

**REPUBLIC OF RWANDA**



**MINISTRY OF HEALTH**  
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**HEALTH SECTOR ANNUAL REPORT**

**July 2014-June 2015**

## FOREWORD


For the last 15 years, the Ministry of Health has implemented three health sector strategic plans (HSSP). The successful implementation of HSSP I and II has been much beneficial to the Rwanda socioeconomic development in general, and for the health sector strengthening, in particular.

The third HSSP which covers the period from July 2012 to June 2018 builds on the past two HSSPs and focuses on tackling illnesses related to poverty and ignorance, as well as improving the health status of the population over the long term through the Rwanda Vision 2020, and over the midterm through the Economic Development and Poverty Reduction Strategy II (EDPRS II).

The midterm review of HSSP III scheduled for the next fiscal year 2015-2016 will show us the progress made, as well as challenges and gaps to be dealt with in order to achieve set targets by 2018.

For this reporting period, the Health Sector has also concluded the review of the health sector policy. The revised health sector policy stresses the need to put efforts in designing health programs tailored on values and guiding principles that orient and underlie the provision of equitable and affordable quality health services (preventative, curative, rehabilitative and promotional services) for all Rwandans. These guiding principles are classified under three key orientations: People-centred services, integrated services, and Sustainable services.

We take this opportunity to call upon every stakeholder of the health sector to consolidate what has been achieved, continue to focus on programs and interventions meant for the improvement of availability, accessibility and utilization of maternal health and child health services; the quality of services offered by public and private health facilities; geographical and financial accessibility to Health services; and the reduction of the burden of communicable and non-communicable diseases among the Rwandan population, as well as ensuring the universal availability and accessibility of drugs and consumables.

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



## ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Ante Natal Care
ARI	Acute Respiratory Infections
ART	Anti-Retroviral Treatment
BCC	Behaviour Change Communications
CBHI	Community Based Health Insurance Scheme
CHUK	Kigali University Hospital (teaching hospital)
CHW	Community Health Worker
EAC	East African Community
EDPRS	Economic Development and Poverty Reduction Strategy
EID	Epidemic and Disaster Prevention, Management and Response
eLMIS	Electronic Logistics Management Information System
EMR	Electronic Medical Records
EMTCT	Elimination of Mother to Child Transmission
GBS	General Budget Support (=DBS)
GBV	Gender Based Violence
HIV	Human Immuno-Deficiency Virus
HMIS	Health Management Information System
HSSP	Health Sector Strategic Plan
IDSR	Integrated Disease Surveillance and Response
IEC	Information, Education and Communication
IMR	Infant Mortality Rate (/ 1000 live births)
IRS	Indoor (Intermittent) Residual Spraying
ITN	Insecticide Treated (Bed) Nets
LLIN	Long Lasting Impregnated (Bed) Nets
MDG	Millenium Development Goals
MDSR	Maternal Death Surveillance and Response
MMR	Maternal Mortality Ratio (/100,000 births)
MOH	Ministry of Health
MPPD	Medical Production and Procurement Division (part of RBC)
MTEF	Medium Term Expenditure Framework
MTR	Mid Term Review
NCD	Non-Communicable Diseases
NRL	National Reference Laboratory
NTD	Neglected Tropical Diseases
PBF	Performance Based Financing
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)

SAMU	Service d'Aide Médicale d'Urgence
SGBV	Sexual and Gender Based Violence
STI	Sexually Transmission Infections
TWG	Technical Working Group

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## INTRODUCTION

For the Fiscal Year 2014-2015, the Health Sector continued to implement interventions and strategies meant to improve the availability, accessibility and utilization of quality healthcare services across public and private health facilities; and to ensure the reduction of the burden of communicable and non-communicable diseases in Rwanda.

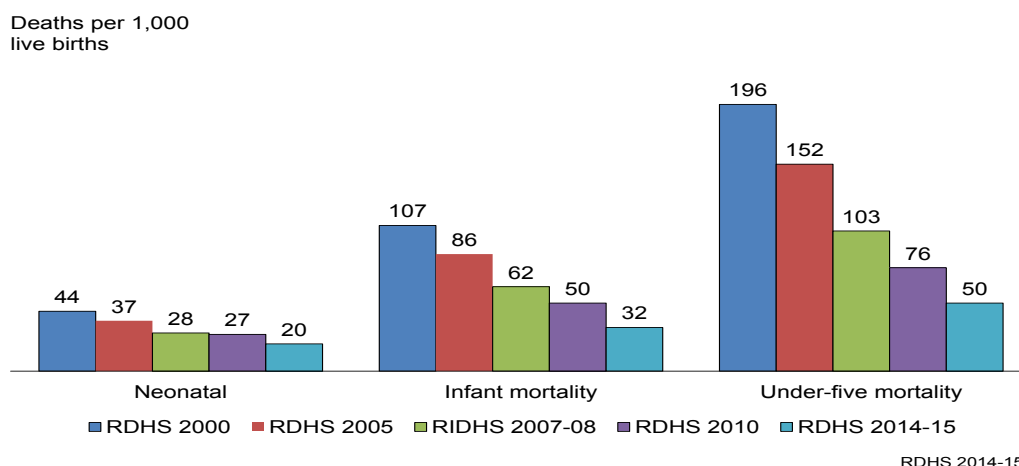
This annual report highlights key achievements registered by the health sector during the Fiscal Year 2014-2015. Achievements are highlighted under three big components: Health Programs, Health Systems Support and Budget Execution.

## HEALTH PROGRAMS

### A. Maternal and Child Health Programs

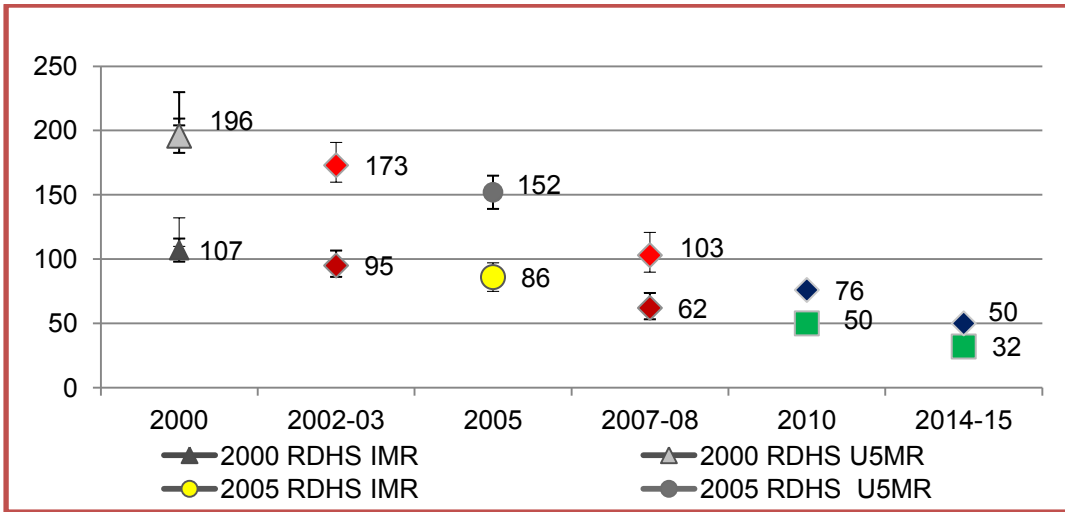
For the last five years, Rwanda has made important progress in improving both child and maternal health. Preliminary results of the 2014-2015 Rwanda Demographic and Health Survey (RDHS) showed that deaths amongst children under five fell from 76 per 1,000 live births in 2010 to 50 in 2015; and 99% of all children under one are fully immunized (RDHS 2015). The number of women who die from pregnancy and/or childbirth related causes has also declined, from 476/100,000 in 2010 to 210 in 2015(DHS 2015).

