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ONE FAMILY HEALTH



CONTINENT

Africa



COUNTRY

Rwanda



HEALTH FOCUS

Primary health care



AREAS OF INTEREST

Franchising, Private providers,
Public-private partnerships



HEALTH SYSTEM FOCUS

Service delivery, Health care financing

ONE FAMILY HEALTH, RWANDA

A sustainable nurse-led franchise model in partnership with the national health insurance fund (Mutuelle de Santé) increasing access to primary health care services for people living in the mountainous rural areas of Rwanda.

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ABBREVIATIONS

CEO	Chief executive officer
GSK	Glaxo Smith Kline
HIV	Human Immunodeficiency Virus
HSSP	Health Sector Strategic Plan
L3C	Limited Liability Low Profit Company
OFH	One Family Health
RDSF	Rwanda Decentralization Strategic Framework
US\$	United States dollar
WHO	World Health Organization

CASE INTRODUCTION

In Rwanda, 72% of the population reside in rural areas and are widely dispersed across its mountainous landscape, making access to health care services difficult. A major goal for the Rwandan Ministry of Health is to provide access to entry-level care within the radius of a 30-minute walk, and to open 1548 new health posts (small primary care clinics) by 2017.

In partnership with the Rwandan Ministry of Health, One Family Health (OFH) has established a network of rural franchise health posts, owned and operated by local nurses. Grade A2 College graduated nurses with five to eight years of clinical experience are eligible to join the OFH network. Upon joining, each nurse gains access to a rent-free community-owned building within his or her residing village in which to provide care. Nurses have the option of accessing a low-interest loan for infrastructure renovations, furniture, fittings, essential medical equipment and medicine stock purchases. Nurses receive training in Rwandan primary care disease protocols, basic financial management, and medicine stock management using the OFH mobile platform. Nurse-franchisees generate their own income through providing primary care services to the people of their village. Basic feature mobile phones, coupled with real-

time analytics, support multiple service delivery functions including electronic patient records, stock ordering, monitoring, and billing.

The OFH case illustrates the role of entrepreneurial health models in supporting government service delivery priorities. Universal health coverage goals are being advanced through a public-private partnership between the Rwandan Ministry of Health and OFH, a low-profit organization. The partnership leverages the national health insurance fund to finance private nurse practitioners operating in rural areas. This increases access to health services in rural areas at the same user cost as comparable public services.

A future consideration for OFH is to do further research to show both the clinical effectiveness and cost-effectiveness of the model. This much-needed data could help generate greater support for scale in Rwanda and regionally.

“The benefits of this [OFH] partnership has contributed private resources to support a limited public health budget, nurses to be empowered and have ownership and the community to have accessible care in close distance to their home.”
(Rwandan Ex-Ministry of Health Representative)

1. INNOVATION AT A GLANCE

Organization Details

Organization name	One Family Health
Founding year	2012
Founder name	Gunther L Faber (South African)
Current head of organization	Gunther L Faber (Chairman); Maggie Chirwa (Rwanda Country Director)
Organizational structure	One Family Health Foundation (US registered US 501(c)3) One Family Health Rwanda - Limited Liability Low Profit Company (LC3)
Size	Twenty employees, 92 nurse-franchisees and 208 health post support workers

Innovation Value

Main value proposition	A sustainable nurse-led franchise model in partnership with the national health insurance fund, that increases access to primary health care services for people living in the mountainous rural areas of Rwanda.
Beneficiaries	Low-income population (adults and children) living in rural remote areas.
Key components	<ul style="list-style-type: none"> Equipping nurses to become entrepreneurs and business owners An integrated mobile technology platform facilitating health records, quality assurance and supply chain Franchise care model leveraging the Rwandan national health insurance fund

Operational Details

Main income streams	<ul style="list-style-type: none"> For Health Posts: re-imburements by national health insurance and co-payments by patients For One Family Health: franchise royalty fees, marketing and drug sales
Annual expenditure	US\$ 1 038 000 in 2014
Cost considerations	US\$ 0.30 (co-payment) for patients insured through the national health insurance. Average bill value from insured clients is under US\$ 2 and for uninsured clients between US\$ 2 and 4.

