Right to Health Care - An Accompaniment Approach

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Background

The Right to Health Care (RTHC) is a Partners In Health (PIH) program that uses the accompaniment approach with patients from any Inshuti Mu Buzima/Partners in Health (IMB/PIH)-supported district hospitals, namely Butaro, Kirehe and Rwinkwavu; and it allocates funding to ensure that quality medical care is given to those patients when transferred to referral hospitals in Rwanda, neighboring countries and beyond.

Description

The Right to Health Care Program activities started, with PIH/IMB, in 2005 at Rwinkwavu hospital, then at Kirehe and Butaro hospitals as well. The nurse physically accompanies the patients at the referral hospital to ensure the providers have complete information and the patients receive appropriate care. We daily book patients' appointments and guide them to the clinic, pay their medical fees, and facilitate exams and medications provision. We also provide them with subsistence needs, transportation, hygiene and infant care supplies, and even hire temporary attendants to assist them with other needs. The program is structured in the district based and central RTHC committees made of clinicians and district clinical leaders to enhance objective decision-making and prioritization in the use of the program's budget.

Lessons Learned

Accompaniment to patients relieves the complication of health care logistics by supporting their collateral expenses. The latter can be higher than medical bills since most of referred patients are sent to Kigali where most of referral hospitals are located and where only 10% of population live (NISR, 2014); which would lead some patients or families to reject decision of transfer to Kigali while access to health care is a right of patients whatever it takes. Building strong relationship between referral and referring hospitals is crucial to sustain patient care and easy communication between physicians from both sides. We have been accompanying patients to access quality medical care at referral hospitals supporting approximately 500 inpatients yearly with a survival rate of 93.3%; and since 2012 the program supported twenty-five international patients' transfers; and patients always show gratitude for the services that they wouldn't have afforded on their own. Thus, our program helps break the cycle of disease-poverty.

Conclusion

Solidarity, humility, compassion and not necessarily technical expertise are key attitudes that can help nurses and other *accompagnateurs* to bring hope to desperate people. The mission of nursing in society is helping individuals, families, and communities to achieve their physical, intellectual, and social potentials, even while doing so in the challenging context in which they live and work. There is a need to advocate for resources to support patients in Kigali referral hospitals to allow them access specialized care. This is a bigger challenge in developing countries, such as Rwanda, but a rewarding and worthwhile endeavor.

Key words: health care, right, transfer, accompaniment, support, access