**Figure 1: Trends in childhood mortality, 2000 to 2014-15**

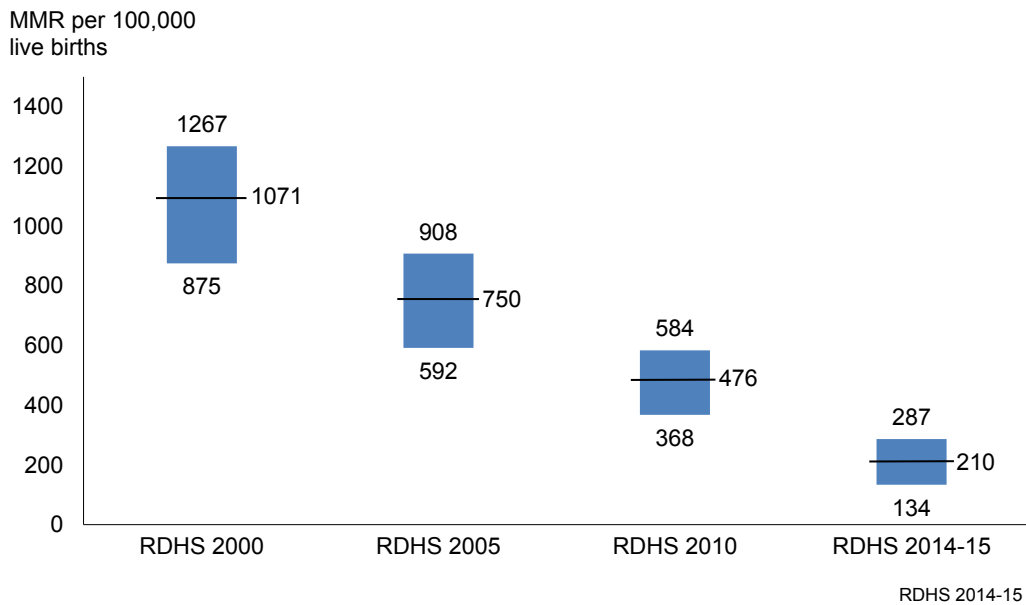




**Figure 2: Infant and Under-Five Mortality Dropping Steadily**

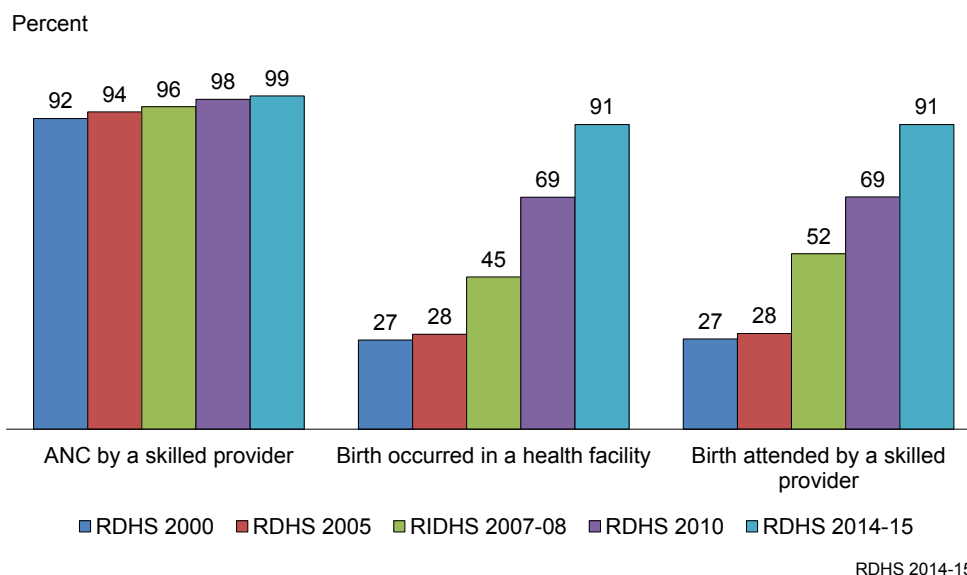


**Figure 3: Evolution of Maternal Mortality Ratios for the Last 15 Years**



These improvements can be attributed to the fact that 99% of Rwandan pregnant women consult antenatal care services and 91 % of children are born in health facilities and attended to by skilled health professionals (RDHS 2014-2015).

**Figure 4 : Trends in maternal health care, 2000 to 2014-15**



Despite the above progress, it is worth to note that more improvements are still needed to tackle neonatal deaths. For the Fiscal Year 2014-2015, efforts were focused on interventions that contribute to the reduction of neonatal deaths, namely: Maternal Death Surveillance and Response (MDSR), Stillbirths Audit in Health Facilities, Helping Babies Breathe Initiative and the fight against Gender Based Violence, and family planning.

- **MDSR:** Tools for MDSR have been revised, and Medical doctors as well as midwives from 30 districts were trained on maternal death surveillance and response. In addition to the existing child and new born death audits which started since 2012, MDSR is currently conducted in all district hospitals as part of the integrated plan to eliminate preventable maternal deaths.
- **Helping Babies Breathe Initiative:** In order to support and maintain the existing workforce and improve neonatal care, 80 health care providers from district hospitals have been trained in emergency new-born care through the Helping Babies Breathe Initiative, and they were provided with new-born care training equipment. They will be using these equipment as training aids during the training of their colleagues in their respective hospitals and health centres.

- **Fight against Sexual and Gender-Based Violence (SGBV):** the Ministry of Health continued to invest in the improvement of access to healthcare services provided to SGBV victims by scaling-up the Isange One-Stop Centres across (IOSCs) in District Hospitals. From July 2014 to June 2015, additional 10 IOSCs were launched in 10 District Hospitals (Kigeme, Nyanza, Rwamagana, Kabutare, Ruhengeri, Muhororo, Gakoma, Ngarama, Kinihira and Kabgayi). At the same time, 61 service providers have been trained on team work, collecting GBV evidence and confidentiality in keeping records of GBV victims.
- **Family Planning:** To reinforce the capacity of healthcare providers in permanent contraceptive methods, and to bring services closer to the population, two providers per each district hospital have been trained in tubal ligation and vasectomy.
- **A campaign named “Mother and Child Health Week”** has been organized twice during the Fiscal Year 2014-2015. This campaign allowed the provision of health services to particularly vulnerable, hard to reach communities and children. Nearly 5 million people were reached by the campaign and benefited from valuable interventions such as immunization for children aged 0 to 15 months, de-worming for children aged 1 to 15 years, distribution of vitamin A supplements for all children under five and breastfeeding mothers, and vaccination against Human Papilloma virus (Cervical cancer vaccination) for eligible girls. The campaign also served as good channel to sensitize the population on family planning, hygiene, malaria prevention, antenatal care for pregnant women, and subscription to the Community-Based Health Insurance.

## **B. Disease Prevention and Control programs**

In the area of disease prevention and control, achievements for the fiscal year 2014-2015 include a sustained increase of access to integrated quality services for the treatment and management of communicable and non-communicable diseases.

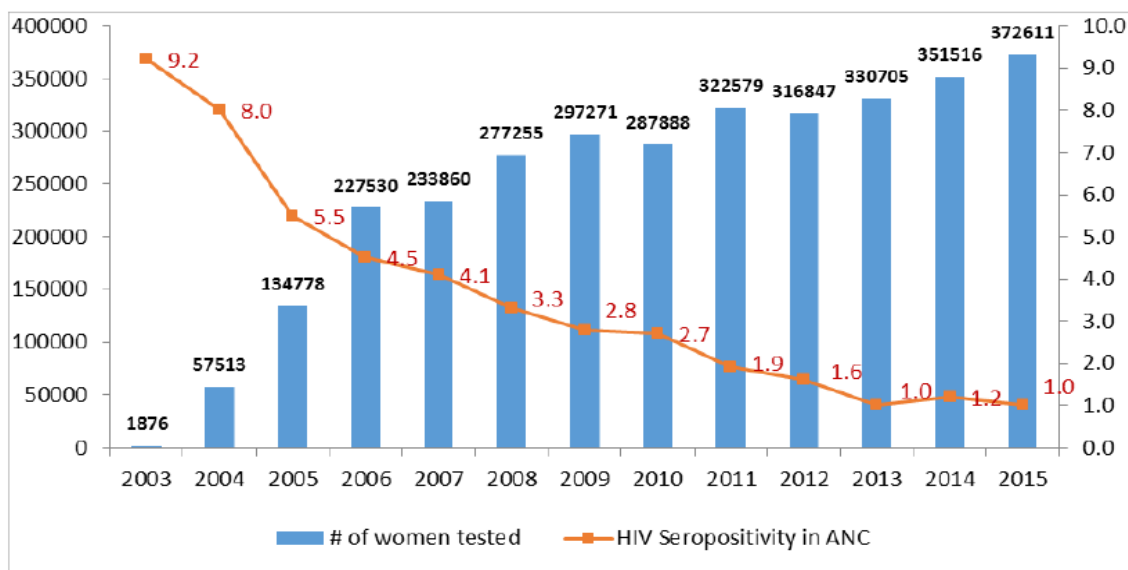
## **1. HIV and Other Blood Born Infections**

