

Rwanda

## Ministerial Instructions determining the Methodology to Define the Community-Based Health Insurance Benefit Package

Ministerial Instructions 20 of 2021

Legislation as at 31 August 2021

FRBR URI: /akn/rw/act/min/2021/20/eng@2021-08-31

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PDF created on 21 February 2024 at 15:32.

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## Rwanda

# Ministerial Instructions determining the Methodology to Define the Community-Based Health Insurance Benefit Package

## Ministerial Instructions 20 of 2021

Published in Official Gazette special on 31 August 2021

**Assented to on 31 August 2021**

**Commenced on 31 August 2021**

*[This is the version of this document from 31 August 2021.]*

### **The Minister of Health;**

Considering the resolutions of the National Leadership Retreat held in 2019, especially the resolution n° 9;

Mindful of the fact that the World Health Organisation defines Universal Health Coverage as “ensuring that all people receive needed promotive, preventive, curative, rehabilitative and palliative health services of sufficient quality without suffering financial hardship”;

Bearing in mind also that the Government of Rwanda aims to increase consultation and inclusivity in the process of modifying the health benefit package through a priority-setting process that takes into account the opinions of key partners and key considerations including affordability and sustainability of healthcare;

Considering that there are many different types of health benefit packages that serve different purposes, that are defined differently and which are financed by different funding pools;

In order to achieve Universal Health Coverage, the Ministry must make available a funding pool for covering health benefit package.

### **ISSUES THE FOLLOWING INSTRUCTIONS:**

## **Article One – Purpose of these instructions**

These Instructions establish the methodology to determine the community-based health insurance benefit package.

## **Article 2 – Definitions**

In these Instructions, the following terms have the following meanings:

- 1° **Ministry:** Ministry in charge of health;
- 2° **Minister:** Minister in charge of health;
- 3° **health benefit package:** a set of health services that can be financed and provided in the context of the country's means.

## **Article 3 – Determination of criteria and approval of health benefit package**

The Ministry determines the criteria for inclusion or exclusion of certain services or products in line with its goals and approves the health benefit package.

## **Article 4 – Operationalising criteria and defining methods for appraisal**

The criteria chosen must be operationalised to ensure equal opportunities to beneficiaries and their accessibility to services.

Each criterion is scored from “no impact” to “high impact” for each disease and its treatment services. The scores of all criteria for a disease are combined to obtain the disease total score.

The criteria include:

- 1° the impact of a health problem as measured by financial cost, mortality, morbidity or their combination;
- 2° the degree to which the treatment achieves its intended purpose;
- 3° the cost of treatment for a typical case that includes the cost associated with a chronic disease, the cost incurred for treatment of injury, illness or resulting complications, minus the expected cost if treatment is not provided and the financing from other sources such as Government and development partners;
- 4° comparison between the cost and health outcome of health services and medicines;
- 5° the magnitude of the benefit to the patient from the treatment as lifesaving procedure or act as compared to no treatment as well as to the harm that may arise from the treatment received;
- 6° effects of untreated disease on the population;
- 7° the degree to which the disease affects vulnerable population;
- 8° impact on budget;
- 9° political considerations;
- 10° emergency consideration.

## **Article 5 – Establishment of the Committee**

A Committee in charge of determining community-based health insurance benefit package referred to as “the Committee” is established.

## **Article 6 – Members of the Committee**

The Committee is composed of the following seventeen (17) members:

- 1° two (2) representatives of the Ministry, one of whom is the Chairperson of the Committee;
- 2° one (1) representative of the Ministry in charge of finance and economic planning who is the Vice Chairperson of the Committee;
- 3° one (1) representative of the Ministry in charge of local government;
- 4° one (1) representative of the national organ in charge of governance;
- 5° two (2) representatives of the national organ in charge of community-based health insurance, one of whom is the rapporteur of the Committee;
- 6° one (1) representative of the national authority in charge of food and drugs;
- 7° one (1) representative of the company in charge of procuring pharmaceutical products and medical equipment for government health facilities;
- 8° one (1) representative of the University of Rwanda, School of Public Health;
- 9° one (1) representative of Private Sector Federation;

- 10° one (1) representative of patient organisation;
- 11° four (4) representatives of public health facilities;
- 12° one (1) representative of health professional councils.

At least thirty percent (30%) of the members of the Committee must be women.

### **Article 7 – Appointment of members of the Committee and their term of office**

The Minister requests each represented institution, body or organisation to submit to him or her the names of their representatives in the Committee. The Minister, upon reception of the names, appoints the nominees in writing.

Members of the Committee are appointed for a term of office of three (3) years renewable once.

### **Article 8 – Responsibilities of the Committee**

The Committee has the following responsibilities:

- 1° to determine the community-based health benefit package;
- 2° to review the community-based health benefit package every financial year cycle and to temporarily modify them whenever necessary;
- 3° to organise regular community meetings and expert meetings in order to enable them to participate in its activities;
- 4° to approve the prioritised diagnoses services, other services to be delivered and guidance notes for the community-based health benefit package;
- 5° to take decisions on the basis of the technical expertise and experience;
- 6° to submit to the Ministry, on a quarterly basis and whenever necessary, a report on changes in various specialties, equipment and supplies and on review of the community-based health benefit package.