Scale and Transferability

Scope of operations	Ninety-two health posts in Rwanda (September, 2015)
Local engagement	Public-private partnership with the Rwandan Ministry of Health and an operating agreement with district-level health departments with village mayor approval.
Scalability	<p>Scaling through a social franchise model to other countries with the following enabling conditions:</p> <ul style="list-style-type: none"> Ministry of Health willing to engage in a private partnership; Existing national health insurance scheme or other community-based micro-insurance scheme; Legislative permission for nurses to diagnose and treat basic primary care conditions (not only doctors or clinical officers).
Sustainability	<p>For sustainability at health post level, an average of 15 patients per day is required. At 20 patients per day, nurse-franchisees can generate a profit and 60% of OFH health posts are sustainable or profitable.</p> <p>At organizational level, initial projections estimated that financial sustainability is achievable for the franchise at a size of 500 health posts. At the current rate of expansion, it would take eight years to reach this level.</p>

2. CHALLENGES

Rwanda, a small land-locked country of 11 million people in east-central Africa, has been witness to significant improvements in population and health outcomes since rebuilding the nation following the 1994 genocide. Life expectancy for an ordinary Rwandan has increased by 19 years in the period 2000 - 2012, and the proportion of Rwandans living below the poverty line has reduced from 77.8% in 1994 to 44.9% in 2013 (Farmer et al., 2013). Health indicators in Rwanda have followed a similar positive trend: under-five mortality has reduced from 152 deaths per 1 000 live births in 1990 to 52 per 1 000 in 2013. Similarly, a marked decrease has been seen in deaths attributed to HIV, malaria and tuberculosis (WHO, 2015). This visible transformation has been attributed to robust governance and determination to implement Vision 2020, the framework for national development (Ministry of Finance and Economic Planning, Republic of Rwanda, 2000).

To achieve Vision 2020, the Rwandan Ministry of Health has adopted several key health policies, notably, the Rwanda Decentralization Strategic Framework (RDSF) and the third Health Sector Strategic Plan (HSSP). The RDSF has organized the Rwandan administration into 5 provinces, 30 districts, 416 sectors, 2 150 cells and 14 826 villages (Ministry of Health, Republic of Rwanda, 2009). The 2012 to 2018 HSSP was adopted following a comprehensive review in 2011, and the improvement of geographical and financial access to care has been one of its five key priorities. The current minimum requirements set up to enhance

access to care are: to have one hospital per district; one health centre per sector; at least one health post per cell; and three community health workers per village (Ministry of Health, Republic of Rwanda, 2012). These health structures are supported by a community-based national health insurance scheme (*Mutuelle de Santé*) in which 90,6% of Rwandans have been enrolled (2012). In addition to an annual premium contribution, patients contribute a 10% co-payment at point-of-service delivery, down to the level of the village health post. Donors have supported subsidies for those in the bottom sixth of the *Ubudehe* population classification system - 'those in extreme poverty'.

In Rwanda, 72% of the population reside in rural areas and are widely dispersed across its mountainous landscape (World Bank, 2015). Patients expressed their difficulties in accessing care prior to gaining access to a health post as follows: *"We used to go to Kivumu, and that was very exhausting. It was a very long journey to make. It is around two hours and a half. We walk all along the tarmac [road] ..."* (Patient at OFH health post) (Translated from Kinyarwanda). A major goal for the Rwandan Ministry of Health is to achieve a wide-ranging network of health facilities at district and cell level, providing access to entry-level care within a proximity of a 30-minute walk. From 44 health posts at cell level in 2012, targets were set to open 1 548 new health posts by 2017 (Ministry of Health, Republic of Rwanda, 2012).

3. INNOVATION IN INTERVENTION

The mission of One Family Health (OFH) is to enhance access to entry-level primary care in rural underserved communities through a sustainable nurse-led franchise model of care. Two components unique to the OFH model are: nurse-role transformation; and assuring quality service delivery through a mobile technology platform.