Services for the prevention and control of HIV, AIDS and other blood borne infections are delivered throughout the following key interventions: HIV testing and counselling (HTC), prevention of mother to child HIV transmission (PMTCT), follow-up programs for discordant couples, voluntary medical male circumcision (VMMC), programs for Key Populations, Behaviour Change Communications (BCC), condom promotion and distribution, and the prevention of Sexually Transmitted Infections (STIs), HIV Care and Treatment intervention. The comprehensive and integrated implementation of all these interventions has resulted in the following achievements between July 2014 and June 2015:

### **a. HIV Prevention Programs**

- In the FY 2014-2015, the number of health facilities offering HIV counselling and testing increased from 544 to 557 health facilities. These Health facilities were able to perform 372,611 HIV tests, with the overall HIV positivity rate being at 0.81%.
- The number of health facilities offering PMTCT services increased from 494 to 517 Health Facilities. This increase strengthened the implementation of the national eMTCT plan under its five main pillars: (1) geographic coverage of services, (2) quality and efficacy of interventions, (3) access to and utilization of services, (4) health systems strengthening and (5) working with communities. The increase of the number of health facilities offering PMTCT services was combined with a continuous quality improvement, focusing on effective utilization of high quality laboratory facilities. The geographic coverage of laboratory network was also expanded to allow, among others, easy access to early infant HIV diagnosis (EID). Currently, 100% of health facilities offering PMTCT services have access to EID.

**Figure 5: HIV Positive Rate among Pregnant Women Tested in ANC Services from 2003-2015**

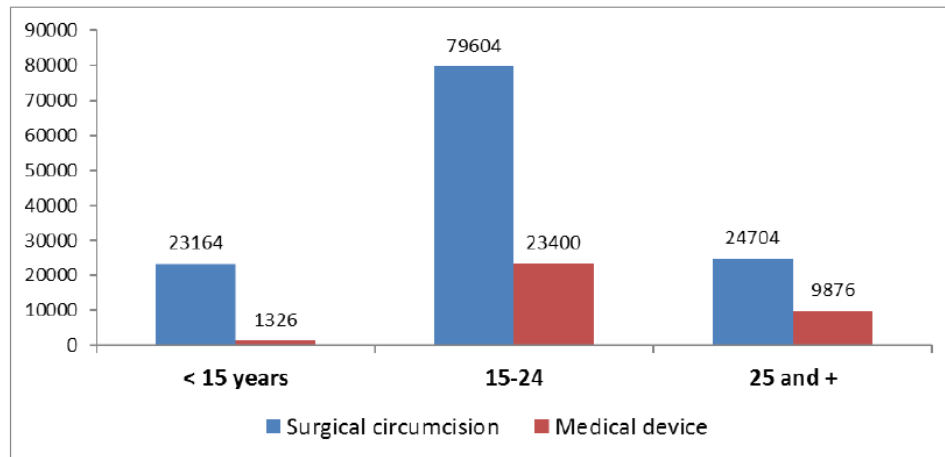


Source: TRACnet / HMIS, 2003-2015.

- The implementation of eMTCT Plan resulted in the steady increase of the number of pregnant women receiving ART in PMTCT program. Between July 2014 and June 2015, a total of 9,798 HIV-positive pregnant women received ART based on the Option B+ guidelines. More than 2/3 of these women (62.6%) were on ART before the current pregnancy. Based on the country 2015 EPP-SPECTRUM projections (8,989), this number represents 99% of all expected HIV positive pregnant women.
- Thanks to systems that have been put in place to coordinate efforts and ensure good adherence to HIV treatment, a sustained and significant decrease in HIV transmission to exposed infants was also observed in the reporting period. By June 2015, in a cohort of infants born to HIV-positive mothers followed in PMTCT programs, the HIV transmission rate was at 1.79%. Between July 2014 and June 2015, the program counted 8,308 infants who received ART prophylaxis over 9,762 deliveries among HIV Positive women and HIV negative women in sero-discordant couples (85.1%). The prevention, screening, and treatment of opportunistic infections are systematically done for all HIV exposed infants.

- As regards to other HIV preventions programs, 162,074 males were circumcised, using surgical methods (127,472) and non-surgical methods (34,602) in both public and private health facilities. The graphs below indicate number of VMMC performed by age group both in public and private health facilities.

**Figure 6: Number of VMMC performed by Age Group from July 2014 to June 2015**

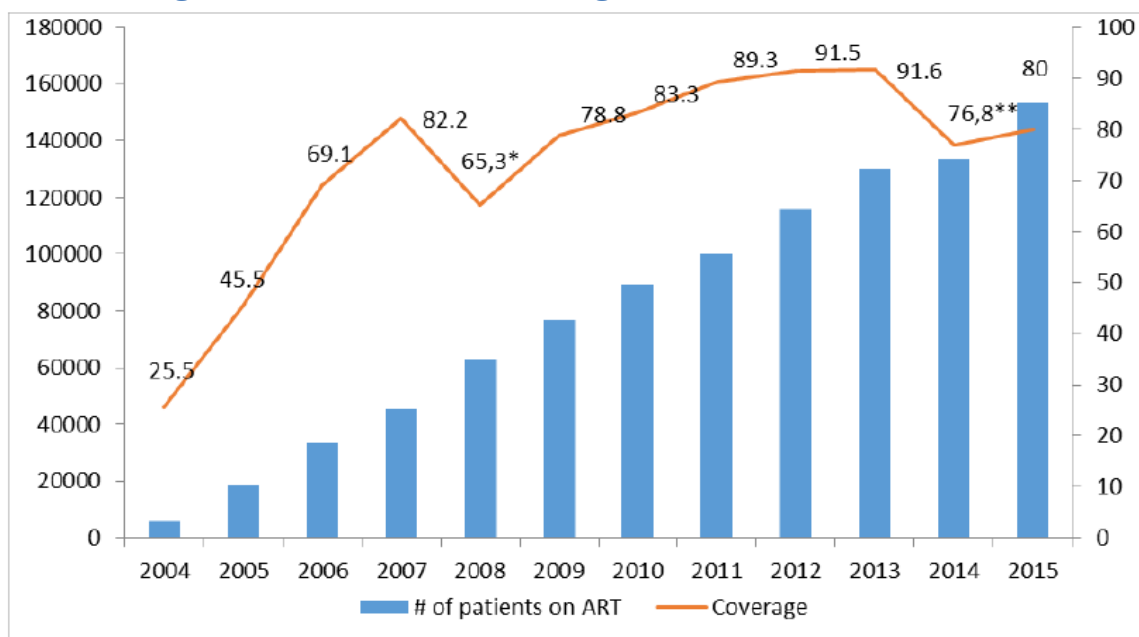


*Source: RHMIS July 2014- June 2015*

#### **b. HIV/AIDS Care and Treatment Program**

- By the end of June 2015, a total of 524 out of 532 public health facilities (98%) in the country were providing the complete package of HIV services.
- Integrated national guidelines for prevention and management of HIV, STIs and Other blood borne infections were updated based on the 2013 WHO recommendations and started being implemented countrywide since July 2014. The implementation of new resulted in the decrease of the number of patients in Pre-ART services from 32,292 in June 2014 to 19,524 by June 2015.
- In total, 1,272 children have been enrolled in the pre-ART program, and 8,011 children were enrolled in ART program based the new guidelines which recommends ART initiation for all children under five years, irrespective of their immunological [CD4 cells count level] and clinical status.

