

REPUBLIC OF RWANDA



MINISTRY OF HEALTH
P.O. BOX 84 KIGALI
www.moh.gov.rw

24 JUN 2019
Kigali,
N°20/3824/DGPHFIS/2019

Permanent Secretary and Secretary to the Treasury
Ministry of Finance and Economic Planning
KIGALI

RE: Submission of the 2019/2020 FLJSR summary report

Permanent Secretary,

I have the honour to submit to you the summary report of the 2019/2020 Forward Looking Joint Sector Review meeting held on June 05th, 2019.

Sincerely,




Dr. Jean Pierre NYEMAZI
Permanent Secretary

Cc:

- Honourable Minister of Finance and Economic Planning
- Honourable Minister of Health
- Honourable Minister of State in Charge of Primary Health Care

Minutes of the 2019-2020 Forward Looking Joint Health Sector Review Meeting

Date: June 05th, 2019

Chair: Dr. Jean Pierre NYEMAZI, Permanent Secretary/Ministry of Health

Co-Chair: Lisa Godwin, Health Office Director, USAID/Rwanda

The Health Sector organized the Forward Looking Joint Sector Review meeting in June 05th, 2019 and was attended by various stakeholders including Development Partners, Civil Society, Private Sector, other line Ministries (list of participants in Annex).

I. Opening remarks


Dr Jean-Pierre NYEMAZI, Permanent Secretary in the Ministry of Health and Chair of the Health Sector Working Group, started acknowledging the contribution of all health sector stakeholders towards improving the sector performance. He also shared some updates which include: (i) development of Ebola contingency plan, (ii) additional funds from Global Fund for TB and Malaria, (iii) the signing of the new Belgian funded MCH project (iv) Ongoing PEPFAR COP 19 Planning, (v) Launch of the 6th Rwanda Demographic and Health Survey (DHS VI), (vi) external evaluation for the Human Resources for Health Program (HRH), (vii) Development of CBHI sustainability plan.

Mrs Lisa GODWIN, Health Office Director at USAID-Rwanda and Co-Chair of the Health Sector Working Group emphasized on different ongoing activities for the sector such as: (i) For the "Economic Impact of HIV" a workshop is planned between MOH and MINECOFIN, (ii) development of the business plan and strategic plan for the Rwanda Medical Supplies Ltd (RMS) (iii) Ebola preparedness is in full swing - response planning and preparation of the Ebola Treatment Units (ETU) vaccination for health care workers, ongoing training of Community Health Workers. She informed the meeting that in the Democratic Republic of Congo the 2000th case of Ebola was counted in the previous couple of days ago and it isn't over yet. (iv) Joint site visits organized in Rusizi and Nyamasheke Districts from March 12th - 14th 2019, (v) launch of Baho Neza campaign and the MCCH week in Nyagatare District.

II. Agenda of the 2019/2020 Forward Looking Joint Sector Review Meeting

Receiving no objections against the proposed agenda the following items were discussed:

- Progress report on implementation of recommendations from the last JHSR and HSWG meetings
- Progress in achieving sector objectives with focus on 2018/19 targets and policy actions

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- Implementation of 2018/19 analytical studies and approval of 2019/2020 new analytical studies.
- Discuss 2019/2020 FY Sector priorities and budget allocation
- Recommendations

1. Progress report on implementation of recommendations from the last JHSR and HSWG meetings

The recommendations formulated during the 2017/18 Backward Looking Joint Sector were reviewed along with others that were adopted in the last Health Sector Working Group held in March 2019. The table below summarizes the progress made with regard to the implementation of these recommendations:

Topic	Action	Progress report	Responsible	Timeframe
Recommendations from previous HSWG/JSR meetings	Strengthen RMNCH mentorship in districts without Development Partners' support	RMNCH mentorship for 10 Districts not covered by Intrahealth/Ingobyi project are being supported by ENABEL and PIH.	RBC-MCCH	1 month
	Final comments to be integrated in the Health Financing Strategic Plan and the final document validated by end April 2019	Comments integrated and the revised version has been submitted to MOH leadership for further review approval.	PHFIS TWG	30/04/2019
	MoH, RSSB and DPs to move forward the discussion on benefit package covered by CBHI	A workshop was organized to review the current health service package in public health facilities. The draft document is under review by the technical team	PHFIS TWG and Quality Improvement & Service Delivery TWG	6 months
TWG restructuring proposal	Organize a work session on the operationalization of the new TWG structure and functionality of the Secretariat	A workshop to discuss functionality of TWG is planned on Mid-June 2019.	MoH-DG Planning	April 2019
	RMNCH TWG to keep 5 sub-TWGs: Neonatal care, Child Health, Safe motherhood, Family Planning, ASRH.	Considered by RMNCH TWG and to be implemented soon	MOH-DG Planning	Immediate
	Advocate with NECDP to add a sub-TWG on Health related	Considered and to be implemented soon	RBC-MCCH and MOH	Immediate

	interventions under the NECDP-led Nutrition TWG. At the same time, Nutrition will also be mainstreamed under the RMNCAH TWG.		DG Planning	
	Under Health promotion & SDH TWG, the second sub-TWG to be renamed as 'WASH, NTDs and Environmental health'	Considered	MOH-DG Planning	Immediate
	E-health to be a sub-TWG under Quality Improvement & Supply Chain management TWG	Considered	MOH-DG Planning	Immediate
	Food & Drugs Regulations TWG to have 3 sub-TWG: (i) National Drug use (ii) inspection & licensing & (iii) policy & regulation	Considered	MOH-DG Planning	Immediate
MNCH	Focus on interventions to improve health seeking behavior for common childhood illnesses which is around 50% and probably resulting in high proportion of deaths among 1-59 months at community level.	Baho neza campaign conducted in May 2019 took into account all MCH components including under five children prevention for illness Spot radio for ANC and PNC and Vaccination well organized.	RBC-MCCH	Immediate
Malaria prevention and control	Include in the strategies against Malaria the strengthening of multi-sector collaboration to tackle environmental and agriculture related factors	Integrated Vector Management Strategies were developed in collaboration with key ministries detailing their roles and responsibilities and ready for implementation.	RBC-Malaria and OPPD	Immediate
	Strengthen regional coordination to improve joint action for cross-border transmission	A Cross Border Malaria Meeting involving EAC and DRC was organized in Rwanda from 22 to 24 th April 2019 and current the Regional Strategic Plan is being developed.	RBC-Malaria and OPPD	Immediate
	Promote natural anti-mosquito plants growing for production of concentrated scientifically proven effective products	For the last recommendation, this is part of the Integrated Vector Management Strategies now ready for implementation	RBC-Malaria and OPPD	Immediate