3.1. ROLE TRANSFORMATION OF NURSES TO ENTREPRENEURS

In partnership with the Rwandan Ministry of Health (see 4. Implementation), OFH has established a network of rural franchise health posts, owned and operated by local nurses. Grade A2 College graduated nurses with five to eight years of clinical

experience are eligible to join the OFH network. Upon joining, each nurse gains access to a rent-free community-owned building within his or her residing village in which to provide care. Nurses have the option of accessing a low-interest loan for infrastructure renovations, furniture, fittings, essential medical equipment and drug stock purchases. In addition, nurses receive one week of training in Rwandan primary care disease protocols, basic financial management, and drug stock management using the OFH mobile platform. This training is followed by one week of work alongside a top-performing franchisee nurse in the network. Within each district, supervisors are available to provide nurses with continual guidance and supervision, and manage the delivery of the required essential medicines to health posts. In 2015, 92 health posts are in operation in 11 of the 30 districts, providing employment for over 300 health and support workers, including the nurse franchisees.

Nurse-franchisees generate their own income through providing primary care services to the people of their village. In return, they are reimbursed for their services through the national community-based insurance scheme (*Mutuelle de Santé*) and by co-payments received from patients at point-of-service. Patient volume can be as high as 40 patients per day. As a result, nurse-franchisees employ one or two additional nurses to assist them in their operations, as well as a receptionist and cleaner. As the OFH network is regarded as an extension of the public health care system, complicated cases are referred to the local district public hospital.

The shift from being a health worker to an entrepreneur is a strong motivator for nurse-franchisees to live in rural villages and serve their local communities. In addition, they are empowered to develop and grow personally and professionally.

It makes one think big so as for the business to run successfully. It is not only to enjoy being called the boss of the business, but instead you need to think beyond, so as to benefit from it as

a person and also benefit your family and the society you live in, as well as developing your career. (OFH nurse-franchisee) (Translated from Kinyarwanda)

3.2. COMPREHENSIVE TECHNOLOGY PLATFORM

The core of the OFH model is an integrated mobile phone platform that runs across all the health posts in the network. The platform comprehensively incorporates the full clinic experience with functionalities that include basic patient records, drug stock monitoring and ordering, quality control and processing health insurance claims. The platform operates on a basic internet-enabled android phone and is a key element in every consultation conducted by a nurse-franchisee.

The open-source platform was developed from the existing Ensemble technology system, an advanced integration software, which has been customised to the needs of both the nurse and the OFH management team. It is leased through a monthly license fee, resulting in data-associated costs which are 66 times cheaper than an SMS-based system. At the end of each day, the consultation data from all 92 clinics are sent to the headquarters in Kigali, providing the management team with a report the following morning. Any medical, prescription or ordering errors are flagged and OFH technical representatives in each district would then contact the responsible nurse.

This technology platform is constantly being adapted and hence is evolving to ensure it meets the needs of all the users.

It has been dynamic since we started. They started on it in 2011, they were just testing it, and 2012 is when they started for real. Then we trained the nurses. By the end of 2012, we found there were a lot of things we needed to change. We reviewed it and we started working on the changes. When we started, it was like version 3.0, but now we are on 5.3. We keep upgrading. (Maggie Chirwa, Country Director, OFH)

4. IMPLEMENTATION

4.1. A PUBLIC-PRIVATE COMMUNITY PARTNERSHIP

A core building block of the Rwandan Vision 2020 Development Framework and the Health System Strategic Plan is private sector-led development and engagement. In the Rwandan health system, identified areas for private sector engagement are: 1) service delivery; and 2) production of medical products, including generic drugs and health infrastructure (Ministry of Finance and Economic Planning, Republic of Rwanda, 2000; Ministry of Health, Republic of Rwanda, 2012).

At the core of the OFH model is a public-private community partnership. The symbiotic relationship started in 2009 with the collective goal of 500 new health posts. This partnership was the first in health care in Rwanda and is supported by the Rwandan Development Board (RDB), mandated to foster private sector development in the country. It has enabled OFH to be perceived as an extension of the public health system. Currently agreements have been signed with 16 district health departments. There are also village level partnership agreements in place.

