

REPUBLIC OF RWANDA



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# HEALTH SECTOR ANNUAL REPORT

July 2015-June 2016

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## Table of Contents

<b>INTRODUCTION</b> .....	<b>5</b>
<b>PROGRAMS</b> .....	<b>5</b>
I. Maternal, Community and Child Health Programs .....	5
A. Maternal and Child Health .....	5
B. Sexual and Gender-Based Violence (SGBV).....	6
C. Vaccine Preventable Diseases .....	7
D. Nutrition.....	9
II. Disease Prevention and Control.....	11
A. Non Communicable Diseases .....	11
B. HIV, AIDS and other blood born infection .....	13
C. Mental health and drug abuse prevention and treatment.....	14
D. Tuberculosis and Other Respiratory Diseases .....	16
E. Malaria and other parasitic diseases .....	16
F. Neglected Tropical Diseases (NTDS) .....	18
<b>HEALTH SUPPORT SYSTEMS</b> .....	<b>18</b>
A. Planning, budgeting, and monitoring.....	18
B. Health Infrastructure Development.....	20
C. Human Resources for Health .....	30
D. Medical Products Management and Regulation .....	30
• Policy and Regulatory Framework .....	30
• Import and Export of Pharmaceutical Products and Health Commodities.....	30
• Pharmaceutical Establishment and Law Enforcement .....	31
E. Health Management Information System .....	33
F. Blood transfusion .....	34
<b>GOVERNANCE</b> .....	<b>34</b>
• Regulatory Framework and Decentralization .....	34
• Sector Organization and Management, Coordination and SWAp .....	34
• International Conferences and workshops .....	35
a. The Biennial congress of the Africa Society for Blood Transfusion (AfSBT) .....	35
b. Rwanda Health Financing Reforms in the eve of Sustainable Development Goals ..	36
c. The 5 <sup>th</sup> African Network on Influenza kicks off in Rwanda.....	36
d. International scientific conference on Non-Communicable Diseases .....	36
<b>Health Sector Budget Execution for FY2015/16</b> .....	<b>37</b>

## List of tables

Table 1 Number of People vaccinated against different disease in July 2015-June 2016.....	9
Table 2 Number of People vaccinated against Hepatitis B in July 2015-June 2016 .....	9
Table 3 Distribution of demographics and assessed conditions among participants.....	12
Table 4 Outcomes of different cardiac surgery operating missions in 2015-2016.....	13
Table 5: Common mental health illnesses received in health facilities in this year. ....	15
Table 6 Equipment purchased equipment during 2015-2016.....	20
Table 7 Other Laboratory equipment.....	24
Table 8 Construction project completed during the fiscal year 2015-2016.....	25

## List of figures

Figure 1 Rwanda national immunization coverage by antigen, July 2015-June 2016 .....	7
Figure 2 Comparison of coverage by antigen between 2014/2015 and 2015/2016.....	8
Figure 3 Common mental health illnesses received in health facilities in July 2015-June 2016 ...	15

## Foreword

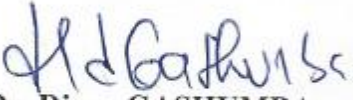
During the Fiscal Year June 2015-July 2016, the Health Sector continued to implement all key strategic interventions highlighted in the Health Sector Strategic Plan III (HSSP III: 2012-2018). These interventions are intended to contribute to the reduction of the burden of communicable and non-communicable diseases among the Rwandan population, the improvement of the availability, accessibility and utilization of maternal and child health services, as well as the quality of all services offered by both private and public health facilities.


While the majority of health programs' indicators continued to improve, the Fiscal Year June 2015-July 2016 in the health sector was still marked by the upsurge of malaria cases observed across the country since the end of 2012. The increase of malaria cases is attributable to several factors, including vector density and resistance, climate anomalies (temperature and rainfall), environmental modification, human behaviour, and non-universal coverage of effective interventions.

As a response to the rise in malaria cases, a Malaria Contingency Plan (MCP) has been developed and implemented since January 2016, with the aim of enhancing the implementation of current interventions to reduce the burden of malaria in the population. These malaria control interventions consist of the effective implementation of high impact interventions, including countrywide mass distribution of long lasting insecticide treated nets (LLIN) to reach universal coverage, Indoor Residual Spraying (IRS) using an efficacious insecticide in high-risk districts, early diagnosis and treatment at the health facility and community level, environmental management, and social behaviour change communication (SBCC). These interventions are implemented simultaneously to decline the transmission of malaria and mitigate the severity of the disease.

Through the usual collaboration with health sector development partners and stakeholders, the Ministry of health is confident that all these efforts will yield more good results that will contribute the acceleration of the development journey to make Rwanda a middle-income country by 2020.

The Ministry of health is grateful to all its partners and stakeholders who tirelessly participate in the delivery of better quality services to all our clients.

  
**Dr. Diane GASHUMBA,**  
**Minister of Health**



## INTRODUCTION

For the Fiscal Year 2015-2016, the Health Sector continued to implement actions meant to improve the availability, and access to quality healthcare. The following paragraphs highlights achievements registered by the health sector for the fiscal 2015-2016 in different health programs, as well as in the area of health system strengthening.

## PROGRAMS

### I. Maternal, Community and Child Health Programs

#### A. Maternal and Child Health

Recent studies, the Rwanda Integrated Household Living Conditions Survey 4 (EICV 4) and the Rwanda Demographic and Health Survey 2014-115 have shown that Rwanda achieved the Millennium Development Goals (MDG) 4 and 5. However, the neonatal mortality rate is still high and high impact interventions are still needed to reverse the situation. Many interventions to improve maternal and child health were implemented in the fiscal year (FY) 2015-2016, and the following key achievements were registered.

#### **Trainings of healthcare providers**

- A total of 40 healthcare providers from 10 Districts (Musanze, Nyabihu, Gatsibo, Ngoma, Rwamagana, Huye, Nyamagabe, Nyaruguru, Nyagatare and Kamonyi) were trained on Focused Antenatal Care (ANC).
- 59 health care providers from Musanze, Kamonyi, Ngoma and Rwamagana districts were trained on Basic Emergency Obstetric and Newborn Care (BEmONC). A post training follow-up and evaluation was conducted, and 40 highly performing trainees among those who were initially trained were further trained as trainers of trainers, with mandate to conduct on Job training and mentorship to health care providers from their catchment area on B-EmONC.
- A B-EmONC on the job training using the Low Dose High Frequency approach was conducted in Rwamagana District where 120 healthcare providers were trained.
- Healthcare providers practicing in health centers located in 10 Districts, namely Rutsiro, Karongi, Nyamashake, Nyamagabe, Nyaruguru, Ngororero, Kamonyi, Musanze, Rubavu and Nyabihu were trained on Essential Newborn Care (ENC). A total number of 296 healthcare providers were trained on ENC.
- In order to implement low dose high frequency and mentorship approach in neonatal care, 19 healthcare providers from Musanze, Kamonyi, Rwamagana and Ngoma Districts were initially trained as health care providers on Essential Newborn Care, then as hospital level trainers after the post training follow-up. These hospital trainers were able to train 57 healthcare providers from all health centres in the above-mentioned 4 districts. Each health

centre in these districts has now got a healthcare provider trained on essential new-born care.

- To improve on the management of newborn complications in hospital and reduce neonatal case fatality rate in hospitals, on job trainings were organized for healthcare providers from Ruhengeri, Remera-Rukoma, Kibungo and Kabutare hospitals on neonatal protocol. A total of 75 healthcare providers were trained.
- Two training sessions on the Integrated Management of Childhood Illness Computerized Adaptation and Training Tool (IMCI-ICATT) were conducted, and 60 healthcare providers from 10 hospitals attended the training as well as 6 national trainers in order to build their capacity to deliver the training on IMCI-ICATT in pre-service education.
- A total of 40 healthcare providers from 18 Hospitals were trained on Emergency, Triage, Assessment and Treatment (ETAT+).

#### **Monitoring and evaluation**

- A Confidential Enquiry into Maternal Death (CEMD) was introduced and its implementation started in January 2016 throughout health facilities. This intervention is intended to improve and strengthen maternal death audit process. The responsibility to conduct CEMD was given to all provincial hospitals. And all four provincial hospitals (Ruhango, Kinihira, Bushenge and Rwamagana) were visited for orientation on the approach.
- Four workshops were organized to review maternal deaths, identify gaps and propose strategies to avoid future similar deaths. Two of the workshops were conducted in December 2015 to review maternal deaths that occurred from July to November 2015. The remaining two workshops were conducted in June 2016 to review maternal deaths occurred from January to May 2016. These workshops brought together members of MDSR committees from District, Provincial and Referral Hospitals. They were attended by 88 members.

