WHO Rwanda Country Cooperation Strategy 2021-2024

Strengthening health systems to further improve the population's health and well-being

World Health Organization

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Contents

Foreword from Minister of Health 7

Message from WHO African Regional Director 8

Message from WHO Rwanda Representative 9

Executive summary 13

CHAPTER 1: Introduction 17

CHAPTER 2: Two decades of improvements in health as an integral part of the country's economic and social development 21

2.1 Rwanda's transformation of the health sector 22

2.1.1 Strengthening health systems and programs to achieve universal health coverage 22

2.1.2 Strengthening the country's ability to prepare for and respond to epidemics and other health emergencies 26

2.1.3 Improving the population's health and well-being 28

2.1.4 Strengthening health information systems 29

2.2 Looking towards the next four years: key challenges and issues to consider 30

CHAPTER 3. WHO's work in Rwanda 33

3.1 WHO's contribution to advances in health in Rwanda 33

3.1.1 Strengthening health systems and programs to achieve universal health coverage 33

3.1.2 Strengthening health emergency preparedness and response 34

3.1.3 Improving health and well-being: advocating for and supporting the Government's agenda for non-communicable diseases (NCDs) 34

3.1.4 Strengthening health information systems 35

3.2 Working with other partners 36

3.2.1 WHO's collaboration with the MOH and other Government institutions 36

3.2.2 WHO's collaboration with the UN and other international development partners 37

CHAPTER 4. Setting the agenda for WHO cooperation in Rwanda 41

Strategic Priority 1: Strengthen health system capacity to ensure equitable access to quality health services to attain universal health coverage 42

Strategic Priority 2: Strengthen country capacity to protect the population from health emergencies 48

Strategic Priority 3: Promote health and well-being by addressing the social and environmental determinants of health 52

Strategic Priority 4: Strengthen health information systems and digital innovations to improve patient care, generate evidence and monitor health trends 54

4.5 Alignment of strategic priorities with global and national priorities 56

CHAPTER 5. Implementation of WHO Rwanda Country Cooperation Strategy 2021 to 2024 59
5.1 Principles of cooperation 59
5.2 Implementation of the Strategic Priorities 60
5.3 Country Corporation Strategy Results Framework 60
5.4 Financing the Strategic Priorities 68
CHAPTER 6. Monitoring & evaluation 71
6.1 Monitoring implementation 71
6.2 Evaluation 71
6.2.1 Mid-term evaluation in 2022 71
6.2.2 Final Evaluation in 2024 72
References 73

Forward from Minister of Health

The development landscape in Rwanda has changed considerably since the adoption of the Vision 2020 in the year 2000. The progress, made in less than two decades, has given Rwandans much hope and belief to aspire for greater achievements. Some of the greatest achievements have been in the health sector, where life expectancy has increased along with maternal and child health outcomes and decreases in morbidity and mortality associated with communicable diseases.

Currently, the Government is implementing the Vision 2050 and the National Strategy for Transformation (NST1), which is the Seven Year Government Program (7YGP) guiding the country's development trajectory. This strategy is expected to lay the foundation for decades of sustained growth and transformation that will accelerate the move towards achieving high standards of living for all Rwandans and make Rwanda a high income country.

The Fourth Health Sector Strategy Plan 2018-2024 (HSSP-4) is aligned to Vision 2050, the NST-1 and the Sustainable Development Goals (SDGs-2030) to guide the country toward better health outcomes in the context of resilient health system. Rwanda has a satisfying, long-lasting experience working with development partners in the health sector from policy dialogue to strategic planning, resource mobilization, allocation, utilization and accountability for results that has contributed to Rwanda meeting the MDGs and now on track to achieving the SDGs.

It is in this context that the Ministry of Health welcomes the fourth World Health Organization (WHO) Country Cooperation Strategy 2021-2024 which is aligned with both the WHO General Program of Work-13 and the Fourth Health Sector Strategy Plan 2018-2024 and this lays the foundation of collaboration between the Ministry of Health and WHO-Rwanda country office.

I wish to convey my appreciation to all who contributed to the development of this strategy and pledge full support of the Ministry of Health to ensure its implementation towards achieving Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs).

Dr. NGAMIJE M. Daniel

Minister of Health

Message from the WHO African Regional Director

The World Health Organization Country Cooperation Strategy (CCS) crystallizes the major reform agenda adopted by the World Health Assembly to strengthen WHO capacities and make its deliverables more responsive to country needs. It provides a country-specific, medium-term strategic vision for the World Health Organization's cooperation with Member States and outlines the collaborative agenda between the Government and the Organization.

Over the last 16 years, Rwanda and WHO have implemented three cooperation strategies, with important contributions to the tremendous progress made in the health sector.

I applaud the Government of Rwanda for the strong leadership and for the significant advances in improving health and well-being, including sustaining high routine immunization coverage, and quickly rolling out COVID-19 vaccines.

The rise of non-communicable diseases, the ongoing COVID-19 pandemic that has disrupted health systems and threatens to reverse hard-fought gains in health and development and the impact of climate change are a few examples of how the face of public health is changing in the Africa Region. In addition, Universal health coverage calls for accessible quality care at an affordable cost for all, leaving no one behind. Thus, Rwanda has an enormous task to meet its ambitious goals towards improving the health and well-being of the population set in the Health Sector Strategic Plan, 2018-2024 and National Strategy for Transformation (NST1), 2017-2024.

This Country Cooperation Strategy is therefore timely. It outlines WHO's work for the next four years in the key areas that matter most for Rwanda, while being rooted in regional and global priorities. This strategy also aligns WHO's collaboration with other United Nations agencies and Development Partners in Rwanda.

I would like to thank the Ministry of Health and WHO team in Rwanda for performing a rigorous exercise in consultation with stakeholders to identify how WHO can best contribute to a healthier Rwanda. I am pleased that the priorities the CCS outlines – accelerating progress on universal health coverage, better protecting the population against health emergencies, promoting health and wellness by addressing the determinants of health and enhancing Rwanda's digitalization agenda – are well aligned with and reflect the region's and the global Transformation Agenda. The WHO Regional Office is fully committed to providing strategic and technical support to advance these priorities, so that the related targets can be achieved.

Dr. Matshidiso Moeti

Regional Director, WHO Africa Region

Message from WHO Rwanda Representative

Over the last two decades, Rwanda has achieved impressive results in the health of its population. These include a gain of over more than 20 years in life expectancy from 48 years in 2000 to 68 in 2020; significant reductions in maternal, infant and child mortality and considerable progress in controlling major communicable diseases, such as HIV/AIDS, and tuberculosis and malaria.

Rwanda's ambitions to achieving a high quality of life for all Rwandans is further reflected in the Vision 2050 and includes ensuring universal access to high-quality health care. Improving health care services at all levels of care, strengthening the financial sustainability of the health sector, and enhancing the capacity of the health workforce are the key strategies for transforming the health sector.

This Country Cooperation Strategy (CCS) is the outcome of a collaborative effort by the Ministry of Health and WHO. The CCS is guided by the national priorities in the National Strategy for Transformation 2017 – 2024, the National Health Policy 2015, the Rwanda Health Sector Strategic Plan IV (2018–2024). It is also aligned to the second United Nations Development Assistance Plan for Rwanda (2018-2023), the United Nations Sustainable Development Goals, the African Union Agenda 2063, and the East African Community Health Sector Investment Priorities Framework 2018-2028.

The Strategic Priorities of this CCS are designed to support the Government of Rwanda for the next four years in implementing its ambitious agenda to reach its health goals and targets. The following four Strategic Priorities are organized according to the "triple billion" goals of WHO's Thirteenth General Program of Work (2019-2023):

1. Strengthen health system capacity to ensure equitable access to quality health services to attain universal health coverage.
2. Strengthen country capacity to protect the population from health emergencies.
3. Promote health and well-being by addressing the social and environmental determinants of health.
4. Strengthen health information systems and digital innovations to improve patient care, generate evidence and monitor health trends.

The CCS is a dynamic document, which incorporates robust monitoring and evaluation mechanisms to measure progress.

We look forward to further strengthening our partnership with the Government of Rwanda. This is an excellent opportunity to work together to contribute to building the "Rwanda we want" in health and well-being of the population.

Dr. Kasonde Mwinga

Representative, WHO Rwanda

Abbreviations

ACT	Artemisinin combination therapy (for malaria)
AFP	Acute flaccid paralysis
AFRO	Africa Regional Office of WHO
AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy
CBHI	Community-Based Health Insurance
CCS	Country Cooperation Strategy
CDC	U.S. Centers for Disease Control
CHW	Community health worker
COVID-19	Coronavirus Disease 2019
CSO	Civil society organization
cVDPV	Circulating vaccine-derived poliovirus
CRVS	Civil Registration and Vital Statistics
DAAs	Direct-acting antivirals
DAK	Digital Adaptation Kit
DHIS	District Health Information System
DHS	Demographic and Health Survey
DOTS	Directly-observed treatment, short-course (for TB)
DoL	Division of Labour
DP	Development Partners
DRC	Democratic Republic of Congo
ECD	Early Childhood Development
EICV	Integrated Household Living Conditions Survey
EPI	Expanded Programme on Immunization
EMR	Electronic medical record
EOC	Emergency Operations Center
FAO	Food and Agriculture Organization
FDA	Food and Drug Agency
FY	Fiscal year
GAVI	Global Alliance for Vaccines and Immunization

GDP	Gross Domestic Product
GoR	Government of Rwanda
GPW13	Thirteenth General Programme of Work 2019-2023
HIV	Human immunodeficiency virus
HMIS	Health Management Information System
HSSP IV	Fourth Rwanda Health Sector Strategic Plan 2018-2024
IAEA	International Atomic Energy Agency
ICCM	Integrated community case management
ICD	International classification of diseases
ICS	Immunization Coverage Survey
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations (2005)
IMCI	Integrated management of childhood diseases
IPC	Infection prevention and control
IPV	Inactivated polio vaccine
IRS	Indoor residual spraying
ITN	Insecticide Treated Nets
JEE	Joint External Evaluation
LLIN	Long-lasting insecticidal bednets
MCCD	Medical certificate of cause of death
MCH	Maternal and child health
MDGs	Millennium Development Goals
MFL	Master Facilities List
MPCDSR	Maternal, perinatal, child death surveillance and response
MOH	Ministry of Health
MTR	Mid Term Review
NAPHS	National Action Plan for Health Security
NCD	Non-Communicable Diseases
NISR	National Institute of Statistics of Rwanda
NRL	National reference laboratory
NST-1	National Strategy for Transformation
PTSD	Post-traumatic stress disorder

PBF	Performance-based financing
PCR	Polymerase Chain Reaction
PEN	WHO Package of Essential NCD Interventions
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
RAMA	Formal sector medical insurance (Rwandaise d'Assurance Maladie)
RBC	Rwanda Biomedical Centre
REMA	Rwanda Environment Management Authority
RFDA	Rwanda Food and Drug Agency
RRT	Rapid response team
RSSB	Rwanda Social Security Board
RWF	Rwandan franc
SDGs	Sustainable Development Goals
SRMNCAH	Sexual and Reproductive, Maternal, Newborn, Child and Adolescent Health
STEPS	STEP-wise approach to Surveillance
TB	Tuberculosis
UN	United Nations
UNAIDS	United Nations Joint Programme on HIV/AIDS
UHC	Universal health coverage
UNDAP	United Nations Development Assistance Plan
UNFPA	United Nations Populations Fund
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
WCO	WHO Country Office
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization

Executive summary

This fourth World Health Organization (WHO) Country Cooperation Strategy (CCS) provides a roadmap for WHO support to the Government of Rwanda for the next four years (2021-2024). The development of this CCS was guided by four of the country's major policy and strategy documents: The National Strategy for Transformation (NST 1) (2017-2024), the National Health Sector Policy (2015), the Fourth Rwanda Health Sector Strategic Plan (HSSP IV) (2018–2024), and the United Nations Development Assistance Plan for Rwanda (UNDAP II) (2018-2023). It also reflects WHO's major reform agenda outlined in its 13th General Programme of Work (GPW13) (2019-2023) and WHO African Regional Transformation Agenda, which aim to improve access to universal health coverage, better protect people from health emergencies, and improve people's health and well-being.

The role of WHO highlighted in this CCS is to support the Government of Rwanda in building upon and sustaining the remarkable improvements in the health of its population in the past 20 years. These include a gain of over 20 years in life expectancy (from 48 in 2000 to 68 in 2020); significant reductions in maternal, infant and child mortality – meeting the targets of the health-related Millennium Development Goals – and considerable progress in controlling major communicable diseases, such as HIV/AIDS, Tuberculosis and Malaria.

These gains have been the result of strong political commitment, economic growth, social development and a series of sweeping health sector reforms that have substantially improved the population's access, availability and quality of health services, with a focus on primary health care. These reforms have included the following:

a. An expansion of health insurance to 90% of the population, mainly through a community-based health insurance scheme;

b. The establishment of a community health worker workforce to provide basic health services close to where people live;

c. A dramatic growth in the number of primary health care facilities and the number of health professionals;

d. The introduction of performance-based financing scheme for health facilities and health workers, which has led to great improvements in the performance and quality of health care services.

The Government of Rwanda has also been proactive in adopting many strategies and policies that have been effective in controlling diseases and improving health outcomes including: the early adoption of free and universal antiretroviral therapy for HIV/AIDS patients; the reaching every child strategy that have resulted in the near universal immunization coverage of children through early adoption of new vaccines; and the national roll-out of integrated community case management of childhood illnesses among others.

Rwanda has also significantly improved its ability to prepare for and respond to health emergencies in the past few years, as evidenced by its highly-praised response to the COVID-19 pandemic.

In the coming years, the Government will need to address a number of challenges to meet the population's growing demand for quality health care. Also to be addressed are the changing health needs aligned with the growing burden of non-communicable diseases, high rates of stunting in children under five, the still high rate of maternal and neonatal mortality, and inadequate access to improved water and sanitation.

The Strategic Priorities of this CCS and the activities under each priority are designed to support the Government of Rwanda in addressing the aforementioned challenges in order to reach its health goals and targets.

The four Strategic Priorities are:

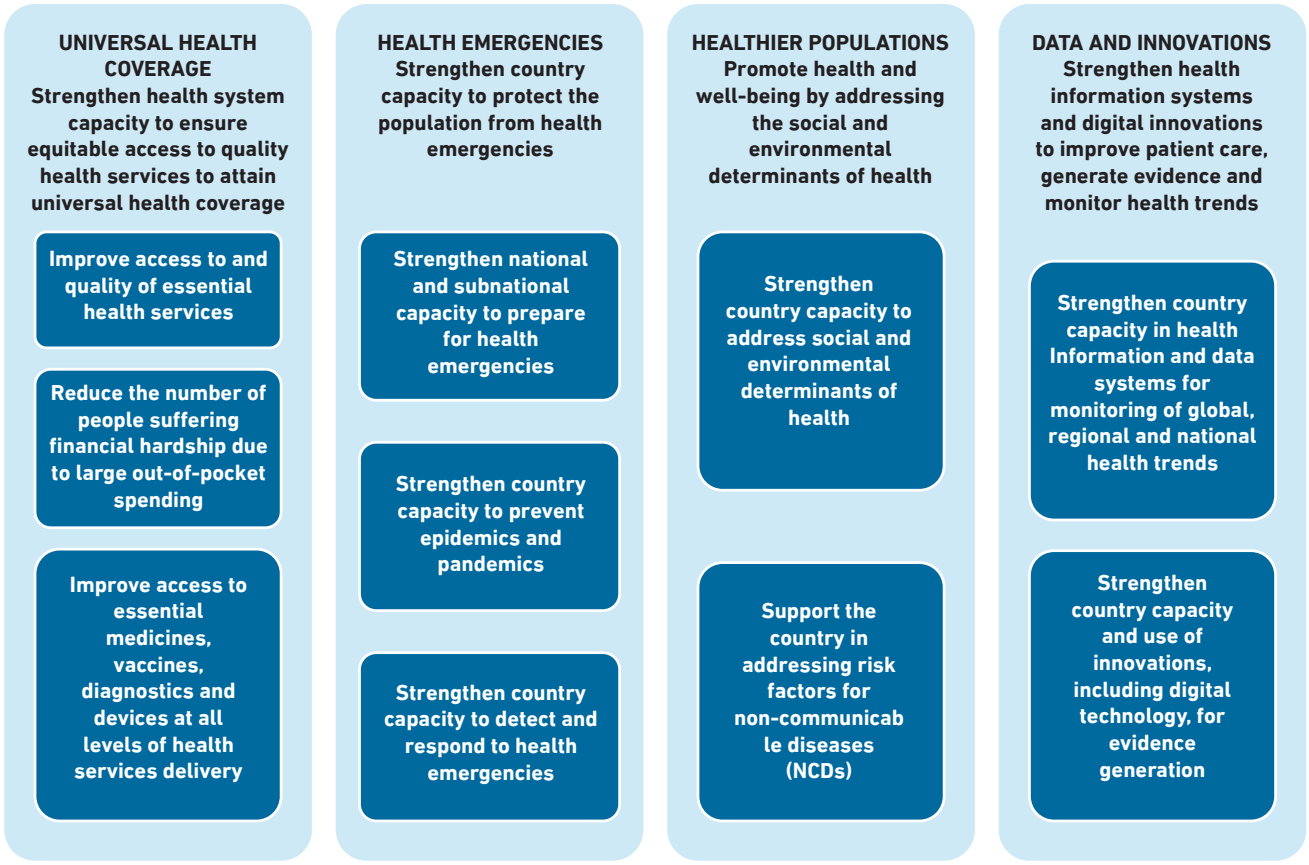
1. Strengthen health system capacity to ensure equitable access to quality health services to attain universal health coverage

2. Strengthen country capacity to protect the population from health emergencies

3. Promote health and well-being by addressing the social and environmental determinants of health

4. Strengthen health information systems and digital innovations to improve patient care, generate evidence and monitor health trends

The Focus Areas under each Strategic Priority are shown in the figure below.



