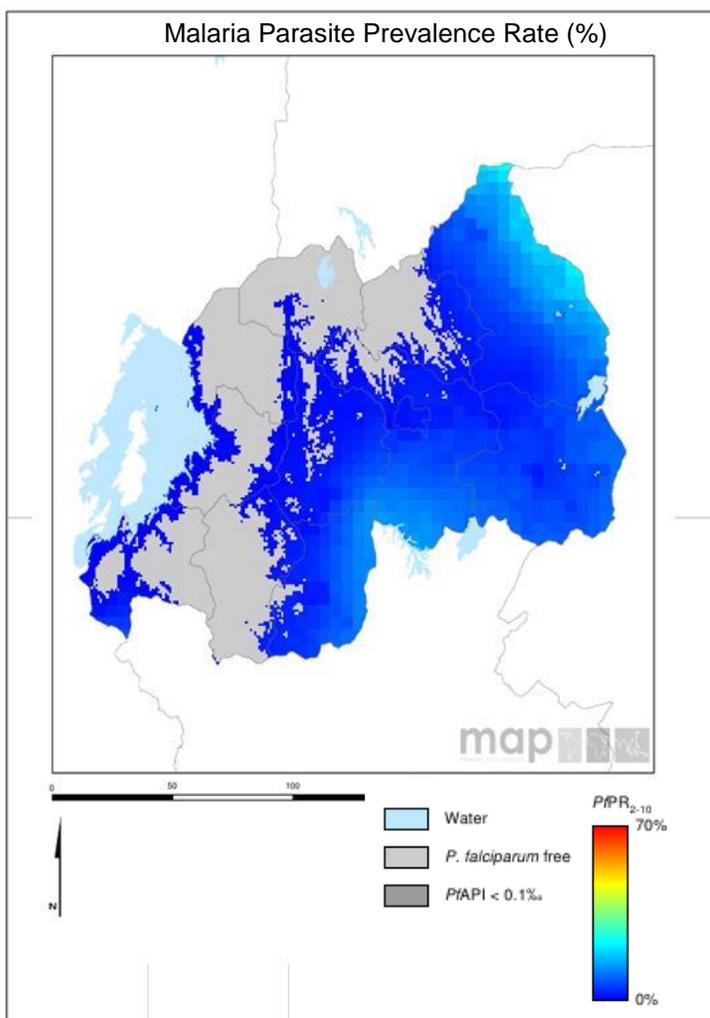


Scorecard for Accountability and Action



Metrics

Policy and Financial Control		
Oral Artemisinin Based Monotherapy Ban status (2014)		
Community case management (Pneumonia)		
Community case management (Malaria)		
World Bank rating on public sector mgmt and institutions 2012 (CPIA Cluster D)		3.6
Commodities Financed, Implementation and Malaria Impact		
LLIN financing 2014 projection (% of need)		81
Public sector RDT financing 2014 projection (% of need)		100
Public sector ACT financing 2014 projection (% of need)		100
Operational LLIN/IRS coverage (% of at risk population)		100
On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)		
Tracer Indicators for Maternal and Child Health		
PMTCT coverage 2012 (% pregnant HIV pts receiving ARVs)		87
% deliveries assisted by skilled birth attendant		69
Exclusive breastfeeding (% children < 6 months)		85
Vitamin A Coverage (2 doses)		76
DPT3 coverage 2011 (vaccination among 12-23 month olds)		97
Postnatal care (within 48 hrs)		18

The entire population of Rwanda is at risk of malaria, but transmission is most intense in the eastern and south-western parts of the country. The annual reported number of malaria cases in 2012 was 478,955 with 459 deaths.

Key

	Target achieved or on track
	Progress but more effort required
	Not on track
	No data/Not applicable

Urgent Global Fund Update

The Global Fund has announced that Rwanda will receive US\$ 395.8 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation under the New Funding Model. The total figure includes all existing, unspent funds from previous rounds and the Interim New Funding Model. The Global Fund has determined the total allocation amount based on Rwanda's disease burden and income level, as well as several other factors. The malaria component is allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For Rwanda this is calculated at US\$ 64.8 million, including US\$40.3 million of new resources. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Rwanda is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation at a level that is sufficient to sustain the gains made in recent years.

Progress

Rwanda has made significant progress in scaling-up malaria control interventions, including in key policy areas: banning oral artemisinin-based monotherapies and introduction of policies on Community Case Management of malaria and pneumonia. Rwanda has successfully mobilised most of the resources for the procurement of the majority of the LLINs, ACTs, and RDTs required to sustain universal coverage in 2014. Rwanda has also achieved high coverage of tracer MNCH interventions, including exclusive breastfeeding and DPT3, and has significantly increased coverage of PMTCT. Rwanda has reduced the under-five mortality rate by 64% since 1990. Rwanda was awarded a 2014 ALMA Award for Excellence in Implementation of Vector Control.

Impact

There has been a significant decline in malaria cases and deaths in Rwanda with 478,955 cases and 459 deaths reported in 2012. Rwanda has achieved the target of 75% reduction in malaria incidence since 2000.

Key Challenge

- Finalising the National Strategic Plan in time to allow for the timely submission of the NFM concept note.

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
Address funding	Ensure the NFM concept note is submitted by Q3 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q3 2014