#### **B. Sexual and Gender-Based Violence (SGBV)**

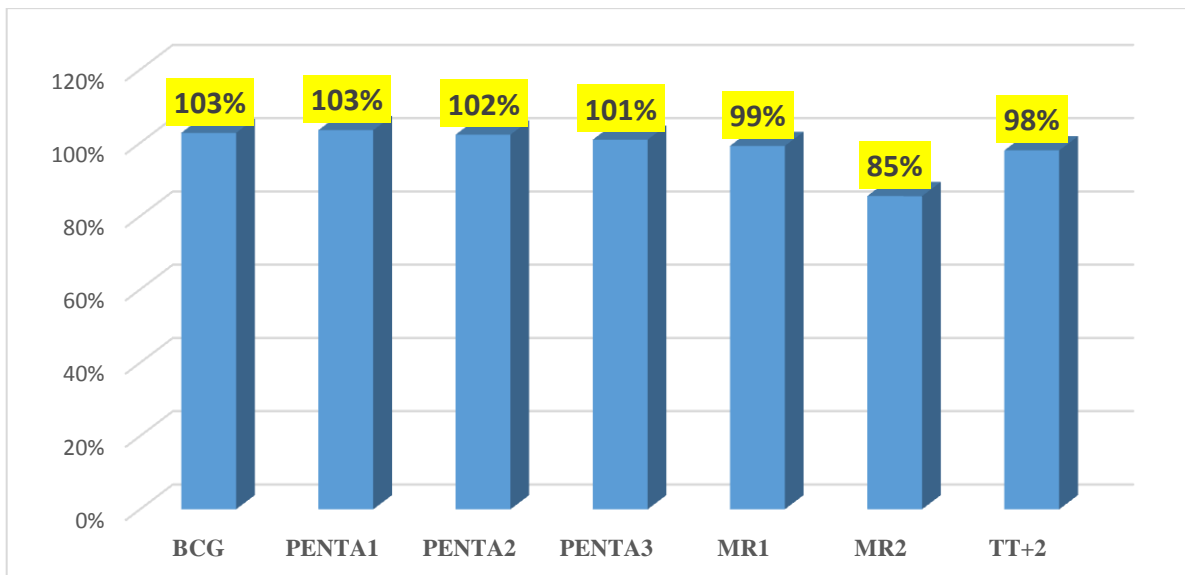
- The Rwanda Biomedical Center (RBC) through Maternal Child and Community Health (MCCH) Division contributed to the improvement of services provided to SGBV victims by scaling-up the Isange One Stop Centers (IOSCs) at the district level. For this reporting period, facilities in 9 Hospitals: Kabutare, Rwinkwavu, Gisenyi, Bushenge, Remera Rukoma, Shyira, Kibuye, Rwanda Military Hospital and Ruhango have been rehabilitated and modernized to accommodate the IOSCs services in line with the National Strategy to ensure integrated multidisciplinary services and protection of SGBV victims.

- In addition to 23 IOCSs that are fully operational namely in Kabutare, Rwamagana, Nyanza, Ruhengeri, Kibuye, Ruhango, Byumba, Mibilizi, Gihundwe, Kirehe, Gakoma, Nyanza, Kacyiru, Kibungo, Nyagatare, Kabgayi, Nyamata, Nemba, Munini, Gisenyi, Rwanda Military Hospital, Butaro and Muhororo. IOCSs Facilities in 17 more Hospitals started being rehabilitated so as to accommodate IOCSs services in line with the National Strategy to ensure integrated multidisciplinary services and protection of SGBV victims. The 17 hospitals are: Nemba, Nyamata, Mugonero, Ruli, Kibilizi, Murunda, Kabaya, Kibagabaga, Masaka, Muhima, Kiziguro, Gahini, Kilinda, Rutongo, Kaduha, Gitwe, and Kibogora.

### C. Vaccine Preventable Diseases

- Currently, Rwanda has 12 antigens in routine vaccination which is intended to reach all infants under two years olds age with available vaccines to protect them from the following vaccine preventable diseases: tuberculosis, poliomyelitis, diphtheria, neonatal tetanus, pertussis, hepatitis B, haemophilus influenzae type b, measles, streptococcus pneumonia, rotavirus infections and rubella. In addition, all the young adolescent girls aged 12 are targeted to be protected from cervical cancer with human papilloma virus vaccine (HPV), while pregnant women to be protected from tetanus, during the antenatal care visits, according to the WHO immunization schedule with toxoid tetanus (TT).
- Achievements related to routine immunization: the following graphs are showing that the systematic vaccination to children, adolescent girls as well as pregnant women was performed in all health facilities during 2015-2016 fiscal year.

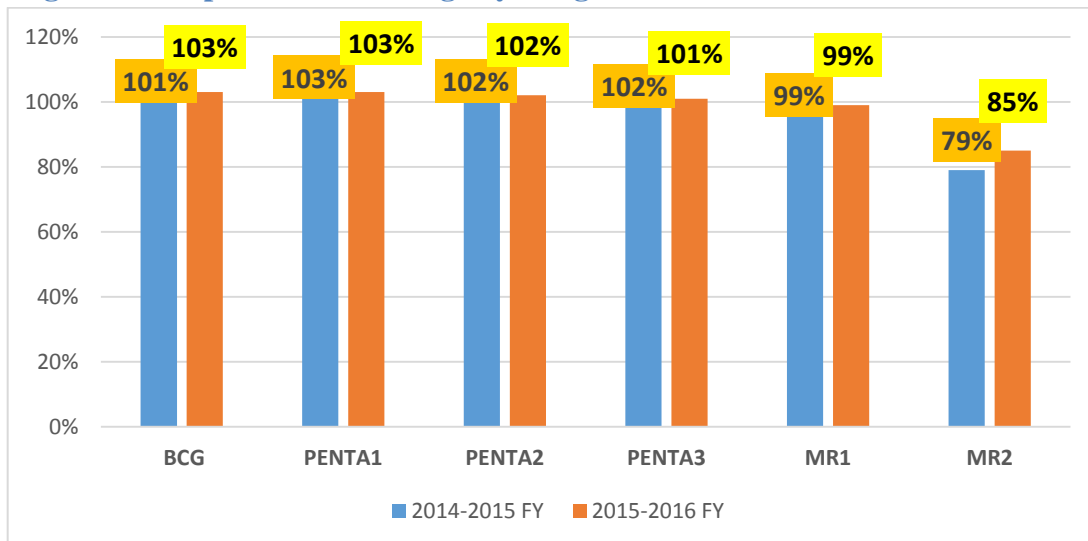
**Figure 1 Rwanda national immunization coverage by antigen, July 2015-June 2016**





- During the reporting period, the achievement in terms of immunization coverage at national level is excellent as shown in above graph. This is the result of efforts put in expanding the number of immunization outreach sites in community level and also in reducing dropout rate through different social mobilization channels including high involvement of CHWs. Since the vaccination against Measles & Rubella up to 15 Months was recently introduced, promotion efforts are underway to reach the same coverage as at 9 Months.
- **Tetanus Immunization:** TT vaccine is given to pregnant women to protect the new-born against neonatal tetanus. The vaccine is provided systematically in ANC services. The national coverage of vaccination against tetanus (TT2+) is very good (98%).

**Figure 2 Comparison of coverage by antigen between 2014/2015 and 2015/2016**



- The above graph shows the comparison of coverage by antigen at national level between 2014-2015 and 2015-2016 and reveals that the high level of performance was maintained for all antigens. We can note a remarkable improvement for the new vaccine MR2 (Measles & Rubella at 15 months) with a 6% increase over the last fiscal year. However, sensitization has to be strengthened on this measles booster dose because it is still new to mothers.
- For vaccine management: Ministry of Health/RBC is happy to report that no stock out of vaccines and vaccination materials has been reported at any level, central or facility level.
- Vaccination of travellers against Yellow Fever, meningitis, hepatitis B and other available Vaccines: During FY 2015-2016, the Vaccine Preventable Diseases Program (VPDP) has vaccinated 24,845 persons at central level against yellow fever, meningitis, hepatitis B, polio and Rabies while it was 11,200 persons vaccinated last year.

**Table 1 Number of People vaccinated against different disease in July 2015-June 2016**

Disease	Total
Yellow fever	<b>15,358</b>
Meningitis	<b>575</b>
Hepatitis B	<b>8,598</b>
Polio	<b>314</b>
Total	<b>24,845</b>

- From 2014 the Vaccine preventable disease program started to vaccinate population at higher risk group against hepatitis B virus disease and mass sensitization countrywide made through different communication channels. The following table shows the data of the Community Health Workers (CHWs) with their partners, Police officers, and staff from hotels, cleaning companies and all army and member of their families who have been vaccinated with three doses of hepatitis B vaccine during the reported fiscal year.