The implementation, monitoring and evaluation of this CCS will be guided by the principles of cooperation with the Government of Rwanda, to ensure WHO plays a key role in the implementation of the national agenda under the leadership of WHO Representative. To help the Country Office to deliver expected results, WHO Regional Office for Africa (AFRO) and WHO Headquarters will provide strategic and technical assistance. Specific activities where assistance will be provided include adapting strategies, guidelines and other "global goods" to the Rwanda context, implementing global and regional priority initiatives, supporting inter-country collaboration, and sharing experiences and information. A mid-term review of the CCS will be conducted in 2022 and a final evaluation before the end of 2024.


SMS RWANDA
BINOME-Igitabo cyandikwamo
ubutumwa bwa RapidSMS
RAPIDSMS na gikoresha ubuzima bw' umwana mu minsi 1000 yambere
RWANDA

CHAPTER 1

Introduction

This Country Cooperation Strategy (CCS) (2021 – 2024) provides a roadmap or strategic vision for WHO support to the Government of Rwanda for the next four years. It sets out broad strategic priorities designed to contribute to the country's health development agenda and its efforts to achieve the Sustainable Development Goals (SDGs).[1] The four Strategic Priorities of this CCS are:

1. Strengthen health system capacity to ensure equitable access to quality health services to attain universal health coverage
2. Strengthen country capacity to protect the population from health emergencies
3. Promote health and well-being by addressing the social and environmental determinants of health
4. Strengthen health information systems and digital innovations to improve patient care, generate evidence and monitor health trends

These Strategic Priorities and the activities linked to each of them are aligned with the goals and priorities of Rwanda's national policy and guidance documents. These include the National Strategy for Transformation (2017-2024) (NST1),[2] the National Health Sector Policy 2015[3] and the fourth Health Sector Strategic Plan (2018-2024) (HSSP IV).[4] This CCS is also aligned with the health strategies and objectives of regional and sub-regional agendas, including the United Nations Development Assistance Plan for Rwanda (UNDAP II) 2018-2023,[5] the African Union Agenda 2063[6] and East African Community Health Sector Investment Priorities Framework 2018 – 2028.[7]

The Strategic Priorities also reflect and are organized according to the "triple billion" goals of WHO's Thirteenth General Programme of Work (2019-2023) (GPW13), which are to enable: 1) one billion more people to benefit from universal health coverage (UHC); 2) one billion more people to be better protected from health emergencies; and 3) one billion more people to enjoy better health and well-being.[8]

Figure 1. The triple billion goals of the 13th WHO General Programme of Work (2019-2023)

The alignment of the four Strategic Priorities with the various strategic objectives, outcomes or priorities of key national and global policy documents is shown in Table 2 in Chapter 4 (pp.43).

A number of reviews conducted in 2018 informed the development of this CCS. These include a Country Office Evaluation,[9] which examined WHO's contribution to health sector improvements in Rwanda and its achievements against the objectives of the last CCS (2014-2018); a functional review of the Country Office, which included a partners perception survey of WHO's role and contributions in Rwanda; and a staff satisfaction survey. The strategic priorities and specific areas of focus were identified based on these reviews and in-depth discussions with the Ministry of Health (MOH). Drafts of this CCS were shared with the MOH, WHO Regional and Headquarters staff and revisions were made based on their comments.

CHAPTER 2

Two decades of improvement in health as an integral part of the country's economic and social development

The last two decades in Rwanda have been characterized by impressive and steady growth in its economy, living standards and social development.

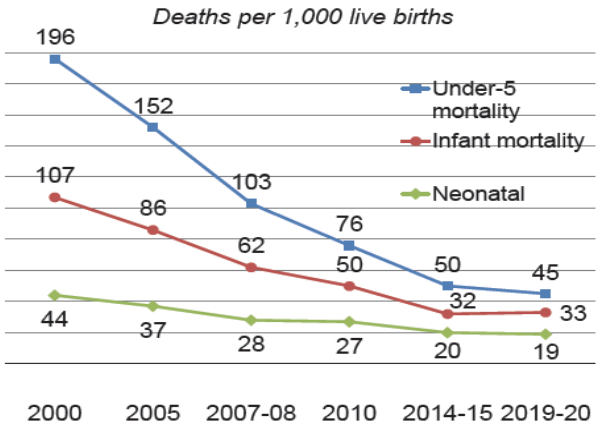
The economy grew by an average of 7.4% from 2015 to 2019 and by 9.4% in 2019.[10] Gross domestic product (GDP) per capita rose from $261 in 2000 to $820 by 2020,[11] and the percent of the population living below the poverty line declined from 70% in 2000 to 38.2% in 2017[12]. This resulted in more than one million people being lifted out of poverty over this period. This growth has been driven by the Government's development goals – outlined in its Vision 2020 and Vision 2050. National development plans aim to transform Rwanda through large public investments from a low-income, primarily rural economy into a middle-income country with a diverse knowledge- and service-based economy and eventually into a high-income country (by 2050). Towards this aim, the Government enacted a policy in 2003 abolishing school fees, which has led to near universal primary school enrolment for both boys and girls.[13] Another sign of the country's rapid development has been the vast improvements in environmental cleanliness in the past 10-15 years. With litter rarely seen from the city to the village level, Rwanda is one of the cleanest countries in Africa.[14]

In the aim of building a better society with a government that is people-centered, transparent and accountable, the Government has undertaken a series of political and social reforms in the past 20 years. These have been spurred by a decision made in the early 2000s to decentralize the Government, including social services. In this system, local government officials, such as mayors, are held accountable for providing services by signing performance-based contracts with the central Government that require them to meet certain targets. Civil servants, such as health workers, in turn, sign contracts with their superiors that also tie them to a certain level of performance.

2.1 Rwanda's transformation of the health sector

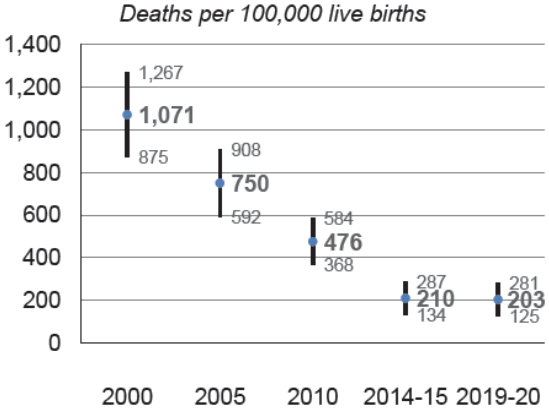
As recognized internationally, the achievements that Rwanda has made in health in two decades in the wake of the 1994 Genocide against the Tutsis have been dramatic. Life expectancy has risen by more than 20 years – from 48 in 2000 to 68 in 2020.[15] The country has also met or exceeded several of the health-related Millennium Development Goals. Child mortality was reduced by 77% between 1990 and 2019 (from 196/1,000 live births to 45/1,000) (Fig. 2) and maternal mortality by 85.5% (from 1,400 per 100,000 to 203 per 100,000) during this period (Fig. 3),[16] as well as reversing the spread of HIV/AIDS and tuberculosis. These rates have continued to decline slightly since then.

Figure 2. Trends in child mortality, 2000-2020



Source: Rwanda Demographic and Health Survey

Figure 3. Trends in maternal mortality, 2000-2020



Source: Rwanda Demographic and Health Survey

These successes have resulted from a series of health sector reforms, ranging from the establishment of social health insurance to make health care affordable to the building of a health infrastructure and health workforce focused on providing quality health care – with an emphasis on primary health care – that is easily accessible to the population. These successes are also attributable to the country's early adoption of state-of-the-art global strategies aimed at improving maternal and child health outcomes and in preventing and controlling specific disease, such as HIV/AIDS, Tuberculosis and Malaria. Below is a brief summary of the country's progress in implementing these reforms and improvements, focusing on the seven-year period of the last CCS (2014-2020) and grouped by the four Strategic Priorities of this CCS.

2.1.1 Strengthening health systems and programs to achieve universal health coverage

Ensuring financial protection of the population through health insurance

Hailed as one of the most successful health initiatives in Africa, the Community-Based Health Insurance (CBHI) scheme (or mutuelle de santé) was created in 2000. The CBHI scheme reduced the often-crippling costs of health care paid by patients through user fees, thus increasing the population's access to and use of health services.

While several other African countries have established similar mutuelles de santé, they have mostly failed to scale them up or sustain them. Enrolment in the CBHI has grown from 7% of Rwanda's population in 2003 to 85.3% in March 2021.[17] When other insurance programs are included, such as the medical scheme for formal sector workers (former RAMA), more than 90% of the population now has health insurance coverage. The rapid rise in CBHI enrolment has been attributed to several factors.These include strong leadership and promotion by the Government, exemption of the poor from all payments expansion of the benefits package over time and inclusion of CBHI enrolment rates as a key performance indicator on contracts of district authorities.

Beneficiaries pay an annual premium that increases with their income level (ranging from 3,000 – 7,000 RWF (US$3.00 – 7.00), as well as a flat fee of 200 RWF (US$ 0.2) for services provided at health centers and health posts, and a 10% co-insurance for hospital care. The

least well-off segments of society are exempt from any premiums or fees at the point of care. Beneficiaries are also entitled to a range of ever-expanding preventive and curative care services. These include essential drugs and ambulance transfers, at primary health care centers, public hospitals and some private health facilities.

The program has been credited with contributing to improvements in health outcomes, such as maternal and child health. It has also led to a sharp decline in out-of-pocket payments – from 33% of total health care expenditures in 1998 to 8% in 2016-17.[18]

Bringing primary health care services closer to the people

The community health worker program

A major means of increasing the population's access to basic health services in Rwanda has been the establishment of a workforce of now 58,000 community health workers (CHWs).[19] These volunteers, who receive performance-based incentives but no salary, provide a critical link between community members and health facilities. Over time they have become a strong pillar of Rwanda's health system. There are credited for playing an important role in reducing maternal and child mortality and in the control of communicable diseases. Until recently, each village has had three CHWs, including a maternal CHW who monitors pregnant women and their newborns, then two general CHWs (a male and female pair). The maternal CHW has had a major role in increasing the use of antenatal care and institutional births, while the two general CHWs provide Integrated Community Case Management (ICCM). The pair diagnoses and treats childhood illnesses, such as diarrhea, pneumonia and malaria; malnutrition screening; and other preventive and behavior change activities. The tasks of CHWs have expanded to include follow-up care for patients with HIV/AIDS and Tuberculosis (i.e., directly-observed treatment, short-course or DOTS). They are also responsible for maternal death reporting, the diagnosis and treatment of adult cases of malaria and most recently, monitoring of COVID-19 cases on home-based care.

Several improvements have been made in the past few years to enhance the quality of care provided by the Community Health Worker program. The challenges included CHW turnover, increased workloads, uneven skills and competence levels, and insufficient training and supervision. While CHWs previously received most of their training on-the-job and through in-service trainings, their induction training has been considerably upgraded since 2018. CHWs are now required to be certified upon completing competency-based training before being able to serve. The number of workers is being expanded to four per village – all of whom will be general (polyvalent) CHWs. This is expected to better integrate services and expand their health education and promotion activities.

The dramatic growth in primary health care facilities

The Government has set the goal of ensuring that no one has to walk more than 45 minutes to reach a health care facility. To reach this goal, the MOH has embarked on a national program to establish health posts in rural communities that are manned by a nurse and provide basic services. The health post are intended to provide access to communicable and non-communicable diseases management, HIV counseling and testing, rapid diagnostic testing and drug dispensing. Between 2016 and the end of 2020, the number of health posts has more than doubled – from 471 to 1,117 (929 of them currently functioning).[20] In addition,17 new health centers have been built over this period, making a total of 510 nation-wide. Just between 2010 and 2017, the average time to reach the nearest health facility was almost cut by half from 95 to 50 minutes. This has likely declined further with a spurt of new constructions since 2019.[19] Many of the new facilities are "Second-Generation" health posts that are managed privately through public-private partnerships offering an expanded package of services, which include laboratory services.

Enhancing the size and performance of the health workforce

For years, Rwanda's health system has been plagued by a shortage of health professionals. In 2011, there were only 625 physicians (for a ratio of 1 per 16,000 people) among which 150 were specialists.[21] Ninety percent of the country's 8,500 nurses had only the equivalent of a high school diploma (A2 level). A few of those nurses had training in specialized areas, such as midwifery, pediatrics or oncology. By 2020, however, the number of doctors had more than doubled (to >1,500), cutting the ratio of doctors per population nearly by half (to 1 per 8,247), while the number of specialists increased three-fold (to nearly 500).[22] In addition, there are now more than four times as many nurses with Bachelor's degrees and six times as many with Master's degrees working in the public sector. This number includes those certified in several specialty areas.[23] While there were few certified midwives in 2001, by 2020 there were more than 1,500 nurses specializing in midwifery.

The Government has an ambitious new plan to further increase the number and skills level of health professionals. The government's goal is to of attain a ratio of one medical doctor per 7,000 population, one nurse per 800 (from 1 per 1,200 at present), and one midwife per 2,500 by 2024.[2] To implement the plan, the MOH created a Human Resources for Health (HRH) Secretariat in 2020, shifting the responsibility of health professional development from the Ministry of Education.

Other reforms to improve the quality and performance of health services

Performance-based financing (PBF), adopted nation-wide in 2006, is believed to have been a major contributor to Rwanda's achievements in health. It is for example credited for the rapid increase in births at health facilities. The PBF provides financial incentives to health facilities and health workers that are conditioned on the quantity and quality of the services that they deliver. The payments, made directly by the MOH to health facilities to supplement their input-based budgets, are based on clearly-defined indicators. These include the number of institutional births, women completing four antenatal care visits, new patients on antiretroviral therapy, children completing all vaccinations, and new CBHI members. Remuneration is based not just on the quantity of services, but also their quality, as only services meeting national norms and guidelines are counted. A portion of these payments go towards increasing the salaries of health facility staff, who are also paid partly based on their individual performance. PBF has also been adopted by the Community Health Worker program. Under this, payments are made to CHW cooperatives to fund income-generating activities run by the cooperatives and to distribute to CHWs, based on their performance.

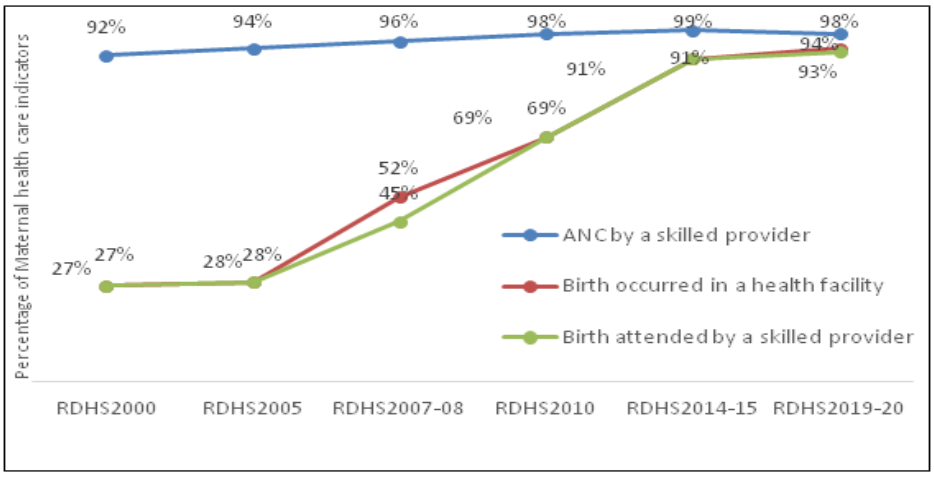
To further ensure the quality of its health services, the Rwandan Government began a process of accrediting hospitals in 2012. The acreditation process started with the country's five national referral and teaching hospitals and expanding to all public (including district) hospitals. To date, 24 of the country's 43 public hospitals have achieved Level 1 accreditation (the lowest) and four have achieved Level 2 status (with 3 being the highest).[24] In 2020, the Ministry of Health adopted new hospital accreditation standards based on WHO framework for quality of care standards. It is in the process of reassessing district hospitals using these updated standards.

Another important step in ensuring the quality of health care was the establishment in 2018 of the Rwanda Food and Drug Authority. The independent authority is tasked with ensuring the quality of medical products, processed foods, household products, and tobacco products using international standards to protect and promote public health.

Successfully introducing new policies and strategies to control diseases and improve health outcomes

Rwanda has a record as an early adopter of state-of-the art global policies and strategies that have had a major impact on controlling specific diseases and in improving maternal and child health outcomes. In the area of maternal and child health, a series of evidence-based policies and interventions adopted in the past several years have been instrumental in scaling up the utilization of maternal, newborn and child health services and driving down maternal and neonatal mortality rates (Fig 4 below).

Figure 4. Trends in maternal health care, 2010 to 2020, DHS data



Source: Rwanda Demographic and Health Survey 2019-20.