**Figure 7 Evolution of the Coverage of HIV Care and Treatment**



Source : TRACnet /HMIS 2004-June 2015

\*\* indicates a period when change in eligibility happened.

### c. Sexually Transmitted Infections (STIs) and other Blood Borne Infections

- In the prevention and treatment of Sexually Transmitted Infections (STIs) and other Blood Borne Infections, the key achievements in the Fiscal Year 2014-2015 include the update and approval of National Guidelines for Hepatitis B and C. Drugs for the treatment of Hepatitis B and C were put in the national essential drugs list;
- Systematic screening for Hepatitis B virus (HBV) and Hepatitis C virus (HCV) among HIV-positive people was conducted with the aim to early initiate ART to improve clinical evolution of liver disease due to HBV and HCV, or vaccination of those screened HBV-negative. Thanks to this move, 60,000 HIV-positive people were screened for Hepatitis B and received HBV vaccine.

## 2. Tuberculosis and Other Respiratory Diseases

### a. Screening and Notification of Tuberculosis

- Almost a half (48, 4%) of all patients with symptoms suggestive of TB (presumptive TB cases) was brought by Community health workers (CHWs) to health facilities for TB screening. This move has greatly contributed to easy and rapid access to TB diagnostic and treatment at health facilities;
- 5,833 all-forms TB cases were reported; including 4233 cases that were bacteriologically confirmed (New and relapse). This confirms previously observed decreasing trend in TB notification since last years;
- Efforts were made to find more TB cases in high risk groups. In prisons, 303 TB cases all forms were notified using active finding cases by mobile chest x-ray;
- 69 cases with Multi drug resistance TB were put on the 2<sup>nd</sup> line TB treatment.

### b. Tuberculosis/HIV co-infection

- 99,4% of all patients with symptoms suggestive of TB (presumptive TB cases) and 99% of all-forms TB reported cases, had their HIV status known;
- 98% of HIV+ TB patients were on Cotrimoxazole prophylaxis and 90% on antiretroviral therapy (ARTs) at the end of TB treatment;

### c. Treatment of Tuberculosis

- The Treatment success rate for bacteriologically confirmed new and relapse TB case was 89.8% of the cohort of TB cases registered in 2013-2014 FY. This decrease transmissions of TB to healthy people;
- 48 % of those TB patients were followed (given TB drugs) by Community health workers (CHWs) near to their homes. 95% of TB patients given TB medicines by CHWs were successfully treated;
- Over 87 % of MDR-TB cases of the 2012 cohort were successfully treated;



#### **d. Tuberculosis infection prevention and control**

- 80 0% of health facilities involved in TB control activities were implementing the full package of minimum TB infection control.
- TB Surveillance system among health care providers was initiated in all Health facilities.

#### **e. Tuberculosis surveillance system**

- Electronic TB and Leprosy register (e-TB) was initiated and is being implemented in all health facilities.

### **3. Malaria and Other Parasitic Diseases**

#### **a. Vector control**

##### **• Indoor Residual Spaying campaigns**

- During this financial year 2014 to 2015 and from July 2014 to June 2015, two IRS campaigns were organized and coordinated in the three targeted districts of Bugesera, Gisagara and Nyagatare. At each IRS campaign and in collaboration with Abt Associates, an operational plan was developed and discussed with representatives of targeted districts.
- The 12<sup>th</sup> round of IRS campaign was performed from 08 September to 04 October 2014 in 28 sectors of Gisagara (13 out of 13 sectors), Nyagatare (8 out of 14 sectors) and Bugesera (7 out of 15 sectors) districts. The insecticide used belongs to the class of Carbamates “Bendiocarb 80 WP” and 144,925 sachets have been used at a ratio of one sachet per 1.2 houses.
- A total of 173,086 structures were sprayed out of 174,411 structures found by spray operators in the targeted districts, accounting for a coverage rate of 99.2%. In total, 705,048 residents were protected, including 103,408 (14.7%) children under five years old and 11,119 (1.6%) pregnant women. Moreover, 195 dormitories in 43 schools and 4 prisons were sprayed in the target districts protecting 8,443 residents. A total of 370 sachets of insecticide were used.
- The thirteenth IRS round was carried out at different dates (09 February to 04 March for Nyagatare and Gisagara, and from 30 March to 21 April 2015 in Bugesera) and

- participation of different partners. The total structures sprayed are 249,312 out of 251,398 targeted structures in 41 sectors of the above three districts. The average coverage achieved was 99,2% and with a usage of 206,815 sachets of Bendiocarb 80 WP. The total population protected was estimated to 1,040,118 people out of 17,753 and 156,142 were respectively pregnant women and children under five years.
- In Gisagara district, 76725 structures from the 13 sectors have been sprayed with fully support of PMI and a coverage of 99, 2% (n=77342) was achieved. In total 66376 of insecticides were used with one sachet for 1, 16 structures. The population protected was estimated to 316396 people.
  - In Nyagatare, 94072 structures have been sprayed with a coverage of 99, 3%. The insecticides used covered 75383 sachets with one sachet for 1.25 structures. In Nyagatare, it was sprayed 13 out of 14 sectors and the he population protected was estimated to 403,823 people. The mixed funds from Global Fund and Government of Rwanda supported IRS for 43,647 structures in 6 sectors with a coverage on 99,4%. The PMI supported 50,425 structures in 7 sectors with a coverage of 99,2%.
  - In Bugesera district, 78525 structures have been sprayed with fully support of Global Fund and Government and with a coverage of 99% (n=79281) was achieved. In total 65056 of insecticides were used with one sachet for 1, 21 structures and population protected is estimated to 316396 people out of 5408 and 49797 were respectively pregnant women and children under five years.
  - The support of Global funds is evaluated to 339,088.36 US\$ used to procure 34,814 sachets of Benthocarb 80 WP and a transfer of 315,807,718 RFW and 180,307,608 RFW respectively in Bugesera and Nyagatare district hospitals to cover IRS operation. The Government of Rwanda provided a support estimated to 214,280 US\$ to procure 22080 sachets of insecticides.
  - Different activities were achieved in term of vectors surveillance which include vector bionomics, vector resistance to insecticide and bioassays for quality control and status of residual efficacy of IRS campaigns and LLINs.

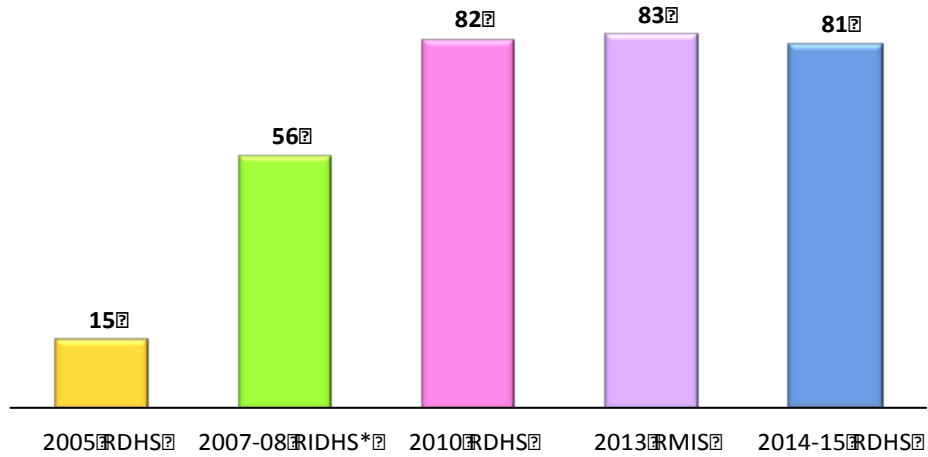
## **b. Prevention**

- To ensure malaria prevention, Rwanda committed to maintain the LLINs universal coverage using a WHO and RBM strategy which is the distribution to pregnant women and children under one year through the ANC and EPI services respectively at health centre level.
  