**Table 2 Number of People vaccinated against Hepatitis B in July 2015-June 2016**

High risk group	1st Dose	2nd Dose	3rd Dose
<b>CHWs</b>	43,954	41,029	32,202
<b>CHWs' partners</b>	27,821	23,182	21,806
<b>Police officers</b>	10,809	9,991	8,853
<b>Hotels staff</b>	3,541	2577	1,284
<b>DH Cleaners</b>	<b>x</b>	<b>x</b>	<b>350</b>
<b>Other voluntary person</b>	<b>x</b>	<b>x</b>	<b>638</b>
<b>TOTAL</b>	86,125	76,779	65,133

#### **D. Nutrition**

- Development of Fortified Blended Food (FBF) technical specifications**

Balanced energy protein supplementation, containing up to 25% of the total energy from protein, is considered an important intervention to prevent adverse perinatal outcomes in malnourished women. Balanced energy protein supplementation reduces the incidence of Small for Gestation Age by 34% and the risk of stillbirths by 38%, and increases mean birth weight by 73 grams; these effects are more pronounced among underweight women.

The developed product specification for women aligns with the requirements of a balanced energy protein supplement for pregnant and breastfeeding women. A draft technical specification was developed between November and January 2015. Several technical meetings were conducted between February and April 2016 to review and discuss the technical specification for the fortified blended food for pregnant and breastfeeding women. The consultation process included national and international nutrition experts from CHAI, DSM and WFP, and a final document produced was sent to the Rwanda Standards Board to elaborate National standards.

In addition, in preparation of the FBF program implementation, the process of updating the National Standards for the Children's Fortified Blended Food, to include the analytical requirements was conducted and final technical specification for children's FBF were approved., Further, the elaboration of key quality control.

- **Strategy to integrate growth monitoring within the routine immunization program**

In children aged between 3 to 24 months, stunting reflects the continuous process of failing to grow, and for older children, it reflects a state of having failed to grow. Assessment and measurement of growth is vital and must be done with good precision and accuracy to be meaningful. The strategy aiming at integrating anthropometric measurements within routine immunization which will result in generating routine information on nutrition status of children under the age of five was developed and it is ready for implementation starting from the next fiscal year (2016-2017).

Nutritionists from all districts hospitals have been trained as trainers on the implementation of the strategy, and they have trained health center staff on the approach. At health center level, the community health workers' supervisor; the nurse in charge of vaccination and the staff in charge of nutrition have been trained. In addition, all health centers were equipped with anthropometric measurements tools especially the length boards.

- **Linking social protection programs to nutrition interventions**

In a move to link social protection programs and nutrition interventions, a pilot project was designed in collaboration with the Rwandan Local Administrative Entities Development Agency (LODA). It will be implemented in ten selected villages of Cyato sector in Nyamasheke District. The baseline anthropometric information on children aged 6 to 24 months was collected, and this will serve as a reference point to monitor whether the support provided to vulnerable households will be contributing to the improvement of children's nutrition status.

It is anticipated that the pilot project will serve as model of the integration of VUP and nutrition activities through Expanded Public Works to improve nutrition outcomes for children. Lessons learnt will inform policy decision making in terms of future programming.

## II. Disease Prevention and Control

### A. Non Communicable Diseases

In the FY 2015-2016, the Division responsible for Non-Communicable Diseases (NCDs) in RBC continued to strengthen services for the prevention, diagnosis, early detection, as well as care and treatment. The key achievements recorded for the FY 2015-2016 include:

- The establishment of NCDs Clinics in 42 Districts hospitals, referral hospitals and specialized clinics.
- To ensure the decentralization and integration of NCDs management 210 staff (a team of 5 Health Care Providers per hospital) were trained on adequate NCDs management, with a focus on proper follow up of NCDs cases. So far, all Districts Hospitals have the basic capacity to ensure proper management and control of NCDs patients.
- Integrated palliative care services have been established by creating multidisciplinary teams in all District hospitals. In addition to two hundred and ten staff (210) from all district hospitals, two hundred and fifteen nurses (215) from one hundred thirteen health centers (113) were trained on prevention and management of NCDs including screening, education, and follow up of some NCDs namely hypertension, diabetes, heart failure, chronic kidney and chronic respiratory diseases.
- The Phase I of Home Based Care Practitioner (HBCP) program was initiated. In this phase, 200 people have started a six-months training in 9 hospitals. Trainings are being organized in collaboration with the Workforce Development Authority (WDA). Practitioners will be responsible for the provision of home-based palliative care for people with chronic diseases, sensitization of the population on NCDs risk factors and early detection, conducting the verbal autopsy for people who die at home.
- In terms of NCD's prevention, awareness and screening campaigns were conducted using different media channels in collaboration with health sector partners. In collaboration with the City of Kigali, every first Sunday of the month was dedicated to Car Free Day where citizens are sensitized to walking, jogging and cycling to prevent NCDs. The population was sensitized for medical check-up, especially women above 35 and men above 40 years. The launch of car free day coincided with the celebration of World Health Day During with the "Diabetes" as a theme. The launch was marked by screening of a free NCDs screening for Kigali city population where 2903 people were screened for hypertension, diabetes, eye problems and Body mass index during the one-week campaign.

**Table 3 Distribution of demographics and assessed conditions among participants**

<i>Variables</i>	<i>N=2903</i>	<i>%</i>
<b>Sex</b>		
<i>Male</i>	1851	63.8
<i>Female</i>	1032	35.5
<b>Age</b>		
<i>&lt;20</i>	145	5
<i>20-29</i>	789	27.2
<i>30-39</i>	987	34
<i>40-max</i>	957	33
<b>BMI</b>		
<i>Lean</i>	586	20.2
<i>Normal</i>	1265	43.6
<i>Overweight</i>	716	24.7
<i>Obese</i>	327	11.3
<b>Blood pressure</b>		
<i>Normal</i>	2322	80
<i>stage1</i>	271	9.3
<i>stage2</i>	17	0.6
<i>stage3</i>	42	1.4
<b>Glycaemia</b>		
<i>High glycaemia</i>	35	1.2
<i>Normal glycaemia</i>	2868	98.8
<b>Glaucoma</b>		
<i>Normal</i>	1695	58.4
<i>Glaucoma suspect</i>	1208	41.6
<b>Refractive error</b>		
<i>Normal</i>	880	30.3
<i>Myopia</i>	1018	35.1
<i>Hypermetropia</i>	979	33.7
<i>Myopia&amp;hypermetropia</i>	23	0.8

- Two vision centres were launched in Ruhengeri and Rwamagana hospitals for the provision of cost effective and sustainable vision care focusing on refractive errors.
- Integration of cervical cancer through the training of an additional 134 health care providers from 12 district hospitals and 76 of their health centres on cervical cancer screening and treatment of cervical precancerous lesions using cryotherapy
- International medical missions: different cardiac surgery operating missions operated 67 cardiac patients as seen in the table below.

**Table 4 Outcomes of different cardiac surgery operating missions in 2015-2016**

<i>Dates</i>	<i>Mission</i>	<i>Number of Patients operated</i>
5th-12th October 2015	Healing Heart	16
14th -16th Feb 2016	Team heart	16
February 11 <sup>th</sup> to 25 <sup>th</sup> April 2016	Open Hear international	18
15th to 23th November 2015	Chain of hope	17

- During a 3-month (June-September, 2015) an intensive surgical outreach program by the University teaching hospital of Kigali (CHUK), successfully performed over 1556 major neural and plastic surgeries. Additional 618 minor surgeries were also conducted, making the total number of patients operated up to 2174.
- The Surgical team operated all pending cases of about 200 patients in district or provincial hospitals, including pathologies that could not be operated outside CHUK for technical and logistical limitations.

## **B. HIV, AIDS and other blood born infection**

- Key indicators at glint

<b>Indicators</b>	<b>Data as of June 2016</b>
<b>HIV PREVENTIVE INTERVENTIONS</b>	
Health facilities providing testing and counselling services	569(97, 4%)
HIV tests conducted in the last 12 months	3,818,043
Males circumcised	168,980
Health facilities providing PMTCT services	535(97, 7%)
Percentage of infants born to HIV-infected mothers who are not infected by 18 months	98, 24 %( MTCT= 1,76%)
Pregnant women coming for ANC tested for HIV	345,490(98%)
Percentage of pregnant women tested HIV positive	0.90%
HIV+ pregnant women who received antiretroviral therapy to reduce the risk of mother to child transmission	9,364(99%)
Male Uptake in PMTCT	85%
Discordant couples followed at Heath Facility	17,752

New discordant couples registered (July 2015 –June 2016)	3,340
HIV Positive partners in discordant couples on ART	12,837
<b>CARE AND TREATMENT SERVICES</b>	
Health facilities offering Care and Treatment services	546(97,8%)
PLHIV enrolled in Pre-ART in the last 12 months	13,831
PLHIV currently in Pre-ART	16,533(9.1%)
PLHIV currently receiving antiretroviral therapy	164,252(78%)
PLWH initiating ART in the last 12 months	13,827
Hospitals and health centres offering full package of HIV services (VCT, PMTCT, ART)	524(96%)
Percentage of adults and children known HIV+ to be on treatment 12, months after initiation of antiretroviral therapy	92.60%
Percentage of viral load suppression after 12 months on treatment (< 20 copies/ml)	86.40%

- During the period of July 2015 to June 2016, over 3.8 million tests of HIV were performed, with only 0.7% testing positive.
- Since July 2014, Rwanda started to implement the then new WHO Guideline for ART, and the total number of patients on ART increased from 153,062 (June 2015) to 164,252 (June 2016). Mentorship and task shifting programs were very key strategies to improve quality of service delivery.
- Since July 2016, Rwanda started to implement the newest WHO Guidelines for ART, whereby all HIV positive people must start the treatment regardless of any eligibility criteria.
- For this reporting period, final results from surveys conducted during 2014-2015, to allow evidence based interventions, were validated and most of them published. For the Rwanda AIDS Indicator and HIV Incidence Survey (RAIHIS), the findings have shown that the overall prevalence of HIV in both sexes in Rwanda was 3.0%. It was higher among women 3.5% while it was 2.4% among men. HIV prevalence in urban areas was higher (5.6%) compared to 2.6% in rural areas. The lowest HIV prevalence was found in the Northern Province (2.3%) and the highest in Kigali City (6.3%). The result from RAIHIS published were almost the same as those from DHS 2015.