Hepatitis C control	DPs to consider supporting campaigns, screening and treatment to help bridge the funding gap	Ongoing	RBC-HIV & OBBD and DPs	Immediate
NCDs control	STEP survey committee to engage with DPs for their support as soon as it is established	STEP survey committee already meet twice; a concept note and budget were developed and approved by the committee and funds mobilization is ongoing.	RBC-NCD & MoH-DG Planning	March 2019
Ebola preparedness	Updated contingency plan to be shared with all Health DPs	Ebola contingency plan updated and submitted for approval and after it will be shared with DPs.	RBC-EDSR	End April 2019

Discussion points:

Sixteen (16) recommendations were implemented and one (1) recommendation was partially implemented. This recommendation is related to the organization of workshop for the induction of the Technical Working Groups which was supposed to take place in end May 2019 and delayed due to time constraint. The meeting recommended to postpone this workshop to August 2019.

2. Progress in achieving sector objectives with focus on 2018/19 FY targets and policy actions

The report on implementation of the Sector policy actions and indicators framework of FY 2018/2019 include twelve (12) policy actions and ten (10) indicators. In this meeting, only the report on policy actions was considered as per the terms of reference.

The Sector performance report shows that among the twelve policy actions implemented in the 2018/2019 FY, eleven (11) policy actions have been fully implemented yet one (1) policy action related to "Preparation of Health Resource Tracker Output Report on Expenditures FY 2015/16 & FY2016/17 and budget FY 2016/17 & FY2017/18" was partially implemented. This failure was due some private health facilities and health insurance companies and organizations which have not yet entered their financial data in HRTT.

3. Implementation of analytical studies for 2018/19 FY

In FY 2018/2019, a number of analytical studies have been conducted by different organizations and a summary report on the implementation status was shared. It was noticed that a number of studies were conducted without being discussed in the Health Sector Working Group. With this end, the meeting recommended to always inform stakeholders on the planned studies for a given

fiscal year to improve the planning and monitoring process and to look for a better way to ensure they are widely disseminated and used to inform sector policies and strategies development.

4. Budget execution performance 2019/2020

The meeting discussed the 2019/20 fiscal year key priorities for the Health Sector including the assumptions for budget allocation and the budget allocation by program and sub program. The presenter informed the meeting that the total budget allocated to the Ministry of Health represent an amount of **56,084,702,470 FRW** (*fifty-six billion eight-four hundred thousand million, seven hundred two thousand and four hundred seventy Rwandan Francs*) and the budget for RBC, is a total budget of **114,538,192,766** (*Hundred fourteen billion and five hundred thirty-eight million hundred ninety-two thousand and seven hundred and six Rwandan Francs*).

Participants raised a point on the insufficient budget allocated to some of the sub-programs like: Family Planning, construction of Health Posts, etc. The presenter explained that this was not done purposely but it is due to a shortage of budget whereby a deficit of 60.000.000 FRW (Sixty billion of Rwandan Francs) was identified to finance some important interventions. Therefore, the presenter asked Development Partners to assist programs in achievement of their goals by covering the financial gaps.

5. Selected policy-related studies to be conducted in 2019/20 fiscal year

With regards to sector policy-related studies to be conducted in 2019/20 fiscal year, two (2) studies only were identified from the RBC annual work plan of 2019/2020 FY. To this point of discussion, participants were requested to share information on the planned studies to be conducted in 2019/2020 fiscal year in their respective organizations. In addition to this, members of Knowledge and Management Technical Working Group were requested to update the Knowledge and Management platform with all the research and studies conducted in order to include information, document and reports for the studies and research conducted.

6. Key recommendations

Topic	Action Points	Responsible	Timeframe
Progress of studies in 2018/19	To share timely information on studies is collected (including timelines) by strengthening linkages with TWGs	PFHIS TWG and Research & Knowledge Management (RKM) TWG	Immediate
	Include in the list of 2018/2019 analytical studies the following studies: <ul style="list-style-type: none"> 13 studies under the District 	PFHIS TWG and RKM TWG	Immediate

Topic	Action Points	Responsible	Timeframe
	<p>Operational and Challenge Fund</p> <ul style="list-style-type: none"> Population HIV Impact Assessment (PHIA) Family Planning Business Case HRH Labour Market Analysis Feasibility study to solicit expertise from Rwanda medical doctors and others medical specialists in the diaspora to conduct medical missions and in doing so building local capacity for specialized health care services Understanding barriers to access health and nutrition services for under-five years children in Rwanda 		
	Follow up on how study findings and recommendations are being translated into evidence to inform the policy and decision making process	PFHIS TWG and Research & Knowledge Management (RKM) TWG	Immediate
Targets and policy actions for FY2019/20	Put more emphasis on quality of institutional deliveries in the policy actions, including EMONC	MCCH TWG	Next MCCH TWG 13/06
	Consider a policy action on Adolescents & Youth in the policy actions	MCCH TWG	13th June 2019
	Consider a policy action on PFPF	MCCH TWG	13th June 2019
Analytical studies planned for FY2019/20	Conduct Out-of-pocket (OOP) analysis using EICV 2016/2017 data to compare with with HRTT data.	PFHIS TWG	September 2019
	Consider a study on availability of contraceptives in Health Facilities and level of stock-outs (done every 2 years)	MCCH TWG	13th June 2019
	Establish a more comprehensive list of studies for FY2019/20 for the JHSR report	MCCH TWG	Next HSWG meeting

Topic	Action Points	Responsible	Timeframe
	Put emphasis on SDG indicators with no baseline or no data source in the identification of studies going forward	PFHIS TWG	Next HSWG meeting

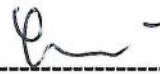
These key recommendations were discussed and approved by the participants.

