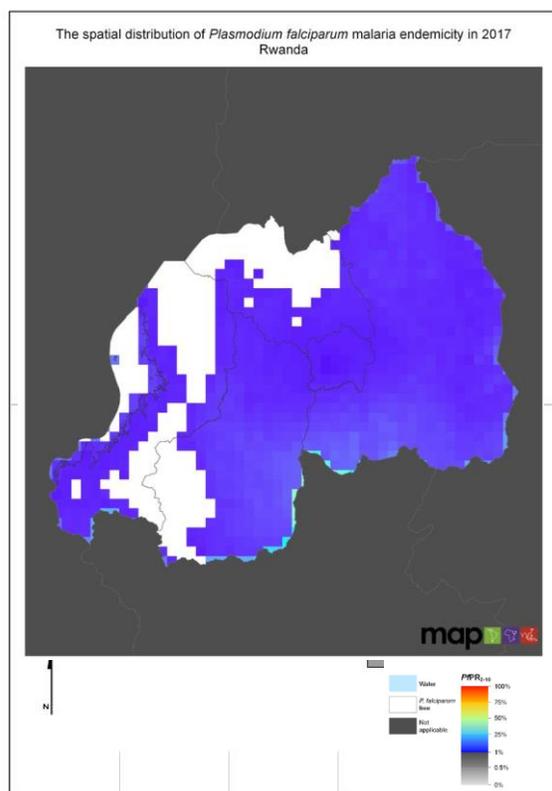


Scorecard for Accountability and Action



Metrics

Commodities Financed and Financial Control	
LLIN financing 2020 projection (% of need)	100
Public sector RDT financing 2020 projection (% of need)	100
Public sector ACT financing 2020 projection (% of need)	100
World Bank rating on public sector management and institutions 2018 (CPIA Cluster D)	3.8

Insecticide Resistance Monitoring, Implementation and Impact

Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	3
Insecticide resistance monitored since 2015 and data reported to WHO	
National Insecticide Resistance Monitoring and Management Plan	
RDTs in stock (>9 months stock)	
ACTs in stock (>9 months stock)	
LLIN/IRS campaign on track	
Country Reporting Launch of Zero Malaria Starts with Me Campaign	
Scale of Implementation of iCCM (2017)	
Operational LLIN/IRS coverage (% of at risk population)	100
On track to reduce case incidence by ≥40% by 2020 (vs 2015)	
On track to reduce case mortality by ≥40% by 2020 (vs 2015)	

Tracer Indicators for Maternal and Child Health and NTDs

Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2018)	85
Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2019)	87
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2019)	50
% deliveries assisted by skilled birth attendant	91
Postnatal care (within 48 hrs)	43
Exclusive breastfeeding (% children < 6 months)	87
Vitamin A Coverage 2018 (2 doses)	92
DPT3 coverage 2019 (vaccination among 0-11 month olds)	98

The annual reported number of malaria cases in 2018 was 4,198,029 with 341 deaths.

Key

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

Malaria

Sustaining Essential Health Services During the COVID-19 Pandemic

The COVID-19 pandemic is putting an incredible strain on health systems across Africa. Health systems are required to maintain routine health services for other illnesses even as they handle the additional burden. In order to prevent widespread morbidity and mortality, it is of vital importance that we work to sustain the delivery of essential life-saving interventions during this difficult time including for Reproductive, Maternal, Newborn, Child and Adolescent health and malaria.

WHO underlines the critical importance of sustaining efforts to prevent, detect and treat malaria during the COVID-19 pandemic. It is of vital importance to ensure the continuity of malaria prevention and treatment services including distribution of insecticide-treated nets and indoor residual spraying, as well as chemoprevention for pregnant women (intermittent preventive treatment in pregnancy). Any intervention must consider the importance of both lowering malaria-related mortality and ensuring the safety of communities and health workers given the ease of transmission of COVID-19.

For Rwanda, we commend the Ministry of Health, in the decision to go ahead with the universal coverage campaign for LLINs and IRS, in accordance with the recent guidance and recommendations from WHO and the RBM Partnership to End Malaria. Based on WHO modeling, this decision, allied with sustained malaria case management through the health system, will prevent a significant increase in malaria cases and deaths. Under the worst-case scenario, in which all ITN campaigns are suspended and there is a 75% reduction in access to effective antimalarial medicines, WHO estimate that there could have been a 33.9% increase in malaria cases, and a 100.1% increase in malaria deaths in Rwanda. This scenario would represent a complete reversal in the substantial progress in malaria mortality reductions seen over the last 2 decades.

Progress

Rwanda has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO and has completed the national insecticide resistance monitoring and management plan. The country has rolled out iCCM countrywide and has secured sufficient resources to distribute the required LLINs, ACTs and RDTs in 2020. Rwanda has implemented an emergency response programme to address the upsurge in malaria cases. The country has a high rating in terms of public sector management systems (CPIA cluster D). Rwanda has enhanced the tracking and accountability mechanisms for malaria with the development of the Malaria Control Scorecard.

Impact

The annual reported number of malaria cases in 2018 was 4,198,029 with 341 deaths.

Key Challenges

- Reported malaria upsurges from 2015.
- Gaps in funding to support IRS scale-up.
- Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health including malaria.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Impact	Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic	Q4 2020		Rwanda completed the IRS in all 12 districts as planned in 2020, including three districts that were sprayed during the COVID-19 lockdown period whilst respecting COVID-19 Prevention measures. For LLINs, 13 districts received their LLINs in Q1. The campaign was paused in April and resumed in June. Sufficient stocks are available for case management and community health workers have continued to provide case management of malaria
Address funding	Ensure the GF malaria funding application is submitted by Q3 2020 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q3 2020		The country submitted the GF malaria application in Q2

RMNCAH and NTDs

Progress

Rwanda has achieved high coverage of tracer RMNCAH interventions, including exclusive breastfeeding, vitamin A, ARTs in the total population, DPT3 vaccination and skilled birth attendants. The country has significantly enhanced the tracking and accountability mechanisms with the development of the Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard.

Progress in addressing Neglected Tropical Diseases (NTDs) in Rwanda is measured using a composite index calculated from preventive chemotherapy coverage achieved for schistosomiasis, and soil transmitted helminths. Preventive chemotherapy coverage in Rwanda is high for soil transmitted helminths (99%), and slightly below WHO target for schistosomiasis (73%). Overall, the NTD preventive chemotherapy coverage index for Rwanda in 2018 is 85, which represents an increase compared with the 2017 index value (80).

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
RMNCAH ¹ : Impact	Ensure that essential RMNCAH services are sustained and implemented whilst using Covid-19 sensitive guidelines during the pandemic. Address any stock-outs of essential RMNCAH commodities	Q4 2020		The country reports that all RMNCAH services were continuously provided by all health facilities but the necessary protective measures were observed. At the entrance of all health facilities, there is a screening point which will allow early detection of suspected cases. The country supposed delayed the planned MCH week at end of March as initially planned due to COVID-19, but this was completed in June

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

¹ RMNCAH metrics, recommended actions and response tracked through WHO