### **C. Mental health and drug abuse prevention and treatment**

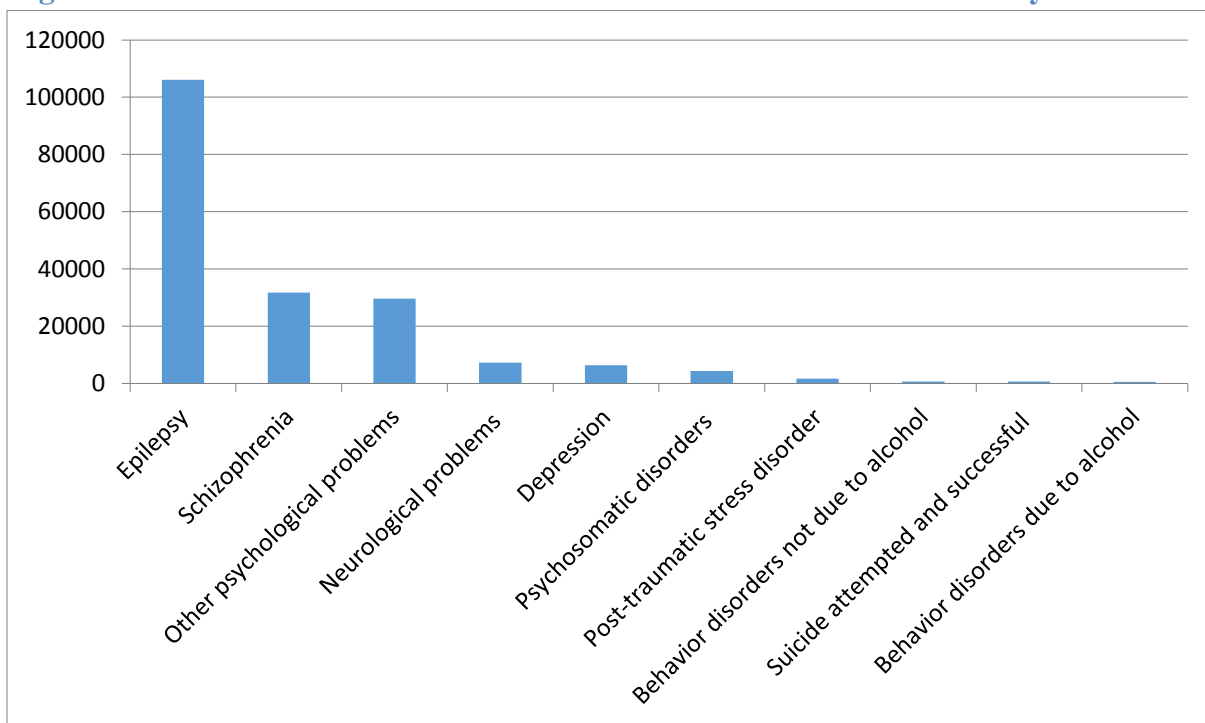
Mental healthcare services are decentralized and integrated into primary healthcare in district hospitals as well as in health centres. A total of 188,753 mental health cases were received in health facilities during the FY 2015-2016.

**Table 5:** Common mental health illnesses received in health facilities in this year.

No	Pathology	Number of cases	%
1	Epilepsy	106,088	56.2%
2	Schizophrenia	31,707	16.8%
3	Other psychological problems	29,578	15.7%
4	Neurological problems	7,222	3.8%
5	Depression	6,366	3.3%
6	Psychosomatic disorders	4,307	2.3%
7	Post-traumatic stress disorder	1,668	0.9%
8	Behaviour disorders not due to alcohol	675	0.4%
9	Suicide attempted and successful	625	0.3%
10	Behaviour disorders due to alcohol	517	0.2%
<b>Total</b>		<b>188,753</b>	<b>100%</b>

(Source: HMIS July 2015-June 2016)

**Figure 3** Common mental health illnesses received in health facilities in July 2015-June 2016



- To reinforce the integration of mental healthcare into the package of primary health care, 43 general practitioners working in district hospitals and 281 general nurses working in health centres were trained on mental health care and drug abuse management.



- To consolidate mental health care services at referral hospitals, post graduate training in Psychiatry was launched in University of Rwanda. 5 students are in the second academic year; 3 students are in the third year. Three students are in their final year.
- In collaboration with Rwanda National Police, Huye Isange Rehabilitation Centre has been established to offer required rehabilitation services to drug and alcohol addicts.
- For 22<sup>nd</sup> genocide commemoration period, Mental Health Division organized and coordinated mental healthcare from the central level to community level across the country. From April 7th to 13th, across the country: 1,447 cases were received and supported on commemoration sites, 555 cases were received and treated at health centres, 201 cases were received and treated in District hospitals and 63 cases were received and managed in referral hospitals.
- The Inter-Ministerial Committee Responsible for Fighting against Illicit Narcotic Drugs, Psychotropic Substances and Precursors (IMC-RFANDPSP) has been created and made functional. Its draft action plan has been developed and the recruitment of its permanent secretariat is in process.

#### **D. Tuberculosis and Other Respiratory Diseases**

- 45% of all patients with symptoms suggestive of TB (presumptive TB cases) were brought by Community health workers (CHWs), increasing easy and rapid access to TB clinics and care at health facilities;
- 99,2% of all patients with symptoms suggestive of TB (presumptive TB cases) and 99,5% of all-forms TB cases reported, had their HIV status known;
- The Treatment success rate for bacteriologically confirmed new and relapse TB case was 89.3% of the cohort of TB cases registered in 2014-2015 FY.
- TB Surveillance system among health care providers was initiated in all health facilities.
- At least one nurse by health centre and two doctors by DH were trained on the management of practical approach for lung disease (PAL)
- Electronic TB and Leprosy register (e-TB) was initiated and is being implemented in all health facilities.

#### **E. Malaria and other parasitic diseases**

Rwanda is targeting malaria pre-elimination defined as the reduction to near zero death due to malaria, by 2018 – an effort that requires robust evidence-based efforts and strong collaborations with neighbouring countries. The Rwanda Health Management Information System (HMIS) reveals that since the end of 2012 to today, Rwanda has experienced an increase of malaria morbidity. The 10 districts with the highest number of cases represent more than 62% of all total malaria cases, with these districts predominantly in the Eastern and Southern provinces.

A deep analysis of malaria situation identified the main factors contributing to malaria increase in Rwanda: increase in reporting and health utilization, substandard coverage and use of mosquito nets, climatic data anomalies, increase of pyrethroid insecticide resistance, as well as increase of malaria in the region. In January 2016, a Malaria Contingency Plan was developed, approved and implemented to tackle the rising burden of malaria in Rwanda. From July 2015 to June 2016, the following key malaria control interventions were implemented:

- 1) LLINs distribution has been prioritized in ANC and EPI services and high malaria burden districts, however given delay in LLINs procurement and deliveries; universal coverage has not been achieved. A total of 97,984 LLINs have been distributed to primipares attending ANCs while 304,428 LLINs have been distributed to children under one attending EPI routine vaccination. A total of 1,279,511 LLINs were mass distributed across 16 high-risk districts. As a result, 81% of households own at least an ITN and respectively 80% of children under five and 88% of pregnant women leaving in household with LLINs have slept under an ITN the night preceding the survey;
- 2) IRS has been implemented in 6 high malaria districts reaching an average coverage rate of 98.7%. Since Rwanda has chosen carbamates insecticide, data have shown decline of malaria in those districts while malaria continues to increase in other districts. Rwanda has continued to monitor insecticide efficacy and resistance as well as entomological monitoring;
- 3) Improving early diagnostic and treatment through availability of malaria commodities, quality control, and strengthening and capacity building to help reducing malaria transmission at all levels of health care, resulting in 99.96% of confirmed malaria cases tested prior to ACTs treatment. This has ensured early and prompt treatment, preventing increase of severe malaria cases, hence preventing malaria deaths;
- 4) Strengthening of community case management has resulted in the treatment of 96% of children under five within 24 hours of symptoms onset as well as 96% of children tested with RDTs prior to ACTs treatment. Community case management has been extended to children above 5 years of age and adults in 12 districts. More than 95% of adults treated are treated within 24 hours of onset of malaria signs and symptoms;

- 5) Malaria surveillance through reactive case detection in 6 pre-elimination districts. In these districts, 33.9% of malaria cases were notified due to an increase in malaria cases. Among those notified, 80.1% were investigated;
- 6) Strengthening of behaviour change communication through community sensitization and mobilization using radio, TV, drama, and campaigns with strong involvement of local leaders;
- 7) The execution of Global Fund RBF Malaria budget was 43% while Government support was executed at 140% and PMI at 100%. The total funds used for malaria expenditures during this fiscal year were 36,776,909USD equivalent to 69,5% budget execution including the three sources of funding (Government, PMI, and Global Fund).