- On a monthly basis LLINs are distributed and reported through the HMIS and achievements are illustrated below:
  - 109,414 LLINs distributed to pregnant women from July 2014 to May 2015
  - 348,153 LLINs distributed to children under one year from July 2014 to June 2015
  
- Due to the fact that Rwanda had distributed substandard nets to children under five years in January 2013, the program replaced them in 13 DH located in high malaria burden district and took this opportunity to distribute LLINs households which missed the distribution which occurred from July 2013 to February 2014. This also was a recommendation from District Mayors during a meeting held in the eastern province with them in order to discuss malaria increase and which strategies local leaders need to put in place in order to address that. A total of 1,314,810 LLINs were distributed during the mass campaign from 30<sup>th</sup> March to 4<sup>th</sup> April 2015.
  
- Preliminary results of the DHS 2015 published in May 2015 shows that 81% of households own at least one ITN; with only 43% of households having enough ITNs to cover each household member (assuming one ITN is used by two people).

Figure 8 : Households owning at least one ITN

## Trends in ITN Ownership

Percent of households with at least one insecticide-treated net (ITN)

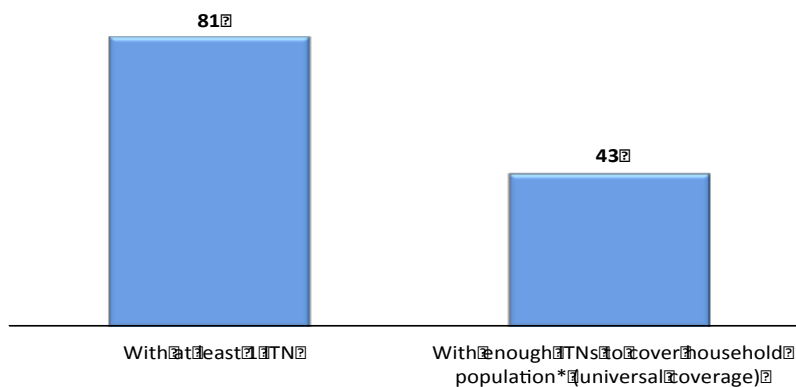


\*2007-08 RDHS categorized ITNs as long-lasting insecticidal nets (LLIN).

Figure 9: Ownership of and universal coverage of ITNs

## Ownership of and Universal Coverage of ITNs

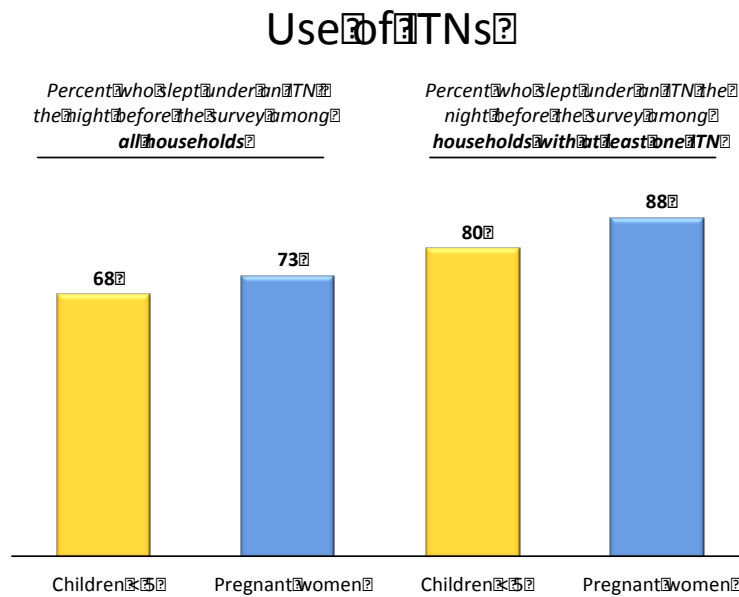
Percent of households



\*Assuming one ITN covers 2 people

- More than two-thirds of children under 5 and 73% of pregnant women slept under an ITN the night before the survey—the groups most at risk from malaria.
- Owning a net does not automatically mean families use it. 80% of children under 5 and 88% of pregnant women in households with an ITN slept under an ITN the night before the survey.

**Figure 10: Use of ITNs**



#### 4. Neglected Tropical Diseases (NTDs)

The main activities implemented were the SCH/STH nationwide mapping with data analysis and report writing; national MDAs against SCH&STH; development of NTD surveillance work plan and NTD surveillance guidelines with screening algorithms and tools; training of health care workers on NTD diagnosis, treatment and surveillance. Other important events were the signature of the contract amendment to the program sub-agreement between Imperial College and Rwanda MOH and the application to the WHO for drug donation has also been done, medicines provided and received.

## 5. Non communicable diseases

- As in many developing countries, non-communicable diseases (NCDs) are an emerging problem in Rwanda. NCDs division at RBC include cardiovascular diseases, diabetes, chronic respiratory diseases, cancer conditions, injuries, disabilities, oral health, ear, nose and throat, and eye diseases. The majority of NCDs are preventable through a broad range of simple, cost-effective public health interventions that target the various NCD risk factors;
- During the reporting period, NCD strategic plan was developed to guide interventions. RBC aimed to facilitate NCDs management being integrated in health services at different levels of health care for the year 2014-2015. Currently 97% of public health facilities have at least 2 HCPs trained on basic prevention and management of NCDs according to national guidelines. One thousand forty-seven (1047) health care providers 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;
- On the side of NCD surveillance system, new indicators were integrated into the health management information system (HMIS). A total of 47 NCD-specific indicators or data elements were defined and integrated in HMIS monthly reporting template;
- The Ministry of Health has conducted a National NCDs Risk Factors Survey as per the World Health Organization (WHO) STEPs standards. This survey determined the NCDs prevalence and their risk factors in Rwanda. The findings guided the development of the National NCDs policy and strategic plan;

## 6. Mental Health Services

- The integration of Mental Health (MH) services in existing healthcare services continued to be strengthened in all health facilities. By June 2015, 85 % of public health facilities had healthcare providers trained in MH and were providing MH services. Two hundred fifty (250) Nurses were trained on management of basic mental health disorders and follow up of chronic mental health conditions, and eighty-six (86) General Practitioners (GPs) from district hospitals were trained on diagnosis of mental health disorders and management.

- For this reporting period, 179,178 cases with mental health illnesses were received in mental health services country. These include epilepsy psychiatric disorders, psychosomatic disorders, neurological disorders, various psychological disorders, and post-traumatic stress disorders.
- As regards to infrastructure, a specialised treatment and medical centre that provides care and treatment to drug addicts was launched at Huye in January 2015. The "Huye Isange Rehabilitation Centre" employs a multi-disciplinary approach to improve the lives of individuals living with devastating effects of drug and alcohol addiction. It also serves as a regional forensic and medical centre of excellence in the provision of high quality, innovative, supportive and comprehensive care and treatment to drug addicts.
- Another main achievement for the mental health program is the annual support to the commemoration of Genocide against Tutsis in Rwanda. The RBC Mental Health division supported the preparation and implementation of the commemoration of the Genocide against Tutsi by training counsellors and coordinating the management of cases of trauma. Specifically, 200 members of AERG which is the association of students survivors of Genocide, 250 members of Rwanda Red Cross, 100 staff of Rwanda National Police, 56 staff from SAMU and 50 nurses from District Hospitals. Other trainings were performed to assist the commemoration in decentralised services.

