**CONCEPT NOTE**

**POLICY DIALOGUE EVENT “Strategic Health Purchasing for Universal Health Coverage in Rwanda:**

**Where Are We and What We need to DO?**

1. **Background**

Over the past two decades, Rwanda has made tremendous progress in improving the health status of the population. These attainments are the result of innovative health strategies and financing reforms undertaken by the Government of Rwanda. The reconstruction of the health system infrastructure as well as the setup of the community health workers network improved access to healthcare services while contributing to reducing travel time from 57 to 50 minutes in 2014 and 2017 respectively. Similarly, the roll-out of a community-based health insurance (CBHI) scheme allowed financial access to health services while ensuring financial risk protection to more than 80% of the population.

Overall, this progress is mainly attributed to good governance and increased investment in health. Rwanda is already allocating 17% of its national budget to the health sector, reaching the Abuja declaration target. Likewise, health expenditures increased steadily over time from USD 43 per capita to USD 56 per capita in 2017-2018 and 2019-2020 respectively.

Rwanda is still looking forward to improving population health outcomes and achieving Universal Health Coverage (UHC). To sustain these gains, Rwanda needs to allocate more efficiently the scarce resources available. Therefore, the Ministry of Health and the Rwanda Social Security Board (RSSB) with the technical support of the Strategic Purchasing Africa Resource Centre (SPARC)- resource hub hosted by Amref Health Africa - and the School of Public Health at the University of Rwanda, started the process of documenting country policies and progress in Strategic Health Purchasing (SHP) while providing support in capacity development in the area of SHP in Rwanda and opportunities for learning exchanges across Sub-Saharan (SSA) countries.

It is in this regard that the Ministry of Health is organizing a one-day workshop on March 21, 2022, to share and reflect upon findings and to spark dialogue among policymakers and partners on how to translate these results into action for continued progress on SHP for health system improvement.

1. **Objectives of the workshop**
2. Introduce the SHP progress tracking framework and how it can be used to describe and assess SHP systems based on functions rather than schemes or specific instruments
3. Disseminate and discuss the results of the SHP functional mapping
4. Highlight evidence and lessons from the Evidence Synthesis report
5. Demonstrate the importance of SHP functions working together holistically to bring health system results
6. Discuss the ongoing SHP reforms (capitation and Health Benefits Package design) and how they address the gaps identified in the SHP functional mapping.
7. Identify a further SHP learning agenda to support dialogue between policymakers and technical partners to continue to drive progress on SHP in SSA.
8. **Outcomes of the Workshop**
9. A common language on SHP functions created, to describe purchasing systems, identify priorities for improvement, and track progress
10. Disseminated outputs and shared lessons learned using evidence for SHP functional mapping
11. Stronger dialogue between technical partners and policymakers leading to actions for further progress on SHP at the country level
12. Commitment from development partners to reflect on the impact of pushing specific schemes or instruments for SHP in countries and to better align their practices with country priorities
13. Next SHP learning agenda
14. **Workshop participants**

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| --- | --- | --- |
|  | **Institutions** | **Number of participants** |
| 1 | Ministry of Health | 10 |
| 2 | Ministry of Finance and Economic Planning | 2 |
| 3 | Rwanda Biomedical Centre | 3 |
| 4 | Rwanda Social Security Board | 6 |
| 5 | University of Rwanda | 4 |
| 6 | Development Partners   * WHO * UNICEF * World Bank * USAID * ENABEL * Swiss Cooperation * Palladium * CHAI | 8 |
| 7 | District representatives (3 districts in Kigali and 1 per province) and health centres | 10 |
| 8 | National health Insurance Council (NHIC) | 1 |
| 9 | Representatives of Private health care providers | 2 |
|  | **Total** | **45** |

1. **Workshop logistics**

Event venue: TBD

The University of Rwanda will reimburse the COVID-19 test upon the presentation of the receipt. Participants (or their institutions) will have to arrange for the COVID 19 rapid tests 72 hours before the meeting.

1. **Proposed Agenda**

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| **Time** | **Session title/topic** | **Responsible** |
| 08:00 – 8:30 | Introduction: Participants and workshop agenda |  |
| 08:30 – 09:00 | Opening remarks |  |
| 09:00 – 09:30 | Introduction to the SHP functional approach |  |
| 09:30 – 10:00 | SHP functional mapping results |  |
| 10:00 – 10:30 | Q&A |  |
| 10:30 – 11:00 | \*Coffee-break |  |
| 11:00 – 11:30 | Evidence synthesis results |  |
| 11:30 – 12:00 | Q&A |  |
| 12:00 – 12:30 | Capitation: progress update |  |
| 12:30 – 13:00 | Health Benefits Package: progress update |  |
| 12:45 – 13:45 | Lunch |  |
| 13:45 – 14:45 | Policy dialogue: discuss shared lessons and how they should translate into policy (actions) |  |
| 14:45 – 16:00 | SHP learning agenda |  |
| 16:00 – 16:30 | \*Coffee-break |  |
| 16:30 – 17:00 | Next Steps and closure |  |

\*Display blogs in the forms of Posters for people to read during coffee-break. All blogs and policy briefs will be printed and displayed .

**Funding: The** University of Rwanda through SPIU and SPARC funding will provide funds for this policy dialogue event. Government procurement policies will be followed.