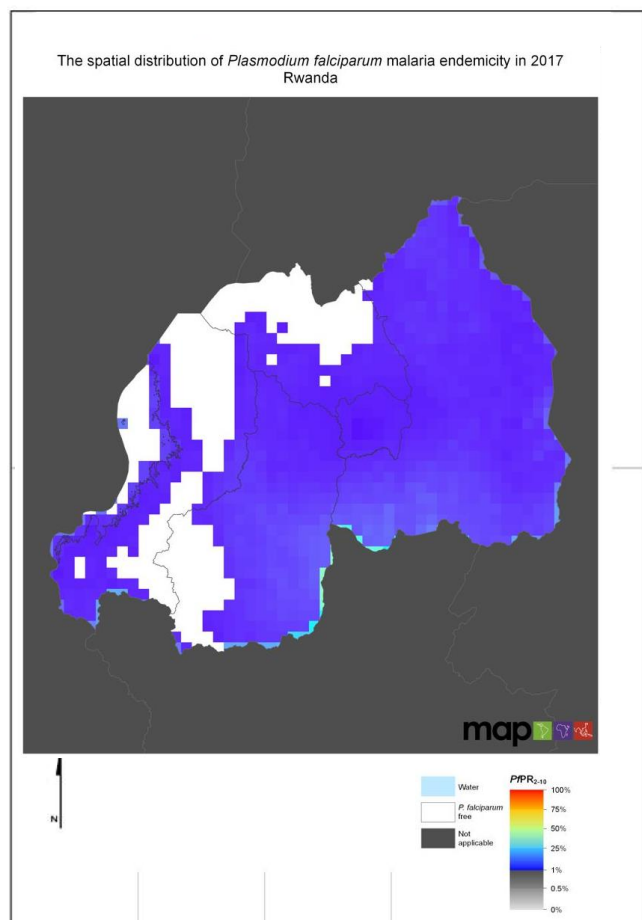


Scorecard for Accountability and Action



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

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	
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 (2018)	87
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2018)	63
% 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 2018 (vaccination among 0-11 month olds)	97

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 including 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, it will be of vital importance to ensure that the universal coverage campaign for long-lasting insecticidal nets (LLINs) and indoor residual spraying campaign scheduled for 2020 go ahead, whilst taking into account physical distancing, in accordance with the recent guidance and recommendations from WHO and the RBM Partnership to End Malaria. Without the LLIN campaign, planned indoor residual spraying and sustained malaria case management, there could be an 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 be 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.

Global Fund Update

The Global Fund has announced that Rwanda will receive US\$190.2 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2021-2023. 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\$54.8 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 accelerate progress.

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	Investigate and address the reasons for the increase in estimated malaria incidence between 2015 and 2018	Q4 2020		From 2012 to 2016, malaria incidence increased every year in Rwanda, with a more than an eight-fold increase in reported malaria cases and a 41% increase in mortality. The country conducted an in-depth national programme data analysis to ascertain the potential causes of the increase and design appropriate malaria control interventions. Among the different reasons identified were: the impact of climate change including increased temperature and rainfall, the increase in rice fields, insecticide resistance and low coverage in high impact malaria control interventions, due to insufficient resources. In response, the country developed a malaria contingency plan which identified improved strategies to reduce malaria burden including universal coverage in LLINs, Indoor Residual Spraying in at least 8 high burden districts, expanding Home-based Management of Malaria to all ages with the introduction of free malaria diagnosis and treatment to the most economically vulnerable populations and multi-sectoral collaboration for malaria response in Rwanda. As a result, significant progress has been made with a 22% reduction in the incidence of malaria from 2016/2017 to 2018/2019
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		Deliverable not yet due

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
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

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).

New Key Recommended Action

Objective	Action Item	Suggested completion timeframe
RMNCAH ¹ : Impact	Ensure that essential RMNCAH services are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic	Q4 2020

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

¹ RMNCAH metrics, recommended actions and response tracked through WHO