Rwanda has scaled up key malaria control interventions based on scientific evidence and supported by an exemplary organization and management of the health system. As a result, most of the key Rwanda MSP indicators targeted for this year have been achieved with exception of the malaria burden increase, which has resulted in the implementation of the Malaria Contingency Plan as a Government of Rwanda priority.

## **F. Neglected Tropical Diseases (NTDS)**

The main activities implemented were national Mass Drug Administration (MDA) against Schistosomiasis (SCH), and Soil-transmitted Helminthiasis (STH); implementation of NTD surveillance activities in selected sentinel sites; training of health care workers on NTD diagnosis, treatment and surveillance and assessment of taeniasis and related risk factors. Other important events were the application to the WHO for donation of MDA medicines and medicines were received.

## **HEALTH SUPPORT SYSTEMS**

### **A. Planning, budgeting, and monitoring**

In the areas of planning, budget and monitoring, the key achievement registered in the FY 2015-2016 is the Mid-term Review of the Rwanda Third Health Sector Strategic Plan (HSSP III, July 2012–June 2018). The mid-term review was conducted by a team of four international consultants, supported by facilitators from the Ministry of Health and the Office of World Health Organization in Rwanda.

By looking at the last three years of the implementation of HSSP III, consultants were required to assess the effectiveness, the relevance, the efficiency, the sustainability, as well as the quality of interventions implemented. The major findings of this mid-term review include:

- **Effectiveness:** HSSP III was effective in delivering the set targets in terms of outputs, outcomes and impacts as documented in the recent DHS results and various sector performance reports.
- **Relevance:** HSSP III priorities and strategies by large remain relevant for the remaining period of the plan. With the emerging international commitments (SDGs) and challenges associated with the declining external resources, the relevance of some of the strategies in each of the components need to be reviewed and sharpened.
- **Efficiency:** Rwanda is stepping up its efforts to enhance efficiency through rationalization of expenditures by each of the programs; health facilities focusing mainly on rationalization of human resources deployment as well as strengthening decentralization.
- **Sustainability:** Rwanda has achieved most of its Millennium Development Goals (MDGs) targets and need to ensure that the gains made so far are sustained in an environment of declining external resources. Challenges of sustainability are recognized and strategies for domestic financing have been charted out, as part of new health financing sustainability plan (the introduction of sin taxes and levies, private sector engagement, self-financing strategies for health facilities and enhancing risk pooling and purchasing arrangements).
- **Quality:** There are clear policies and strategic guidance on quality assurance and accreditation at primary and secondary levels of care, including capacity building.

## B. Health Infrastructure Development

Table 6 Equipment purchased equipment during 2015-2016

Items procured	Quantity	Locations/Beneficiaries	Comments
• <b>Incubators</b>	20	<b>Hospitals:</b> Rwamagana,	Each Hospital received 2 incubators
• <b>Infant radiant warmer</b>	40	Bushenge, Kinyihira, Ruhango, Mibilizi, Ruhengeri, Kibungo,	Each Hospital received 4 infant radiant warmers
• <b>Phototherapy Units</b>	20	Ngarama, Gihundwe and Kabgayi Hospitals	Each Hospital received 2 phototherapy units
• <b>Electric Obstetric beds</b>	20	<b>Hospitals:</b> Rwamagana, Bushenge, Kinyihira, Ruhango,	Each Hospital received 2 obstetric beds
• <b>Electric beds</b>	20	Mibilizi, Ruhengeri, Kibungo,	Each Hospital received 2 electric beds
• <b>Baby cradles</b>	40	Ngarama, Gihundwe and Kabgayi Hospitals	Each Hospital received 4 baby cradles
• <b>Patient Monitor</b>	20	<b>Hospitals:</b> Rwamagana, Bushenge, Kinyihira, Ruhango, Kibuye, Ruhengeri, Kibungo, Nyagatare, Gihundwe, RMH and	Each Hospital received 2 Patient monitor except Nyagatare and Gihundwe which received one monitor
• <b>Foetal Doppler</b>	20	Kabgayi Hospitals	Each Hospital received 2 Fetal Doppler except Nyagatare and Gihundwe which received one monitor
• <b>Laryngoscope</b>	20	<b>Hospitals:</b> Rwamagana, Bushenge, Kinyihira, Ruhango,	Each Hospital received 2 laryngoscopes
• <b>Personal scales with display on column</b>	40	Mibilizi, Ruhengeri, Kibungo, Ngarama, Gihundwe and Kabgayi	Each Hospital received 4 personel scales
• <b>Oxygen cylinders</b>	20	Hospitals	Each Hospital received 2 Oxygen cylinders

• <b>Mobile suction apparatus</b>	20		Each Hospital received 2 mobile suction apparatuses
• <b>Infant Silicon Bag Reanimation</b>	40		Each Hospital received 4 infant silicon bags
• <b>Protective glasses</b>	186	<b>Health Centers:</b> Kiziguro, Nyagatare , Nyange, Kamonyi, Rutenderi, Ruli, Munyinya, Tanda, Gashubi, Ntobwe, Rambura, Kibingo, Musasa, Mushubati, Gisovu, Kibogora, Hanika (Nyamasheke), Rangiro, Yove. Giheke, Gihundwe, Nyabitimbo, Muganza, Agahabwa, Jenda, Munini, Ngera, Nyabikenke, Karambi, Gitwe, Hanika (Nyanza)	Each Health Centre received 6 protective glasses
• <b>Electronic thermometer</b>	155		Each Health Centre received 5 electronic thermometers
• <b>Sphygmomanometer</b>	62		Each Health Centre received 2 spugmomanometers
• <b>Set of binaural stethoscope</b>	62		Each Health Centre received 2 set of binaural stethoscopes
• <b>Foetal stethoscopes or Pinard stethoscope</b>	62		Each Health Centre received 2 foetal stethoscopes
• <b>Sterilizer</b>	62		Each Health Centre received 2 sterilizer shimva
• <b>Mattress cover</b>	310		Each Health Centre received 10 mattress covers
• <b>New born suction catheter</b>	1550		Each Health Centre received 50 new born suction catheter
• <b>Warming Units or Infant radiant</b>	31		Each Health Centre received 1 warming unit
• <b>Baby scale</b>	62		Each health centre received 2 baby scales
• <b>Waste bins</b>	186	Each health centre received 6 water bins	
• <b>Childbirth box</b>	186	<b>Health Centers:</b> Kiziguro, Nyagatare , Nyange, Kamonyi,	Each health centre received 6 childbirth boxes

• <b>Episiotomy set</b>	62	Rutenderi, Ruli, Munyinya, Tanda, Gashubi, Ntobwe, Rambura,	Each health centre received 2 episiotomy sets
• <b>Set of Scissors</b>	93	Kibingo, Musasa, Mushubati, Gisovu, Kibogora, Hanika	Each health centre received 3 sets of scissors
• <b>Set of speculum</b>	93	(Nyamasheke), Rangiro, Yove. Giheke, Gihundwe, Nyabitimbo,	Each health centre received 3 sets of speculum
• <b>Suture kit</b>	124	Muganza, Agahabwa, Jenda, Munini, Ngera, Nyabikenke,	Each health centre received 4 suture kits
• <b>Drum-pads</b>	124	Karambi, Gitwe, Hanika (Nyanza)	Each health centre received 4 drum pads
• <b>Care trolley</b>	93	<b>Health Centers:</b> Kiziguro, Nyagatare , Nyange, Kamonyi,	Each health centre received 3 care trolley
• <b>Hospital beds</b>	403	Rutenderi, Ruli, Munyinya, Tanda, Gashubi, Ntobwe, Rambura,	Each health centre received 13 hospital beds
• <b>Delivery table</b>	62	Kibingo, Musasa, Mushubati, Gisovu, Kibogora, Hanika	Each health centre received 2 delivery tables
• <b>Kidney tray</b>	124	(Nyamasheke), Rangiro, Yove. Giheke, Gihundwe, Nyabitimbo, Muganza, Agahabwa, Jenda, Munini, Ngera, Nyabikenke, Karambi, Gitwe, Hanika (Nyanza)	Each health centre received 4 kidney trays
• <b>Fluorescence Microscopes with LED</b>	24	<b>Hospitals and Health Centers:</b> Gatagara, Kirambi, Rango, Kigembe, Munini DH, Shyira DH, Kabaya DH, Kirinda DH. Mugonero DH, Bushenge DH, Muyange, Mwezi, Gatara, Karengera, Nyamasheke, Bweyeye, Nkanka, P. Cyangu, Rusizi,	Each Health Facility received one fluorescence Microscope with LED integrated. There is a planned training to be organized by RBC/NRL for new techniques of TB detection.