The meeting ended at 12:30 PM.

Approved by:




Dr. Jean Pierre NYEMAZI
 Permanent Secretary/MOH
 Chair of Health Sector Working Group



Lisa GODWIN
 Health Office Director/USAID
 Co-Chair of Health Sector Working

Progress report on recommendations from last HSWG and JSR meetings

FLJSR meeting, 05/06/2019

RMNCAH and TWGs related recommendations

ACTION	PROGRESS
1. Strengthen RMNCH mentorship in districts without Development Partners' support	RMNCH mentorship for 10 Districts not covered by Ingobyi projects are being support by Enabel and PIH.
2. Final comments to be integrated in the Health Financing Strategic Plan and the final document validated by end April 2019.	Comments integrated and Consultant is working on financial Gap analysis to be incorporated in the executive summary
3. Organize a work session on the operationalization of the new TWG structure and functionality of the Secretariat	A workshop to discuss functionality of TWG is planned on Mid-June 2019.




RMNCAH and TWGs related recommendations

ACTION	PROGRESS
4. RMNCH TWG to keep 5 sub-TWGs: Neonatal care, Child Health, Safe motherhood, Family Planning, ASRH.	Considered by RMNCH TWG
5. Advocate with NECDP to add a sub-TWG on Health related interventions under the NECDP-led Nutrition TWG. At the same time, Nutrition will also be mainstreamed under the RMNCAH TWG.	Considered
6. E-health to be a sub-TWG under Quality Improvement & Supply Chain management TWG.	Considered

RMNCAH and TWGs related recommendations

ACTION	PROGRESS
7. Focus on interventions to improve health seeking behavior for common childhood illnesses which is around 50% and probably resulting in high proportion of deaths among 1-59 months at community level.	Baho neza campaign conducted in May 2019 take into account all MCH components including under five children prevention for illness Spot radio for ANC and PNC and Vaccination well organized.




Malaria related recommendations (2)

ACTION	PROGRESS
8. Include in the strategies against Malaria the strengthening of multi-sector collaboration to tackle environmental and agriculture related factors	Integrated Vector Management Strategies were developed in collaboration with key ministries detailing their roles and responsibilities and ready for implementation.
9. Strengthen regional coordination to improve joint action for cross-border transmission	A Cross Border Malaria Meeting involving EAC and DRC was organized in Rwanda from 22 to 24 April 2019 and current the Regional Strategic Plan is being developed.

Malaria related recommendations

ACTION	PROGRESS
10. Promote natural anti-mosquito plants growing for production of concentrated scientifically proven effective products.	It is part of the Integrated Vector Management Strategies now ready for implementation.

Hepatitis C related recommendations

11. DPs to consider supporting campaigns, screening and treatment to help bridge the funding gap	Ongoing
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NCDs related recommendations (4)

ACTION	PROGRESS
12. STEP survey committee to engage with DPs for their support as soon as it is established.	STEP survey committee already meet twice; a concept note budgeted developed and approved by the committee and fund mobilization is ongoing.

Ebola related recommendations

13. Updated contingency plan to be shared with all Health DPs	Ebola contingency plan updated and submitted for approval and after it will be shared with DPs.
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Health Sector Budget Allocation by Program and Sub Program

Prepared by:
Gervais BAZIGA
Planning / Ministry of Health

Date: 05th June 2019




Presentation Outline

1. Overview of the sector agreed Priorities for 2019/20
2. Assumptions for budget allocation FY 19-20
3. Budget Allocation by Program and Sub Program


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Overview of the sector agreed Priorities for 2019/20


SOCIAL Transformation Pillar		
Priority Area 2: Eradicating Malnutrition		
NST Interventions and target	2019/20 Target	2019/20 Interventions
1. Prevention and Management of all forms of malnutrition (acute and chronic) through:		
1.1. Strengthening Multi-sectoral coordination through the NECDP Secretariat and strengthen the social cluster coordination at decentralized levels up to the village.	From 80% to >85% of < 5 children screened for weight for age at community level	<ul style="list-style-type: none"> • Promotion of systematic malnutrition screening at all levels • Managing the acute malnutrition at HF level
2. Construct and upgrade Health facilities with adequate infrastructure.		
2.1. 100% access to electricity and water for health facilities by 2024	Electrification for HCs and provision of water supply in HCs	MININFRA and Districts to plan and implement the electrification in HCs and water supply in HCs
2.2: Internet connectivity will also increase from 47.5% (2018) to 100% by 2024	<ul style="list-style-type: none"> - MOH to implement LAN in HFs - MOH in partnership with MINICT/RISA to increase connectivity in other HFs 	<ul style="list-style-type: none"> - Digitalization of health services through the EMR - Increase the availability of Telemedicine in Hospitals to improve the service delivery



Overview of the key sector agreed Priorities for 2019/20


SOCIAL Transformation Pillar		
Priority Area 3: Enhancing demographic dividend through ensuring access to quality Health for all		
NST Interventions and target	2019/20 Target	2019/20 Interventions
2. Construct and upgrade Health facilities with adequate infrastructure.		
2.3. Hospitals will be constructed and upgraded	Health Facilities be constructed and rehabilitated	To increase number of hospitals to improve the geographical accessibility and the referral system
2.4. Health centers to be constructed in remaining sectors with no health centers	Districts to construct HCs in the sectors without HCs	Continuous support building of HC in the sectors without HCs
2.5. Health posts to be constructed in the cell without health posts across the country	At least 4 HPs/district to be constructed each year By Districts	Continuous support building of Health posts in remote areas