As partners, the Ministry provides the land and infrastructure for health posts to be established and when required, the community also contributes towards the infrastructure required to host the health post. In addition, the community contributes annually to the *Mutuelle de Santé*, and through this national health insurance scheme it is possible for OFH nurse-franchisees to function as independent entrepreneurs.

The benefits of this [OFH] partnership has contributed private resources to support a limited public health budget, nurses to be empowered and have ownership and the community to have accessible care in close distance to their home. (Ex-Ministry of Health Representative)

4.2. IMPLEMENTATION PROCESS

The establishment and growth of the OFH Network to 92 clinics has progressed steadily over

the past three years and has been marked by several key aspects:

Political willingness

OFH was developed to strengthen the Rwandan health care system. Prior to starting in-country operations, OFH invested time and goodwill to get political buy-in and ownership from all levels – from the National Minister of Health down to district health leaders. Within the time frame of one year, OFH received the necessary permission and support.

We've got good relationships at district level and we have people asking for health posts, mayors coming into this office asking, 'Maggie, can you please come and start in my district.' I've got members of parliament who have come here saying, 'Please can you come and do this in our district?' (Maggie Chirwa, Country Director, OFH)

Payment systems

Despite a bold scaling vision (see below), OFH has had to slow down their efforts to ensure payment collection systems are in place and repayments are received from the *Mutuelle de Santé*. Initially, the processing of payments for claims submitted by the OFH nurse-franchisees were delayed over an extended period and many health posts have been operating solely on income received from client co-payments. Up until June 2015, the scheme was located within the Ministry of Health. A recent changeover of affiliation to the *Rwandan Social Security Board* is requiring an adaptation of contractual and payment processes from district to national level. *"Now the challenge is for us to get embedded within the system, so that regardless of the changes, we still stay on course because the system continues."* (Maggie Chirwa, Country Director, OFH)

A culture of collaborative doing

Like many organizations, finding the right employees does not happen immediately. Over the past three years the team expansion occurred slowly, to ensure people from Rwanda, as well as those with different African nationalities,

backgrounds and skillsets, became part of OFH. OFH employees support each other in challenging times and bring a can-do attitude to their work. They are reminded of their passion for the work by regularly attending the opening of new health posts and celebrating such milestones together. This becomes the stimulus for new ideas to improve their ways of working.

4.3. ORGANIZATION AND PEOPLE

One Family Health was founded by the current chairman and CEO, Dr Gunther Faber. He was originally trained as a veterinarian in South Africa. He then gained over 30 years of business experience by working in senior leadership positions in the pharmaceutical industry. During this time, he was able to travel to multiple countries and witness the failure of country systems to deliver existing treatments to people. From 2008 to 2011, Dr Faber was CEO of the Health Store Foundation and OFH operated under its umbrella in the early days. With his passion *“to see the quality and quantity of entry level health care in the developing world reach the level that is currently in the developed world”*, Dr Faber leveraged the best of his business expertise to develop the OFH model.

Maggie Chirwa, a specialist nurse with business, research and social marketing expertise, leads the Rwandan country team. Chirwa is from Malawi and has been with the OFH team since August 2012. The organization currently has 16 employees. The ten employees based at the head office in Kigali are responsible for overall management and operations. Technical field-based representatives, currently six, are responsible for providing support and training to the nurse-franchisees across 11 districts. In addition to the Rwandan country office, there are four support staff based in England and the United States (including Dr Faber) who provide financial, business development and management support to the country team. These four are also responsible for OFH’s expansion activities.

Dr Faber and Chirwa aim to build an effective, efficient and lean team. *“One of the things I realized is that, with a small team, you really need people who are fast-lipped. They have to be multi-skilled. You can’t have someone who is kind of*

narrow and fixed to a particular skill or profession. We need people who are multi-skilled or flexible, people who are professional because integrity is a big thing for us, and trust.” (Maggie Chirwa, Country Director, OFH) Employees of OFH echo this positive attitude and determination to achieve their collective goals.