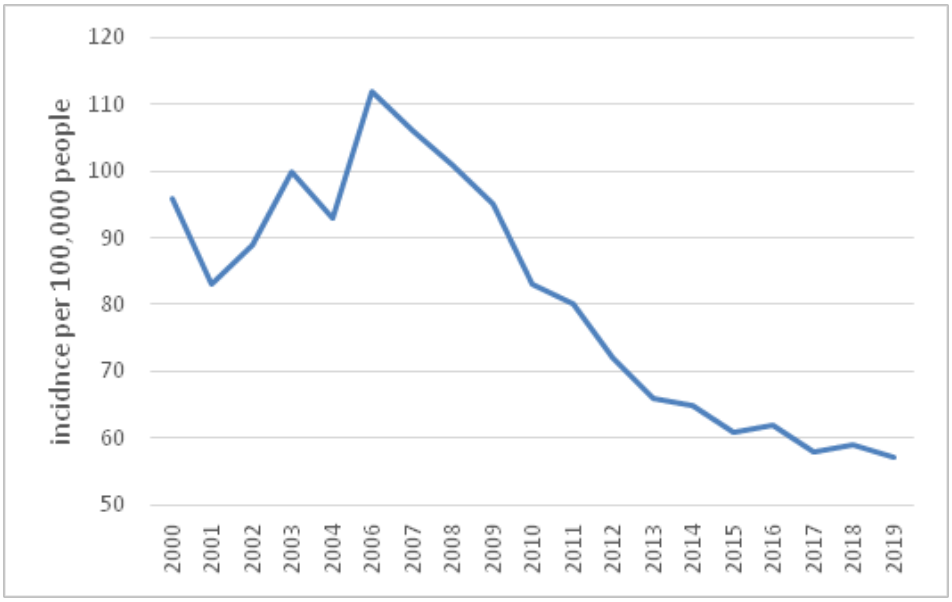
The launch of the National Strategic Plan to Accelerate the Reduction of Maternal and Neonatal Morbidity and Mortality in 2008 (updated in 2013) was impactful in various ways. It led to nation-wide training of health providers in maternal care, including emergency obstetric and newborn care (EmONC), and to the adoption of "focused" antenatal care – a more individualized approach targeted to the health needs of the pregnant woman. A mobile phone-based system (RapidSMS) used by CHWs to monitor the health of pregnant women and alert an ambulance in emergencies has been a life-saving tool since its introduction in 2009. The nation-wide implementation of maternal death audits and the adoption in 2013 of WHO Maternal and Perinatal Death Surveillance and Response Approach have also made a remarkable contribution. It led to the reduction in maternal and newborn mortality, by enabling health workers and policymakers to better understand the causes of death and develop strategies to prevent them.

Strategies adopted to reduce child mortality and morbidity have included the national roll-out of integrated community case management (ICCM) from 2008 to 2011. This covers the treatment of childhood illnesses by CHWs, and the adoption of the Reach Every District strategy. Since 2017 the Reach Every Child strategy contributed to the country's near universal immunization rates, with 96% of children fully-immunized in 2019.[16] Rwanda has also been a pioneer among low-income countries in introducing new vaccines, including pneumococcal conjugate vaccine (in 2009), HPV (in 2011) and rotavirus vaccine (in 2012). There are other strategies and policies that have been adopted to further improve maternal and child health following the latest WHO guidance. These include incorporating all maternal and child health services and oversight into an integrated , Maternal, Neonatal and Child Health Strategic Plan (2018-2024). In addition a comprehensive Family Planning, Adolescent, Sexual and Reproductive Health Strategic Plan, (2018-2024) as well as the new eight-contact approach towards antenatal care were adopted. Furthermore, the establishment of medical eligibility criteria for the delivery of contraception services; and a new law and Ministerial Order to support the delivery of comprehensive abortion services cannot go unmentioned.

In the area of **HIV/AIDS**, Rwanda was one of only two countries in sub-Saharan Africa to achieve universal anti-retroviral therapy (ART) by 2007 (using the CD4 count threshold at the time). It has also achieved universal testing, with around three million tests now conducted per year. All public hospitals and health centers are equipped with HIV testing facilities. Key to these accomplishments was the decision in 2010 to decentralize HIV/AIDS services – moving them out exclusively from often hard-to -reach hospitals. It envolved training nurses working in health centers and health posts in HIV/AIDS care, enabling the integration of HIV services into primary health care in the majority of health facilities by 2012. Rwanda adopted the Test and Treat All strategy in 2015 and made self-testing kits available in 2017 at health centers, pharmacies and on-line to further increase testing rates. The country came close to meeting the UNAIDS 90-90-90 targets by 2020, with 84% of those living with HIV aware of their status, 97% of them are on ART and 90% of those have achieved viral suppression. As a result of these policies, between 2000 and 2012, HIV incidence fell 60%, AIDS-related mortality declined by 82%, and HIV prevalence has remained at around 3% from 2005[25] to 2019[26]. The Government has now adopted the new global targets of 95-95-95 by 2025.

Rwanda has also made great strides in reducing the incidence and mortality of **Tuberculosis**. This has been achieved through a comprehensive program of early detection, widespread testing and adoption of the directly-observed treatment, short-course (DOTS). Critical to this progress has been the involvement of CHWs in detecting TB cases. With their involvment half of presumptive cases in the past two years were identified by CHWs who also implement DOTS (along with health facilities). Rwanda has achieved a high success rate in treating TB – 88% of bacteriologically-confirmed cases and 82% of those clinically-diagnosed in 2018/19 – and a low (1.4%) rate of multi-drug resistant TB among new cases[27]. The establishment of a strong TB diagnostic lab network and the integration of the TB and HIV/AIDS programs to ensure that patients with one disease are tested and treated for the other have also contributed to the 47% reduction in TB incidence since 2006 (from 112/100,000 to 59/100,00 in 2018-19) (Fig. 5).

Figure 5. Trends in TB incidence rates in Rwanda, 2000 to 2019



Source: https://knoema.com/atlas/Rwanda/Incidence-of-tuberculosis

Rwanda achieved an 85% reduction in malaria incidence between 2005 and 2011.[28] This was attributed to the introduction and scale-up of **Malaria** control interventions – including mass distribution of long-lasting insecticidal bednets (LLINs), indoor residual spraying (IRS) and the use of artemisinin-based combination therapy (ACT). This was followed, however, by a resurgence in the disease – with an 11-fold increase in incidence from 36 per 100,000 in 2011/12 to 409/100,000 in 2016-17 – due to low LLIN use and IRS coverage, among other factors.[22] Malaria incidence has since been cut by half from its peak in 2016/17 (to 198/100,000 in 2019-20) after intensifying preventive measures, such as mass LLIN distribution, IRS and strategies to control mosquito breeding. Rates of severe cases and mortality have also declined sharply since 2016. This has been attributed in part to a switch in policy from health-facility-based care to community-based case management for all ages provided by CHWs, who in FY 2019/20 managed nearly 60% of the country's 2.5 million cases of malaria.

2.1.2 Strengthening the country's ability to prepare for and respond to epidemics and other health emergencies

Rwanda has had several systems in place to detect and respond to potential infectious disease outbreaks. These include an electronic Integrated Diseases Surveillance and Reporting (IDSR) system, a national laboratory with PCR and GeneXpert technology, on-going influenza surveillance at sentinel sites, and a well-trained national rapid response team (RRT). However, a Joint External Evaluation (JEE) of the country's ability to implement the International Health Regulations (IHR 2005)[29]protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade'. Because the IHR (2005, conducted in May 2018, gave Rwanda high scores for six of the 13 IHR core capacities – especially in real-time disease surveillance and risk communications – but also indicated the need for improvement in several areas.[30] The JEE and resulting recommendations, followed shortly thereafter by an Ebola outbreak close to the Rwandan border with the Democratic Republic of the Congo, were catalysts for dramatic improvements in the country's ability to prepare for, detect and rapidly respond to disease outbreaks. These improvements gave the country a head start in responding to the COVID-19 pandemic.

Shortly following the declaration of an outbreak of Ebola Virus Disease (EVD) in North Kivu Province of the Democratic Republic of Congo, Rwanda established a National Public Health Emergency Operations Center (EOC). The center helped to coordinate epidemic preparedness and response efforts, deploying a staff that eventually grew to

215 during the COVID-19 epidemic. Surveillance at points of entry was significantly beefed up through the training of border and airport personnel, and the installation of thermal imaging cameras to detect persons with fever. By June 2019, 24 million people had been screened for Ebola at 17 points of entry. The National Reference Laboratory (NRL) acquired the capacity to test for hemorrhagic fevers and hundreds of lab technicians from the national laboratory and district hospitals were trained in the safe collection and handling of samples. To manage cases, the country established an Ebola treatment center, as well as isolation units in three hospitals. It also conducted training in infection prevention and control for health workers in high-risk districts.

One of the most important improvements that occurred during the Ebola response was the strengthening of district-level rapid response teams into well-coordinated and well-functioning units capable of identifying and managing cases. This was achieved through a series of integrated drills that required these teams to simulate all aspects of managing a case of Ebola – from identifying suspect cases and collecting samples to proper isolation, clinical care and waste management. These exercises informed the development of a 72-hour Ebola response plan. As a result of these efforts, Rwanda reached Maturity Level 4 in terms of its IHR core capacities (out of 5)[31] and the NRL achieved accreditation at the highest international standard in 2020.[22] Building upon these capacities, the Government further strengthened its ability to handle health emergencies during the COVID-19 crisis. Laboratory testing was decentralized, district RRTs were strengthened, and a robust information system to track and monitor cases and their contacts was developed (see box 1 below). A National Action Plan for Health Security has been developed to further strengthen the country's ability to prepare for and respond to health emergencies, including at the decentralized level.

Box 1. Rwanda's response to the COVID-19 pandemic

Rwanda has received international recognition for its "robust and technically-sophisticated" response to COVID-19.[32] While it has experienced a surge in cases since late November 2020, along with many other countries, it still has managed to limit the epidemic's toll to a little more than 24,112 cases and 327 deaths (as of April 21, 2021).

Early and decisive actions from the Government, including establishing a multi-sectoral COVID-19 Joint Task Force in March 2020 and – an outgrowth of a technical coordination committee formed to combat Ebola have been hallmarks of the country's response. Other notable mitigation measures include early, strict lockdowns, mandatory mask wearing as well as efforts to rapidly ramp up COVID-19 testing, identifying, reporting and managing cases at the local level.

COVID-19 PCR testing expanded from the National Reference Laboratory conducting a few hundred tests a day to 11 additional laboratories placed throughout the country by the end of 2020, including a lab set up at Kigali International Airport for all arriving passengers. To speed up the delivery of samples in this hilly country, 60 drones have been deployed to transport test samples to laboratories, among other uses. By September 2020, nation-wide PCR testing capacity had increased to 6,000 tests per day, with the use of more efficient pool testing. In addition, rapid antigen testing was scaled upon in December 2020 and is now available in public health facilities, including health centers, throughout the country, as well as in selected private health facilities.

In recognition of the need to decentralize the response, once COVID-19 had spread to several districts, the MOH in July 2020 established Emergency Operations Centers in four provinces. It also deployed teams of experts in epidemiology, lab science, case management and IPC, and data management to support them. These teams have provided critical training and technical assistance to district health teams, enhancing their ability to identify and quickly handle suspected cases. Critical to

containing the local spread of the virus has also been the coordination of the response by district Joint Operations Commands, made up of local officials from multiple sectors, including the MOH, the Ministry of Local Government, the National Police, and the Ministry of Emergency Management.

To manage suspected and confirmed cases, the Government set up more than 20 isolation centers for people awaiting test results. It also, conducted training in COVID-19 case management and IPC for hospital and health center staff, and established three COVID-19 treatment centers, which include the country's first intensive care unit beds. A shift to home-based care for asymptomatic and mild cases – monitored by health center staff and community health workers – began in late 2020 with the surge in cases in an effort to relieve the burden on health facilities.

Key to the response has been the development of several electronic data systems that allow for the tracking and monitoring of individuals who are potential or confirmed COVID-19 cases, using electronic medical records or DHIS2 tracker programs. An on-line form that arriving passengers must complete before boarding a plane for Rwanda is entered onto a passenger locator database that provides a unique ID to each individual. This facilitates contacting them with the results of PCR tests (required upon landing) and follow-up. Other individual-level data systems monitor hospitalized COVID-19 patients on a daily basis, monitor those receiving home-based care, and send SMS messages to the contacts of confirmed cases.

Because of the country's strong testing regimen and other measures, Rwanda is only one of 11 countries world-wide that the European Union has considered safe enough to retain its air links with.

2.1.3 Improving the population's health and well-being

Addressing the social and environmental determinants of health

Nutrition

Acute malnutrition (wasting) among children under five has declined steadily in Rwanda – from >8% in 2000 nationally to around 1% by 2019-20 – surpassing WHO definition of very low prevalence (<2%).[16] Rates of stunting in children under five have also declined – from 51% in 2005 to 38% in 2014-15 and to 33% in 2019-20. [16] However, the prevalence of stunting remains above the national 2024 target of 19% and above the threshold of 30% that WHO defines as severe. Reducing stunting is a priority of the Government, which is using a variety of interventions across sectors to address the issue. These include distributing milk to schools, distributing fortified blended food supplements to pregnant women and young children from poor families, providing cows and financial support to low-income households. Other interventions include educating families on appropriate maternal, infant and young child feeding through different communication channels. A major focus for the MOH has been in nation-wide training in Maternal, Infant & Young Child Feeding counseling to health providers, as well as to personnel operating Early Child Development (ECD) Centers throughout the country.

Environmental health

Rwanda achieved the MDG targets of reducing by half the proportion of the population without access to improved water sources and improved sanitation between 1990 and 2015. By 2015, 76% of the population – 72% in rural areas and 87% in urban areas – had access to improved water sources, as defined by the MDGs.[33] This was accomplished largely through the construction of water supply systems managed by the central government and with support from development partners. However, with a change in how access to clean water is defined for the SDGs – within 500 meters of rural households and 200 meters of urban households – the proportions of the population with improved water sources fell to only 47% in rural areas and 61% in urban areas[34] . This is well below the 2017-18 targets of 100% set by the Government. Access to improved sanitation facilities – unshared pit latrines or toilets – rose from 33% in 1990 to 62% by 2015[33]. This is attributed to local efforts to promoting the construction and use of hygienic latrines, as well as hand washing facilities in homes.

A major initiative for improving sanitation and water access has been the Community-Based

Environmental Health Promotion Programme (CBEHPP). Through this Community Hygiene Clubs in 15,000 villages have been established to support Community Health workers in educating residents about good hygienic practices (e.g., handwashing with soap), as well as to monitor the water and sanitation services in their community. However, the goal of 100% of households and schools having improved sanitation facilities and 100% of households having handwashing facilities (from 11% at present) remains a challenge.

The Government has also made considerable efforts to reduce the level of indoor air pollution – caused largely by the household use of firewood for cooking – which has been estimated to cause 12,500 deaths each year.[35] These efforts include promoting the use of, and developing manufacturing standards for, more efficient, less polluting charcoal-burning stoves and promoting the use of stoves that use liquefied petroleum gas (LPG). The goal is to reduce the population's reliance on wood for cooking from 83% at present to 40% by 2024.[36]

Tackling the growing problem of non-communicable diseases

Non-communicable diseases (NCDs) are increasingly predominant in Rwanda, as rates of infectious diseases decline, lifestyles and diets change with economic development and as the population ages. These diseases accounted for 45% of all mortality in 2016 – with cardiovascular diseases (heart disease, stroke) and cancers alone responsible for more than 60% of NCD-related deaths.[37] Twenty percent of adults 18 and older have hypertension and 17% are overweight or obese.

A key focus of the Government's strategic plan to address this growing problem is to raise the population's awareness of NCD risk factors and health lifestyles through regular public events that combine sensitization activities with mass NCD screening (e.g., for hypertension, diabetes, eye diseases). Twice-monthly Car-Free Days are held in Kigali to promote physical activity and now take place once a month nation-wide. Large-scale community awareness activities and mass screenings also take place in conjunction with World Health Days held throughout the year (e.g., World Cancer Day, No Tobacco Day, World Diabetes Day).

The Government has also acted aggressively to prevent and control tobacco use. After enacting a law in 2013 that banned tobacco advertising and mandated smoke-free public spaces, the Government banned the domestic production of tobacco in 2015. It also mandated warning labels on tobacco product packages, banned smoking of shisha (hookhas) in the entire country, and has incrementally increased taxes on tobacco products for the past several years. Around 18% of adult males (and only 4% of females) currently smoke, down from more than 25% in 2000.[37]

In the area of health care, NCD clinics run by nurses trained in the diagnosis and management of common NCDs have been established in 60% of the country's health facilities. They have been setup at all district hospitals, with the national rollout of WHO Package of Essential NCD (PEN) interventions. The Ministry of Health has also established an annual community check-up program at primary health care facilities – through which 1.3 million adults were screened for NCDs in 2019-20.[22] In addition, the MOH is focused on making cervical cancer screening widely available at primary health facilities. It also aims to establish high-quality cancer treatment centers in the country's five referral hospitals, in order to eliminate this number one cause of cancer deaths in women as a public health problem (along with HPV vaccination of girls).

2.1.4 Strengthening health information systems

A key ingredient in Rwanda's record of designing and implementing effective health sector reforms and disease control programs has been the Government's insistence on using data to drive policy decisions and program strategies. The Government has therefore made it a priority to digitize and standardize the collection and reporting of health data, with the aim of improving their quality and use for program monitoring and decision-making. Examples of electronic data systems developed over the past several years include health management information system (HMIS), electronic integrated disease surveillance and response (eIDSR) system. Others are mixed paper-electronic system used by CHWs for routine reporting (SISCom), performance-based financing (PBF) database, the immunization e-tracker system, RapidSMS mobile platform described above, and individual patient tracking systems for HIV/AIDS and TB.

An important achievement in health information technology has been the nation-wide rollout of the health management information system (HMIS), based on DHIS-2, in 2012. This integrates all

health data systems into a single online platform, which allows health facilities to enter data directly. The system currently captures data from all public hospitals and health centers, as well as 70% of private health facilities. It has reduced the reporting burden on health facilities, sped up the transmission of data, and standardized reporting, all leading to a sharp increase in reporting rates, as well as the completeness and timeliness of reports (all exceeding 85%).[38] While the HMIS contains mostly aggregate data, a number of systems that track individual patients have been incorporated into the HMIS, including the HIV/AIDS and TB patient tracker systems, as well as modules for immunization, nutrition services, and most recently, COVID-19 patients.

Improvements in mortality reporting are critical to monitor the country's progress towards many of the SDGs. A second major achievement has been the development and rapid rollout of an electronic Civil Registration and Vital Statistics (CRVS) system to improve the reporting of births, deaths (including cause of death), and other vital events. Since 2018, the recording of deaths is now standardized according to WHO's international classification of diseases and transmitted electronically from over 98% of public hospitals.[22] Verbal autopsy for deaths occurring in the community is also being scaled up, using mobile technology.