### **Article 9 – Duties of the Chairperson of the Committee**

The Chairperson of the Committee has the following duties:

- 1° to convene and preside over the meetings of the Committee;
- 2° to coordinate activities of the Committee;
- 3° to prepare the agenda of the meetings of the Committee;
- 4° to perform any other duty relating to the responsibilities of the Committee as may be assigned to him or her by its members.

### **Article 10 – Duties of the Vice Chairperson of the Committee**

The Vice Chairperson of the Committee has the following duties:

- 1° to assist the Chairperson and deputize for him or her in case of absence;
- 2° to perform any other duty relating to the responsibilities of the Committee as may be assigned to him or her by its members.

## **Article 11 – Duties of the rapporteur**

The rapporteur of the Committee has the following duties:

- 1° to serve as the rapporteur of the meetings of the Committee;
- 2° to perform any other duty relating to the responsibilities of the Committee as may be assigned to him or her by its members.

## **Article 12 – Convening and holding of meetings of the Committee and decision-making**

The meeting of the Committee is held at least once a quarter and whenever necessary upon invitation by its Chairperson or the Vice Chairperson in case of absence of the Chairperson, at his or her own initiative or upon request in writing by at least a third (1/3) of its members.

The invitation is submitted in writing to the members of the Committee at least ten (10) days before the meeting is held. However, in case of urgency, the meeting of the Committee may be convened in writing at least two (2) days before the meeting is held or the meeting may be convened regardless of periods referred to in this Paragraph if all Committee members agree.

The quorum for the meeting of the committee is two-thirds (2/3) of its members. However, when the meeting is convened for the second time, it takes place regardless of the number of its members present but in presence of at least two (2) of its leaders as specified in Article 6 of these Instructions in Items 1°, 2° and 5°.

The meeting of the Committee makes decisions by consensus. If not, decisions are made by absolute majority votes of members present. In case of a tie, the Chairperson of the meeting has the casting vote.

## **Article 13 – Invitation of a resource person to the meeting of the Committee**

The Committee may invite in its meeting any resource person from whom it may seek advice on an item on the agenda.

The invitee is not allowed either to vote or to follow debates on other items on the agenda.

## **Article 14 – Professional secrecy**

Committee members and any invitee in the meeting of the Committee are bound by professional secrecy.

## **Article 15 – Personal interest in issue on the agenda**

A member of the Committee who has a direct or indirect interest in the issue to be considered must immediately inform the Committee about where his or her interest lies. The member who notifies of his or her interest in the issue to be considered does not attend the meeting deliberating on the issue.

## **Article 16 – Approval of resolutions and minutes of the meeting of the Committee**

Resolutions of the meeting of the Committee are signed by its members present immediately after the meeting and a copy is submitted to the Minister within five (5) working days.

The Minister gives his or her views on the resolutions of the meeting of the Committee within fifteen (15) working days from the day of their receipt. If this period expires without his or her reaction, such resolutions are considered to have been definitively approved.

The minutes of the meeting of the committee is approved in the following meeting and signed by the Chairperson of the meeting and its rapporteur.

## **Article 17 – Guiding principles in determining the community-based health insurance benefit package**

Health services to be covered under the community-based health insurance are determined on the basis of the following principles:

- 1° appraisal of the health services for coverage or non coverage;
- 2° compliance with clinical guidelines and treatment protocol service;
- 3° pre-existence in the package under coverage and categorised in accordance with the level of healthcare, outpatient or inpatient and target population;
- 4° initiation of a health service to be covered or extension of the existing covered health service and to be linked to health system goals;
- 5° availability of the budget to cover the health service.

## **Article 18 – Collection of evidence on health services and submission of report**

Community-based health insurance benefit package is determined on the basis of evidence.

Existing and new evidence are collected for purposes of appraisal of the health service to be covered on the basis of principles provided for in Article 17 of these Instructions.

The Committee, after appraisal, submits the report of recommendations to the Ministry to take decision.

## **Article 19 – Publication of community-based health insurance benefit package**

The Ministry and the national organ in charge of community-based health insurance are responsible for publishing every financial year the community-based health insurance benefit package on their respective websites.

The national organ in charge of community-based health insurance informs members of community-based health insurance, public, private and subsidised health facilities, with which it has collaboration conventions about the community-based health insurance benefit package.

## **Article 20 – Claim for payment of health benefit package**

A health facility claims for payment of covered health services provided by use of a claim form.

The claim form referred to in Paragraph One of this Article is proposed by the national organ in charge of community-based health insurance and approved by the Ministry after consultation with representatives of health facilities.

Health facilities which have collaboration conventions with the national organ in charge of community-based health insurance complete the claim form indicating health services provided to patients. The claim form is submitted to the national organ in charge of community-based health insurance together with monthly invoices.

The claim form is in Annex to these Instructions.

## **Article 21 – Repealing provision**

All prior provisions contrary to these Instructions are repealed.

## **Article 22 – Commencement**

These Instructions come into force on the date of their publication in the Official *Gazette* of the Republic of Rwanda.

### **Annexure**

#### **Forms**

*[Editorial note: The forms have not been reproduced]*