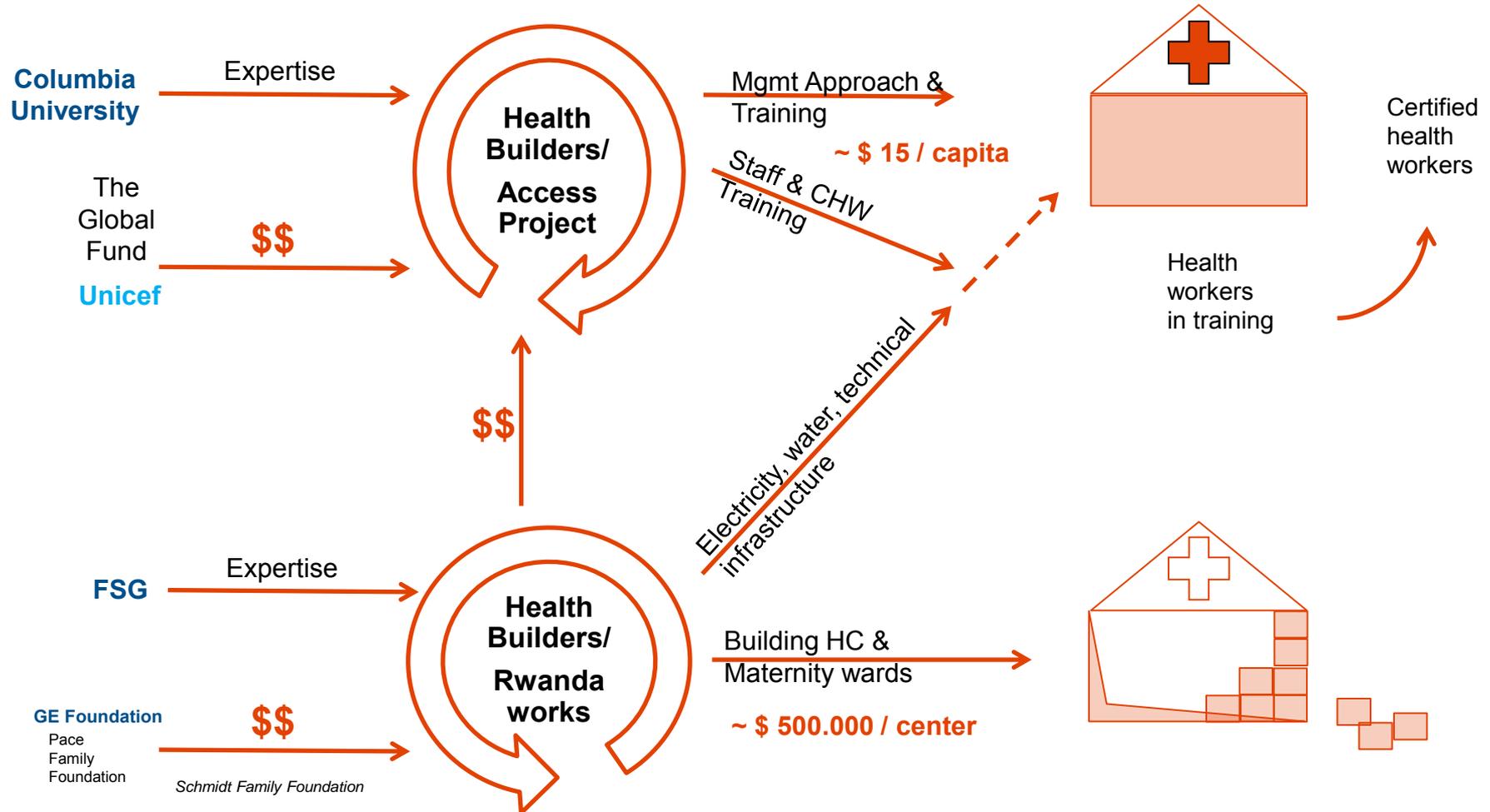
- **NGO, 2003** (R. Glaser, J.Sachs, J.Ruxin)
- Deliver integrated management & infrastructure services in 8 domains to increase healthcare coverage and improve health outcomes
- YTD: mgt. support for 89 Health Centers