I think doing the best that we can for our franchisees. If we are thinking of it as a business, they are our customers at the end of the day. I think everybody likes that sense of having some kind of social impact saying, you may be in the office all the time, you may never see any patient that you have helped. We see it coming through the numbers, we know that we are making a difference to people’s lives.” (Employee, OFH Head Office, Kigali)

Furthermore, OFH has provided nurse-franchisees working at health post level with the opportunity to advance professionally, personally and financially. *“Well, One Family encourages me, it means it pushed me to be self-confident, to believe that I can lead a health post, determine what I need, but also do better in providing good service up to the standards.”* (Nurse-franchisee, health post) (Translated from French)

4.4. BUSINESS MODEL

OFH Rwanda is a subsidiary of the OFH Foundation (registration: US 501(c)3 not-for-profit organization). In Rwanda the organization is registered as a low-profit limited liability company (LC3). This enables the country-level operations to prioritize their social mission, with profits as a secondary concern. Through this hybrid organizational structure, OFH has been able to attract programme investment from corporate social responsibility funds.

The projected capital required to develop 500 health posts was estimated to be US\$ 12.7 million. OFH Rwanda received start-up operating capital as an interest-free loan from Glaxo Smith Kline (GSK) for the three-year period from 2013 to 2015. The agreement with GSK requires loan repayment to the Rwandan Ministry of Health to occur as soon as OFH Rwanda moves into a positive cash flow. These finances can then be reinvested into the health system. Ecobank joined as a partner and

agreed to provide funding to support the loan financing to the nurse-franchisees, worth 24% of the project's total cost.

As a social franchise, the OFH operating model generates its revenue from the sale, and distribution of pharmaceuticals, and from marketing and franchise fees. OFH receives a 5% profit margin on sales of medication and 3% for its distribution. Nurse-franchisees in addition pay from their revenue a 2% monthly contribution towards marketing and a 6% monthly royalty fee.

A US\$ 500 commitment fee is required from nurses wanting to join the OFH network. In return, nurses are able to apply for a low-interest loan (between US\$ 5000 - US\$ 6500) through OFH's partner Ecobank. The loan is repayable over 60 months. Nurses earn revenue through a fee-for-service consultation that is reimbursed by the

Mutuelle de Santé, according to the Ministry of Health approved fee structures. For Rwandans who are insured, the average consultation price is 800 to 1 200 Rwandan Franc (between US\$ 1.20 and 1.50), but this varies according to medication dispensed and procedures performed. For uninsured patients, the cost of service varies from US\$ 2 to 4. In addition to the re-imburement, clients contribute a co-payment of 300 Rwandan Francs (US\$ 0.30) at point-of-service. *"The amount we pay? Money is no problem compared to life, when someone treats you and you get relieved."* (Patient, OFH health post) (Translated from Kinyarwanda) At 20 patients per day, a nurse-franchisee can generate annual gross revenue of US\$ 11,900. Monthly expenses include pharmaceutical stock, salaries for additional personnel and any costs associated with water, electricity or mobile data usage.

5. OUTPUTS AND OUTCOMES

5.1. IMPACT ON HEALTH CARE DELIVERY

The services provided within the OFH model have impacted a variety of actors and areas within Rwanda.

Equity and access

The typical beneficiary of the OFH services is a 32-year-old woman with four children, living in rural Rwanda. She falls into the second lowest income category in Rwanda. She is physically capable of working as a subsistence farmer on a smallholding. She does not have basic primary education qualifications. This woman would have walked an average of three hours to access health services for either herself or her children. With the establishment of 92 health posts since 2012, OFH has been able to provide basic health services for common primary care conditions (malaria, respiratory infections, diarrhoea) to 550 000 patients in Rwanda across 11 districts through 850 000 consultations. An independent evaluation, commissioned by OFH in 2015, described a reduced travel time from 74 minutes to 14 minutes. Some of the regular output indicators include: number of patients; diagnoses; medication

prescriptions; type of services; profit and loss statements; and morbidity data.

Cost savings

A key goal for OFH is to make better use of scarce resources in the public health system. The organization estimates that the cost saving for the Ministry of Health associated with a nurse-franchisee is around US\$ 3600 per year. The savings accrue from not needing to pay salaries and benefits associated with full time fixed-term employment. When 500 health posts have been established, OFH estimates that savings will be close to US\$ 9 million per annum.