Rwanda is also moving towards the digitization of health services. Towards that aim, the Government has prioritized upgrading of the national electronic medical record (EMR) system used in health facilities. This will improve the quality of health care and the continuity of health services, as well as enable near real-time reporting of health events. Other priorities include the development of an EMR for community health workers and health posts and ensuring the interoperability of various health information systems.

2.2 Looking towards the next four years: key challenges and issues to consider

Rwanda has made great progress in less than 20 years in reforming its health system and improving the health of its population. However, for the country to meet the ambitious goals set in various national strategic plans as well as the health SDG targets by 2030, additional efforts are required. For instance, the rates of utilization of maternal health care services, such as institutional births, have plateaued in the past five years (Fig. 4). The maternal mortality rate – which was at 203 per 100,000 live births in 2020, is still high. Despite high coverage of interventions, poor quality of maternal, newborn and child health services need to be addressed. The prevalence of stunting in children under five and anemia in young children and women also remains high. Diarrheal diseases, predominantly in children under five, are still among the leading causes of deaths in the country. Reducing maternal mortality to 70 per 100,000 and under five mortality from 45 per 1,000 live births at present to 25/1,000 in nine years to meet the SDG targets will therefore be challenging. It will likely require new strategies to better address the underlying social determinants of health (e.g., poverty, poor access to water and sanitation) and to reach the populations still without easy access to health care. Similarly, in order to increase the percent of people with HIV who know their status (from 84% to 95% to meet the new 95-95-95 targets), the Government has shifted its strategy from targeting the general population to focusing on Key Populations (e.g., commercial sex workers, IV drug users, men having sex with men), who are more difficult to reach. Much work will also be needed to further reduce the still high incidence of malaria as well as tuberculosis (still the third leading cause of death).

Another major challenge facing the country is the growing rates of non-communicable diseases. Reducing the incidence and mortality of these diseases will require a multi-sectoral approach. Besides increasing access to NCD diagnostic and treatment services, it will require high quality specialized care for diseases like cancer. It also calls for more attention to be put in reducing risk factors, such as air pollution, tobacco use, physical inactivity and the consumption of unhealthy foods – all of which require a multi-sectoral approach.

The constant threat of infectious disease outbreaks can also impede progress towards the Government's ambitious goals. As shown by the

recent threat of Ebola across the border and the COVID-19 pandemic, disease outbreaks can cause major disruptions to health services, diverting personnel and other resources away from essential routine health care and stalling progress in disease control activities.

Meeting these challenges will require further strengthening of the health system to make it more resilient and adaptable to changing conditions and the growing health demands of the population. This is especially the case at the district and lower levels of the system, where 80% of health services are provided and where capacity and the quality of care needs to be improved. Despite recent increases in the health workforce, the numbers of health professionals – especially doctors and highly-qualified nurses – are still inadequate, particularly outside of major cities. Staff turnover is a problem; and there is a heavy reliance on less-skilled health care workers (e.g., CHWs, A2-level nurses) to provide essential health services at the primary health care level. In addition, the availability of strong supportive supervision and on-the-job training is often spotty. Enhancing the number and skills of health workers operating at the district and community level is also critical. This is in view of the fact that NCD services are rolled out to primary health care facilities throughout the country and as Second-Generation health posts offering an expanded package of services are established.

In other critical areas of public health, there is a need to improve the quality and use of health information at the decentralized (e.g., district) level. Capacities in disease surveillance and investigations also need to be further strengthened at the district and lower levels to enable a more rapid response to potential outbreaks.

Underlying these challenges is the financial sustainability of the health sector. While the Government has substantially increased its spending on health in recent years – with 26% of all Government spending in 2016/17 going towards health – development partners still finance 49% of the country's total health spending. While the Government has substantially increased its spending on health in recent years – with 26% of all Government spending in 2016/17 going towards health – development partners still finance 49% of the country's total health spending [39] as well as substantial portions of major health program budgets, such as HIV/AIDS, TB, and malaria control. The Government is developing strategies to improve the financial sustainability of the health sector, focusing on increasing and diversifying domestic sources of funding, including for the CBHI program.

CHAPTER 3

WHO's work in Rwanda

3.1 WHO's contribution to advances in health in Rwanda

According to a recent evaluation of the Rwanda Country Office, WHO is viewed by the MOH and development partners as "a respected and technically expert voice in health matters and an essential contributor to advancing health achievements in Rwanda".[9] The main ways that WHO has contributed to these achievements are by: 1) providing evidence-based advice on policy options as a reliable source of high-quality data and information and as a "neutral broker"; 2) sharing the latest global strategies, guidelines, norms and standards and helping the country adapt them to the local context; and 3) building the capacity of health institutions and programs through long-term technical support and training – both at the central level of the MOH and on-the-ground. WHO has provided guidance on and contributed to many of the country's key health sector policies and plans, including the HSSP IV, the Health Sector Financing Strategic Plan (2018-2024), and the health components of the National Strategy for Transformation (2017-2024). WHO has also contributed to the development of a large number of program-specific national strategies and action plans, including those related to reproductive, maternal and child health (e.g., the Integrated Strategy for Maternal, Newborn and Child Health); HIV; TB; malaria; hepatitis; non-communicable diseases; environmental health; water, sanitation and hygiene (WASH); and the CBHI (a sustainability plan under development), among others.

Below are a few illustrative examples of WHO's support for specific programs and initiatives that highlight the different types of assistance that the organization provides.

3.1.1 Strengthening health systems and programs to achieve universal health coverage

With WHO Representative serving as Co-Chair of the Country Coordinating Mechanism (CCM) for the Global Fund, WHO has played a key role in guiding the development of evidence-based grants to combat HIV/AIDS, TB and malaria. Key evidence-based policy decisions that WHO has guided include the adoption of the HIV policies of Test and Treat-All policy, self-testing, and the elimination of mother-to-child transmission of HIV; the End TB strategy, and HCV elimination plan.

As another example, WHO's on-the-ground support to the country's immunization program and vaccine-preventable disease (VPD) surveillance activities has helped Rwanda maintain extremely high immunization coverage rates, introduce new vaccines, and prevent the re-emergence of polio. With the help of three WHO staff placed in the field, WHO has provided critical technical support to strengthen and monitor the surveillance of AFP/polio and other VPDs, including facilitating supportive supervision in low-performing districts. WHO field staff are also assisting with the national roll-out of the Reach Every Child strategy for immunization through the training of health center staff in microplanning, and helped with the switch from the trivalent to the bivalent oral polio vaccine and the introduction of IPV. An example of WHO Rwanda support for strengthening Institutional capacity is illustrated by the establishment of the Rwanda Food and Drug Authority (see Box 2 below).

Box 2. Supporting the establishment and strengthening of the Rwanda Food and Drug Authority

The Rwandan Government recognized the need to strengthen its regulation of medical and food products to better ensure their quality. The country also wanted to support local production of generic drugs, both for domestic consumption as a cost-saving measure and potentially for export, which would also require a strong regulatory authority. Drug regulation and licensing had been conducted by a Pharmacy Task Force within the MOH, but it had a small staff, inadequate infrastructure and its operating procedures did not meet international standards.

In support of these goals, WHO played a major role in advocating for, operationalizing and strengthening an independent Rwanda FDA, which was created in 2018. As an initial step, WHO supported Rwanda's participation in meetings of the East African Community Medicines Regulatory Harmonization Initiative, which became a strong tool in advocating for an independent regulatory authority. WHO then assisted the MOH in drafting the law establishing the agency and in developing an operational framework as well as more than 100 guidelines, standard operating procedures, manuals, technical regulations and other regulatory documents.

To support the Rwanda FDA's goal of meeting the international standards required for WHO pre-qualification of medical products (i.e., Maturity Level 3), WHO helped organize a Coalition of Interested Partners to coordinate technical and financial support to strengthen the new agency, and has been assisting with benchmarking assessments to measure the agency's progress and identify areas for improvement.

Since it was established, the Rwanda FDA – now with a staff of more than 140 – has approved more than 40 drugs and health products; tested hundreds of medical and food products through its quality control laboratory; recalled more than 40 products; and conducted more than 1,500 inspections of pharmacies, food manufacturing plants, food retail outlets, and other establishments.[22] It has also licensed the country's first two pharmaceutical manufacturing plants.

3.1.2 Strengthening health emergency preparedness and response

As its primary advisor on health emergencies, WHO has played a pivotal role in shaping and supporting the Rwandan Government's response to the Ebola threat in 2018-19 and the COVID-19 pandemic by providing wide-ranging support – both high-level and on-the-ground on a continual basis – since mid-2018. Through its presence on the national coordinating committees (e.g. the COVID-19 Joint Task Force) and all technical working groups or pillars established for both emergencies, WHO supported the Government in developing the Ebola and COVID-19 contingency and response plans. WHO's advocacy and technical support was instrumental in the establishment of first the National Public Health Emergency Operation Center (during the Ebola crisis) and later the five provincial command posts (for the COVID-19 response), as well as in building local laboratory capacity to test for these diseases, including the creation of a network of decentralized COVID-19 testing laboratories.

WHO also provided support during both emergencies to strengthen disease surveillance in the districts and at points of entry, strengthen district rapid response teams, and train health care workers in case management and infection prevention and control. In addition, WHO played a major role in the vaccination of nearly 3,000 health care and frontline workers against Ebola, and in assessing and mitigating the impact of COVID-19 on the continuity of essential health services. To enable this support, WHO deployed 11 national and international experts for the Ebola response, including the EVD Coordinator, and a team of 25 experts for the COVID-19 response, eight of whom were sent to the new provincial command posts.

3.1.3 Improving health and well-being: advocating for and supporting the Government's agenda for non-communicable diseases (NCDs)

WHO has helped shape policies and the design of programs to combat the growing burden of NCDs. To raise the country's awareness of the problem,

WHO advocated for the MOH to conduct a "WHO STEPwise Approach to NCD Risk Factor Surveillance" (STEPS} survey of NCD risk factors in 2012-13, supported the training of MOH staff in its methodology, and assisted with the conduct and analysis of the study. The survey led the Government to quickly develop an NCD National Strategic Plan (2014-2019) and to establish an NCD Department within Rwanda Biomedical center which is a MOH affiliated agency.

A key focus of the Government's strategy is to make basic NCD services available at district hospitals and health centers throughout the country, using WHO Package of Essential NCD (PEN) interventions. WHO has supported this effort by assisting with the development and implementation of an in-service training program for health workers in the use of the package and by supporting supportive supervision activities and mentorships. With support from WHO and other partners, the MOH has also focused on the early detection of these diseases and their risk factors at the decentralized level, including cervical cancer screening, which is now available in 17 hospitals and more than 120 health centers.[40] WHO's advocacy and technical assistance has also played an important role in the country's focus on preventing NCDs through promotional activities (e.g., Car-Free Days) and through regulations, such as strict tobacco control laws and tax increases on tobacco products.

3.1.4 Strengthening health information systems

WHO has provided technical advice and financial support for many of Rwanda's recent advances in standardizing and integrating health information.

To improve data quality and reporting through the newly integrated Health Management Information System (HMIS), WHO and partners supported the MOH in revising its HMIS forms and the data quality guidelines for all levels of the health system. WHO tools, such as the Data Quality app and the Scorecard for Reproductive, Maternal, Neonatal, and Child Health and Malaria, were also integrated within the HMIS system, with support from WHO and other partners.

WHO supported the development and deployment of an immunization e-tracker system –an immunization e-registry used in all health centers delivering immunization services. The Country Office also facilitated the participation of staff from the MoH at DHIS-2 academies to improve their knowledge and skills and to ensure that state-to-the art techniques for better data quality are institutionalized in the country. To increase reporting rates and data quality at lower levels of the health system, WHO also supported the training of 600 personnel from public and private health facilities, including health posts.

WHO advocated and provided technical advice for the adoption of the Medical Certificate of Cause of Death (MCCoD) for hospital deaths, based on WHO's International Classification of Diseases (ICD) to ensure standardized reporting of causes of deaths. Maternal, perinatal and child death surveillance and response guidelines were reviewed to align with ICD in order to enhance the quality of reporting for maternal and perinatal deaths. WHO also supported cascade training to roll out the nation's first Nomenclature of Medical Acts, based on the eleventh version of the ICD, which will be critical to enable interoperability between the various data systems, as envisioned by the Government.

In addition, WHO played a brokering role in supporting the MOH to advocate for the implementation of a comprehensive open source EMR platform in hospitals. WHO is also pioneering digital health initiatives, such as the use of Digital Adaptation Kits for antenatal care through a mobile phone application for frontline health workers to create systems of the future.

Finally, WHO supported the MOH in establishing the Rwanda Health Observatory as a "one-stop-shop" for health information accessible to the public to increase data access and use.

3.2 Working with other partners

3.2.1 WHO's collaboration with the MOH and other Government institutions

WHO's primary partner in Rwanda is the Ministry of Health, which focuses on developing and enforcing health policies and regulations, and its implementing agency, the Rwanda Biomedical Center (RBC), which is responsible for designing and implementing national disease prevention and control programs. WHO staff members play a leadership or advisory role on several of the Government's key health committees and technical working groups. For example, WHO serves a Co-Chair of the NCD Technical Working Group and as a member of all of the NCD sub working groups (e.g., cancer, tobacco, hypertension, rehabilitation/disability), as well as Co-Chair of the Scientific Advisory Group for COVID-19. Other Technical Working groups of which WHO actively participates and provides technical inputs include: Health Sector Planning, Health Financing, Health Information System, Reproductive Maternal Newborn Child and Adolescents Health, Quality Improvement, Nutrition, Infectious Diseases, Community Health, WASH, Health Promotion and Social Determinants and Environment and Health Security.

While much of WHO's support involves working at the central level with the MOH, RBC and affiliated agencies, such as the Rwanda FDA, WHO also collaborates with district governments and district health teams on activities requiring on-the-ground support – ranging from disease surveillance and immunization activities to preparedness and response activities for the Ebola outbreak in neighboring DRC and the COVID-19 pandemic.

While the Government's Division of Labor policy – which specifies which development partners can work with which local entities to avoid duplication and to streamline development support – identifies the MOH and RBC as WHO's main partners, WHO Country Office also collaborates with other ministries and agencies on programs and technical areas that require a multi-sectoral approach. Examples of partnerships that WHO has forged beyond the health sector include the following:

- WHO's Environmental Health Program has collaborated with the Ministry of Infrastructure on several activities related to water, sanitation and hygiene (WASH), including developing national guidelines for sustainable rural water supply services; conducting a country survey of the Global Analysis and Assessment of Sanitation and Drinking Water (GLAAS); and developing a WASH management information system. The program's director is a member of several technical working groups across different ministries, including a technical working group on climate change in the Ministry of the Environment, a WASH technical working group in the Ministry of Infrastructure, and a WASH and nutrition technical working group for the Early Childhood Development (ECD) program with the Ministry of Gender and Family Promotion. In addition, WHO is often called upon to provide technical guidance on environmental health related policies, strategies and interventions from several other government sectors, including the Ministry of Agriculture (on the use of chemicals), the Ministry of Transportation (on outdoor air pollution) and the Ministry of Energy (on indoor air pollution).
- To address malnutrition, especially stunting, WHO advocated for the inclusion of nutrition education as part of the curriculum for primary and secondary schools and worked with the Ministry of Education and the Rwanda Education Board in developing a comprehensive manual to train teachers in health and nutrition education. WHO also collaborated with the Ministry of Education in developing a comic book on nutrition that was disseminated to primary and secondary school children throughout the country. In addition, WHO is supporting the Ministry of Gender and Family Promotion through its implementing agency, the National Child Development Agency (NCDA), in strengthening the nutrition services and education provided by the ECD centers.
- WHO has been providing on-going support to the Rwanda Social Security Board (RSSB) to build institutional capacity and improve the sustainability of the CBHI. This support has included CBHI's expenditures reviews to identify cost drivers and propose cost containment strategies, assistance with a review of provider payment arrangements and business processes, actuarial assessment, the training of RSSB staff in health financing and UHC, and assistance in development of a CBHI Sustainability Plan.
- WHO's support in strengthening Rwanda's health information systems has involved collaborating with several entities in addition

to the MOH/RBC. To support the development and roll out of the Web-based CRVS, WHO has partnered with the National Identification Agency – the entity leading this effort – and with the National Institute of Statistics of Rwanda (NISR). WHO has also collaborated with the NISR in strengthening the monitoring and reporting of health trends and progress towards the health-related SDGs. In addition, WHO has worked with the Center for eHealth and Biomedical Engineering (CEBE) at the University of Rwanda School of Public Health (SPH) to integrate WHO tools, such as the ICD curriculum, into the SPH curriculum.

3.2.2 WHO's collaboration with the UN and other international development partners

WHO Country Office works with a large number of development partners in providing support to the health sector in Rwanda. These include U.N. agencies, such as UNAIDS, UNFPA, UNICEF and the World Bank; multilateral organizations such as GAVI, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria; bilateral government aid agencies, including USAID, the U.S. CDC and the Belgian Development Agency (ENABEL); and non-governmental organizations and foundations, such as the Bill & Melinda Gates Foundation and the Clinton Health Access Initiative (CHAI).

As a member of the Government's Joint Health Sector Working Group, WHO works with the Government and development partners to ensure that all partner activities and strategies are well coordinated and aligned with the Government's Health Sector Strategic Plan (HSSP). WHO also co-chaired the development of the UN Development Assistance Plan (UNDAP II) (2018-23), which serves as the framework for collaboration among aid agencies operating in Rwanda. In addition, WHO Representative serves as co-chair of the Country Coordinating Mechanism (CCM) of the Global Fund (along with the Permanent Secretary of Health), where she plays a leading role in developing strategies to combat HIV/AIDS, TB and malaria and in providing technical oversight for implementation of the grant.

WHO Country Office has also played a leadership and coordination role among UN agencies and other development partners in response to the COVID-19 pandemic. WHO Representative (WR) serves as Co-Chair of the COVID-19 Health Development Partners Group – along with USAID and the U.S. CDC, which was established to coordinate partner support to the Government's COVID-19 response. As the UN COVID-19 Coordinator, WR had led the UN Crisis Management Team in overseeing the UN COVID-19 Response Plan to ensure the health and safety of UN personnel across agencies, including the smooth medical evacuation of UN staff, as needed. In addition, WHO led the development of a successful application for funding from the UN COVID-19 Response and Recovery Multi-Partner Trust Fund to mobilize additional resources for the Government's fight against the pandemic.