## 7. Epidemic Surveillance and Response

For the period 2014-2015, efforts in epidemics surveillance and response were focused on the implementation of “One Health concept”; an approach which stresses the collaborative effort of multiple disciplines working locally, nationally, and globally to attain optimal health for people, animals and our environment. One Health takes a holistic approach to address human, animal, and ecosystem health. It emphasizes multi-sector, trans-disciplinary action across professions to ensure the well-being within human, animal, and ecosystem interfaces. Key achievements registered under this move include:

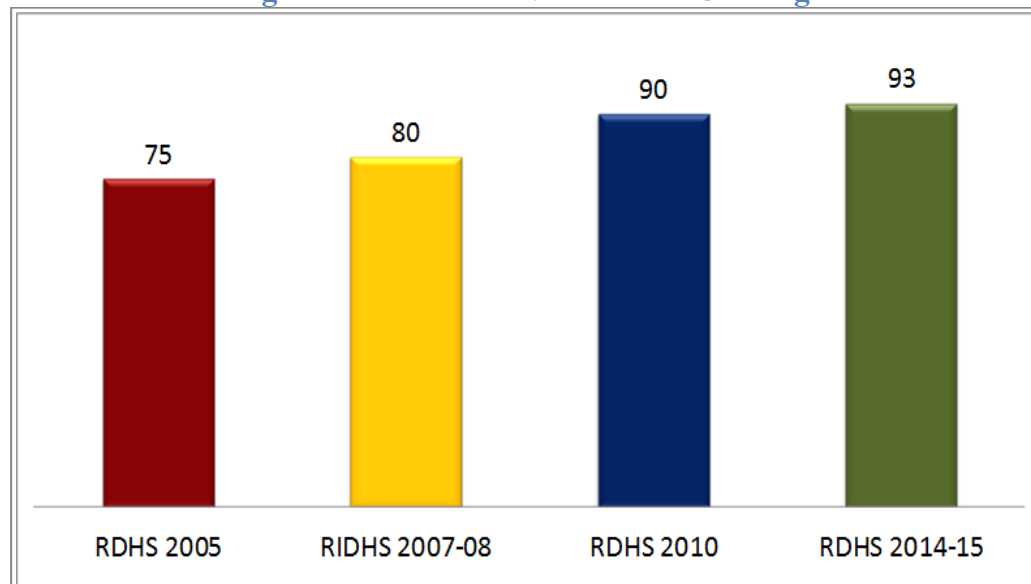
- A 5 years (2014-2018) One Health strategic plan has been developed in collaboration between the ministry of agriculture, the Rwanda Development Board, Rwanda Agriculture Board, etc.;
- Development of Rwanda Epidemic Preparedness and Response Plan (EPR); which provides a clear roadmap on roles and responsibilities for responding to potential outbreaks and others public health threats;
- Migration and integration of the national diseases surveillance system into Rwanda Health Management Information System (RHMIS);
- An innovative Electronic Integrated Diseases Surveillance and Response (e-IDSR) system have been rolled out in 71.2 % of licensed private health facilities countrywide;
- Introduction of new technology (multiplex PCR) for detection of others respiratory pathogens related to influenza virus species;
- Establishment of a functional Ebola prevention and control mechanism countrywide, as well as the renovation Ebola treatment centre at Rwanda Military Hospital
- A weekly epidemiological bulletin was released for public awareness and update on ongoing epidemic prone diseases trend and response;

## **8. Vaccine Preventable Diseases Program**

Preliminary data of the DHS 2015 show that the proportion of fully immunized children increased from 75 percent in 2005, to 80 percent in 2007-2008, 90 percent in 2010 and stands at 93 per cent in 2015.



**Figure 11: Trends in Vaccination Coverage**



## HEALTH SUPPORT SYSTEMS

### 1. Human Resources for Health

- In terms of Human Resources Management, the FY 2014-2015 was characterized by the restructuring of the public service in Rwanda, including the Health Sector. While the structure of health facilities remained unchanged, the rest of the structures in the Health Sector was reviewed.
- The Ministry of health also welcomed a new Minister of State In charge of Public Health and Primary Health Care, Dr. Patrick C. Ndimubanzi; and the New Permanent Secretary, Dr. Solange Hakiba.
- As regards to staffing in health facilities, a total of 155 Medical doctors were deployed in different health facilities with 131 general practitioners and 24 specialists. Currently 294 medical doctors are being trained in different specialization programs as well as 275 nurses and 76 midwives were deployed in public health facilities.
- By the end of the FY 2014-2015, the ratio Human Resources for Health per population was as follows:

**Table 1: The ratio Human Resources for Health per population**

EXPECTED OUTPUTS / OUTCOMES	BASELINE 2011	Status by June 2015
Doctor/population ratio	1 / 16,001	1 / 10,055
Nurse/population ratio	1 / 1,291	1 / 1,142
Midwife/population ratio	1 / 66,749	1 / 4,037
Laboratory technicians / population ratio	1 / 10,626	1 / 10,500

## **2. Medical Products Management and Regulation**

Access to essential medicines and other health technologies is a priority for citizens. It needs to be available at all times in adequate amounts, in appropriate dosage and quality and at an affordable price for individuals and communities.

To ensure that people have access to essential medicines and to preserve the quality of the medicines, a functioning medicine supply chain is required. This includes procurement of medicines and other health commodities, appropriate warehousing, efficient logistics and transportation, rational drug use and monitoring and evaluation of the supply chain processes.

Strategies to improve the availability of the essential medicines and other health commodities have been implemented, including the monitoring of the availability of vital commodities at health facilities, capacity building at district pharmacies and other health facilities, monitoring of stock levels for public health program funded products (HIV, TB, Malaria, MCCH), implementation of the e-LMIS, development of the supply chain operational manual for the district pharmacies. A number of activities were conducted towards the support of the Legislation and regulatory framework of the pharmaceutical sector in Rwanda and the harmonization of the pharmaceutical services within the East African Community.

- **Availability of vital commodities:** stock out status reports are sent to the Ministry of health every week. The reporting system concerns the 30 district pharmacies, and the 42 district hospitals. The reports monitor the availability of the 250 health commodities, identified as vital by the Ministry of Health, and that are supposed to be available at all times and in adequate quantities at the level of the District pharmacy and the District Hospital. The indicator used to monitor the implementation of this Strategy is the number of reporting health facilities that have less than 5% stock out of the vital commodities. In the course of the Year 2014-2015, health facilities reported a stock out rate less than 5% as per the target whereby the average stock out rate was 2% for the district hospital, and 1% for the district pharmacies.
- **Capacity building in the Supply Chain Management for Health Commodities:** trainings organized by the Ministry of Health were conducted for district pharmacies and health facilities staff, with a special program referred to as the Monitoring, Training and Planning Program for the District Pharmacies that is conducted on a quarterly basis. Similar trainings are done by District Pharmacies for health facilities during the supervision on Supply Chain management.
- **Availability of public health program funded products:** the monitoring of the stock levels for public health program funded products is conducted under the supervision of the Ministry of Health, which brings together all the stakeholders that play an important role in the availability of these products. The coordination mechanism aims to pool resources from different funding partners in order to create a common basket fund for the procurement of health commodities including but not limited to ARVs, laboratory reagents, test kits, laboratory consumables, laboratory equipment, Antimalarials, anti-tuberculosis drugs and the products for the Maternal Child and Community Case Management Health commodities. During the year 2014-2015, the quantification and forecasting of the HIV, OIs, and HIV laboratory related products, anti-malarial products, Maternal, Child and Community Case management health was done. The outcome of this activity is the forecasting and supply of the health products that are needed for the period July 2015 June 2016. For each health program, a quarterly review of the supply plans was conducted to ensure that estimated quantities during the quantification process for the previous period are still in line with the programs objectives and targets.

– **Implementation of the eLMIS:**

- The provision and distribution of drugs, vaccines and consumables constitutes one of the essential support systems for efficient delivery of health services. In this regard, an Electronic Logistics Management Information System (e-LMIS) that provides health commodity logistics data and order processing functionalities was established. Currently the system is successfully implemented in Medical Procurement and Production Department (MPPD), National Reference Laboratory (NRL) and National Center for Blood Transfusion (NCBT), 30 District Pharmacies, 42 District Hospitals, 4 Referral Hospitals and all the Health Centers in the country. At least 2 staffs have been trained in the use of the e-LMIS at each facility implementing the system. The use of the system is however evaluated at 98% of all facilities having the system in place and strategies have been put in place to ensure the remaining 2% of health facilities uses the system as well. The use of e-LMIS has increased the government's capacity to reliably and consistently deliver high quality products and services at reduced cost, with increased responsiveness to the needs of the target population.
- Development of the supply chain operational manual: A District Pharmacy is an autonomous state entity with the mission to promote health care by ensuring the availability, accessibility and rational use of pharmaceutical products within district-based service delivery points (Hospitals and Health Centers). Key functions of the District Pharmacies are: management of pharmaceutical products (procurement, distribution, rational use, data collection and analysis), finance and administration, storage, technical support to Service Delivery Points in pharmaceutical management, supervision of public and private pharmacies within the district, and ensuring availability of quality, safe, and efficacious pharmaceutical products within the district.
- To ensure that inventory control and quality assurance processes at the District Pharmacy are carried out in an effective and standardized manner, the Supply Chain of medicines and other health commodities operational manual was developed by the Ministry of Health in partnership with other stakeholders to document the key processes that lead to the access of quality, safe and effective medicines. Draft documents are available and will be finalized

and published to be used by district pharmacies and other stakeholders involved in the monitoring of the pharmaceutical management processes in the District Pharmacies.