		Nyabitimbo, Mbuga, Mushubi, Rugege and Bigogwe	
• <b>Bench top Centrifuge machines for Viral load</b>	7	<b>Hospitals:</b> Gisenyi, Rwamagana, Gihundwe, Kibuye, Kanombe, Nyagatare and National Referral Lab	Each hospital has received its machine, installed and staff trained.
• <b>Biosafety Cabinets</b>	7	<b>Hospitals:</b> Gisenyi, Rwamagana, Gihundwe, Kibuye, Kanombe, Nyagatare and National Referral Lab	Each hospital has received its machine, installed and staff trained.
• <b>Genexpert machines</b>	2	<b>Hospitals:</b> Kibagabaga and Nemba	Each hospital received one machine
• <b>Generators for health centers</b>	15	<b>Health Centres:</b> Rwampara, Kabuga, Gasovu, Nyabinoni, Muganza, Nyamyumba, Cayratsi, Nyantanga, Rushweru, Gakamba, Jomba, Nyamasheke, Ruheru, Ntobwe and Huye psycho-social and rehabilitation Centre	Generators supplied and installed at all beneficiary sites with the technical support from RBC/MTI.



**Table 7 Other Laboratory equipment**

<i>Items procured and distributed</i>	<i>Quantity</i>	<i>Locations/Beneficiaries</i>
<i>Real time PCR Machine + HRM</i>	1	RBC/NRL
<i>Robotic PCR machine set up instrument</i>	1	
<i>Automated electrophoresis system</i>	1	
<i>Automated DNA, RNA and proteins purification system</i>	1	
<i>DNA Sequencer</i>	1	
<i>Electronic Weighing Scale</i>	2	Nyanza District Hospital
<i>Vortex mixer</i>	3	
<i>Orbital mixer</i>	3	
<i>Magnetic stirring bar (boxes)</i>	2	
<i>Tube mixer</i>	1	
<i>Hotplate/Magnetic stirrer</i>	1	
<i>Electric Bunsen Burner</i>	5	
<i>Bec Bunsen + Gas cylinder</i>	1	
<i>Slide drying bench</i>	3	
<i>Incubator</i>	2	
<i>Water bath</i>	1	
<i>Autoclave</i>	1	
<i>Hot air oven</i>	1	
<i>Refrigerators</i>	2	
<i>Water still/ Distiller</i>	2	
<i>Water purifier system</i>	1	
<i>Laboratory chairs</i>	10	
<i>Bottle Top Dispensers</i>	3	
<i>Silica gel candle jar</i>	10	
<i>Blood warmers</i>	2	
<i>Rhesuscope</i>	1	

**Table 8 Construction project completed during the fiscal year 2015-2016**

<b>INFRASTRUCTURE DESCRIPTION</b>	<b>TYPE OF INTRASTRUC TURE</b>	<b>SITE OF CONSTRUCTION/ HEALTH FACILITY</b>	<b>DISTRICT</b>	<b>Comments</b>
31 MATERNITY WARDS FOR PMTCT PROGRAM IN HEALTH CENTERS	4 Maternity wards	Kiziguro, Nyagatare, Nyange, Kamonyi	Gatsibo, Nyagatare, Ngoma, Kamonyi	<b>Completed and under utilisation</b>
	4 Maternity wards	Rutenderi, Ruli, Munyinya, Tanda	Gakenke, Gakenke, Gicumbi, Gicumbi	<b>Completed and under utilisation</b>
	4 Maternity wards	Gashbi, Ntobwe, Rambura	Ngororero, Ngororero, Nyabihu	<b>Completed and under utilisation</b>
	4 Maternity wards	Kibingo, Musasa, Mushubati, Gisovu	Rutsiro, Rutsiro,, Rutsiro, Karongi	<b>Completed and under utilisation</b>
	4 Maternity wards	Kibogora, Hanika, Rangiro, Yove	Nyamasheke	<b>Completed and under utilisation</b>
	4 Maternity wards	Giheke, Gihundwe, Nyabitimbo,Muganza	Rusizi	<b>Completed and under utilisation</b>
	4 Maternity wards	Agahabwa, Jenda, Munini, Ngera	Gisagara, Nyamagabe, Nyrauguru, Nyaruguru	<b>Completed and under utilisation</b>
	4 Maternity wards	Nyabikekenke, Karambi, Gitwe, Hanika	Muhango, Ruhango, Ruhango, Nyanzi	<b>Completed and under utilisation</b>
32 VCTI AROUND THE COUNTRY	VCTI	Mahama	Kirehe	<b>Completed and under utilisation</b>
	VCTI	Rwantonde	Kirehe	<b>Completed and under utilisation</b>
	VCTI	Kabarondo	Kayonza	<b>Completed and under utilisation</b>
	VCTI	Kinini	Rulindo	<b>Completed and under utilisation</b>
	VCTI	Kisaro	Rulindo	<b>Completed and under</b>

				<b>utilisation</b>
	VCTI	Marembo	Rulindo	<b>Completed and under utilisation</b>
	VCTI	Bwisige	Gicumbi	<b>Completed and under utilisation</b>
	VCTI	Gisiza	Gicumbi	<b>Completed and under utilisation</b>
	VCTI	Kabo HP	Gicumbi	<b>Completed and under utilisation</b>
	VCTI	Ruvune	Gicumbi	<b>Completed and under utilisation</b>
	VCTI	Manyagiroy	Gicumbi	<b>Completed and under utilisation</b>
	VCTI	Rugendabari	Muhanga	<b>Completed and under utilisation</b>
	VCTI	Gikomero	Muhanga	<b>Completed and under utilisation</b>
	VCTI	Ntarama	Bugesera	<b>Completed and under utilisation</b>
	VCTI	Nyarugenge	Bugesera	<b>Completed and under utilisation</b>
	VCTI	gahanga	Kicukiro	<b>Completed and under utilisation</b>
	VCTI	Maraba	Gisagara	<b>Completed and under utilisation</b>
	VCTI	Nyarusiza CS	Nyamagabe	<b>Completed and under utilisation</b>
	VCTI	Police Huye	HUYE	<b>Completed and under utilisation</b>

	VCTI	CUSP ( cfr RUHASHYA)	HUYE	<b>Completed and under utilisation</b>
	VCTI	Kibilizi	Nyamagabe	<b>Completed and under utilisation</b>
	VCTI	Kimonyi	Musanze	<b>Completed and under utilisation</b>
	VCTI	Ruhombo	Gakenke	<b>Completed and under utilisation</b>
	VCTI	Ndongozi	Gakenke	<b>Completed and under utilisation</b>
	VCTI	Bugeshi	Rubavu	<b>Completed and under utilisation</b>
	VCTI	Nyundo	Rubavu	<b>Completed and under utilisation</b>
	VCTI	Mwezi	Nyamasheke	<b>Completed and under utilisation</b>
	VCTI	Muyange	Nyamasheke	<b>Completed and under utilisation</b>
	VCTI	Mukoma	Nyamasheke	<b>Completed and under utilisation</b>
	VCTI	Mugera	Nyamasheke	<b>Completed and under utilisation</b>
	VCTI	Kamonyi	Nyamasheke	<b>Completed and under utilisation</b>
	VCTI	Gisakura	Nyamasheke	<b>Completed and under utilisation</b>
Rehabilitation of 2 district pharmacies	District Pharmacy	Gatsibo	GATSIBO	<b>Completed and under utilisation</b>
	District Pharmacy	Nyagatare	NYAGATARE	<b>Completed and under</b>

