The annual reported number of malaria cases in 2020 was 2,043,392 with 149 deaths.
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 lifesaving interventions during this difficult time including for Reproductive, Maternal, Newborn, Child and Adolescent health, Neglected Tropical Diseases and malaria.

For Rwanda, we commend the Ministry of Health, in the decision to go ahead with the Indoor Residual Spraying in accordance with the 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.

WHO estimates that there were an additional 47,000 malaria deaths globally in 2020 due to service disruptions during the COVID-19 pandemic, leading to an estimated 7.5% increase in deaths.

It is essential to ensure the continuity of malaria, RMNCAH and NTD services in 2022 as the COVID-19 pandemic continues to impact our continent. This may include the implementation of any necessary catch-up activities and ensuring timely planning to account for potential delays in procurement and delivery. Any intervention must ensure the safety of communities and health workers given the ease of transmission of COVID-19.

The country has been affected by the continent-wide restriction of access to COVID-19 vaccines, but have been able to cover 44% of their population by the end of 2021.

Malaria 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 most of RDTs in 2021. The country has sufficient stocks of ACTs and RDTs. Rwanda has implemented an emergency response programme to address the upsurge in malaria cases. The country has launched the Zero Malaria Starts with Me campaign.

In line with the legacy agenda of the ALMA chair, His Excellency President Uhuru Kenyatta, Rwanda has enhanced the tracking and accountability mechanisms for malaria with the development of the Malaria Control Scorecard and posting this scorecard to the ALMA Scorecard Hub. The country is planning the launch of a Health Fund including malaria and NTDs.
Impact
The annual reported number of malaria cases in 2020 was 2,043,392 with 149 deaths.

Key Challenges
- Reported malaria upsurges from 2015.
- Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health, malaria and Neglected Tropical Diseases.

Previous Key Recommended Actions

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
<td>Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic</td>
<td>Q4 2022</td>
<td></td>
<td>Malaria control activities continue in Rwanda whilst respecting COVID-19 preventive measures. Malaria case management at health facility and community levels are continuing. From January to March 2021, The IRS campaign was completed as planned. There are good stocks of ACTs and RDTs. From July to September 2021, the LLIN routine distribution to pregnant women and to children under one year was conducted</td>
</tr>
</tbody>
</table>

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 and has published the scorecard on the ALMA Scorecard Hub.

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. In 2020, preventive chemotherapy coverage was 94% for soil-transmitted helminths and 78% for schistosomiasis. Overall, the NTD preventive chemotherapy coverage index for Rwanda in 2020 is 86, which represents an increase compared with the 2019 index value of 83.
<table>
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</thead>
<tbody>
<tr>
<td>RMNCAH¹: Impact</td>
<td>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</td>
<td>Q4 2022</td>
<td></td>
<td>With the easing of COVID-19 preventive measures restrictions, monthly growth monitoring at community level is being conducted by CHWs, and all MNCH services are being provided at health facility level. In November 2021, the Integrated Maternal and Child Health Week was organized where different interventions including the Inactivated Polio Vaccine (IPV) catch up campaign which was conducted in health centers, in vaccination outreach sites and in nursery schools; Vitamin A supplementation was provided and screening of malnutrition in children between 6 and 59 months. In addition, family planning methods were provided in all health facilities and vaccination outreach sites; and, health education on all critical health issues conducted in all sites</td>
</tr>
<tr>
<td>NTDs</td>
<td>Ensure that NTD interventions including Mass Drug Administration, vector control and Morbidity Management and Disability Prevention are sustained and implemented whilst using Covid-19 sensitive guidelines during the pandemic. This includes prioritising key necessary catch up activities</td>
<td>Q4 2022</td>
<td></td>
<td>Rwanda conducted NTD control and elimination planned interventions whilst respecting COVID-19 preventive measures. The members of the NTD Sub-Technical Working Group validated the Cross Sector NTD Joint Operational Plan for 2021-2022. Supportive supervision of Surveillance activities for Human African Trypanosomiasis were conducted. Mass Deworming including adults was integrated in the Maternal and Child Health week conducted in November 2021. MDA was conducted for Soil Transmitted Helminths in children from 1 to 15 year old and Schistosomiasis in school age children. Adults at community level, in refugee camps and in prisons also received Albendazole countrywide. The country is now preparing the Schistosomiasis elimination strategy. In addition, the user-requirements and business processes for the digital tool for NTD community deworming campaign were developed</td>
</tr>
</tbody>
</table>

¹ RMNCAH metrics, recommended actions and response tracked through WHO
### New Key Recommended Action

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Optimise quality of care</td>
<td>Address the falling coverage of vitamin A</td>
<td>Q4 2022</td>
</tr>
</tbody>
</table>

**Key**

- Action achieved
- Some progress
- No progress
- Deliverable not yet due