### **3. Health Infrastructure Development and health service delivery**

In order to improve the geographic accessibility to health care services and ensure universal coverage to the Rwandan population, the Ministry of Health is initiating a national program of setting up a Health post at cell level where the population still has to walk more than 5 km to reach the nearest health facility. Although much has been done, 95 minutes used in average by Citizens to reach a Health centre in 2006 and 60 minutes in 2010(EICV 2 and 3); there is a portion of the population which still have to walk more than 60 minutes to reach the nearest health facility. Almost all sectors have now at least on health center except 18. The Ministry of Health is committed to ensure the equity in terms of geographic accessibility to health care services. It is in the same line of improving geographical accessibility to health care that the Ministry of Health is promoting the lowest layer of health facility at cell level which is health post which will be at cell level administratively but technically supervised by health center.

In addition to that, considering the long waiting time observed in Health centers, Health post come as an answer as they will be offering preventive, promotional and some curative services.

Lastly, following the Ministerial instruction stopping the recruitment of A2 nurses at different level of care, those nurses will be serving the population in health post as they are skilled and experienced.

Currently we have 2 models of health posts including the formal classic health post satellite of health centre and public private partnership health post managed by One Family Health. There are 230 health posts affiliated to health centres to serve remote population. Most of them report through the health centres but a certain number (60) report directly into HMIS. Those ones who report directly to HMIS has started in the framework of outreach services and grown over time offering now the package of services of a Health centre. The Ministry of health is introducing a new model

of Public Private Community Partnership (PPCP) which will be adapted for all health post later with the advantage of shared responsibility between the community, the local leadership, private nurses and the Ministry of Health itself.

Local leadership and community own the premises and big equipment as well as facilitate the nurse to collaborate with the District Pharmacy and CBHI. Ministry of Health has defined the service packages, standard list of equipment and drugs and the procedure manual. By the end of June 2015,

- 230 health posts were public and served for outreach services mainly primary Health care services
- 87 Health posts were managed by One Family Health (OFH) which is a private NGO and collaborate with Districts and use the franchise model
- 51 new Health posts were built in collaboration with Ministry of Defence will operate in a Public Private Community partnership;
- 7 New Health Centers have been equipped (Rugarama in Burera, Nganzo in Gakenke, Minazi in Gakenke, Mukarange in Gicumbi, Gashongi in Ngororero, Kabali in Rubavu and Busigali in Rubavu) received new medical equipment.
- To improve geographic access to specialized healthcare, the Cabinet Meeting of by the 14/05/14 decided to upgrade 7 District Hospital to the level of provincial hospitals (Rwamagana, Ruhango, Kinihira, and Bushenge) and Referral Hospitals (Kibuye, Ruhengeri and Kibungo). While the upgrading process is expected to take six years. In the FY 2014-2015, a total of 32 Medical Specialist were already deployed in the hospitals in 2014-2015.

On June 29, 2016, HE President Paul Kagame inaugurated the new premises of Bushenge Hospital. After earthquakes that devastated Hospital in 2008, the Government decided to build a new Bushenge hospital with an aim to modernize both its infrastructure and the services offered.



HE President Paul Kagame touring Bushenge Hospital





#### **4. Health Financing**

As recommended by the 12<sup>th</sup> National Leadership Retreat, the financial management of the Community based health insurance (CBHI) was transferred to the Rwanda Social Security Board (RSSB). The transfer process was completed by the end of June 2016. The main achievements in the transfer process include:

- The CBHI countrywide audit has been jointly conducted by MINISANTE, MINECOFIN, RSSB and MINALOC
- Awareness raising on changes in CBHI management and its integration into RSSB has already started: a TV and Radio talk show was organized on June 21, 2015)
- Drafting the Law governing the organisation, functioning and management of health insurance schemes in Rwanda;

#### **5. Quality Assurance, Standards, and Accreditation**

In order to improve the quality of services offered by public health facilities all 37 hospitals enrolled in the accreditation program were trained on national quality and safety goals.

- 148 staff from 37 district hospitals have been trained on Continuous Quality Improvement, Facility Management & Safety, and Infection Prevention and Control. The training also involved 4 focal persons from each hospital in charge of infection prevention, accreditation, quality and health & safety
- 250 people from 37 District Hospitals have been trained as Hospital Accreditation Internal Facilitators.
- 370 hospital staff as accreditation Internal Facilitators from 37 Hospitals.
- Consultative meetings & consensus workshop with key stakeholders were conducted for the establishment of Rwanda Healthcare accreditation organization.
- 55 participants from Health Facilities, Ministry of Health, and Rwanda Biomedical Centre were trained on Quality Improvement in the accreditation facilitators' certification course for one year.
- A performance progress assessment was conducted in 42 hospitals to measure compliance with standards. The assessment showed that 72.5 of District Hospitals meeting National quality and safety goals.

## 6. Health Information System

- The HMIS has made a significant improvement in both data quality and System integration.

In Data Quality, the 2015 DHS data key indicators are identical to R-HMIS data.

In the system integration, the e-IDSR (electronic Integrated Diseases Surveillance and Report) system and HIV model have been integrated into R-HMIS.

## 7. Knowledge Management and Research

- In the Fiscal Year 2014-2015, two important population-based surveys were concluded and their preliminary results are now available: The Rwanda Demographic and Health Survey 2015, and the Rwanda AIDS Indicator Key Findings 1 and HIV Incidence Survey.
- Key findings from the DHS 2015 show that Rwanda has achieved all MDGs related targets. For instance, under-5 child mortality has been reduced from 196/1000 in 2000, to 152/1000 in 2005, to 76/1000 (DHS 2000, 2005, 2010) and currently stands at 50/1000 (DHS 2015).
- The proportion of fully immunized children increased to 75 percent in 2005, to 80 percent in 2007-2008, 90 percent in 2010 and stands at 93 per cent in 2015.
- As for the Rwanda AIDS Indicator Key Findings 1 and HIV Incidence Survey, preliminary key findings have shown that the overall prevalence of HIV in both sexes in Rwanda was 3.0% [95%CI: 2.6-3.4]. It was higher among women 3.5% [95%CI: 3.0-4.0] while it was 2.4% [95%CI: 2.1-2.8] among men. HIV prevalence in urban areas was higher (5.6%) compared to 2.6% in rural areas. The difference in HIV prevalence by sex was also present in both urban and rural, where it was 7.2% among women in urban areas compared to 3.0% among women in rural areas. The same is for males, where 4.0% of males in urban areas tested HIV positive compared to 2.2%. HIV prevalence showed variation by provinces. It was highest in Kigali City (6.1%) and lowest in Northern Province (1.9%). The prevalence of HIV among women in Kigali (7.4% [5.5-9.8]) was significantly higher compared to the observed HIV prevalence in women in other

provinces. Once again, the prevalence of HIV among men in Kigali (4.8% [95%CI: 4.6-7.9]) was significantly higher compared to the observed HIV prevalence in men in other provinces.