Among the many examples of collaboration between WHO Country Office and other partners on specific programs or technical areas are the following (see also Table 1):

- WHO has collaborated with UNICEF, the Food and Agriculture Organization and the World Food Program through the One UN Nutrition Project to address different forms of malnutrition. It also works with the World Bank and the Global Financing Facility on a stunting prevention and reduction project led by the National ECD program.
- To support the country's HIV/AIDS program, WHO has worked with UNAIDS, UNFPA and UNICEF (e.g. in developing and reviewing the HIV Strategic Plan), as well as with PEPFAR and the Global Fund.
- In the area of vaccine-preventive disease surveillance and immunization, WHO has partnered with UNICEF and GAVI in supporting vaccination campaigns and new vaccine introductions, and in enhancing AFP/polio and measles surveillance.
- WHO has worked with UNICEF, UNFPA, USAID, and ENABEL in supporting the Government to develop evidence based strategic plans, adoption of guidelines, tools, standards and capacity building for their use to improve quality of the Sexual Reproductive, Maternal and Child and Adolescent Health interventions.

Table 1: Example of WHO's collaboration with the UN and other international development partners

Area	Partners
UHC	UNFPA, UNICEF, World Bank, USAID, EC. CHAI
RMNCAH	UNICEF, UNFPA, USAID, Enabel/Belgium, World Bank, GAVI, Bill and Melinda Gates
HIV/AIDS, malaria, TB	UNAIDS, UNICEF, UNFPA, Global Fund, USAID, PEPFAR, CDC
Social determinants of Health (Nutrition Environmental health, WASH and Health Promotion	UNICEF, World Food Program, Food and Agriculture Organization, World Bank/GFF, JICA, Swiss Development Cooperation
Non-Communicable Diseases (NCDs)	CHAI, IAEA
Health emergencies	UNHCR, UNFPA, UNICEF, IOM, JICA, DFID, UNDP, FAO, OIE, CDC, USAID


REPUBULIKA Y'U RWANDA

CHAPTER 4

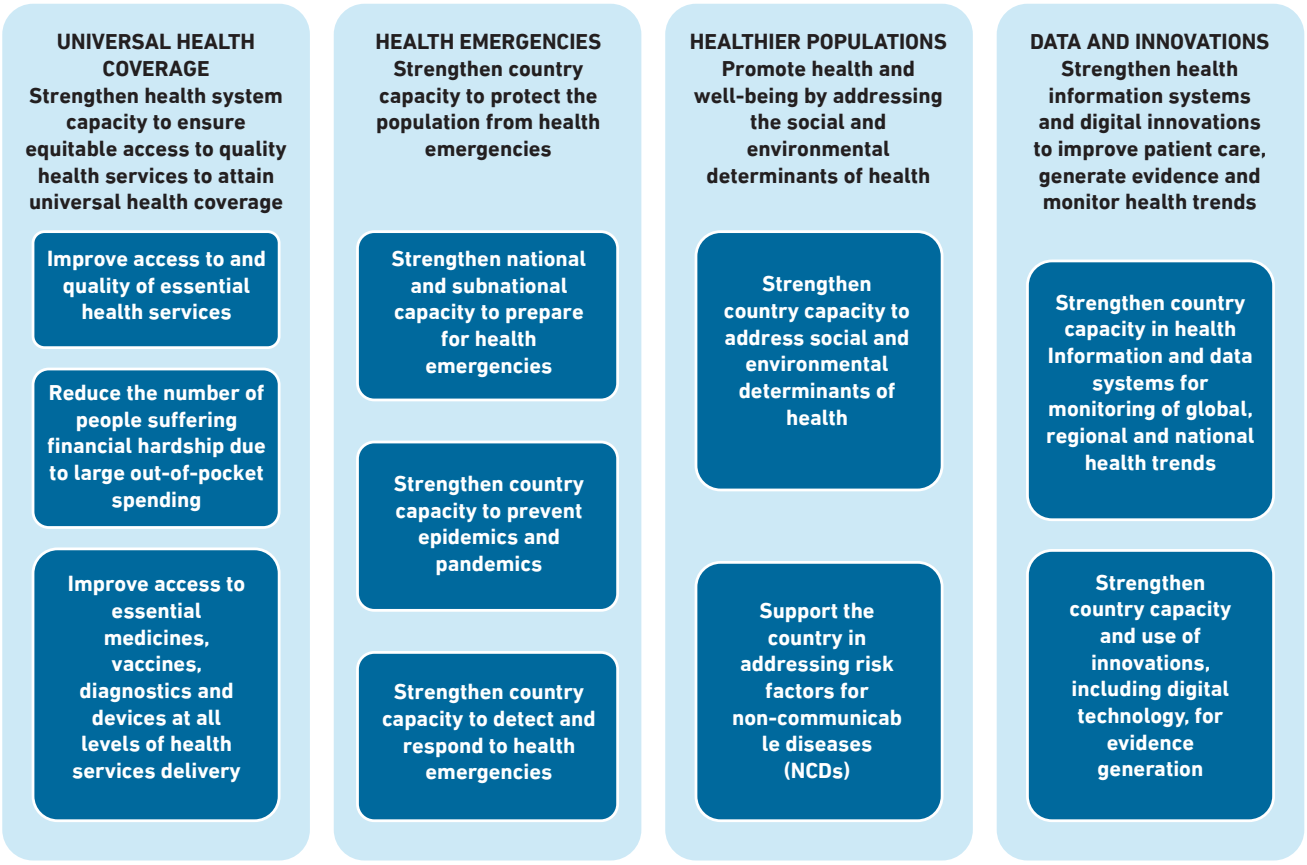
Setting the agenda for WHO cooperation in Rwanda

In this new Country Cooperation Strategy, WHO will continue to provide different forms of support to the Rwandan Government, in collaboration with other partners, to strengthen the health system's ability to meet the goals of the HSSP IV and achieve the health-related SDG targets. This support will range from high-level policy guidance and advocacy to the generation of evidence to inform policies and programs; assistance to the MOH in adapting global strategies, norms, standards and tools to improve the delivery, quality and monitoring of health care and related services; and long-term, hands-on support to strengthen health institutions and programs. For each strategic priority and focus areas, few measures of success have been proposed which are also linked with a detailed Results framework.

The four Strategic Priorities of this CCS are:

1. Strengthen health system capacity to ensure equitable access to quality health services to attain universal health coverage
2. Strengthen country capacity to protect the population from health emergencies
3. Promote health and well-being by addressing the social and environmental determinants of health
4. Strengthen health information systems and digital innovations to improve patient care, generate evidence and monitor health trends

Figure 6. The Country Cooperation Strategy (2021-2024) Strategic Priorities and Focus Areas



Strategic Priority 1: Strengthen health system capacity to ensure equitable access to quality health services to attain universal health coverage

This strategic priority will reinforce the tremendous progress that Rwanda has made over the last 15 or so years in improving the access to and quality of essential health services; reducing the population's financial risk from catastrophic health care spending; and increasing access to safe, effective and affordable essential medicines, vaccines, and other medical commodities.

1.1 Improve access to and quality of essential health services

Through this Focus Area, WHO will support the MOH and Rwanda Biomedical Centre (RBC) in strengthening the capacity of the health system to deliver comprehensive, quality essential health services through the adaptation and development of evidence-based policies, strategies, norms, guidelines and standards for essential health services, including sexual, reproductive maternal, newborn, child and adolescent health (SRMNCAH) services; services for older persons; and the diagnosis, treatment and management of communicable and non-communicable diseases. A focus of WHO support will be on strengthening the ability of the health system to deliver integrated health care services and ensure access to and coverage of timely secondary and tertiary care linked to primary health care, including health promotion and preventive services. A life-course approach is critical to contribute to the delivery of integrated, people-centered primary health care interventions. Equity, quality, access, cost-of-care and monitoring mechanisms are essential to ensure comprehensive access to services that cater to the needs of all ages, paying special attention to those most vulnerable and at risk.

This support should further contribute to the reduction in maternal, newborn and child mortality; as well

as reductions in morbidity and mortality from communicable and non-communicable diseases towards attainment of the national targets, GPW13 targets and SDGs.

In order to ensure high-quality services at all levels of the health system, there is a need for a competent, well-performing and equitably distributed health workforce. WHO will therefore support the MOH in strengthening its capacity to implement and monitor health workforce policies and strategies to address major human resource gaps impeding the achievement of universal health coverage, in line with the National Strategy for Health Professionals Development 2020-2030.

Below are details on the types of activities that WHO will support by program or technical area.

Sexual, reproductive, maternal, newborn, child and adolescent Heath (SRMNCAH) services

WHO will support a range of interventions intended to further reduce maternal, newborn and child morbidity and mortality and ensure universal access to quality SRMNCAH services. Potential activities include strengthening and updating standards of care, guidelines and tools for the delivery of these services and training health workers in their use, and improving the integration of more child health services, such as IMCI and nutritional support, into the services provided at Early Child Development Centers to improve the access to and timeliness of essential health care for very young children and their mothers. Continued support in implementing the Maternal, Perinatal and Child Death Surveillance and Response (MPCDSR) system nation-wide to examine and address causes of death, and integrating MPCDSR reporting into the electronic Integrated Disease Surveillance and Reporting (eIDSR) system to improve the quality and timeliness of death reporting should also contribute to reducing maternal and neonatal deaths.

To strengthen the skills of health care workers in providing integrated SRMNCAH services, support will also continue for integrated supportive supervision and mentorship programs, as a means of providing more hands-on and regular training for continuous improvement in the quality of care. In addition, WHO will continue to support the MOH in monitoring progress in the implementation of reproductive, maternal, newborn, and child strategic plans through annual, mid-term and end-term reviews. It will also support in developing subsequent strategic plans based on these reviews and in alignment with national health strategies and the SDG targets.

In addition, WHO will advocate for and help develop an integrated adolescent health strategy to provide more comprehensive health services to this critical age group. Such a comprehensive strategy, which will involve other sectors beyond health, should contribute to reductions in teen pregnancies, unsafe abortions and other risky behaviors and thus also lead to further reductions in maternal and newborn deaths.

WHO will continue to provide support to the RBC and to districts to further improve the performance of the national immunization program with the aim of meeting the Government's goal of having 100% of children receiving all doses of vaccines in the infant immunization schedule. This support will focus on three priorities: 1) continue capacity-building at the district level for health center staff in the Reach Every Child strategies, including in microplanning and monitoring and evaluation; 2) continue national immunization program reviews every six months to identify and address challenges; and 3) strengthen the ability of the immunization program to generate high quality data – including through digital innovations – for performance monitoring, documentation and strategic planning, including training district health staff to conduct immunization data quality reviews to enable them to monitor their own performance on a continual basis and take corrective action. WHO will also provide technical support for planning, monitoring and evaluation of supplementary immunization activities (SIAs) and for the introduction of new vaccines being considered, such as a second dose of IPV, a birth dose of hepatitis B vaccine, and typhoid conjugate vaccine.

High-priority disease control programs

WHO will support the MOH and RBC in intensifying their efforts to control high-priority communicable and vector-borne diseases, based on the latest global strategies, guidelines and targets. To meet the 95-95-95 HIV/AIDS targets, WHO will support efforts to increase access to HIV testing (the first "95%"), especially for adolescent girls and young women and key populations (e.g., men having sex with men, female sex workers) by working with local civil society organizations to design educational and promotional activities at the community and health facility level tailored specifically to these groups. Other strategies to increase testing that WHO will support through technical advice, training and guidelines development include HIV

index testing – in which providers work with HIV positive patients to encourage their partners and family members to get tested – and the distribution of self-testing kits. To ensure that those testing positive receive and stay on treatment to achieve viral load suppression, WHO will provide support in revising national guidelines and in training of health workers to strengthen adherence support, using the Differentiated Service Delivery Model (DSDM), which tailors the location, frequency and intensity of HIV care to individual patients, and includes providing stable patients with several-month supplies of antiretroviral drugs. Reaching the HIV targets will also require strengthening the quality and use of patient-level data and revising program indicators to better monitor the coverage, quality and impact of HIV services at the local level.

WHO will also support the Government in meeting its goal to eliminate tuberculosis as a public health problem. This will include support for the training of health workers and civil society organizations (CSOs) in active case finding for TB. It will also include assisting with the training of health workers to improve the quality of TB treatment, including adherence support to maintain the country's high treatment success rates.

To support the Government in reaching its goals to control chronic hepatitis B through drug treatment and eliminate hepatitis C through the use of direct-acting antivirals (DAAs), WHO will assist with the adoption of rapid diagnostic tests for hepatitis B and C. WHO will also support outreach activities aimed at enhancing community-based screening for these diseases and in enrolling patients in treatment programs.

To accelerate the reduction of malaria incidence in Rwanda, WHO will provide support to intensify prevention measures (e.g., community education, distribution of treated bednets, and indoor residual spraying), to strengthen home-based management of malaria cases by training CHWs and by supporting the supply chain of antimalarials; and to conduct regular malaria program reviews.

To improve the quality of and expand NCD diagnostic and treatment services in Rwanda, especially at primary health care facilities, WHO will provide technical advice for the finalization of a new NCD National Action Plan and its implementation. WHO will continue to support the roll-out of PEN interventions into all health centers by assisting with assessments of its progress, monitoring of the use of guidelines and protocols to ensure quality of NCD care services, and the training of health workers. One key focus of WHO support will be helping to assess and monitor the integration of NCD screening, treatment and care into other health services, especially HIV/AIDS; tuberculosis; and maternal, child and community health (MCCH) services. WHO will also continue to support the MOH in its efforts to eliminate cervical cancer as a public health problem by 2030 through the 90-70-90 strategy (90% of girls vaccinated against HPV by age 15, 70% of women 30-49 years of age screened with high-precision HPV tests, and 90% of women with cervical cancer treated).

A key means of WHO assistance to increase the availability and quality of NCD services will be in the form of technical and financial support for a series of mentorship programs and supportive supervision missions that focus on specific topics, such as NCD care for people living with HIV and cervical cancer screening. In addition, WHO will help monitor the continuous availability of essential NCD medicines, supplies and technologies for screening, diagnosis, treatment and monitoring in health facilities.

The community health worker program

As previously done, WHO will provide technical support to the MOH/RBC in improving the availability and quality of services provided by CHWs, who are now expanding in number from three to four per village and are all – including maternal CHWs and generalists *(binômes)* – being retrained as polyvalent workers capable of providing integrated primary health care services. This support will include the development or revision of strategic plans, user-friendly guidelines and tools (e.g., child health and immunization cards), and assistance with competency-based training and mentorship programs for CHWs. Also key to improving the quality of community-based health services will be the training of health center staff responsible for supervising CHWs (CHW in-charges), which, along with the development of supervision job aids, is intended to increase the frequency and quality of supportive supervision provided to these critical health workers. In addition, WHO will support efforts to improve the collection, reporting and analysis of data provided by CHWs by strengthening existing data systems (e.g., SIS-Com) or developing new digital platforms. This will also include a review of guidance for CHWs on conducting verbal autopsies for maternal deaths at the community level to improve the quality of maternal death reporting.

Human resources for health planning

Meeting the Government's goals to improve the access to and quality of health care services cannot become a reality without having enough of

the right health professionals with the right skills in the right places. To that end, WHO will assist the new HRH Secretariat of the MOH with a number of activities in support of the Government's new 10-year National Strategy for Health Professional Development (2020-2030) that was developed with WHO assistance. These activities will include a review of the minimum standards required for teaching hospitals that train doctors and nurses (in terms of the number of teaching staff and their qualifications, resources, equipment, etc.). Another major intervention will be to help strengthen the country's HRH information system to be able to provide more robust data on the current location, distribution, skills levels and qualifications of health professionals working in the public sector – data that are critical for planning and decision-making about pre- and in-service training needs, the placement of health workers and other considerations. The possibility of establishing an HRH Observatory to have a constantly updated snapshot of the HRH situation in the country will also be explored. WHO will also assist the MOH in conducting an updated mapping of health workers and skills needs in different health care settings and for different services. This competency mapping exercise will identify current gaps in the health workforce and inform the development of HRH standards and training programs that will better align the types and competencies of health workers with the services that they are providing or that are needed.

In addition, WHO will provide support in strengthening the monitoring, analysis and use of health labor market data and the implementation and reporting of national health workforce accounts.

1.2 Reduce the number of people suffering financial hardship due to health expenditures

While the Community Based Health Insurance – which now covers 85% of its target population – has become the main vehicle enabling the Rwandan population to access affordable health services, the insurance program runs deficits every year and is subsidized by the Government and donors. In 2020, the Government enacted policies to expand and diversify its local funding sources. These include doubling the contribution of the formal sector medical insurance program, RAMA, to the CBHI (from 5% to 10% of their revenues), and raising funds for the scheme from fees and revenues generated from a range of public and private sector services such as tourism, telecommunications and fuel trading revenues, road traffic and registration fees for pharmaceutical products. The program also modernized and simplified the premium payment system, enabling beneficiaries to pay via mobile phone.

To further ensure the long-term viability of the program, WHO is providing technical support for the development and implementation of a CBHI Sustainability Plan, based on an analysis of projected costs and revenues. A critical activity to sustain the scheme that WHO will support is strengthening the strategic purchasing of health services, including refining the provider payment mechanism and strengthening the RSSB's capacity as a strategic purchaser.

To improve the effectiveness and efficiency of health sector spending in general, WHO will continue to support the MOH in strengthening the tracking of national health expenditures on a regular basis from revenue source to providers and to specific health services, using the System of Health Accounts framework and its key health spending indicators. The support will involve strengthening the country's capacity to collect health expenditure data – using existing information systems such as the Health Resources Tracking Tool – and to analyze and use these data for policy dialogue. This improved capacity to track national health expenditures will provide the MOH with a near real-time picture of where health financing is coming from, where it is going, and to what degree spending matches the country's health needs and priorities. It will therefore become a critical tool in achieving universal health coverage by informing health spending decisions to ensure equity and better access to health services.