Structural development

The development of health posts by OFH has resulted in the upgrade of the national health infrastructure. Through loan financing to nurse-franchisees, rural buildings have been upgraded and converted into functional health facilities, with equipment essential for the delivery of health services. To ensure standardisation of the services provided across the network, each health post has to comply with a set of technical indicators,

regularly assessed by OFH technical representatives.

Gender-based employment

OFH Rwanda has created 300 employment opportunities throughout its network. It has kept its operating team numbers to a minimum, but through the nurse-owned franchise model, additional employment opportunities at village level have been created. Of these, over 50% of these positions are filled by women.

5.2. FRANCHISEE PERCEPTIONS

Nurse-franchisees value the opportunity to become part of the OFH network. For many, it is a unique experience. They become not only health-care providers, but also managers and entrepreneurs. The OFH network further provides nurses with development opportunities, especially training in management and basic financial skills, access to capital and a strong support network. OFH's technical representatives provide daily support and regular supervision to ensure the health posts are uniform in quality. *“One Family plays a big role as our insurer when dealing with banks, which allows us to get money to use. In addition to this, we have also received both theoretical and practical training, as well as the fact that we are provided with supervisors.”* (Nurse-franchisee) (Translated from French)

5.3. COMMUNITY PERCEPTIONS

Community members and patients frequently express their gratitude and satisfaction for having access to an OFH health post. The steep walking paths and long distances to health centres in Rwanda and long waiting times when they reach these health centres are major issues for communities. In the 2015 independent customer satisfaction survey commissioned by OFH, it was reported that 83.3% of respondents indicated the waiting time at the OFH facility was acceptable and 94.7% of respondents indicated they had experienced no negative aspects in the interaction with the nurse of their health post. The general view was: *“We had been praying for so long to have a medical team here, now God brought us a nurse. Anytime one doesn't feel well, they come here and get some medications, and after a short time, they gain back strength.”* (Community member, health post) (Translated from Kinyarwanda)

Community members frequently request additional services to be provided by OFH, for example, maternity and diagnostic services. The current package of services provision of OFH health posts is in accordance with the Ministry of Health guidelines. Many health posts do not have access to electricity, thus preventing patients from seeking care in the evenings.

6. SUSTAINABILITY

Sustainability considerations are relevant at individual health post level, as well as at the organizational level for OFH. For a health post to reach sustainability, an average of 15 patients per day is required. At 20 patients per day, nurse-franchisees can generate a profit. In September 2015, 60% of OFH health posts were sustainable or profitable. Failures in the regularity of reimbursement by the *Mutuelle de Santé* has left several nurses struggling to reach sustainability. However, at 25 or more patients per day, nurses are able to sustain their health post purely on co-payments received by patients.

For OFH as an organization, initial projections were that financial sustainability is achievable for the franchise network at 500 health posts. At the current pace of expansion, it would take eight years to reach this level. OFH works to keep its model lean and cost-effective. Several elements help achieve this, including having a small operational support team, leveraging technology to support quality assurance, locating health posts mainly in rural areas where infrastructure is provided rent-free by the Ministry of Health or the community, and the benefits of a franchise model operating at economies of scale. Use of a social franchise model streamlines delivery, minimises

operational costs for the organization, and allows resources and expenses, such as bulk drug purchases, distribution to health posts and marketing costs to be shared. Furthermore, rather

than paying fixed salaries, nurse-franchisees earn based on the number of patients seen and are reimbursed by the *Mutuelle de Santé*.

7. SCALABILITY

Additional services

From nurse-franchisees and patients, there is a request to expand the service package provided. Currently, health posts provide a basic package of care appropriate for entry-level care, according to Ministry of Health guidelines. The difficulty with accessing services in Rwanda drives requests by patients for additional services, strengthened by the entrepreneurial enthusiasm of nurse-franchisees to grow their businesses.

National expansion of health posts

OFH Rwanda has had an aggressive in-country scaling strategy to allow it to reach 104 health posts by the end of 2015 and 154 health posts by 2016. With current levels of growth and financial resource availability, OFH envisions opening 500 health posts by 2020 and, in so doing, making quality health care accessible to 3 million Rwandans. The capacity exists for the team to open 10 health posts per month.