Overview of the sector agreed Priorities for 2019/20


SOCIAL Transformation Pillar		
Priority Area 3: Enhancing demographic dividend through ensuring access to quality Health for all		
NST Interventions and target	2019/20 Target	2019/20 Interventions
3. Improve Maternal and Child Health through:		
3.1. Reducing maternal mortality ratio to 126/100,000 in 2024 from 210/100,000 (2013/14)	<ul style="list-style-type: none"> ➤ >90% of Births deliveries in health facilities (HC+DH) 	<ul style="list-style-type: none"> - Increase ANC and Postnatal care uptake - Increase facility delivery - Improve multi-sectoral collaboration - Increase number of Hospitals with regular blood supply and maintenance of high quality of blood products - Build capacity of health care providers in integrated RMNCAH care
3.2. Scale up efforts to raise awareness on reproductive health and increase contraceptive prevalence from 48% (2014/15) to 60% in 2024	<ul style="list-style-type: none"> ➤ >48% of pregnant women who attended 4 standard ➤ 51% of FP modern method utilization rate 	<ul style="list-style-type: none"> - Expand the capacity for early detection of pregnancy in the community - Improve access / quality to FP services with long term methods (Postpartum FP) - Coordination of stakeholders on FP uptake awareness - Scaling up the Integrated management of GBV cases (IOSC model)
3.3. Reducing under five mortality rate to 35/1000 in 2024 from 50/1000 (2013/14).	23% of new-borns with at least one PNC visit within the first two days of birth	<ul style="list-style-type: none"> - Mobilize communities to increase uptake and retention of PNC services
3.4. Maintain high vaccination coverage and delivery at health facilities above 90%.	> 93% of High immunization coverage	<ul style="list-style-type: none"> - Continue the purchase vaccines, and vaccines devices and improve supply chain management - Coordination meetings, and mentorship of vaccine program



Overview of the sector agreed Priorities for 2019/20


SOCIAL Transformation Pillar		
NST Interventions and target	2019/20 Target	2019/20 Interventions
4. Increase the number and quality of human resources for health including: general practitioners, specialists, nurses and qualified administrators so as to avail:		
4.3 one midwife per 2,500 from 4,037	To deploy new 137 midwives in health facilities	<ul style="list-style-type: none"> - Support the grading process for midwives - Implementation of erratum of the HF structures
4.4 Improving the coordination of health workforce production and establishing retention strategies for skilled workforce	2 coordination meetings with MINEDUC in accordance with the MOU signed between UR and Teaching hospitals	<ul style="list-style-type: none"> - Diversify education for health professionals using regional professionals accredited institutions and bodies - Ensure the retention of Health professionals by strengthening the implementation of MAG and dual practice



Overview of the sector agreed Priorities for 2019/20

SOCIAL Transformation Pillar		
Priority Area 3: Enhancing demographic dividend through ensuring access to quality Health for all		
NST Interventions and target	2019/20 Target	2019/20 Interventions
4. Increase the number and quality of human resources for health including: general practitioners, specialists, nurses and qualified administrators so as to avail:		
4.1. One medical doctor per 7,000 people from 10,055	<ul style="list-style-type: none"> - 100 Graduated General Practitioners to be appointed in the health facilities - Support UR to recruit 12 regional and 59 new local faculties for the medical education 	<ul style="list-style-type: none"> - Strengthen the Internship program - Strengthening the Continuing Professional Development (CPD) Program - Strengthening the health specialization program
4.2 one nurse per 800 people from 1,142	To deploy new 697 nurses in health facilities	<ul style="list-style-type: none"> - Support the grading process for nurses - Implement the new HF structures and facilitate the PPCP for health posts - Implementation of erratum of the HF structures




Overview of the sector agreed Priorities for 2019/20

SOCIAL Transformation Pillar		
Priority Area 3: Enhancing demographic dividend through ensuring access to quality Health for all		
NST Interventions and target	2019/20 Target	2019/20 Interventions
5. Establish model health centers of excellence through partnership private investors to avail super specialized health facilities that will handle sophisticated conditions	3 COEs are operational	<ul style="list-style-type: none"> - In partnership with MINEDUC, support and strengthening COEs (One for EAC Vaccines logistics and Supply Management+ One Biomedical engineering and E-Health + construction of RCAD - Strengthening the Radiotherapy center in RMH - Attract and facilitate private investors super specialized medical services (such as cancer treatment, cardiology, neurology, Traumatology) - Monitor and facilitate the development of KFH


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Overview of the sector agreed Priorities for 2019/20


Social Transformation Pillar		
Priority Area 3: Enhancing demographic dividend through ensuring access to quality Health for all		
NST Interventions and target	2019/20 Target	2019/20 Interventions
6. Identify innovative sources of financing for the health sector including PPPs, Public Community Partnership for health financing and sustainable model for CBHI	Financial management in health facilities improved	<ul style="list-style-type: none"> - Increase the private sector engagement with the implementation of the PPP law - Improve finance, accountability and management in HFs (IFMIS, IPPS and audits) - Continue the support to CHW cooperatives for sustainability - Initiate and implement innovative financing mechanisms to raise additional funding for the sector in partnership with MINECOFIN
7. Promote local Food and pharmaceutical industry as well as support medical and food research through attracting and supporting identified industries with specific incentives	Regulatory body for food and drugs is operational	<ul style="list-style-type: none"> - Operationalization of Rwanda Food Drugs Authority - Development of requirements for food and pharmaceutical industry - Regulation and inspection of Food and Drugs activities



Overview of the sector agreed Priorities for 2019/20


SOCIAL Transformation Pillar		
Priority Area 3: Enhancing demographic dividend through ensuring access to quality Health for all		
NST Interventions and target	2019/20 Target	2019/20 Interventions
8. Strengthen disease prevention awareness and reduce Communicable and Non Communicable Diseases (NCDs) injuries and Mental Health through:		
8.1. Sustaining the universal access to TB, Malaria, HIV treatment for all and disease outbreaks managed	<ul style="list-style-type: none"> - >95% of infants born to HIV + mothers are free from HIV by 18 months - > 85% of persons diagnosed with HIV infection are receiving sustained ART - >95% of structures in targeted areas received IRS - 100% of TB MDR cases enrolled in 2nd line treatment - Disease outbreaks managed 	<ul style="list-style-type: none"> - Sustain universal access to HIV and other blood borne diseases - Ensure the effective prevention and efficient management of malaria cases and other parasitic diseases - Ensure early detection and effective treatment of TB and other respiratory & lung diseases - Strengthen the detection, response and recovery to the outbreaks and epidemics
8.2. Maintaining hygiene, promoting physical exercises for all age groups, regular checkups, scaling up screening services in communities and health facilities.	In partnership with MINALOC, improve and strengthen the mass sports in all districts	<ul style="list-style-type: none"> - Promote community education and awareness on practices to prevent NCD risk factors and road safety - Strengthen Sports for all in all districts