## 8. Governance

In the Fiscal Year 2014-2015, four policies were developed and disseminated

- Health Sector Policy (January 2015)
- Health Financing Sustainability Policy (March 2015)
- Non Communicable Diseases Policy (March 2015)
- National Human Resources for Health Policy (October 2014)

In the same move, a total of 24 ministerial orders implementing the laws on pharmaceutical sector regulation were drafted and are in validation process. The 24 Ministerial orders will help implement the following laws: Law **N°03/2012 of 15/02/2012** Law governing narcotic drugs, psychotropic substances and precursors in Rwanda; Law **N° 47/2012 of 14/01/2013** Law relating to the regulation and inspection of food and pharmaceutical products; and Law **N° 45/2012 of 14/01/2013** Law on organization, functioning and competence of the Council of Pharmacists

In collaboration with the **East African Community Medicines Regulatory Harmonization (EAC-MRH)** initiative that works with the East African Community to increase access to good quality, safe and effective medicines through harmonizing medicines regulations, and expediting registration of essential medicines, the Ministry of Health developed many documents to ensure that Harmonization process happens in Rwanda and the EAC partner states:

- Development and approval for domestication of the EAC Common Technical Document for Registration.
- Domestication of EAC Manuals, Guidelines, Requirements and SOPs for the Medicines Evaluation and Registration.
- Joint dossier assessment between MOH/Pharmacy department and the Uganda National Drug Authority was conducted under EAC twinning program and 51 products were evaluated using domesticated guidelines.

- Developing of a draft proposal for Pharmacovigilance and Post Marketing Surveillance to be presented to development partners for funding.
- Conducted a study establishing the Centre of excellence on Supply Chain of Health commodities in EAC partner states and having the Centre of excellence in Rwanda.
- Developing of the Quality Management System (QMS) gap analysis tool to be used in EAC partner states.

## 9. Hygiene and sanitation

In order to protect the consumers against food borne disease, educative inspections were conducted in 93 Food establishments in City of Kigali during National Events.

- Criteria considered during inspection were; (i) Food safety, (ii) Status of rooms, (iii) Sanitation and (iv) cleanliness:
  - 30/93 (32%) were found satisfactory and recommended in all aspects;
  - 56/93 (60%) are recommended or recommended with follow up,
  - 37/93 (40%) are rated satisfactory for food safety
  - 62/93 (67%) are rated satisfactory for status of rooms
  - 63/93 (68%) are rated satisfactory for cleanliness
- Food Safety Testing Kits were distributed to 15 District Hospitals especially for milk and juice in order milk and Juice sold in public places is safe for human consumption; 47 Environmental Health Officers also were trained on how there are used;
- The efforts were made also to implement drinking water quality surveillance and 44 motorcycles were and distributed in 42 DHs and 2 HCs in order to support drinking water quality from the water sources.
- To ensure proper management of medical waste in the prevention of nosocomial infections, and promotion of hospital hygiene, sufficient equipment and supplies were distributed to the health facilities to promote hospital hygiene. On site mentorship supervision and capacity building of Health Care Providers on injection safety and health care waste handling were also provided.

- Community Health Clubs (CHC) will respond to disease burden by empowering the Communities to identify the hygiene and sanitation problems and come up with solutions which will lead to sustainable behavioural change: The Districts reports show that fully functional hygiene clubs have increased from 20% to 27% (Nyabihu, Bugesera, Rulindo, Burera, Musanze, Rubavu, Rusizi, Gatsibo, Kayonza, Huye, Gicumbi, Karongi, Nyamagabe, Kicukiro, Gakenke, Nyaruguru, Kamonyi and Gasabo Districts. A total of 62 ToTs were trained and 308 CHC facilitators were trained on CHC approach.

## HEALTH SECTOR DOMESTIC BUDGET EXECUTION 2014/2015

Table 2: Summary of Health Sector Domestic Budget Execution in 2014-2015

Program and Sub-Program	BUDGET	EXECUTION	%
<b>Administrative and support services</b>	<b>8,235,154,910</b>	<b>7,385,624,768</b>	<b>90%</b>
Administrative and support services: MINISANTE	1,283,742,340	1,162,353,174	91%
Administrative and support services: Health Facilities	741,358,276	741,358,276	100%
Administrative and support services: RBC	6,210,054,294	5,481,913,318	88%
<b>Health Sector Planning and Information Systems</b>	<b>1,101,445,178</b>	<b>934,647,336</b>	<b>85%</b>
Health sector planning, monitoring and evaluation	193,983,438	173,717,238	90%
Health information and technologies	894,682,919	749,483,478	84%
Partnerships coordination and mobilization	12,778,821	11,446,620	90%
<b>Health human resources</b>	<b>36,281,901,669</b>	<b>35,742,120,927</b>	<b>99%</b>
Health professional development	8,041,886,757	7,801,494,436	97%
Health Staff Management (Earmarked to Districts)	28,240,014,912	27,940,626,491	99%
<b>Financial and geographical health accessibility</b>	<b>50,299,844,341</b>	<b>39,114,943,174</b>	<b>78%</b>
Insurance system organization	17,804,385	15,650,375	88%
Health service subsidization	8,930,429,746	8,906,164,927	100%
Performance-based financing	9,238,464,106	8,184,601,669	89%
Health infrastructure equipment and transport	32,113,146,104	22,008,526,203	69%
Health Infrastructure& Equipment(Earmarked to Districts)	2,849,123,272	2,849,123,272	100%

<b>Policy Development And Health Service Regulation</b>	<b>18,863,482,439</b>	<b>16,421,900,182</b>	<b>87%</b>
Health service policy development and regulation	18,399,417,218	16,184,563,859	88%
Health profession regulation	457,454,822	231,140,036	51%
Health research regulation	6,610,399	6,196,287	94%
<b>Maternal and child health</b>	<b>5,716,361,752</b>	<b>5,146,659,720</b>	<b>90%</b>
Family planning and reproductive health	1,193,586,480	1,092,726,971	92%
Maternal and child health improvement	1,465,965,536	1,371,063,311	94%
Hygiene and environmental health	343,312,710	321,462,886	94%
Nutrition	154,428,944	150,526,924	97%
Community health	2,559,068,082	2,210,879,628	86%
<b>Specialised health services</b>	<b>10,553,698,950</b>	<b>10,422,816,823</b>	<b>99%</b>
Specialized service delivery	10,516,048,950	10,385,166,823	99%
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>25,955,024,733</b>	<b>20,369,658,703</b>	<b>78%</b>
Health communication	550,778,019	423,822,251	77%
Medical research	38,314,523	33,605,967	88%
Medical infrastructure and equipment maintenance	446,287,598	103,202,165	23%
Medical procurement and distribution	23,104,480,859	19,103,305,243	83%
Blood transfusion	411,818,606	176,109,583	43%

Lab diagnostic quality assurance	1,403,345,128	529,613,494	38%
<b>Disease prevention and control</b>	<b>7,057,227,263</b>	<b>7,382,744,664</b>	<b>105%</b>
HIV/AIDS, STIs and other blood borne diseases	3,171,084,314	4,015,807,242	127%
Malaria and other parasitic diseases	1,387,596,025	1,054,272,022	76%
Vaccine preventable diseases	565,430,330	496,611,655	88%
Epidemic infections, diseases	108,319,680	85,415,730	79%
Non-communicable diseases	225,584,295	197,578,684	88%
Tb and other respiratory communicable diseases	98,100,211	86,469,061	88%
Mental health	316,485,903	261,963,765	83%
Disease Control(Earmarked to Districts)	1,184,626,505	1,184,626,505	<b>100%</b>
<b>Total budget</b>	<b>164,064,141,234</b>	<b>142,921,116,297</b>	<b>87%</b>



## CONCLUSION

The fiscal year 2014-2015 was successful for the health sector. Building on lessons from the previous fiscal year (2013-2014) more efforts were put in the consolidation of the four components of the HSSP III: Programs, Health Support Systems, Health Services Delivery and Governance. In the same way, the Ministry of Health continued to support the process of services decentralization in the health sector.

For the Fiscal Year 2015-2016, Health Sector actions will continue to focus on programs and interventions meant for the improvement of availability, accessibility and utilization of Maternal Health and Child health services; the quality of services offered by public and private health facilities; geographical and financial accessibility to Health services; and the reduction of the burden of communicable and non-communicable diseases among Rwandan population, as well as ensuring the universal availability and accessibility of drugs and consumables.