WHO will also continue supporting the MOH in developing and implementing equitable health financing strategies and reforms to sustain progress towards universal health coverage. This will include conducting systematic, qualitative self-assessments of the country's progress in enacting national financing policies that are consistent with good practices, using WHO health financing progress matrix. These assessments will provide a basis for linking future quantitative findings to specific health financing actions.

1.3 Improve access to essential medicines, vaccines, diagnostics and devices for primary health care

WHO's support in this area will continue to focus on strengthening the ability of the Rwanda Food and Drug Authority (Rwanda FDA) to regulate, license and ensure the quality of medical products, as well as to ensure the safety of the country's food supply. This support will include strengthening the capacity of the agency's Pharmaceutical Quality Control Laboratory to enable it to achieve certification based on international standards; assisting with future benchmarking assessments of the Rwanda FDA to reach Maturity Level 3 (a prerequisite for WHO pre-qualification of locally-produced drugs); and supporting an external evaluation of the work of Coalition of Interested Partners in helping to strengthen the Rwanda FDA. WHO will also provide technical support to the agency in strengthening specific technical areas, upon request, such as pharmacovigilance and the regulation of traditional medicines.

In addition, WHO will continue to support the development of policies and strategies to improve the country's timely access to health products, including therapeutics, vaccines and supplies required to respond to health emergencies, such as COVID-19.

Box 3. Focus areas and activities under Strategy Priority 1

1.1 Improve access to essential health services

- **Improve access to and quality of essential health services at both the primary health care and referral levels:** Support implementation and monitoring of essential health service packages and quality of care standards at all levels of the health system. Continue support for training and mentorship programs for health facility staff in different technical areas and topics.
- **Strengthen country capacity in strategic planning and development of evidence-based policies, standards and regulations:** Strengthen country capacity in policy dialogue and coordination between health programs. Support review, development and implementation of major health policy documents (National Health Policy, HSSP) and program-specific plans (e.g., SRMNCAH, HIV, malaria).
- **Improve the delivery of SRMNCA health services:** Strengthen the quality of SRMNCAH care through adaptation of improved standards of care, guidelines and tools and through training of health workers in their use, including mentorship programs. Strengthen maternal and child death reporting through the MPCDSR system. Support development of integrated adolescent health care services. Support the immunization program in Reaching Every Child with all routine vaccinations, in the use of data to monitor and improve performance, and in introducing new vaccines.
- **Improve the delivery of priority health services to reduce morbidity and mortality from communicable and non-communicable diseases:** Support HIV/AIDS program to attain 95-95-95 targets by increasing access to testing and strengthening individualized treatment. Support continued efforts to control TB and malaria, the nation-wide scale-up of viral hepatitis treatment programs, and the expansion of NCDs services at primary care and hospital levels.
- **Strengthen quality of care delivered by community health workers:** Support activities to improve competencies and quality of care provided by CHWs, including competency-based training, mentorship programs, and the strengthening of supportive supervision of CHWs. Support efforts to strengthen and expand data systems used by CHWs.
- **Strengthen planning for the health workforce:** Build capacities for MOH in conducting Workload Staffing Indicators needs (WISN). Support the review and upgrading of teaching standards for teaching hospitals. Help strengthen the HRH information system. Support the mapping of human resource needs to inform development of HRH standards and training programs.

1.2 Reduce the number of people suffering financial hardship due to health expenditures

- **Improve the sustainability of the CBHI:** Support the country's CBHI Sustainability Plan, including strengthening strategic purchasing of health services including those provided through the CBHI.
- **Strengthen the financial sustainability of the health sector:** Support the Government in improving the systematic collection and analysis of health expenditure data for better decision-making about health spending. Support qualitative assessments of health financing policies.
    - Support Rwanda's Health Resources Tracking Tool (HRTT) to inform the forecasting (resource mapping) and resource mobilization for annual and strategic plan development.
    - Support the institutionalization of priority setting mechanism for strategic purchasing, specifically the application of Cost-effective analysis (CEA) and other approaches for the regular revision of health benefit packages.

1.3 Improve access to essential medicines, vaccines, diagnostics and devices for primary health care

- **Support to the Rwanda FDA to reach Maturity Level 3:** Strengthen the pharmaceutical quality control laboratory. Support for the assessments of the Rwanda FDA and strengthen the agency's capacity in critical areas of regulation.

Measures of success for Strategic Priority 1

- Increased average service coverage *
- Reduced proportion of the population with out-of-pocket health spending exceeding 10% of household total consumption expenditure or income

** This is defined as an average of 14 tracer indicators in four essential health service areas: reproductive, maternal, newborn, and child health; infectious diseases; noncommunicable diseases; and service capacity and access. It is constructed from geometric means of these indicators – first within each of the four areas, and then across the four category-specific means to obtain the final summary (See the results framework for the details of these indicators)*

Strategic Priority 2: Strengthen country capacity to protect the population from health emergencies

Rwanda has prepared a National Action Plan for Health Security, with the goal of reducing the morbidity, mortality and socio-economic losses due to disease epidemics, disasters and other International Health Regulations (IHR 2005) hazards. WHO Country Office will work with development partners to support the Government in implementing the Action Plan, based on the recommendations of the 2018 Joint External Evaluation and applying the lessons learned from the country's recent experiences with the threat of Ebola and the COVID-19 pandemic. This support will focus on helping Rwanda to: 1) better prepare for a potential epidemic or other health emergency; 2) prevent an epidemic from happening in the first place (e.g., through a One Health approach to prevent zoonotic disease outbreaks and through vaccination of epidemic-prone diseases); and 3) rapidly detect and effectively respond to disease outbreaks and other public health emergencies.

2.1 Strengthen national and sub-national capacity to prepare for health emergencies

This area will address several gaps in Rwanda's preparedness for health emergencies and in its IHR core capacities to implement the international health regulations (IHR 2005). One of the priority areas identified during the Rwanda JEE was the development of a legal framework to facilitate implementation of IHRs. In this regard, WHO will advocate for and provide guidance in drafting a health emergency law and implementing regulations to facilitate a rapid and nimble response to a health emergency. Such a law will enable quick decisions to be made on hiring and deploying personnel, procuring supplies and equipment and other critical actions without having to follow the usual administrative and approval processes. It would also enable quick collaboration of different sectors of the Government in an emergency situation.

WHO will also help build the capacity of the Epidemic Surveillance and Response (ESR) Division of the RBC – which serves as the country's national IHR focal point – to coordinate, monitor and report on activities to strengthen the country's IHR core capacities and to improve emergency preparedness on a continual basis. In addition, WHO will advocate for and support the creation of a permanent multi-sectoral technical committee for health emergencies to oversee preparedness, response and recovery activities – obviating the need to establish *ad-hoc* technical committees once an outbreak occurs. Another mechanism that WHO will support to strengthen the country's epidemic preparedness is the development of protocols for information-sharing between sectors (e.g., ministries of health, agriculture and animal resources, emergency management) on a regular basis about potential emerging pathogens or disease outbreaks, including zoonotic diseases.

Other preparedness activities that WHO will support include strengthening the provincial Emergency Operations Centers created during the COVID-19 crisis to coordinate and support the districts in preparing for and responding to health emergencies; conducting multi-hazard risk assessments; and preparing an all-hazard preparedness response plan that will facilitate the preparation of a disease-specific plan in the event of an actual outbreak.

The Country Office will collaborate with the Government of Rwanda in assessing the country's public health capacities in order to facilitate effective implementation of the International Health regulations by supporting simulation exercises to test Rwanda's capability to respond to an emergency, disaster or crisis situation; completion of State Party Annual Reports (SPAR); conducting Joint External Evaluation (JEE) and conducting Intra and After-Action Reviews.

2.2 Strengthen country capacity to prevent epidemics and pandemics

To prevent the spread of zoonotic diseases from animals to humans, WHO will advocate for and support activities to strengthen implementation of the country's recently-approved One Health policy, which aims to increase collaboration between the environmental, animal and human health sectors in detecting and controlling these diseases avoid spread to the human population. These activities include: 1) establishment and operationalization of a national One Health multi-sectoral coordination committee; 2) prioritizing zoonotic diseases that pose the biggest health threats; 3) establishment of a joint surveillance system for priority zoonotic diseases; 4) establishment of district-level One Health multi-sectoral coordination committees so that human, veterinarian and wildlife professionals share information and take actions at the district/subnational level; 5) strengthening laboratory capabilities (equipment, consumables and training) for the detection of priority zoonotic

diseases, such as rabies, avian influenza and Rift Valley Fever; and 6) development of strategies for One Health communication and community awareness and engagement.

WHO will continue to support Rwanda in preventing outbreaks of vaccine-preventable diseases, such as polio and measles, by strengthening local-level disease surveillance capabilities and by helping to maintain the country's high routine immunization coverage rates. While Rwanda was declared polio-free in 2004 and hasn't had a case of either wild polio virus or circulating vaccine-derived polio virus (cVDPV) since the mid-1990s, cVDPV outbreaks are still occurring in the region, including in the DR Congo. Thus, Rwanda has to remain vigilant to ensure that every case of acute flaccid paralysis (AFP) is detected and tested to rule out polio, and that routine coverage of polio vaccination remains high (at 97% or more) for three doses of OPV. To enable the country to maintain its polio-free status, WHO, in partnership with the Global Polio Eradication Initiative and other partners, will continue to support Rwanda in implementing its polio eradication and transition plans, including monitoring the polio risk on a regular basis through quarterly reports and periodic reviews by the National Polio Eradication Committee, and strengthening AFP/polio surveillance in low-performing areas.

WHO's continual full-time support to the National Immunization Program in helping it reach its goal of achieving 100% coverage of all childhood vaccines will also prevent outbreaks of measles, pertussis and other vaccine-preventable diseases. In addition, WHO will support the program in conducting vaccination campaigns for COVID-19 and, as needed, for Ebola and other emerging diseases, as vaccines become available. To assist the country in meeting its goal of vaccinating 60% of the population against COVID-19 by 2022, WHO will assist with the planning and implementation of the phased roll-out of the vaccine.

In another critical area of outbreak prevention, WHO will support the Government in strengthening the country's capacity to monitor and manage antimicrobial resistance (AMR). This will involve developing effective communications to raise awareness of this problem and how to prevent it; optimizing the use of antimicrobial medicines in human and animal health; establishing AMR sentinel surveillance; and reducing the incidence of infection through the promotion of effective sanitation, hygiene and other infection prevention and control measures.

Other disease prevention measures that WHO will advocate for and support include ensuring that mechanisms are established and functioning for detecting and responding to foodborne diseases and food contamination and ensuring that biosafety and biosecurity training and practices are implemented.

2.3 Strengthen country capacity to rapidly detect and respond to health emergencies

WHO will support the Rwandan Government at both the national and sub-national levels in improving its capacity to detect public health threats early on by strengthening its disease surveillance and its diagnostic laboratory capabilities. Surveillance activities will focus on strengthening indicator- and evidence-based surveillance systems. This support will involve adapting the 3rd edition of the global Integrated Disease Surveillance and Response (IDSR) Technical Guidelines, training of hospital and health center staff and community health workers based on the IDSR guidelines; and supporting the analysis of surveillance data and the development of weekly epidemiological bulletins. To further strengthen the capacity of the districts to detect outbreak-prone diseases early on, WHO will advocate for and support the establishment of full-time dedicated disease surveillance focal points or epidemiologists placed in each district and support their training on the new IDSR guidelines. To strengthen laboratory capabilities, WHO will assist the MOH in enhancing the preparedness of an expanded network of diagnostic laboratories to detect outbreaks of likely epidemic-prone diseases by having in place adequately trained personnel, equipment and supplies.

Once a disease outbreak or other health emergency appears imminent or suspect cases have already been reported, WHO will be available to support the MOH with its response. Support can be geared towards preparedness and response (or contingency) plan for the specific disease or hazard; activate and train district rapid response teams; acquire laboratory testing capacity for the new pathogen; ramp up disease surveillance at the district level, add surge capacity, procure and manage necessary equipment and supplies, and other critical response measures in accordance with WHO Emergency Response Framework.

Since this CCS is being developed amidst an on-going COVID-19 pandemic, WHO will continue to support Rwanda's response to the outbreak by providing strategic guidance, assisting with

planning, the procurement of equipment and supplies, and capacity building of personnel at the decentralized levels in different aspects of the response, such as surveillance, infection prevention and control (IPC), case management, data management and risk communications and community engagement, as requested. In addition, WHO will support the establishment of genomic sequencing capability of SARS-CoV-2 as well as other pathogens outlined in the National Action for Health Security.

Box 4. Focus areas and activities under Strategic Priority 2

2.1 Strengthen national and sub-national capacity to prepare for health emergencies

- **Laws and regulations to comply with IHRs:** Advocate for and assist in developing a legal basis for implementation of IHRs, including the ability to mount a rapid response in a health emergency.
- **Mechanisms to improve coordination of preparedness and response activities:** Support establishment of permanent multi-sectoral technical committee to health emergencies and information-sharing protocols between sectors. Strengthen capacity of provincial Emergency Operations Centers.
- **Contingency planning:** Support risk assessments and preparation of preparedness and response plans covering all hazards (multi-hazard plans) and hazard specific plans.
- **IHR Monitoring and Evaluation:** Collaborate with the Government of Rwanda to conduct simulation exercises, complete State Party Annual Reports (SPAR), Conduct Joint External Evaluation (JEE) and Conduct Intra and After-Action Reviews

2.2 Strengthen country capacity to prevent epidemics and pandemics

- **Implementation of One Health strategy:** Support establishment of multi-sectoral One Health coordination committees at the national and district levels. Support development of strategies and protocols to operationalize One Health strategy. Strengthen surveillance and lab testing of priority zoonotic diseases.
- **Implementation of the Antimicrobial Resistance Plan:** Strengthen capacity to monitor and manage antimicrobial resistance (AMR) through development of effective communications to raise awareness of this problem and how to prevent it; optimizing the use of antimicrobial medicines; establishing AMR sentinel surveillance; and reducing the incidence of infection through the promotion of effective infection prevention and control measures.
- **Surveillance and control of vaccine-preventable diseases:** Help maintain Rwanda's polio-free status by strengthening national and local surveillance of AFP and polio, and by implementing polio eradication and transitions plans, including regular monitoring of polio risk. Improve capacity of districts and health centers to achieve 100% coverage with all childhood vaccinations following the REC strategy. Support vaccination campaigns against pandemic and epidemic diseases, including COVID-19.

2.3 Strengthen country capacity to rapidly detect and respond to health emergencies

- **Indicator- and events-based disease surveillance:** Support revision and training on new IDSR technical guidelines. Support surveillance data analysis and reporting and development of weekly epidemiological bulletins. Advocate for and train full-time district-level surveillance focal points.
- **Strengthening laboratory capacity for detection of epidemic-prone diseases:** Support training of laboratory staff and procurement of equipment supplies.
- **Support in responding to health emergencies:** Assist MOH with development of preparedness and response plan. Help strengthen disease surveillance, lab testing, RRT capacity, and other critical aspects of the response. Support assessments of emergency responses.

Measures of success for Priority 2

- Increased average score of the 13 IHR core capacities based on their IHR annual reporting.
- Average coverage for measles and polio vaccines increased to >97%
- COVID-19 vaccine coverage of >60% of the population
- Increased average levels of timeliness for detection, notification and responding to health events

Strategic Priority 3: Promote health and well-being by addressing the social and environmental determinants of health

This strategic priority covers a wide range of issues that affect health and wellness – from poor nutrition to a lack of access to improved water and sanitation; to air pollution; and the risk factors of NCDs, such as unhealthy diets, physical inactivity, tobacco use and the harmful use of alcohol.

The Rwanda population's health status and life expectancy have improved markedly in less than 20 years, due in part to improvements in living conditions and in many of the social determinants of health, including reductions in poverty rates, the promotion of environmental cleanliness, increases in water and sanitation access, and near universal primary school enrollment. However, Rwanda still needs to make considerable progress in a number of the areas that affect health, including reducing the still high rates of stunting and anemia in children under five, increasing the population's access to improved water and sanitation, and reducing indoor air pollution caused by wood-burning cook stoves. At the same time, reducing the risk factors for NCDs will be critical to halting and reversing the rising trends of these diseases.

3.1 Strengthen country capacity to address social and environmental determinants of health

Nutritional deficiencies

WHO will continue to advocate for and contribute to expanding and improving the quality of nutrition-related health services, focusing on maternal, infant, young child, as well as adolescent nutrition. To that end, WHO will assist the Government in developing national strategies, policies and guidelines for the prevention and management of all forms of malnutrition, including stunting, anemia and micronutrient deficiencies. The Country Office will also focus its support on capacity-building of health workers and CHWs in providing nutrition-related services (e.g., growth monitoring, infant nutrition and feeding counseling for caregivers, the management of acute malnutrition) through regular in-service training, supportive supervision and mentoring (by district-level nutrition focal points and assessors), as well as the development of nutrition-related job aids, tools and guidelines for health workers and supervisors. WHO will also continue to support, with other partners, the development of a range of nutrition educational materials targeting caregivers, school children, adolescents and the general public.

In addition, WHO has a continuous role to play in generating evidence to inform nutrition-related policies and program decisions. One important area of research is nutrition surveillance, especially to obtain baseline data for conditions, such as micronutrient deficiencies, where data are currently lacking, as well as to monitor trends in stunting, acute malnutrition, and over-nutrition (e.g., obesity). WHO will also support documenting best practices in the prevention and management of malnutrition in the community and in primary health care settings, monitoring and evaluation of various nutrition interventions, and operations research (e.g., into risk factors for low coverage of growth monitoring in children under five).

