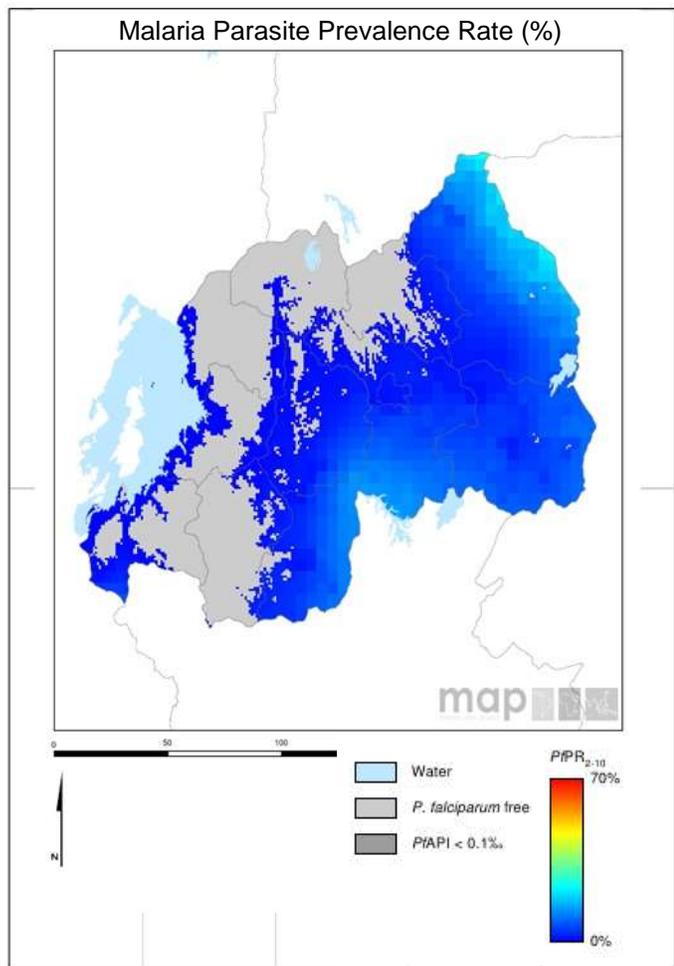


Scorecard for Accountability and Action



Metrics

Commodities Financed and Financial Control	
LLIN financing 2016 projection (% of need)	100
Public sector RDT financing 2016 projection (% of need)	100
Public sector ACT financing 2016 projection (% of need)	87
World Bank rating on public sector management and institutions 2015 (CPIA Cluster D)	3.7
Insecticide Resistance Monitoring, Implementation and Impact	
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	3
Insecticide resistance monitored since 2014 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	
Scale of Implementation of iCCM (2016)	
Operational LLINIRS coverage (% of at risk population)	100
Estimated change in malaria incidence rate (2010–2015)	
Estimated change in malaria mortality rate (2010–2015)	
Tracer Indicators for Maternal and Child Health	
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2015)	79
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2015)	74
% deliveries assisted by skilled birth attendant	91
Postnatal care (within 48 hrs)	43
Exclusive breastfeeding (% children < 6 months)	87
Vitamin A Coverage 2014 (2 doses)	95
DPT3 coverage 2015 (vaccination among 0-11 month olds)	98

The annual reported number of malaria cases in 2015 was 2,505,794 with 516 deaths.

Key

<span style="background-color: #90EE90; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	Target achieved or on track
<span style="background-color: #FFFF00; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	Progress but more effort required
<span style="background-color: #FF0000; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	Not on track
<span style="background-color: #808080; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	No data/Not applicable

## **Malaria**

### **Global Fund Update**

The Global Fund has announced that Rwanda will receive US\$ 210.1 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2018-2020. 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 also 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\$ 41.5 million. 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, as well as from domestic resources, to sustain the gains made in recent years.

### **Progress**

Rwanda has made significant progress in scaling-up malaria control interventions, and has scaled up iCCM. The country has secured sufficient resources to sustain universal coverage of essential malaria interventions in 2016. The country has carried out insecticide resistance monitoring since 2014 and has reported the results to WHO and has completed the national insecticide resistance monitoring and management plan. Rwanda has implemented an emergency response programme to the upsurge in cases. The country has a high rating in terms of public sector management systems (CPIA cluster D).

### **Impact**

The annual reported number of malaria cases in 2015 was 2,505,794 with 516 deaths. WHO estimates that the country has experienced an increase of greater than 20% in the malaria incidence rate and a change of less than 20% in the malaria mortality rate for the period 2010 - 2015.

### **Key Challenge**

- Reported malaria upsurges in 2015 and 2016.

### **New Key Recommended Actions**

<b>Objective</b>	<b>Action Item</b>	<b>Suggested completion timeframe</b>
Address funding	Ensure the GF malaria funding application is submitted by Q2 2017 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q2 2017
Impact	Investigate and address the reasons for the WHO estimated increase of greater than 20% in the malaria incidence for the period 2010 - 2015	Q4 2017

## **MNCH**

### **Progress**

Rwanda has also achieved high coverage of tracer MNCH interventions, including exclusive breastfeeding, ART coverage, DPT3 vaccination, vitamin A and skilled birth attendants.