- **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

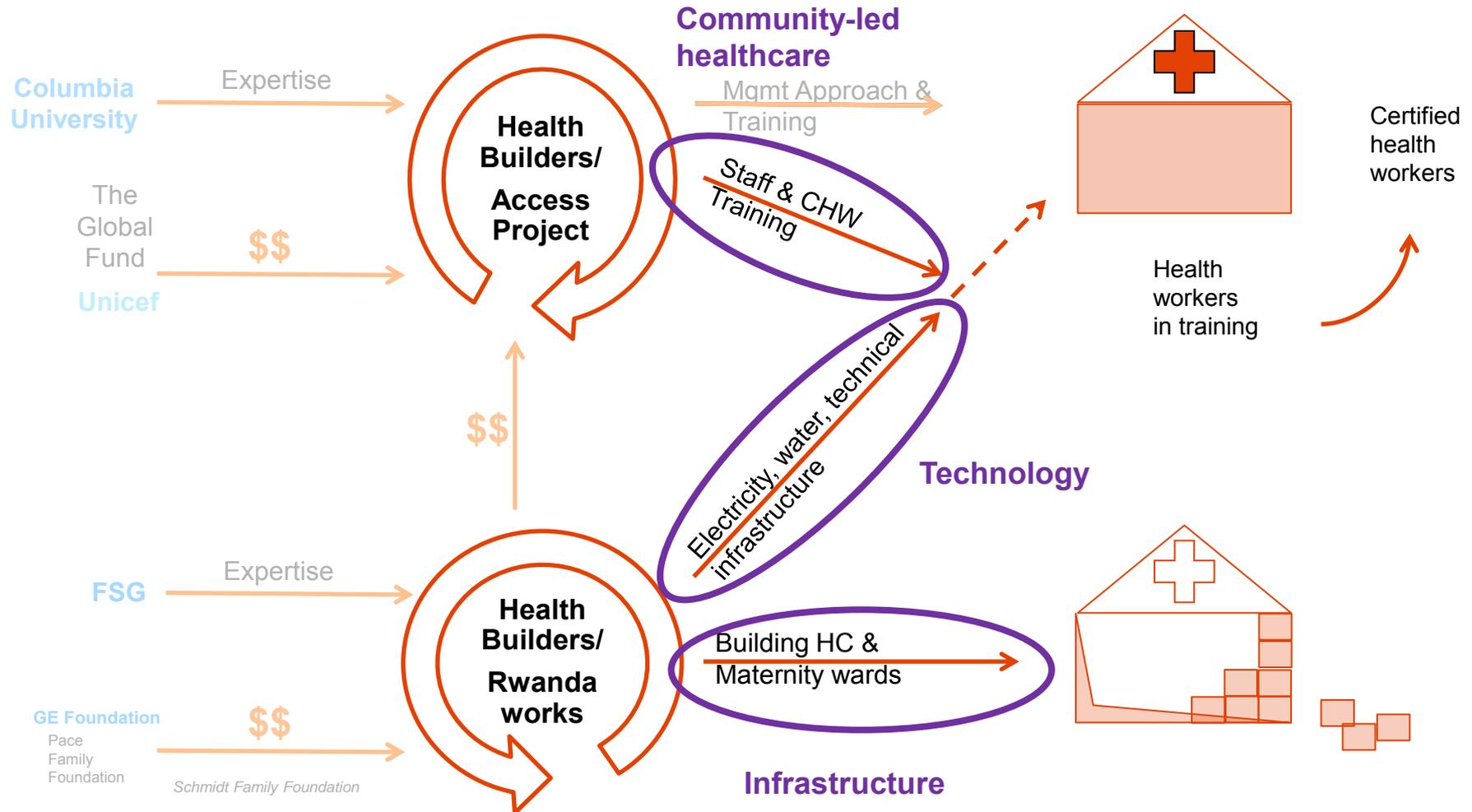
“Investment over aid”-approach: President Kigame’s Vision 2020

BUSINESS MODEL



Results: Over 2 million impoverished Rwandans treated at cost of \$ 15 p.a.

BUSINESS MODEL



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

CHALLENGES

Short-term

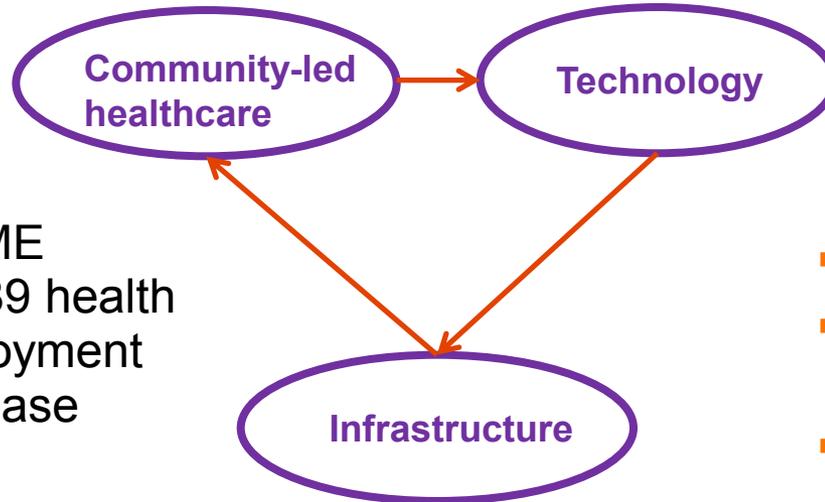
- Retain current staff
- Improve upon existing technology (SMS project)
- Improve monitoring/evaluation

Long-term

- Influence policy development
- Sustainability by expanding funding sources
- Scaling up in Rwanda and Africa overall
- Expansion of “pay for performance” initiatives
- ‘Twinning’ of district health centers in Rwanda to other African countries’ healthcare centers to establish similar models of healthcare

OPPORTUNITIES and RECOMMENDATIONS

Health workers in training
Certified health workers



- 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

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15.232 Business Model Innovation: Global Health in Frontier Markets
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