Overview of the sector agreed Priorities for 2019/20

SOCIAL Transformation Pillar		
Priority Area 3: Enhancing demographic dividend through ensuring access to quality Health for all		
NST Interventions and target	2019/20 Target	2019/20 Interventions
8.3 Ensuring availability, accessibility and affordability of quality care and treatment for NCD patients.	<ul style="list-style-type: none"> - >90% of HCs providing comprehensive NCD services for diabetes, HTA and Asthma - Reduction of premature mortality (under 40 years old) due to NCDs (cancer, diabetes...) 	<ul style="list-style-type: none"> - Systematic screening for NCDs - Increase access to specialized NCD treatment (focus on cancer, CVD and diabetes) and to palliative care for chronic conditions
8.4. Prevent and fight drug abuse and trafficking among all sections of the population.	<ul style="list-style-type: none"> - 5 awareness activities on alcohol and drug abuse 	<ul style="list-style-type: none"> - Mental health integrated in all HC/DH - Expand services for prevention / management of drug addiction and harmful use of alcohol - sensitization campaigns in partnership with stakeholders such as faith based organizations




Assumptions for budget allocation FY 19-20

The budget were allocated based on the following:

- Available budget (ceiling provided)
- Agreed priorities in the planning consultation
- Prioritize among the agreed priorities focusing on high priorities which direct responds to the need of the population and country commitments;
- For infrastructure, the focus was to invest first in the ongoing projects
- The unfounded priorities for the last fiscal year FY 18-19 and;
- Projects which had a big budget gaps FY 18-19
- Sector initiatives (E-learning....) were also considered when allocating budget




HEALTH SECTOR BUDGET ALLOCATION FY 19-20

MINISTRY OF HEALTH		
ADMINISTRATIVE AND SUPPORT SERVICES		3 627 201 227
	ADMINISTRATIVE AND SUPPORT SERVICES	3 627 201 227
		4 944 023 880
HEALTH HUMAN RESOURCES		
	HEALTH PROFESSIONAL DEVELOPMENT	4 944 023 880
HEALTH SECTOR PLANNING, MONITORING AND EVALUATION		42 068 380 266
	HEALTH INFORMATION AND TECHNOLOGIES	2 027 474 653
	PLANNING, MONITORING AND EVALUATION	14 630 945 541
	HEALTH FINANCING	25 390 520 072
	PARTNERSHIPS COORDINATION AND MOBILISATION	19 440 000
HEALTH SERVICE DELIVERY AND QUALITY IMPROVEMENT		5 445 097 097
	HEALTH INFRASTRUCTURE AND EQUIPMENTS	4 000 000 000
	HEALTH SERVICE REGULATION	490 128 446
	HYGIENE AND ENVIRONMENTAL HEALTH	598 217 665
	PRE-HOSPITAL AND EMERGENCY SERVICES	356 750 986
Total		56 084 702 470

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HEALTH SECTOR BUDGET ALLOCATION FY 19-20

RBC		
Program	Subprogram	Allocated Budget
ADMINISTRATIVE AND SUPPORT SERVICES		36,426,212,458
	ADMINISTRATIVE AND SUPPORT SERVICES	36,426,212,458
HEALTH SECTOR PLANNING, MONITORING AND EVALUATION		1,586,613,058
	PLANNING, MONITORING AND EVALUATION	1,586,613,058
HEALTH SERVICE DELIVERY AND QUALITY IMPROVEMENT		56,751,522,394
	BLOOD TRANSFUSION	803,744,189
	HEALTH INFORMATION AND TECHNOLOGIES	130,939,978
	HEALTH INFRASTRUCTURE AND EQUIPMENTS	19,787,905,219
	HEALTH PROMOTION AND COMMUNICATION	271,497,602
	HEALTH RESEARCH	14,924,999
	HEALTH SERVICE REGULATION	141,527,034
	LAB DIAGNOSTIC QUALITY ASSURANCE	1,076,189,226
	MEDICAL PRODUCTION, PROCUREMENT AND DISTRIBUTION	34,524,794,147
INFECTIOUS DISEASES PREVENTION AND CONTROL		9,912,135,666
	EPIDEMIC SURVEILLANCE AND RESPONSE	657,707,321
	HIV/AIDS, STIS AND OTHER BLOOD BORNE DISEASES	5,149,625,623
	MALARIA AND OTHER PARASITIC DISEASES	3,653,138,446
	TUBERCULOSIS AND OTHER RESPIRATORY COMMUNICABLE DISEASES	451,664,276


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HEALTH SECTOR BUDGET ALLOCATION FY 19-20

RBC		Allocated Budget
Program	Subprogram	
MATERNAL, CHILD AND ADOLESCENT HEALTH		9,224,854,906
	ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH	354,633,972
	COMMUNITY HEALTH	1,423,734,505
	FAMILY PLANNING	574,628,524
	MATERNAL AND CHILD HEALTH IMPROVEMENT	3,866,869,331
	NUTRITION	1,023,028,652
	VACCINE PREVENTABLE DISEASES	1,981,959,922
NON-COMMUNICABLE DISEASES AND MENTAL HEALTH PREVENTION AND CONTROL		636,854,284
	MENTAL HEALTH	197,465,736
	NON COMMUNICABLE DISEASES	439,388,548
Total Budget / RBC		114,538,192,766
CHUK		Allocated Budget
ADMINISTRATION AND SUPPORT SERVICES		5 329 262 523
	HEALTH STAFF MANAGEMENT	5 329 262 523
DEVELOPMENT OF SPECIALIZED HEALTH SERVICES		1 304 584 502
	DEVELOPMENT OF SPECIALIZED HEALTH SERVICES	1 304 584 502
Total Budget / CHUK		6 633 847 025

