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.

Given the difficulties in securing essential health commodities in Africa during the COVID-19 pandemic, it is of vital importance that countries sign, ratify and deposit the African Medicines Agency (AMA) instrument with the AUC in order to improve access to quality, safe and efficacious medical products in Africa. The country is congratulated for doing this.

The country has been affected by the continent-wide restriction of access to COVID-19 vaccines, but have been able to cover 63% of their population by April 2022. The country, working with partners, should invest in education and behaviour change communication to increase the uptake of COVID vaccines and therapeutics.

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 and has carried out drug resistance testing since 2018 and has reported the results to WHO. The national strategic plan includes activities targeting refugees. The country has rolled out iCCM countrywide and has secured sufficient resources to distribute the required LLINs, ACTs and most of RDTs in 2022. 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>The country is conducting routine malaria prevention and control activities whilst using covid-19 measures. Other activities include the inspection of LLINs before their distribution, preparation of IRS to be conducted in end March 2022 in Gatsibo, Huye and Rusizi districts; a quality assurance of RDTs and blood smear in health facilities and community</td>
</tr>
</tbody>
</table>

**RMNCAH and NTDs**

**Progress**
Rwanda has achieved high coverage of tracer RMNCAH interventions, including DPT3 vaccination. 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.
### Previous Key Recommended Action

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<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>RMNCAH activities continued in Q1 2022 as planned whilst using COVID-19 safety measures in Rwanda. Activities included RMNCAH TWG activities, routine activities such as immunization, Antenatal care (ANC), Postnatal care (PNC), Family Planning, growth monitoring and others.</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>&quot;Rwanda is conducting the NTD control and elimination activities by respecting COVID-19 preventive measures. In Q1 2022, in addition to NTD routine activities, the country conducted the community awareness on NTDs around the World NTD Day. The country is also starting new Podoconiosis treatment centres and is developing the guidelines for treatment.</td>
</tr>
<tr>
<td>Optimise quality of care</td>
<td>Address the falling coverage of vitamin A</td>
<td>Q4 2022</td>
<td></td>
<td>The reason for the observed Vitamin A coverage rate decrease is associated with the Covid-19 that impacted many interventions and especially the fear to attend distribution sites. The country is planning to conduct Integrated Maternal and Child Health week campaign in May 2022 where distribution of Vitamin A will be part of the key interventions. The country will also organize extra sessions to ensure that all eligible population receive Vitamin A</td>
</tr>
</tbody>
</table>

### Key

- **Green**: Action achieved
- **Yellow**: Some progress
- **Red**: No progress
- **Gray**: Deliverable not yet due

¹ RMNCAH metrics, recommended actions and response tracked through WHO