

Leveraging public-private partnerships to improve health care access at community level in Rwanda

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Key messages

Public-private partnerships (PPPs) are a vital mechanism for expanding primary health care access at community level: PPPs leverage the private sector's resources, innovation and operational efficiency to complement public health efforts and help overcome infrastructure and service delivery gaps in underserved areas.

Significant progress has been achieved through PPPs, including 811 new health posts across rural communities as of 2023: The posts have brought essential services closer to communities, reducing travel time, increasing care-seeking behaviour, and contributing to improved health outcomes, especially in maternal and child health.

PPPs have strengthened community-level workforces and service quality: Initiatives such as Operation Save the Neighbour have integrated medical doctors into home-based care teams, improving patient monitoring, referral systems, and the effectiveness of community health workers (CHWs). PPP-led training programmes have enhanced the capacity and sustainability of local health providers and administrators.

Technology and innovation are key enablers in PPP-supported health service delivery: Through the deployment of digital tools such as telemedicine platforms, electronic medical records and mobile health applications, PPPs are enhancing diagnostic accuracy, data-driven planning, and real-time patient management, particularly in remote and resource-constrained settings.

Community engagement and local ownership are critical to successful PPP implementation: Involving community leaders, CHWs, and beneficiaries in planning and decision-making makes PPP projects more responsive to local needs and more likely to achieve sustained impact.

Despite significant progress, there are still challenges: The challenges include the need for robust regulatory frameworks, sustainable financing models, and safeguards against the emergence of a two-tier health system that could disadvantage vulnerable populations. Targeted efforts are needed to ensure that PPPs continue to prioritize equity and inclusivity, particularly for marginalized groups.

Aligning private sector goals with Rwanda's national health priorities is vital for advancing universal health coverage (UHC): Strengthening PPPs through collaboration, transparency, and instituting outcome-based monitoring could accelerate progress towards Rwanda's Vision 2050 and the Sustainable Development Goals (SDGs). PPP effectiveness could be enhanced by standardizing contracts and regulations, implementing performance incentives, integrating PPP reporting into national health systems, and applying equity-focused metrics to reach vulnerable populations.



Executive summary

The issue

Despite Rwanda's recent health gains – life expectancy rose from 47.5 years in 2000 to 69.6 years in 2022, and 97.3% of the population is now insured – rural communities remain underserved. Rwanda, a landlocked country with 13.8 million people (82% rural), faces persistent health care access challenges. About 23% of the rural population still live more than five km from a health facility, thereby creating significant access barriers. Health-worker density remains at 1.1 per 1000 people, far below the WHO benchmark of 4.45 necessary for UHC. Out-of-pocket health care spending (OOPS) dropped from 28% in 2010 to 11.6% in 2020, falling by an average 1.6% per year over the period, while rural households are still facing proportionally higher financial burdens. Closing these last-mile gaps is critical for achieving UHC.

Policy context

Since 2016, Rwanda has made progress in PPPs, which are supervised by the Rwanda Development Board and the Health Sector Strategic Plan IV (2018–2024). The PPPs aim to combine public oversight with private investment to enhance primary care infrastructure, workforce capacity, and digital health services. The country's decentralized and tiered health system spans from CHWs to referral hospitals. Health care financing combines government and donor support with the community-based health insurance (CBHI) scheme (“Mutuelle de Santé”), which covers 93.1% of the population.

PPP achievements so far

Expanded infrastructure: Health posts increased from 471 to 1282 (2016–2023), 45% of them under PPPs, cutting rural travel time from 47 to under 30 minutes.

Workforce support: More than 4500 health care professionals trained since 2012; medical doctors integrated into CHW teams to strengthen referrals and home-based care.

Digital innovation: Zipline drones cut emergency response times by 75% and blood wastage by 95%; Babyl Health delivered over three million virtual consultations, including 60% rural users; and the national electronic health system now covers 65% of the facilities.

Community engagement: 45 000 CHWs supported through PPPs with training, equipment, and incentives; and local leaders shape PPP priorities and serve on facility committees.

Building local maintenance capacity: Over 210 technicians trained to service drone hubs and telehealth platforms, thereby reducing reliance on external vendors, with contractual exit clauses ensuring knowledge transfer when donor support ends.