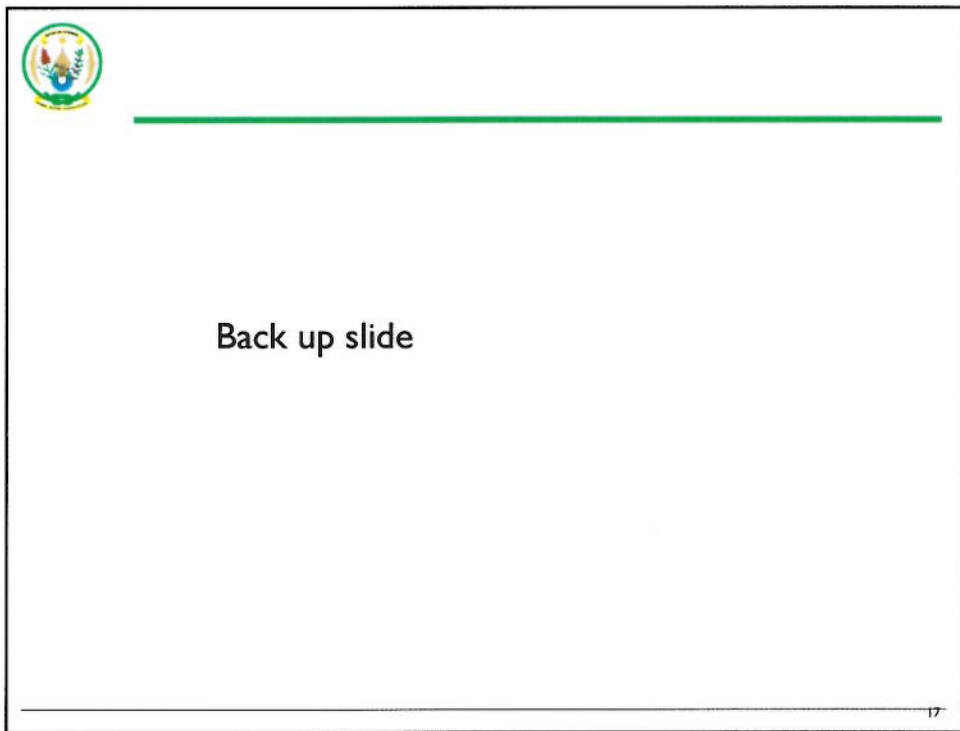
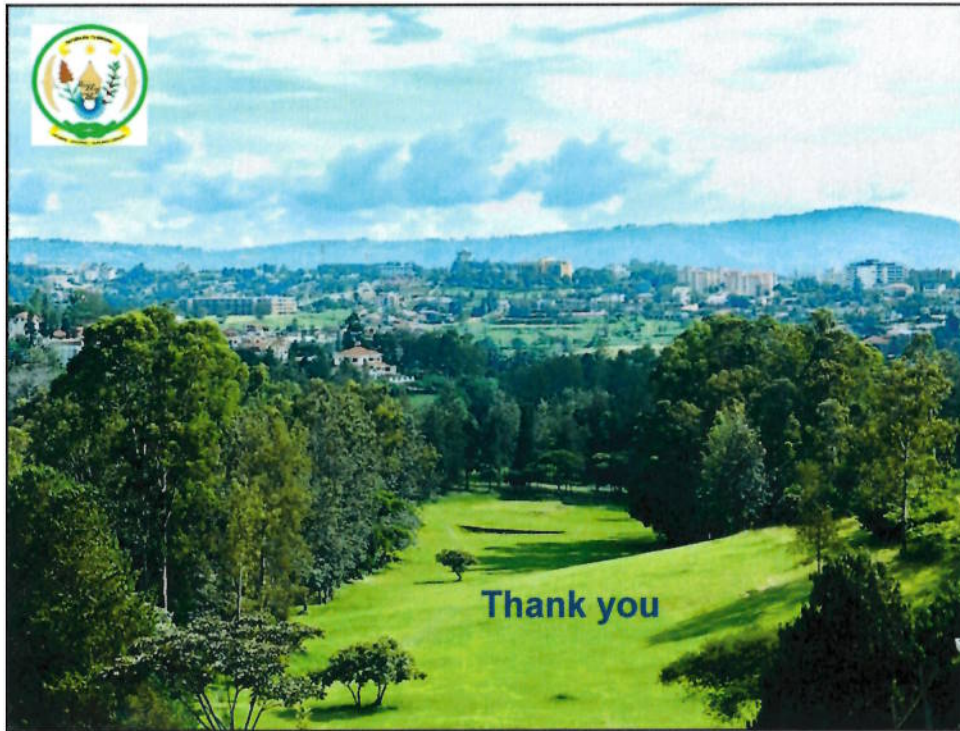


HEALTH SECTOR BUDGET ALLOCATION FY 19-20


Program	Subprogram	Allocated Budget
CHUB		
ADMINISTRATION AND SUPPORT SERVICES		3 302 868 366
	HEALTH STAFF MANAGEMENT	3 302 868 366
DEVELOPMENT OF SPECIALIZED HEALTH SERVICES		706 048 231
	DEVELOPMENT OF SPECIALIZED HEALTH SERVICES	706 048 231
Total Budget / CHUB		4,008,916,597
NDERA		
ADMINISTRATION AND SUPPORT SERVICES		1 903 145 937
	HEALTH STAFF MANAGEMENT	1 903 145 937
DEVELOPMENT OF SPECIALIZED HEALTH SERVICES		1 741 035 024
	DEVELOPMENT OF SPECIALIZED HEALTH SERVICES	1 741 035 024
Total Budget / NDERA		3 644 180 961
RWANDA FDA		
ADMINISTRATIVE AND SUPPORT SERVICES		1 316 969 122
	ADMINISTRATIVE AND SUPPORT SERVICES	1 316 969 122
FOOD AND DRUGS REGISTRATION AND INSPECTION		589 610 218
	FOOD AND DRUGS INSPECTION & SAFETY MONITORING	560 610 218
	FOOD AND DRUGS ASSESSMENT & REGISTRATION	29 000 000
Total Budget / RWANDA FDA		1 906 579 340

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Details on Budget allocated to Health Commodities

RBF funds allocated for procuring Health commodities (including FP) in 2019-2020 FY

RBF HIV	21 514 856 383
RBF Malaria	8 680 637 953
RBFTB	1 756 628 458
RBF-MCCH (Including FP)	865 121 472
Grand Total	32 817 244 266