Early childhood development program

Early Childhood Development (ECD) centers are being established nation-wide through the Ministry of Gender and Family Promotion to help disadvantaged young children develop physically and intellectually by teaching mothers how to stimulate and care for their infants and toddlers. They therefore present an excellent opportunity to educate caregivers about good nutrition and healthy diets, hygiene and other healthy behaviors. WHO will support the ECD program and its national rollout by assisting with costing out the National ECD Strategic Plan, the training of ECD staff and volunteers, and the development of communications materials for families in how to stimulate early childhood cognitive development.

Environmental health

WHO's support in environmental health will focus on three areas. The first will be helping Rwanda increase the population's access to improved water, sanitation and hygiene facilities. Towards that aim, WHO will support assessments of WASH services in health facilities, using the WASH FIT tool, to determine what improvements are needed, and provide technical guidance to communities and to those working in emergency settings to assess and improve WASH services and facilities. WHO will also continue to build local-level capacity in monitoring water quality by training environmental health officers, private water supply operators, water board members and other stakeholders using the Water Safety Planning Approach and by supplying water testing kits. Secondly, WHO will continue its technical and financial support in building capacity at the local level to monitor indoor air pollution by training Environmental

Health officers from district hospitals and health centers, using mobile devices. Lastly, WHO will continue to provide technical guidance and support for policies, strategic plans and interventions addressing a broad range of environmental determinants of human health, such as climate change, air pollution, water pollution, occupational health, use of chemicals in agriculture, disaster management and the built environment. This support involves working across multiple sectors of the Government, including with the ministries of infrastructure, environment, transportation, energy and agriculture.

3.2 Support in addressing NCD risk factors

WHO will support the Government in its efforts to reduce the risk factors of NCDs – such as unhealthy diets, physical inactivity, tobacco use and alcohol misuse – by providing technical guidance for policies and regulations, providing technical assistance for public awareness and promotional activities, and supporting training in health promotion and education around NCDs. The Country Office will work with the MOH/RBC and the Rwanda FDA to develop communications materials to sensitize the population on the prevention of NCDs through radio and TV spots and printed materials, as part of a national awareness-raising campaign. To broaden the communication channels for messages about NCD risk factors and prevention, WHO will also support the training of CHWs, school teachers and CSOs to improve their communication skills and knowledge in this area.

In the area of policy development, WHO will support the development of a national alcohol policy and explore possible changes in tax policy (e.g., taxation of sugary drinks). And in the area of regulation, WHO, in collaboration with UNICEF, is providing technical support to the Government in establishing a National Code of Marketing of Breastmilk substitutes and will support in monitoring its application. It will also support the Rwanda FDA in developing regulations on the trade and labelling of processed foods and beverages, and in developing communications tools on mandatory food labelling, targeting food manufacturers.

Box 5. Focus areas and activities under Strategic Priority 3

3.1 Strengthen country capacity to address social and environmental determinants of health

- **Strengthen capacity in surveillance, prevention and management of malnutrition:** Support the development of guiding and educational tools, training and supervision of health care providers at health facility and community levels on nutrition. Assist with generating evidence about nutrition, including surveillance of different forms of malnutrition.
- **Strengthen the Early Childhood Development Program (ECD)/ program:** Support country to provide ECD and Care for Child Development services through existing child health services at health facility and ECD centers at community level.
- **Strengthen water and sanitation services and environmental health:** Support efforts to increase access to improved water and sanitation at health facilities, in communities and in emergency settings, including training in monitoring water quality. Build local-level capacity in monitoring indoor air pollution. Provide technical support for a range of policies and interventions related to environmental health.

3.2 Support in addressing NCD risk factors

- **Policies and regulations:** Provide technical support in development of laws, policies and regulations aimed at reducing NCD risk factors (e.g., processed foods, sugary drinks, alcohol and tobacco).
- **Communications:** Support activities to raise public awareness of NCD risk factors and promote healthy behaviors.

- Support the implementation of the Country's NCDs Sub-Strategies on Eye Care, Oral Health, Ear and Hearing Care.
- Support the Systematic Assessment of Rehabilitation Situation (STARS) in country and based on findings will support also the development of rehabilitation strategic plan. Using the rehabilitation strategic plan WHO will support the mobilization of resources for country's investments in specific rehabilitation services including for assistive technology.

Measures of success for Strategic Priority 3

- Stunting prevalence in children aged under five years reduced to 19%
- Increased proportion of the population with access to improved water
- Prevalence of tobacco use among persons aged 15 years and older decreased to 6.32%

Strategic Priority 4: Strengthen health information systems and digital innovations to improve patient care, generate evidence and monitor health trends

By 2024, the Government of Rwanda plans to have in place an interoperable, responsive, and integrated health management information system that provides high-quality data in a timely manner to inform planning and decision-making. The system will also be able to monitor national and sub-national health trends and targets – including measuring progress towards the SDGs and Rwanda's contribution to WHO's "Triple Billion" targets– by linking various data sources together and by providing disaggregated data (e.g., by gender, age, location, income level) in order to monitor and address health inequalities. Another goal of the MOH is to strengthen and expand the use of digital health applications, such as electronic medical records (EMRs) and innovative mobile phone solutions, to improve the quality of patient care. Therefore, the two focus areas of this Strategic Priority are as follows:

4.1 Strengthen country capacity in health data systems

WHO will continue to support the Government in strengthening data systems that have been established, including the roll-out of the verbal autopsy system at the community level as a critical component of the new Civil Registration and Vital Statistics CRVS system. WHO's support will also focus on the collection and use of data to monitor the health situation and trends – and to generate evidence-based policy briefs. Other activities to be supported include providing support for conducting population-based surveys, health facility assessments, application of international standard such as the International Classification of Diseases (ICD-11) and Digital Adaptation Kits, and in developing data systems, including EMRs.

4.2 Strengthen electronic medical records systems and use of other digital innovations

Rwanda's hospitals have begun to use EMRs. However, the systems are fragmented and do not cover all health services and programs. Health facilities are at different stages of implementation and the EMR systems of individual hospitals are not linked, making continuity of patient care difficult. The MOH envisions having a single, seamless EMR system from the health post to the central level that integrates all programs and services. Towards that end, WHO, with other partners, will support the MOH in developing, customizing and testing a comprehensive EMR system using open-source software that will link health facilities, thus better enabling continuity of patient care.

Another innovation to improve the quality of patient care – especially where doctors are in short supply – is the use of WHO Digital Adaptation Kits. These are new applications that use algorithms to help nurses and other health workers to diagnose patients and make treatment decisions, based on WHO clinical guidelines. WHO will support implementation research into the use of these applications, beginning with a pilot program of a module for antenatal care for use by nurses. WHO will continue to support the Government's initiatives in the digitalization of the health sector towards the goal of generating and using quality data as highlighted in Box 6 below.

Box 6. Focus areas and activities under Strategic Priority 4

4.1 Strengthen country capacity in health data systems

- Strengthen ability of the HMIS to monitor health trends and SDG indicators using disaggregated data. Support the community roll-out of verbal autopsies.
- Build country capacity in conducting population-based surveys and health facility assessments.
- Support the implementation of Harmonized Health Facility Survey as part of strengthening health information systems.

4.2 Strengthen EMR systems and use of other digital innovations

- Support the MOH in establishing a single, comprehensive EMR system for use at all levels of the health system.
- Support implementation research into the use of innovative electronic applications for patient care, e.g., Digital Adaptation Kits.
- Support the development and deployment of digital innovations for health data management such as e-case based surveillance.

Measures of success for Strategic Priority 4

- 100% causes of deaths reported according to ICD-10
- 80% of indicators available to monitor the health SDGs
- 72% of public health facilities (District Hospital, Provincial Hospital and Referral Hospital) using EMR full package system
- Proof of concept of the integration of WHO Digital Adaptation Kit (DAK) for antenatal care (ANC) into a mobile phone application for frontline health workers demonstrated

4.5 Alignment of strategic priorities with global and national priorities

Table 2 shows the alignment of the four Strategic Priorities of this CCS with strategic objectives, outcomes, or priorities of four key global and national policy documents, namely WHO GPW13, the UN Development Assistance Plan for Rwanda (UNDAP), the Health Sector Strategic Plan (HSSP IV), and the National Strategy for Transformation (NST-1).

Table 2. Alignment of the Strategic Priorities of WHO CCS (2021-2024) with global and national priorities

Strategic Priority	1. Strengthen health systems capacity to ensure equitable access to quality health services to attain universal health coverage	2. Strengthen country capacity to protect the population from health emergencies	3. Promote health and well-being by addressing the social and environmental determinants of health	4. Strengthen health information systems and digital innovations to improve patient care, generate evidence and monitor health trends
HSSP IV **2018/19-2023/24**	**Vision of the Health Sector:** The Health Sector Policy (2015) states the overall vision of the health sector as follows: To pursue an integrated and community-driven development process through the provision of equitable, accessible and quality health care services. **Mission of the health sector:** The Rwanda Health Sector mission is to provide and continually improve affordable promotive, preventive, curative and rehabilitative health care services of the highest quality, thereby contributing to the reduction of poverty and enhancing the general well-being of the population. **Four Strategic Objectives** 1. Full implementation of the main health **programs** (improve demand, access and quality) 2. Strengthen the health **systems building blocks** (strengthen policies, resources and management) 3. Strengthen all levels of **service delivery** (organize the services effectively at all levels, referrals) 4. Ensure effective **governance** of the sector (strengthen decentralization, partnership, private sector coordination, aid effectiveness, and financial management)			
UNDAP II **2018-2023**	**Outcome 3:** By 2023, people in Rwanda, particularly the most vulnerable, enjoy increased and equitable access to quality education, health, nutrition and water, sanitation and hygiene services	**Outcome 4:** By 2023, people in Rwanda, particularly the most vulnerable, have increased resilience to both natural and man-made shocks for a life free from all forms of violence and discrimination	**Outcome 3:** By 2023, people in Rwanda, particularly the most vulnerable, enjoy increased and equitable access to quality education, health, nutrition and water, sanitation and hygiene services	**Outcome 6:** By 2023 people in Rwanda participate more actively in democratic and development processes and benefit from transparent and accountable public and private sector institutions that develop evidence-based policies and deliver quality services.

NST 1 **2017-2024**	Social Transformation Pillar 2 Priority 2: Eradicate Malnutrition through enhanced prevention and management of all forms of malnutrition. Priority 3: Enhance the Demographic Dividend through ensuring access to quality health for all. Focusing on improving health care services at all levels, strengthening financial sustainability of the health sector, and enhancing capacity of health workforce	Social Transformation Pillar 2 Cross Cutting: Capacity Development, Disaster Management	Social Transformation Pillar 2 Priority 2: Eradicate Malnutrition through enhanced prevention and management of all forms of malnutrition. Cross Cutting: Capacity Development, Social Inclusion, Environment and Climate Change, Gender and Family Promotion	Chapter VIII: Monitoring and Evaluation Framework (health-related indicators)
GPW13 2019-2023	1.1 Improved access to quality essential health service 1.2 Reduced number of people suffering financial hardships 1.3 Improved access to essential medicines, vaccines, diagnostics and devices for Primary Health Care	1.1 Countries prepared for health emergencies 1.2 Epidemics and pandemics prevented 1.3 Health emergencies rapidly detected and responded to	1.1 Determinants of health addressed 1.2 Risk factors reduced through multi-sectoral action 1.3 Healthy settings and Health in All Policies promoted.	1.1 Strengthened country capacity in data and innovation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CHAPTER 5

Implementation of WHO Rwanda Country Cooperation Strategy 2021 to 2024

This chapter elaborates the implementation arrangements of the CCS4 2021-2024 strategic priorities. The CCS will guide the work of WHO Country Office in collaboration with other levels of WHO. In addition, the CCS will be operationalized through the biennial and operational work plans aligned to GPW13, UNDAP II, NST1 and HSSP IV.

5.1 Principles of cooperation

The principles of cooperation for the implementation of the CCS4 will ensure WHO's role and contribution to the national agenda through the following areas.

Strategic policy dialogue

WHO will continue to play a key role and engagement in the policy dialogue and setting policy agenda using the existing dialogue structures such as the Development Partner Coordination Group (DPCG), Development Partners Meeting, the Health Sector Working Group, the Health Development Partner Group, and UNDAP Result Group. WHO will continue its collaboration with other Government social cluster and international and national partners, including non-state actors. WHO will contribute to dialogue for the development and monitoring of health sector policies and strategic plans by articulating ethical and evidence-based policy options to promote health and well-being.

Technical Contribution

WHO will play a key role in providing technical support and development of evidence based normative guidelines, standards and tools to support implementation of interventions. WHO will provide technical support to build sustainable institutional capacity for implementation and monitoring of norms and standards based on global and WHO guidance. In addition, WHO will continue to foster partnerships with key technical partners within and outside the country including research institutions and professional societies.

Agenda Shaping

WHO will advocate for Rwanda's engagement in Regional and Global commitment and support the country's participation in Global and Regional WHO Governing Bodies' Meetings. Technical support for shaping research and generating, translation and dissemination of knowledge and strengthening health data systems and innovations for monitoring health situations and trends will be provided. WHO will facilitate country experiences and knowledge sharing for the development of Regional and Global guidance and policy documents, as necessary.

Information Exchange

Regular exchange of information through direct engagement between WHO and the Ministry of

Health and partners will be enhanced to ensure implementation of CCS strategic priorities.

Multi-sectoral approach

The implementation of the CCS strategic priorities will use a multi-sectoral approach through existing country-level mechanisms. Defining and implementing interventions across sectors is necessary to attain SDGs, GPW 13 and NST1, HSSP IV.

Vulnerable groups

The implementation of the CCS priorities will take into consideration vulnerable and marginalized groups including disable groups. The CCS priorities will also promote gender equality and Human Rights to ensure "Leaving no one behind" to access quality services for UHC.

Open communication

During the implementation, regular and effective engagement will be maintained. WHO Rwanda will consistently share the outcomes of cooperation activities, including programmatic monitoring and evaluation findings where appropriate with the Government and partners.

5.2 Implementation of the Strategic Priorities

WHO Rwanda will continue to actively participate in the existing Health sector coordination mechanisms and provide the required technical supports.

WHO engagement will ensure that the strategic priorities continue to be aligned with the national health policy and strategies. These mechanisms will provide an opportunity to reflect on the effectiveness of the CCS priorities during the implementation, feed into the mid-term evaluation and adjust the needs prior to the final evaluation.

5.3 Country Cooperation Strategy Results Framework

WHO will jointly monitor and measure progress in these areas with the Government of Rwanda and the UNCT as part of the UNDAP II evaluation process.

The CCS4 Results Framework as detailed in Table 3 below shows the linkages of the CCS Strategic Priorities and focus areas with WHO GPW13, SDG targets and national targets. Most of the baselines and targets are aligned with the fourth Health Sector Strategic Plan (HSSP IV), 2018-2024. Table 4 provides WHO implementation support to the country.

Table 3. The CCS Results Framework for Rwanda

CCS IMPACT INDICATORS

Indicators	Baseline	Target 2024	Alignment
Maternal Mortality Ratio (per 100, 000 live births)	203 (DHS 2019-20)	126	SDG 3.1.1 GPW 13, NST1, UNDAP II, HSSP IV
Neonatal Mortality Rate (per 1,000 live births)	19 (DHS 2019-20)	15.2	SDG 3.2.2, GPW13, UNDAP II, HSSP IV
Under-five Mortality Rate (per 1,000 live births)	45 (DHS 2019-20)	35	SDG 3.2.1, GPW13, UNDAP II, NST1, HSSP IV
Prevalence of stunting in U5 children	33% (DHS 2019-20)	19%	SDG 2.2.1, GPW13, NST1, HSSP IV

CROSS-CUTTING APPROACHES

Indicators	Baseline (year and source)	Target (2024)	Alignment with GPW13/ SDG indicator, UNDAP II, HSSP IV
Number of health related strategic/ policy documents developed or revised.	39 (HSSP IV; RMNCAH; FP) (2020, MoH website)	12 (HSSP IV, RMNCAH, FP; National e-Health Policy; e-Health SP; NCD SP; Health Promotion SP; Health Financing Sustainability Plan; EPI comprehensive multi-year Plan; HRH SP; Measles and neonatal tetanus elimination sustainability plan; Medical Products SP); Community based Health Insurance (CBHI) strategy updated; Rehabilitation SP	UNDAP II
Number of guidelines developed/ revised in line with global guidelines.	27 (2020, MoH website)	10 (ANC guidelines aligned with WHO 2016 guidelines; Perinatal guidelines; Quality of care standards and guidelines; Quality improvement (accreditation) mechanism/ framework; NTD National guidelines; National Hepatitis guidelines; National IYCF guidelines; National guideline on healthy diets; National TB national guidelines; National Malaria guidelines	UNDAP II

OUTCOMES/OUTPUTS INDICATORS

Strategic priority/ Focus area	No	Indicators	Baseline (year and source)	Target (2024)	Alignment with GPW13/ SDG indicator, UNDAP II, NST1, HSSP IV
Strategic Priority 1: Strengthen health system capacity to ensure equitable access to quality health services to attain universal health coverage, strengthen Health systems capacity to deliver and ensure equitable access to quality health services towards Universal Health Coverage throughout the Life Course					
Improve access to and quality of essential health services	1	Percentage of pregnant women who attended 4+ ANC visits	47% (DHS 2019-20)	51%	GPW13 output 1.1.1 AFR KPI 1.1.1 UNDAP II HSSP IV
	2	Percentage of births attended by skilled health staff	94% (DHS 2019-20)	>90%	SDG 3.1.2 GPW13 output 1.1.1 AFR KPI 1.1.1 HSSP IV MNCH Strategic Plan
	3	Number of health facilities with capacity to provide essential new-born care services.	162 (MoH reports/ HMIS)	367	UNDAP II MNCH Strategic Plan
	4	Percentage of health centers with at least 2 providers who have capacity to provide IMCI.	15%	100%	UNDAP II MNCH Strategic Plan
	5	Modern contraceptive prevalence rate	58% (DHS 2019-20)	60%	SDG 3.7.1 GPW13 output 1.1.1 AFR KPI 1.1.1 UNDAP II NST1 HSSP IV
	6	Percentage of supported health facilities offering the minimum package of youth-friendly adolescent services, including in humanitarian settings.	50 % (2018, HSSP IV)	95%	UNDAP II Family Planning and Adolescent Sexual and Reproductive Health Strategic Plan
	7	Percentage of health facilities implementing quality improvement action plans for compliance with Accreditation Standards, including MNCH services.	N/A	100%	GPW13 output 1.1.1 AFRO KPI 1.1.1 HSSP IV MNCH Strategic Plan