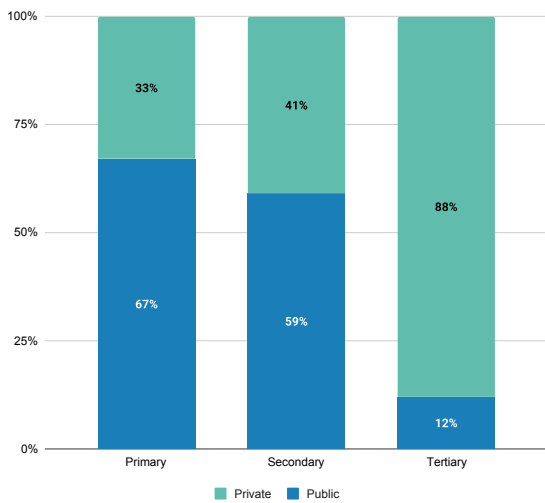
Remaining challenges

- **Equity risks:** Private facilities are still concentrated in urban areas, with the risk of a two-tier system without safeguards for vulnerable populations.
- **Regulation and accountability:** Contract oversight and quality audits are currently inconsistent, and outcome indicators are not yet integrated into national systems, though joint inspections have begun in some districts.
- **Sustainable finance:** Declining donor support and high lending rates threaten sustainability, highlighting the need for long-term financing models.
- **Human resource shortages:** Specialist cadres and pharmacists continue to be scarce, and incentives to retain them in rural posts are weak, thereby compounding existing workforce density challenges.

Further strengthening the PPP model

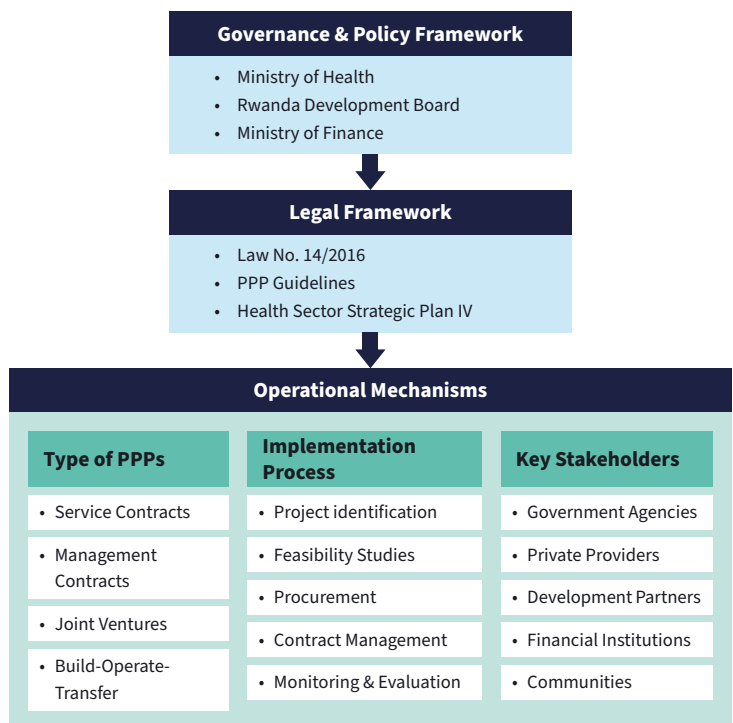
Well designed, equity-centred PPPs have already brought services closer to millions of Rwandans and injected innovation into the health system. Rwanda has implemented several sustainability mechanisms, including performance-based financing (PBF) models that link funding to measurable outcomes, capacity-building programmes that transfer skills and technology to local professionals, and public-private medical training institutions that expand the health care workforce pipeline. By tightening regulation, safeguarding equity, and mobilizing sustainable finance, Rwanda can turn PPPs into a powerful accelerator of Vision 2050 and the SDGs.

Figure 3: Public vs private health facilities (USAID, 2020)



Source: MoH, 2024

Figure 5: Rwanda's PPP framework for health care



Source: Authors' illustration, adapted from Rwanda Development Board (2021)

Conclusions

Private sector engagement under PPPs offers potential to improve health care access, quality, and equity in Rwanda's rural communities by leveraging external expertise and resources to enhance system efficiency (Jensen, 2016). Evidence from Rwanda's PPP initiatives shows promising outcomes in health care delivery. The HRH programme demonstrates this success through the increased quantity and quality of health care professionals, which has strengthened the overall health system and improved population health outcomes (National Academies of Sciences, 2020).