Challenges associated with re-imbursements and the need to invest in developing strong payment systems and operating procedures have led to slower growth than initially intended. A second challenge that hampers the speed of expansion is the availability of government infrastructure in villages. If the Ministry of Health is required to supply new infrastructure for health posts, significant delays can be expected due to budgeting. *“You can scale, you can scale quickly, but you’ve got to have all your building blocks in*

place, then you can scale.” (Gunther Faber, Founder and Chairman, OFH)

Replication in Africa

The vision of the OFH Foundation is to establish 2 000 health posts in 11 countries and reach 20 million people per year. It is estimated that US\$ 55 million would be required to achieve this vision. Country assessment studies for the replication of the nurse-franchisee model have been conducted in Ghana, Ethiopia, Zambia and Nigeria. Key considerations for replication include:

- a country with reasonable political and economic stability and a Ministry of Health willing to engage in a public-private partnership;
- implementation of universal health coverage through a national, community-based micro-insurance fund;
- a legislative environment willing to approve task-shifting of diagnostic and treatment duties for primary health conditions to nurses.

For expansion to countries without a state-sponsored health insurance scheme, OFH is considering developing their own hybrid health insurance scheme. This would be made up of donor funding, government financing from taxation and community contributions. Progressive community contributions would allow for cross-subsidisation between patients who can afford health care and those who cannot.

8. KEY LESSONS

8.1. IMPLEMENTATION LESSONS

Going slow for sustainability

In the implementation of health services, the devolution of health systems involves multiple benefits and challenges. In OFH's experience, expansion has been slow due to the need to ensure that district and grassroots members of the health system support and trust the model. The positive effect of taking time for local engagement is that OFH's health posts are recognized not as a parallel structure but as an integral part of the public health system. The changeover of administration of the *Mutuelle de Santé*, from the Ministry of Health to the Rwandan Social Security Board, has also been a prolonged process, but it has made the team realize the importance of having robust systems and processes in place ahead of expansion.

From employee to entrepreneur

The biggest learning curve and factor of success for nurse-franchisees is their ability to understand fully the difference between being an employee and being an owner of their own business venture. Nurse-franchisees need to acquire the basics of business, such as understanding and interpreting their own financial statements, debt and expense repayments, and understanding legal agreements.

Public sector turnover

In a fast-developing economy such as Rwanda, staff turnover is frequent. Although this has resulted in a dynamic public sector environment,

for OFH, relationship-building with the Ministry of Health is a continual process requiring timely investment.

8.2. PERSONAL LESSONS

From veterinarian to successful business executive, Dr Faber has learned many lessons, especially in pioneering and implementing One Family Health.

Dr Faber holds a firm conviction in the work he is doing. Despite external discouragement, he has a strong belief in the idea that the OFH model can improve access to high quality health care for all people. *"To me, you know, if I see an idea and I see something can work, then I'm passionate about it. I will continue to believe in this model, until such time I prove it can't work."* (Gunther Faber, Founder and Chairman, OFH)

One of the greatest rewards for the work he is doing is developing and nurturing staff. He visits Rwanda every few weeks and is available by telephone in between. He encourages his staff to serve with passion, integrity, loyalty and enthusiasm as he recognizes the importance of providing appropriate autonomy and trust. *"If you give a person the opportunity to grow, 99% of the time that person will grow."* (Gunther Faber, Founder and Chairman, OFH)

In terms of innovation, Dr Faber believes the developed world can look to Africa for new and better ways of doing things.

CASE INSIGHTS

1. An entrepreneurial, low-profit health model could support government policy to increase access to health services in rural areas through a partnership that links private health care provision with financing from the national health insurance fund.
2. Social franchising not only enables standardization and consistent quality across entry-level health facilities in rural areas, but it also motivates health worker performance and increases incentives by providing opportunities for ownership and autonomy.
3. Basic features such as mobile phones, coupled with real-time analytics, can support multiple service delivery functions including electronic patient records, stock ordering, monitoring, and billing.

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