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SECTOR TARGETS AND RELATED POLICY ACTIONS- FY 2019/20

05th June, 2019

Sector targets and related policy actions

Core indicators	Baseline 17/18	19/20 Targets	Policy action
NST1 priority: Improve Maternal and Child Health			
% PW who attended 4 ANC standard visits	44 % (DHS 2015)	48% (DHS 2020)	<ol style="list-style-type: none"> 1. Procure prime-time National and Community Radio broadcasting space for dissemination of crucial information on maternal and child health issues to the community. 2. Construct and equip 10 new health posts per year. 3. Validation of the new ANC guidelines taking into account new WHO guidelines and preparation of related tool.
	34% (HMIS)	36% (HMIS)	
% Births deliveries in health facilities (HC+DH)	92% (2018 HMIS)	93% (HMIS)	<ol style="list-style-type: none"> 4. Print MCH (MNH and IMCI) tools. 5. Procure equipment for maternity units in health facilities. 6. Build capacity for improving quality of care Maternal and Newborn care (antenatal, intrapartum care EmONC & MPDSR) at health facilities (hospitals and Health centers) through enhanced clinical mentorship and data-driven quality improvement

Sector targets and related policy actions



Core indicators	Baseline 17/18	19/20 Targets	Policy action
NST1 priority: Improve Maternal and Child Health			
Contraceptive utilization rate for modern methods of women 15-49 years	47% (HMIS)	48 % HMIS	<p>7. Increase FP Planning uptake through Scaling up PFPF initiatives and campaigns providing integrated services high impact RMNCH services including FP services</p> <p>8. Expand youth friendly services (capacity building for health providers, adopting adolescent specific training materials, provision of ASRH grants to needy youth) to address unmet needs for FP among adolescents and young.</p>
U5 mortality rate/1000 live births	50/1000 (DHS 2015)	N/A	<p>9. Procure equipment, drugs and Consumables (for ICCM, MNH, Nutrition</p> <p>10. Capacity building on Management of Childhood illness (IMCI, ETAT) through mentorship at health facility and community</p> <p>11. Scaling up clinical mentorship to improve quality of care for newborn including management of sick and small newborns based on updated neonatal protocol</p> <p>13. Provide comprehensive follow-up after neonatal unit discharge (health, nutrition, early childhood development, and disability support - parent peer support for disability and physiotherapy methorship) in Kirehe and Kayonza Districts through the Pediatric Development Clinic model.</p>

Sector targets and related policy actions

Core indicators	Baseline 17/18	19/20 Targets	Policy action
NST1 priority: Eradicating Malnutrition			
% of under 5 (0-59 months) screened for undernutrition (measurements of weight and MUAC) at community level	72% (HMIS)	74% (HMIS)	<p>14. Procure Community Health kits (consumables, tools and equipment)</p> <p>15. Procure nutrition commodities</p> <p>16. Capacity building of health providers (CHWs & health facility staff) on MIYCN</p>
NST1 priority: Enhancing demographic dividend through ensuring access to quality Health for all			
% of people living with HIV currently receiving antiretroviral therapy.	83% (annual report June 2018)	84%	<p>17. Training of providers on pediatric and 2nd line task shifting</p> <p>18. Conduct integrated clinical mentorship to improve the quality of care in HIV,STI</p>
% HIV/TB co-infected who receive both treatments. (Proportion of HIV-positive TB cases given antiretroviral therapy during TB treatment)	93.5% (HMIS 2018).	>90%.	<p>20. Train MD Clinical mentors and radiology technicians on Chest X-ray interpretation as screening tool among PLHIV</p> <p>21. Conduct mentorship in collaboration with pediatricians to support childhood TB/HIV management at decentralized level</p>

Sector targets and related policy actions

Core indicators	Baseline 17/18	19/20 Targets	Policy action
NST1 priority: :Strengthen the Health System			
% of GoR budget allocated to Health	17 % (2015 MTR report).	≥ 15%	22. Prepare Health Resource Tracker Output Report on Expenditures FY 2017/18 & FY2018/19 and budget FY 2019/2020 including OOP analysis.
Number of DHs that have achieved level 1 of Accreditation	25 DHs (Hospital performance assessment March 2018)	30 DHs achieved level 1	23. Conduct Hospital Performance Progress Assessment
% of recommendations from field visits implemented.	0	>80 %	24. Conduct the Joint Field visit twice a year






2019/20 Sector Analytical Studies

Annex.4: Sector Priority Analytical Studies for 2019/20

Sector outcome	Planned Analytical Work & Duration	2019/20 Budget	Funding Source (GoR, if otherwise, specify, also state the status i.e. Secured/ Still under mobilization)
Eradicating Malnutrition	Conduct Midline Survey (GFF)	88,170,000	World Bank - SPRP
Enhancing demographic dividend through ensuring access to quality Health for all	Implement Year 2 of HIV Drug Resistance Monitoring Surveillance Survey	91,500,921	COAG

Annex.4: Sector Priority Analytical Studies for 2019/20			
Sector outcome	Planned Analytical Work & Duration	2019/20 Budget	Funding Source (GoR, if otherwise, specify, also state the status i.e. Secured/ Still under mobilization)
Enhancing demographic dividend through ensuring access to quality Health for all	TB Catastrophic Costs Survey (The aim is to document the magnitude and main determinants of the different types of costs experienced by TB patients (and the households they belong to). In addition, this survey was recommended also during the Midterm review conducted in November 2016.)	150,000USD	Global Fund/ Secured



SECTOR PROGRESS AGAINST 2018/19 POLICY ACTIONS

05th June, 2018

Sector targets and related policy actions

Indicator	Bas 17/18	18/19 Policy Actions	Progress against implementation of 2018/19 Policy
NST 1 sector outcome: Improve maternal Health			
1. % PW receiving 4 ANC standard visits	44 % (DHS 2015)	1. Mobilize communities to increase uptake and retention of ANC and PNC services (Award of best performant mother in village for the package).	<ul style="list-style-type: none"> • Ongoing training of CHWs on Urine Pregnancy Test (UPT) for all women at reproductive age. • Reinforced training for <i>Agent de Santé Maternelle</i> (ASM) to mobilize women to attend Ante Natal Care (ANC) as soon as they are pregnant. • Sensitization messages through media: i.e. T.V., radio sport to raise awareness. • Posters were produced and will be distributed to all Health Facilities (HFs). These posters will be used to sensitize community for early attendance of ANC and Post Natal Care (PNC). • Information Education and Communication (IEC) in HFs was reinforced to mothers seeking health care services to raise awareness and emphasis on the importance of seeking of ANC and PNC services earlier. • Ultrasound training for nurses and midwives working in health centers was conducted: 36/36 health care providers from 18 HCs were trained.