	District Pharmacy	Nyabihu	NYABIHU	<b>utilisation</b> <b>Completed and under utilisation</b>
	District Pharmacy	Rubavu	RUBAVU	<b>Completed and under utilisation</b>
Kitchen & laundry for the Huye Rehabilitation Center	Kitchen and Laundry for Huye Rehabilitation Centre	Huye	HUYE	<b>Completed and under utilisation</b>
Renovate Of 15 Laboratory For Tuberculosis	Lboaratories	Gikondo	KICUKIRO	<b>Completed and under utilisation</b>
		Rugarama	KICUKIRO	
		Rwampara	NYARUGENGE	
		Rubungo	GASABO	
		Shyorongi	RULINDO	
	Lboaratories	Matimba	NYAGATARE	<b>Completed and under utilisation</b>
		Nyarurema	NYAGATARE	
		Kabarore	GATSIBO	
		Muhura	GATSIBO	
		Rushaki	GICUMBI	
	Lboaratories	Kamonyi	KAMONYI	<b>Completed and under utilisation</b>
		Byimana	RUHANGO	
		Mbuye	RUHANGO	
		Gatagara	NYANZA	
Kibayi		GISAGARA		
Renovate Of 15 Laboratory For HIV	Lboaratories	Mashesha	RUSIZI	<b>Completed and under utilisation</b>
		Musha	GISAGARA	
		Kivumu	MUHANGA	
		Kigoma	RUHANGO	

		Rutobwe	MUHANGA	<b>Completed and under utilisation</b>	
	Retaining Wall	Mibilizi	RUSIZI		
	Lboaratories	Masoro	RULINDO		
		Burega	RULINDO		
		Kinihira	RULINDO		
		Nyamugali	BURERA		
		Gitare	BURERA		
	Lboaratories	Masaka	KICUKIRO		<b>Completed and under utilisation</b>
		Rilima	BUGESERA		
		Nzangwa	BUGESERA		
		Rukoma Sake	NGOMA		
		Nyarubuye	KIREHE		
	Provide 17 de-montfort incinerators for health facilities	DE-MONTFORT INCINERATOR S	Mulindi		GICUMBI
Bweyeye			RUSIZI		
Muremure			MUHANGA		
Gasovu			MUHANGA		
Musebeya			NYAMAGABE		
Kibilizi			GISAGARA		
Bubazi			KARONGI		
Rwantonde			KIREHE		
Hanika			NYANZA		
Gakenke			GATSIBO		
Butamwa			NYARUGENGE		
Kivu			NYARUGURU		
Busengo			GAKENKE		
Kagitumba			NYAGATARE		
Karambo			RUBAVU		
Rubona			RWAMAGANA		
Shyira.			NYABIHU		

### C. Human Resources for Health

- Human Resource for Health is a key component of health systems as it takes a big portion of the budget and constitutes critical resources to implement and run other component of the system. For Rwanda, human resource for health is critical because there is a lack of enough medical doctors and other mix skills for health service delivery. To address this issue, a Human Resource for Health strategic plan 2011- 2016 has been developed and implemented during these last five years.
- During the 2015-2016 fiscal year, this strategic plan has been reviewed and a new one has been developed. A total of 295 residents have been supported in country and 41 abroad among them 61 specialists have graduated in different specialties and being deployed in relevant different referral and provincial hospitals for service delivery. A total of 99 intern doctors are completing their internship and will be deployed in different District Hospitals and finally 95 new medical doctors graduated and are joining the internship program.
- Eight different nursing specialty programs have been developed and implemented to develop mix skills in health system where 96 nursing are being trained in University of Rwanda.
- To ensure the quality of health workforce, the Ministry of health in collaboration with the Ministry of Education and different health professional councils supported and participated in health related academic program audit in University of Rwanda and University of Gitwe.
- A total of 313 nurses and midwives, 6 Anaesthetist, 15 A1 Laboratory Technicians, 5 Dental therapists and 31 Medical Doctors have been deployed in different public health facilities;

### D. Medical Products Management and Regulation

During the FY 2015-2016, the Pharmacy Services performed the following activities:

- **Policy and Regulatory Framework**
  - The National Essential Medicines List (NEML), 6<sup>th</sup> Edition, and the Paediatric National Essential Medicines List, 1<sup>st</sup> Edition, were reviewed, validated and approved;
  - The National Pharmacy Policy was developed and approved.
- **Import and Export of Pharmaceutical Products and Health Commodities**
  - The applications for Visa and License of importation have been analysed and granted for import of health commodities. A total of 3,473 visas, including 93 official certificates for controlled substances, and 4,402 import licenses were issued.

- **Pharmaceutical Establishment and Law Enforcement**
  - An investigation on the presence of illegal pharmaceutical products, counterfeits, ARTs and fraudulent anti-malarial products in private health facilities and pharmacies was conducted in Kigali City. And 11 pharmacies located in the City of Kigali were temporarily suspended waiting the conclusion of the investigational report from the Pharmacy Council and the Rwanda National Police.
  - In collaboration with Rwanda National Police, the Ministry of Health conducted an investigation on the presence of illegal pharmaceutical products and counterfeits in private health facilities and pharmacies. A number of 34 drug shops, 88 retail pharmacies, 5 wholesale pharmacies, 4 dispensaries and one health post were covered. Some were found in possession of illegal pharmaceutical products that can be harmful to the population and other operating without the responsible pharmacists. Based on the investigation findings, punitive measures were taken against 15 pharmacies involved in malpractices. They were suspended for a period ranging from 6 to 15 months.
  - In collaboration with Rwanda National Police, the Ministry of Health participated in FAGIA 2 Operation targeting Illicit, counterfeits and Substandard Pharmaceutical Products in Kigali City.
  - New pharmacies, food supplement shops and optical shops were licensed and given the authorizations to operate. During the FY 2015-2016, a total of 71 new retail pharmacies, 22 new wholesale pharmacies, 2 new food supplement shops and 1 new optical shop were licensed and given the authorization to open. Three retail pharmacies and 6 wholesale pharmacies have been given the authorization to transfer their pharmaceutical activities, while 9 wholesale pharmacies and 5 retail pharmacies have been given the authorization to relocate their pharmaceutical activities.
- **Medicine Evaluation and Registration**
  - During the FY 2015-2016, a total of 240 dossiers of pharmaceutical products requesting for medicines registration were granted the pre-registration and market authorization in Rwanda. At the same time, 40 dossiers for food supplements were requested additional information, 80 dossiers pharmaceutical products requested additional information.
- **Pharmacovigilance and Medicine Information**
  - As already reported under the Policy and Regulatory Framework section, the National Essential Medicines List for Adults, 6<sup>th</sup> editions, and the National Essential Medicines List for Paediatrics, 1<sup>st</sup> edition, were approved.
  - The report on Medicines Adverse Events and Poor Quality of Pharmaceutical Products were received, reviewed, verified, analysed, investigated, documented and feedback was provided to the reporter.



- **Supply Chain and CPDS**

- During the FY 2015-2016, the quantification and forecasting of the HIV, OIs, and HIV laboratory related products, antimalarial products, maternal, child and community case management health products were completed. The results of this activity are projecting the quantities of the health products needed for the year 2016-2017.

- **East African Community and National Medicines Regulation**

- EAC Joint dossier assessments were conducted and 16 products were evaluated using EAC developed guidelines in Common Technical Document (CTD) format.
- Information Management System was developed by automation of the mapped processes of five regulatory functions (1. Medicines Evaluation and Registration, 2. Good Manufacturing Practice, 3. Import and export controls 4. Premises and 5. Finance). User testing by MoH staff was done and data migration almost completed.
- The German Government supported Rwanda with 8 Minilabs used in post marketing surveillance and training on the use of these minilabs equipment was conducted and training report is available.
- Centre of Excellence on Supply Chain of Health commodities in EAC at the University of Rwanda was launched in March 2016. The centre is intended to further professionalise health, immunisation and related commodity logistics management in the region.



## E. Health Management Information System

Ministry of Health (MoH) has made many progresses in the past years in the area of Information management to facilitate the reporting of health related data across the country both for planning purposes and for the use of information in decision-making. In order to better align the reporting of health related data to the needs of the health sector, the Ministry of Health integrated different reporting system into a web based system (R-HMIS) with the purpose to improve accuracy of report, timely data and end user facilitation by using a single platform.

### **Integrated reporting systems into RHMIS platform include:**

- HMIS reporting forms (hospital (Referral, Provincial and District Hospital, Health Centres and Private health facilities)
- Rwanda Integrated Disease Surveillance
- TB Quarterly report and ETB
- CHW monthly Report (SISCOM)
- HIV Module
- Neonatal and child death report
- Weekly child mortality report

Different tools have been developed like: Meta data dictionary (Health indicators reference book) and Standard Operating Procedures (SOP) for data management, Data validation and verification.

#### **1. Metadata Dictionary:**

A Metadata Dictionary has been developed to serve as an indicator reference guide, helping users to understand, analyse and contribute to the consistency, accuracy and follow-up of trends of indicators over time, and also serve as guidance to users to ensure that their understanding, analysis and use of indicators adhere to the standard of the Health Management Information Systems.