While PPPs are valuable, they should also complement other interventions such as mobile clinics, CHW programmes and microinsurance schemes to comprehensively address health care barriers, particularly in rural areas (Warren, Callahan & Lauer, 2020). Despite broad stakeholder support, there are concerns about potential inequality exacerbation. PPPs have the advantage of structured regulation against quality, access and equity metrics, especially when integrated with CBHI to reduce OOP expenses.

Implementation challenges include regulatory gaps and limited cross-sector coordination. Addressing these challenges requires the development of robust frameworks and reinforcement of collaboration, as demonstrated by the successful HRH programme (Binagwaho et al., 2013).

Key success factors include strong political commitment, conducive policies, and private sector investment (Quijada, 2019; Bradley & Shiras, 2020). However, there are still potential risks from profit-driven motives, requiring ongoing regulatory oversight to ensure that health care remains accessible and affordable for all Rwandan citizens (USAID, 2020).

Policy implications

Engaging the private sector through PPPs has been instrumental in improving access and quality of health care, especially in the rural and remote areas of Rwanda. This brief highlights how the resilience of the PPP model could be strengthened further to respond to current and future demand for access to health:

Robust regulatory frameworks are needed to oversee PPPs

Developing robust regulatory frameworks to oversee PPPs is important. The frameworks should emphasize quality standards, patient safety, ethical practices, and alignment with national health policies and strategies. It is necessary to prepare a comprehensive PPP health sector framework law with standardized contracts, regulatory guidelines, equity clauses, and disclosure requirements that ensure quality, accessibility, and equity. An independent PPP health regulatory agency with a mandate for regular audits, performance monitoring, publishing of scorecards, and enforcement of regulations should also be established.

A conducive policy environment can help foster public-private collaboration

Developing a supportive policy environment underpinned by political will is crucial to fostering PPPs. Seamless coordination between the public and private sectors and communities through continuous communication and joint decision-making would support PPPs. Offering incentives such as tax breaks or streamlined licensing could also increase PPP sustainability.

Collaboration should prioritize and enhance equity, access, and financial protection

Policy-makers should consider implementing equity-focused measures to prevent a two-tier health system. The measures could include subsidized service packages for vulnerable populations, mandatory service quotas for rural areas, and tiered health services pricing models based on income levels. Policy-makers should also develop sustainable financing models including social impact bonds, blended finance mechanisms with tools such as portfolio guarantees, and strategic integration with the national health insurance system. Collaboration with private providers could help minimize OOPS and expand health care access for marginalized communities.

Digital integration could enhance PPP roll-out and monitoring

Policy-makers should create integrated digital monitoring systems and real-time PPP dashboards within the national health management information system to track service volumes, PPP performance indicators, and quality metrics, as well as facilitate public feedback. They should also expand technology-enabled health care solutions in underserved areas through targeted incentives such as tax breaks and results-based grants for telemedicine, e-health platforms, and remote diagnostic capacities.

Ensure that PPPs strengthen workforces and local capacity

Policy-makers can leverage PPPs to address health care workforce gaps by investing in training and retention strategies. Collaboration with programmes such as the HRH can strengthen the health care workforce in rural areas.

Community involvement in PPP decision-making is a critical success factor

Effective partnerships need to incorporate structured mechanisms for community feedback, grievance redress, and representation in decision-making processes. When PPPs overlook community perspectives, they risk misalignment with local needs, diminished trust, ineffective service delivery, and potential equity concerns. A comprehensive monitoring and evaluation framework could track community involvement metrics alongside clinical outcomes and assess the effectiveness of referral systems between public and private providers. Giving CHW cooperatives and local leaders formal seats on PPP management committees and formalizing their roles in PPP governance structures, could strengthen community ownership. This integrated approach will ensure that PPPs remain responsive to community needs while optimizing the coordination of patient care across the health care ecosystem.

About AHOP

The African Health Observatory - Platform on Health Systems and Policies (AHOP) is a regional partnership that promotes evidence-informed policy-making. AHOP is hosted by the WHO Regional Office for Africa through the integrated African Health Observatory. National Centres include Addis Ababa University, Ethiopia; KEMRI Wellcome Trust, Kenya; the Health Policy Research Group, University of Nigeria; the University of Rwanda; and Institut Pasteur de Dakar, Senegal. AHOP draws on support from the European Observatory on Health Systems and Policies (EURO-OBS), the London School of Economics and Political Science (LSE), and the Bill & Melinda Gates Foundation (BMGF).

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