Improve access to and quality of essential health services (continued)	8	Percentage of infants receiving three doses of diphtheria- pertussis tetanus containing (DPT3) vaccine	98% (2017, ICS)	>99%	GPW13 output 1.1.3 AFRO (WHO Regional Office for Africa)AFR KPI 1.1.3.a SDG 3.b.1
	9	Measles vaccination coverage (second dose)	96% (2019, JRF)	>96 %	GPW13 1.1.3 AFRO KPI 1.1.3.a SDG 3.b.1, GPW13
	10	Achieve 95-95-95 global target for HIV: - 95% of PLHIV are diagnosed and know their HIV status; - 95% of PLHIV are on treatment; - 95% of PLHIV on treatment have a viral load suppressed	84%; 97%; 90% (2019 RPHIA)	95% 98% 95%	SDG 3.3.1 WHO/UNAIDS Global Targets GPW13 output 1.1.2 HIV Strategic Plan AFRO KPI 1.1.2 UNDAPII NST1 HSSP IV SDG 3.3.1 WHO/UNAIDS Global Targets, HIV Strategic Plan
	11	Percentage of HIV+ patients on ART (disaggregated by children 0-14yrs, pregnant women, persons 15+)	Children 0-14: 55% Persons > 15 years: 81 % Pregnant women:93% (2017, EPP spectrum Annual Report (GoR).)	Children 0-14: 90%. Persons >15 years: 90%. Pregnant women: 95%.	GPW13 1.1.2HIV Strategic Plan AFRO KPI 1.1.2 UNDAP II HIV Strategic Plan
	12	Percentage of health facilities in target areas providing PMTCT services.	91 (HMIS)	95	HIV Strategic Plan GPW13 1.1.2 AFRO KPI 1.1.2 UNDAP II HIV Strategic Plan
	13	Number of targeted health facilities providing treatment for viral hepatitis.	48 (2017, MoH, HIV/ Hepatitis programme reports)	200	GPW13 1.1.2HIV/Hepatitis Strategic Plan AFRO KPI 1.1.2 UNDAP II HIV/Hepatitis Strategic Plan

Improve access to and quality of essential health services (continued)	14	Proportion of private health facilities submitting complete report on malaria indicators.	45% (2017, MoH, Malaria programme report)	55%	Malaria Strategic Plan GPW13 output 4.1.1 AFR KPI 4.1.1 UNDAP II Malaria Strategic Plan
	15	Tuberculosis incidence per 100,000 population	58 in 2016/17	31.8	SDG 3.3.2 HSSP IV TB Strategic Plan SDG 3.3.2
	16	Percentage of NCD combined high risk factors among aged 15-64 years	16.4% (2012-13 STEPS)	12%	SDG 3.4.1 GPW13 output 3.2.2 HSSP IV AFRO KPI 3.2.2.b SDG 3.4.1 HSSP IV
	17	Availability of Health Workforce Account	No report (2020)	Report available	SDG 3.c.1 GPW13 output 1.1.5 AFRO KPI 1.1.5 NST1
	18	Percentage of pregnant women who attended 4+ ANC visits	47% (DHS 2019-20)	51%	HSSP IV UNDAP II
	17	Percentage of births attended by skilled health staff	94% (DHS 2019-20)	>90%	HSSP IV, MNCH Strategic Plan SDG 3.1.2
	19	Number of health facilities with capacity to provide essential new-born care services.	162 (MoH reports/ HMIS)	367	MNCH Strategic Plan UNDAP II
	20	Percentage of health centers with at least 2 providers who have capacity to provide IMCI.	15%	100%	MNCH Strategic Plan UNDAP II
	21	Modern contraceptive prevalence rate	548% (DHS 2019-20)	60%	HSSP IV SDG 3.7.1
	22	Percentage of supported health facilities offering the minimum package of youth-friendly adolescent services, including in humanitarian settings.	50 % (2018, HSSP IV)	95%	Family Planning and Adolescent Sexual and Reproductive Health Strategic Plan UNDAP II

	23	Percentage of health facilities implementing quality improvement action plans for compliance with Accreditation Standards, including MNCH services.	N/A	100%	HSSP IV MNCH Strategic Plan AFRO KPI 1.1.1
Reduce the number of people suffering financial hardship due to large out-of-pocket health expenditure	24	Health Resources Tracking Tool (HRTT) is fully institutionalized[1]	HRTT not institutionalized (2020)	HRTT institutionalized	GPW13 1.2.2 AFR KPI 1.2.2a National HF Strategy 2018-24
	25	Percentage of the population spending more than 10% and 25% of their income on health	To be established	To be determined	HSSP IV SDG 3.8.2 GPW13 outcome 1.2 HSSP IV
Improve access to essential medicines, vaccines, diagnostics and devices at all levels of health services delivery	26	Health facilities with < 5% of medical products stock-outs	87% (2016, HSSP IV)	>95%	HSSP IV SDG 3.b.3, GPW13 output 1.3.2 AFRO KPI 1.3.2.a HSSP IV
	27	Incidence of no stock out of contraceptives in service delivery point.	93%	96%	Family Planning and Adolescent Sexual and Reproductive Health Strategic Plan GPW13 output 1.3.2 UNDAP II AFRO KPI 1.3.2.a UNDAP II
	28	Rwanda Food Drug Authority (Rwanda FDA) maturity level	Level 1 [2]	Level 3 [3]	HSSP IV Family Planning and Adolescent Sexual and Reproductive Health Strategic Plan
Strategic Priority 2: Strengthen country capacity to protect the population from health emergencies					
Strengthen national and subnational capacity to prepare for health emergencies	29	IHR (2005) core capacity index	6/13 (2018, HSSP IV)	13/13	SDG 3.d.1 GPW13 output 2.1 HSP IV AFRO KPI 2.1.2.a SDG 3.d.1 HSSP IV
Strengthen country capacity to prevent epidemics and pandemics	30	% of the population receiving COVID-19 vaccine	N/A	60%	GPW13 output 2.2.2 AFR KPI 2.2.2.a

Strengthen country capacity to detect and respond to health emergencies	31	% of districts implementing the third edition of the integrated diseases surveillance and response (eIDSR) guidelines	N/A (2020, MoH/RBC report18)	100%	GPW13 2.3.2 UNDAP IAFR KPI 2.3.2 al
	32	% of acute health events responded to accordance to emergency response framework performance standards,	20% (2018, Event Information Site for National IHR Focal Points	TBD	
Strategic Priority 3: Promote health and well-being by addressing the social and environmental determinants of health Address Social Determinants of Health in Reducing Environmental, Social and Behavioral risks through Multisectoral Action					
Strengthen country capacity to address social and environmental determinants of health	33	% of health centers with water supply system	84% (2018, HSSP IV)	100%	GPW13 3.1.2 AFR KPI 3.1.2.a HSSP IV
	34	Prevalence of diarrheal diseases	34.1% (2018, HSSPIV)	25%	GPW13 3.1.2 AFR KPI 3.1.2.a HSSP IV
Support the country in addressing risk factors for non-communicable diseases (NCDs)	35	% of NCDs combined high risk factors in the population 15-64 years	16.4% (2012-13, HSSPIV)	12%	GPW13 output 3.2.2 AFR KPI 3.2.2b HSSPIV
Priority 4: Strengthen monitoring and evaluation, data systems and innovations for evidence generation and monitoring of national health trends, Strengthen Capacity in Monitoring, Data and Innovation					
Strengthen country capacity in data for monitoring of global, regional and national health trends	36	% of cause of death recorded according to ICD	N/A (2018, HSSP IV)	100% causes of death recorded according to ICD	GPW13 output 4.1.1 HSSPIV SDG 17.19.2 b AFR KPI 4.1.1 UNDAP II HSSPIV
	37	% of available indicators to monitor the health-SDGs	70% (2020, SCORE report)	80%	GPW13 output 4.1.2 AFR KPI 4.1.2

Strengthen country capacity and use of innovations, including digital technology, for evidence generation	38	Percentage of public health facilities using EMR full package system	4 % (2016, HSSP IV)	72%	HSSP IV GPW13 output 4.1.3 AFRO KPI 4.1. 3.b HSSP IV
	39	Proof of concept of the integration of WHO Digital Adaptation Kit (DAK) for antenatal care (ANC) into a mobile phone application for frontline health workers through implementation research	N/A (2020, imple-men-tation research docu-ments)	Proof of Concept demon-strated	GPW13 output 4.1.3 AFR KPI 4.1.3c

[1] HRTT is strengthened, expanded and institutionalized for timely collection and reporting of information for both public and private sectors to inform policy and decision making. (health financing strategy 2018-25)

[2] List of National Regulatory Authorities (NRAs) operating at maturity level 3 (ML3) and maturity level 4 (ML4) (as benchmarked against WHO Global Benchmarking Tool Some elements of regulatory system exist https://www.who.int/medicines/areas/regulation/nras_ml3_ml4/en/

[3] Stable, well-functioning and integrated regulatory system

Table 4. Support for the implementation the CCS from the three levels of WHO

WHO's Key Contribution		
Country office	**Regional Office**	**Headquarters**
▪ Strengthen national capacity to scale up essential quality health services with an emphasis on primary health care aimed at ensuring universal health coverage and reducing health equity gaps. ▪ Strengthen health information systems to collect disaggregated data to track disease mortality, morbidity, risk factors and health inequities to inform future policy-making ▪ Support adaptation of global guidelines and application of best practice	Adapt global tools to the regional context to improve health system governance, including institutional, legal, regulatory and societal frameworks, and coordinate with regional partners to accelerate UHC.	▪ Develop guidance and support for improving equitable access to essential non-communicable disease medicines, including generics, and basic technologies. ▪ Generate international best practices and develop guidance to support Member States in leading multi-sectoral policy dialogue and capacity-building for effective development and implementation of intersectoral action and "Health in All Policies" towards UHC
Success will look like: • Increased, equitable access and coverage of essential quality health services • Health information system collecting high quality disaggregated data used for decision making and monitoring of the Health SDGs, UHC and GPW 13 • Sustainable health financing model protecting against financial risk		
Key Implementation Partners: Ministry of Health, Line Ministries, Development Partners, Civil Society Organizations		

5.4 Financing the Strategic Priorities

WHO budget estimates for implementing this CCS is driven by country priorities. The estimated budget for the implementation of the fourth CCS is USD 31,467,241. Investments in pillar 2 accounts for 45% of the total cost estimates due to the anticipated investments in the ongoing COVID-19 pandemic response.

Table 5. Estimated 4-year Budget (in USD) for the 2021-2024 CCS

Strategic Priority	Budget required (in USD)
Strengthen health systems capacity to deliver and ensure equitable access to quality health services across the life course towards Universal Health Coverage	8,085,828
Strengthen country capacities for health security to better protect people from health emergencies	14,143,267
Address social determinants of health in reducing environmental, social and behavioral risks through multi-sectoral action	3,286,010
Strengthen monitoring and evaluation, data systems and innovations for evidence generation and monitoring of national health trends	2,794,782
Corporate services and enabling functions	3,157,354
TOTAL	**31,467,241**

Investment Case and Country Resource Mobilization Plan

WHO Rwanda will continue to:

a) generate evidence through studies and analytical work to highlight investment areas for the highest impact on health

b) develop policy briefs to share with the Government of Rwanda, development partners and other stakeholders

c) adopt measures for greater efficiency in WHO operations

d) advocate for increased domestic financing for health and other social services

CHAPTER 6

Monitoring & evaluation

The Fourth Country Cooperation Strategy (CCS4) is to be launched in 2021. The implementation will be from January 2021 to December 2024. The planned activities are highlighted in the WHO Rwanda 2020-2021 Programme Budget workplan and subsequent Programme Budgets plans for 2022-2023, 2024- 2025. The biennial Programme Budget workplans outline the input of the WHO Country Office, Regional Office and HQ to support the implementation and monitoring of the Country Cooperation Strategy.

6.1 Monitoring implementation

Monitoring the implementation of the CCS4 is done through the respective operational plans aligned to the CCS4 Results Framework. The monitoring period is annual with input from the semi-annual monitoring process in place to monitor the progress of implementation of the biennial work plans. The cumulative periodical reviews will serve as input for the mid-term and final evaluation of the CCS.

6.2 Evaluation

WHO Representative of WHO Country Office leads the evaluation process, often with a CCS evaluation working group involving staff from across the organization, as well as government partners and stakeholders. The focus of the evaluation will be to measure the achievement of targets identified in the CCS4 Results Framework and thus the contribution of the CCS4 to achieving the triple billion goals of the GPW13.

6.2.1 Mid-term evaluation in 2022

In 2022, the CCS4 mid-term evaluation will take place to assess progress towards health outcomes, using the GPW13 outcome indicators as a baseline, as well as qualitative impact analysis through country success examples. The focus of the mid-term evaluation planned for 2022 will be:

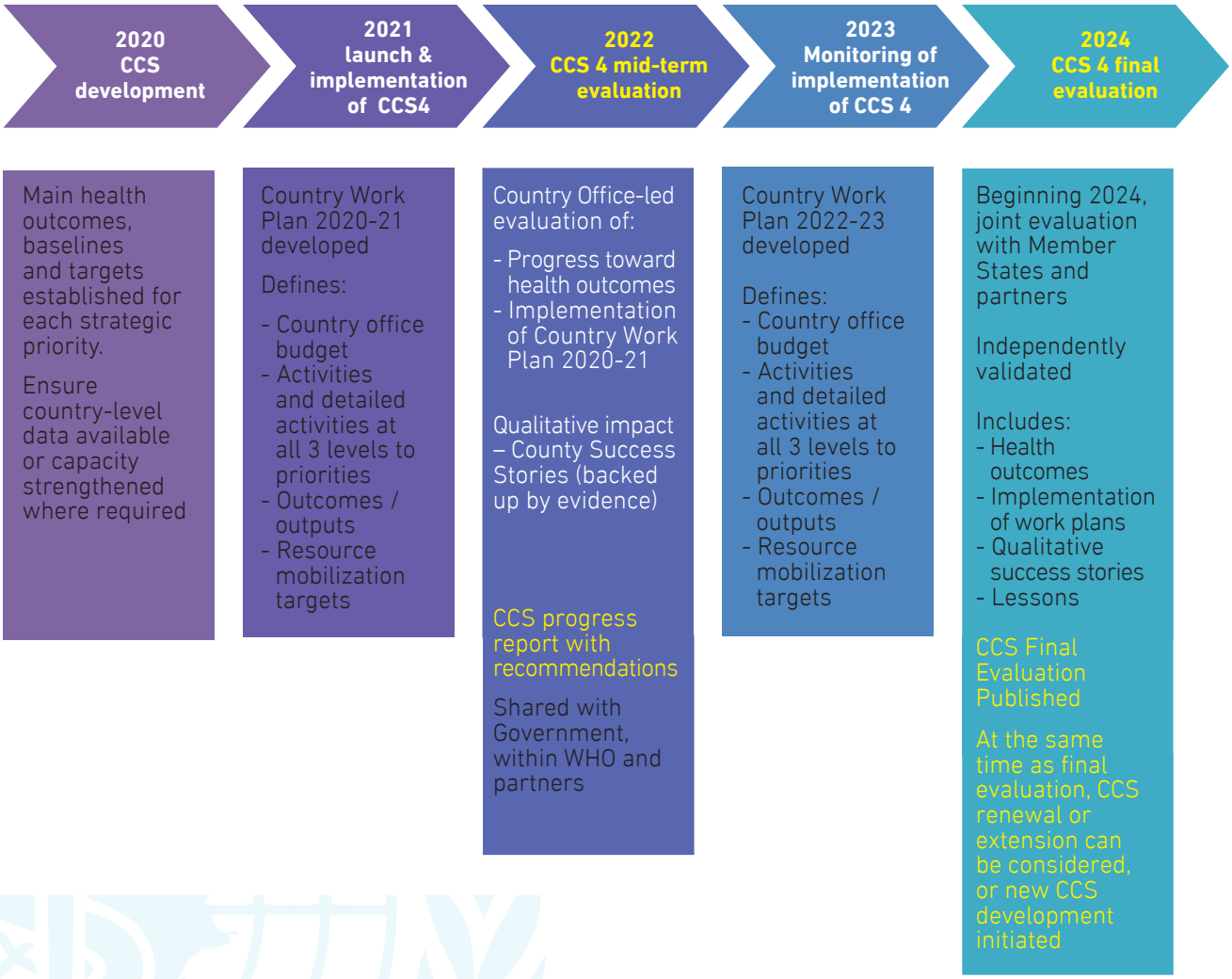
- To determine the progress in implementing the strategic priorities (whether the expected achievements are on track) by using the CCS4 Result Framework, and
- To identify impediments and potential risks that may require changes to the strategic priorities; and to identify actions required to improve progress during the second half of the CCS cycle or revision of the strategic priorities in case of a significant change of the country context.

The CCS4 progress report with recommendations will be shared with the government and other stakeholders. In 2023 and 2024, continuous implementation of CCS will contribute to the final evaluation in 2024. Furthermore, the mid-term evaluation (MTR) of HSSP IV (2018-24) will take place in 2021 and should therefore inform the MTR of CCS planned the following year.

6.2.2 Final Evaluation in 2024

The final evaluation is a more comprehensive assessment than the mid-term review; it will describe the achievements, gaps, challenges, lessons learnt and make recommendations for future collaboration between WHO and Rwanda. The final evaluation of HSSP IV (2018-2024) will serve as basis for the final evaluation of CCS (2021-2024).

Figure 8. Key Milestones for Monitoring and Evaluation of the CCS 2021-2024



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