#### **2. Standard Operating Procedures for Management of Routine Health Information**

SOPs were developed to provide guidance on management, use, and dissemination of health data. The SOP developed include the standards for routine data collection, compilation, reporting, dissemination, security, analysis and data use and also standards to ensure data quality.

## F. Blood transfusion

During the FY 2015-2016, NCBT has introduced 2 new technologies in blood collection and testing:

- 2 Aphaeresis machines used for collection of blood based on the needed blood component. This has improved NCBT's capacity to satisfy hospitals in safe and quality blood components, most especially platelets, whose availability was a very big challenge owing to their limited 5-day shelf life.
- NCBT received 28 T-ACE II, automated blood component extraction machines. The machines have eased workflow and improved safety and quality of blood components issued to hospitals.

## GOVERNANCE

### • Regulatory Framework and Decentralization

Two Laws and Two Ministerial Orders were published in the Official Gazette

- The LAW N° 21/05/2016 OF 20/05/2016 Relating to human reproductive health has been published in the Official Gazette No 23 of 06/06/2016.
- The Ministerial Order determining the list of cosmetics whose use is prohibited in Rwanda was published in the Official Gazette n° 09 of 29/02/2016.
- The Ministerial Order determining the code of ethics for pharmacy profession was published in the Official Gazette n°48 of 30/11/2015.
- The Law N° 48/2015 of 23/11/2015 governing the organisation, functioning and management of health insurance schemes in Rwanda was published in the Official Gazette n° 04 of 25/01/2016.

Three Policies were developed:

- National Pharmacy policy
- Health Sector Information and Communication Technology (ICT) Security Policy
- National community health Policy

### • Sector Organization and Management, Coordination and SWAp

- Partners/SWAp Coordination organized field visits to Districts, and with JADF, Migration, Health and M&E officers at District level. The team identified issues in Development Partners (DPs) programs and approaches and reported them to the Ministry of Health . The report also serves as guide for JADF meetings where reported DPs' strengths and weaknesses are discussed, and for International NGOs, Migration services consider their application based on the findings

- In addition, Partners/SWAp coordination facilitated MoUs with DPs and the Health sector. SWAp checks about compliance to HSSPIII goals and priorities, and harmony with District's plans. Partners/SWAp coordination also ensures DP are in order with Migration, current with their Health Resources Tracking Tool (HRTT) reporting and that they meet all requirements to operate in Rwanda.
- Partners/SWAp Coordination also worked closely with Capacity Development Pooled Fund (CDPF), a MoH-DPs project that helps in educating nurses, midwives, lab technicians, medical equipment engineers and paramedics (from A2 to A1). SWAp played its role as secretary of the CDPF Steering Committee, including follow up, coordination and M&E of project's activities.
- Furthermore, SWAp actively participated in Joint Permanent Commissions under MINAFFET coordination, where bilateral cooperation interests with Rwanda are discussed mostly with African countries.
- SWAp regularly facilitated and followed up other bilateral and multilateral health cooperation, study tours, and volunteers' activities

- **International Conferences and workshops**

- a. **The Biennial congress of the Africa Society for Blood Transfusion (AfsBT)**

From 31<sup>st</sup> May to 3<sup>rd</sup> June 2016, Rwanda successfully hosted the 8<sup>th</sup> International Congress of the Africa Society for Blood Transfusion (AfsBT) with a theme “*Safe and sustainable blood services in Africa, where do we stand?*”. The event was attended by more than 400 delegates, from all over the planet.



Over 400 participants have come from all over the world to attend the 8th AfsBT congress in Kigali

## **b. Rwanda Health Financing Reforms in the eve of Sustainable Development Goals**

The conference held from the 29th to the 31st March 2016 at Golden Trip Hotel in Eastern Province, Nyamata District. The main objective of the conference was to bring national and international experts, especially those who have contributed in the design and implementation of health financing reforms in Rwanda and discuss the current state of health financing policies and brainstorm about the future directions and alignment with the Sustainable Development Goals (SDGs). The discussions from the meeting will feed into the current government process of developing a health sustainability plan for the whole health sector. The conference attracted over 150 global experts.



## **c. The 5<sup>th</sup> African Network on Influenza kicks off in Rwanda**

The three-day conference brought together more than 150 global health experts with an aim to encourage research in influenza in Africa, bolstering local access to vaccines, and sharing strategies and assessment tools for building efficient, standardised surveillance systems on the continent.

## **d. International scientific conference on Non-Communicable Diseases**

From 28 to 30 June 2016, an International NCDs Conference was organized in Kigali, the theme was “Multi-disciplinary approach on management, prevention and control of NCDs” 600 local and international delegates attended the conference.

## Health Sector Budget Execution for FY2015/16

### Domestic Budget + External Sector Budget Support

MTEF Programs	MTEF Sub Programs	Budget	Expenditures	Execution
<b>ADMINISTRATIVE AND SUPPORT SERVICES</b>		<b>15,915,467,942</b>	<b>14,872,192,696</b>	93%
	Administrative And Support Services: MINISANTE	2,249,295,159	2,078,810,092	92%
	Administrative and support services: health facilities	645,443,456	651,943,456	101%
	Administrative and support services: RBC	13,020,729,327	12,141,439,148	93%
<b>HEALTH SECTOR PLANNING AND INFORMATION</b>		<b>204,092,550</b>	<b>199,905,370</b>	98%
	Health sector planning, monitoring and evaluation	50,527,148	49,986,063	99%
	Health information and technologies	142,145,402	138,499,307	97%
	Partnerships coordination and mobilisation	11,420,000	11,420,000	100%
<b>HEALTH HUMAN RESOURCES</b>		<b>7,703,165,235</b>	<b>7,479,324,278</b>	97%
	Health professional development	7,703,165,235	7,479,324,278	97%
<b>FINANCIAL AND GEOGRAPHICAL HEALTH ACCESSIBILITY</b>		<b>46,248,203,158</b>	<b>42,242,213,032</b>	91%
	Health service subsidisation	20,319,297,817	20,319,252,010	100%
	Performance-based financing	9,665,978,769	9,572,270,329	99%
	Health infrastructure equipment and transport	16,262,926,572	12,350,690,693	76%
<b>POLICY DEVELOPMENT AND HEALTH SERVICE REGULATION</b>		<b>16,504,320,265</b>	<b>13,006,723,608</b>	79%
	Health service policy development and regulation	16,458,377,676	12,961,542,465	79%
	Health profession regulation	35,942,589	35,181,143	98%
	Health research regulation	10,000,000	10,000,000	100%
<b>MATERNAL AND CHILD HEALTH</b>		<b>4,016,351,425</b>	<b>2,362,081,105</b>	59%
	Family planning and reproductive health	239,848	239,548	100%
	Maternal and child health improvement	1,952,860,300	1,818,380,879	93%
	Hygiene and environmental health	55,021,890	55,021,890	100%
	Nutrition	1,312,728,831	103,080,255	8%
	Community health	695,500,556	385,358,533	55%
<b>SPECIALISED</b>		<b>10,180,446,848</b>	<b>9,982,480,788</b>	98%

<b>HEALTH SERVICES</b>	Specialised service delivery	10,142,796,848	9,944,830,788	98%
	Clinical and operational research	19,650,000	19,650,000	100%
	District hospital mentoring and supervision	18,000,000	18,000,000	100%
<b>HEALTH QUALITY IMPROVEMENT</b>		<b>40,163,811,283</b>	<b>26,909,459,892</b>	67%
	Health communication	320,793,221	231,619,111	72%
	Medical research	29,235,150	22,563,225	77%
	Medical infrastructure and equipment maintenance	613,482,308	384,685,451	63%
	Medical procurement and distribution	38,212,643,384	25,657,091,840	67%
	Blood transfusion	252,349,934	176,152,473	70%
	Lab diagnostic quality assurance	735,307,286	437,347,792	59%
<b>DISEASE PREVENTION AND CONTROL</b>		<b>4,027,678,457</b>	<b>3,236,810,426</b>	80%
	HIV/AIDS, STIS and other blood borne diseases	703,055,722	500,780,042	71%
	Malaria and other parasitic diseases	2,071,584,146	1,817,179,782	88%
	Vaccine preventable diseases	167,386,876	76,214,921	46%
	Epidemic infections, diseases	139,097,600	37,385,641	27%
	Non-communicable diseases	128,636,886	117,790,000	92%
	Tb and other respiratory communicable diseases	583,048,232	501,769,208	86%
Mental health	234,868,995	185,690,832	79%	
<b>Earmarked to District</b>		<b>33,673,568,158</b>	<b>33,530,788,138</b>	100%
	Disease control (Earmarked)	1,167,840,635	1,167,840,635	100%
	Health infrastructure, equipment and goods (Earmarked)	3,227,668,986	3,227,668,986	100%
	Health staff management (Earmarked)	29,278,058,537	29,135,278,517	100%
<b>Grand Total</b>		<b>178,637,105,321</b>	<b>153,821,979,333</b>	<b>86%</b>