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Sector targets and related policy actions

Indicator	Bas 17/18	18/19 Policy Actions	Progress against implementation of 2018/19 Policy
NST 1 sector outcome: Improve maternal Health			
2. % delivery in Health Facilities	91% (2017 HMIS)	<p>2. Conduct mentorship of health care providers on G-ANC and G-PNC in all health centers</p> <p>3. Conduct mentorship on B-EmONC, ANC and PNC in HCs</p>	<ul style="list-style-type: none"> Mentorship on Group-ANC and Group-PNC was conducted in 6 Districts were Preterm Birth initiative (PTBI) is being implemented. Mentorship in partnership with the Ministry's stakeholders was conducted in health facilities on B-EmONC , ANC, and PNC in each partners respective catchment area. In total 23 Districts were visited and mentored. 3 Districts supported by TSAM, 2 Districts supported by Humanity & Inclusion and 20 Districts supported by Intrahealth / Ingobyi Activity

Sector targets and related policy actions

Indicator	Bas 17/18	18/19 Policy Actions	Progress against implementation of 2018/19 Policy
NST 1 sector outcome: Strengthen Family Planning Service Delivery			
3. Contraceptive utilization rate for modern methods of women 15-49 years	48 % (DHS)	<p>4. Conduct on job training on permanent methods and Post Partum Family Planning (PPFP).</p> <p>5. Conduct sensitization of Local leaders & CSOs and FBOs on FP</p>	<ul style="list-style-type: none"> Training of Trainers (TOT) for mentors was done in May 2019, 35 participants were expected to attend the training from Gisagara, Rulindo, Karongi, Nyamashe and Rusizi and all (100%) attended Sensitization (through the meeting at Marasa hotel) of local leaders & Civil Society Organizations (CSO) and Faith-Based Organizations (FBO) on family planning done.

Sector targets and related policy actions

Indicator	Bas 17/18	18/19 Policy Actions	Progress against implementation of 2018/19 Policy
NST 1 sector outcome: Strengthen Family Planning Service Delivery			
4.U5 mortality rate/1000 live births	50/1000 (DHS 2015)	6. Conduct IMCI mentorship in hospitals and the hospitals to mentor the health centers (cascade training and mentorship).	<ul style="list-style-type: none"> • IMCI mentorship conducted in 20 districts supported by Intrahealth (only for health centers). • The training on IMCI conducted in 18 hospitals supported by UNICEF and One hospital (Kabaya) supported by Humanity & Inclusion. ❖ Challenges: Luck of budget especially for ordinary budget to mentor the zone where we don't have partners. ❖ The solution is to avail the budget for district with partners or find the partners to cover whole country.

Sector targets and related policy actions

Indicator	Bas 17/18	18/19 Policy Actions	Progress against implementation of 2018/19 Policy
NST 1 sector outcome: Reduce malnutrition			
5.Prevalence of underweight children under 5 (6-59 months)	9% (DHS 2015)	7.Conduct regular mentorship for CHWs by HC.	An integrated supervision of HCs to CHWs conducted every month and programs are receiving data form the reporting of CHWs and analysis done and information shared for better decision making.
NST 1 sector outcome: Reducing HIV infection and AIDS			
6. % of people living with HIV currently receiving antiretroviral therapy.	82.7% (annual report June 2017)	8.Implement Treat All and differentiated service delivery model with most effective molecules.	<p>ART coverage is now at 85%.</p> <ul style="list-style-type: none"> • Scaled up of index testing and partner notification strategy to identify and enroll new HIV positive cases. • Introduction of DTG [Dolutegravir] based regimen to all new clients eligible to it. • Transition to DTG based regimen of all existing first line regimen clients including adult Nevirapine phase out and AZT phase out in first line.

Sector targets and related policy actions

Indicator	Bas 17/18	18/19 Policy Actions	Progress against implementation of 2018/19 Policy
NST 1 sector outcome: Reducing HIV infection and AIDS			
7. % HIV/TB co-infected who receive both treatments	93 % (HMIS 2017).	9. Training of mentors and health care providers and clinical mentorship to support implementation of Treat all and one stop service of TB/HIV service.	<ul style="list-style-type: none"> Trained 86 (43 Doctors and 43 Nurse) HIV clinical mentors across all health catchment areas from 18-22 February 2019 on HIV and/or TB management, HIV Monitoring and evaluation tools. Trained 21 Nurses and Doctors from Private accredited clinics in HIV services on HIV/TB comprehensive management from 15th-18th April 2019. Training of mentors and health care providers were conducted especially for early management of extra pulmonary cases (40 Trained on Fine Needle Aspiration and 22 trained on ultrasound). The one stop service of TB/HIV service is functional in all HFs.

Sector targets and related policy actions

Indicator	Bas 17/18	18/19 Policy Actions	Progress against implementation of 2018/19 Policy
NST 1 outcome :Strengthen the Health System			
8. % of GoR budget allocated to Health	17 % (2015 MTR report).	10. Prepare Health Resource Tracker Output Report on Expenditures FY 2015/16 & FY2016/17 and budget FY 2016/17 & FY2017/18 13. Develop the Health financing strategic plan	<ul style="list-style-type: none"> Data collection for Expenditures FY 2015/16 & FY2016/17 and budget FY 2016/17 & FY2017/18 completed. Data being analyzed and the report is expected in end June 2019. Health Financing Strategic Plan developed and approved technically.
9. Number of DHs that have achieved level 1 of Accreditation	21 DHs (Hospital performance assessment April 2017)	11. Conduct Hospital Performance Progress Assessment	Performance Progress Assessment conducted since March, 2019 and 18 DHs have been assessed
10. % of recommendations from field visits implemented.	0	12. Conduct the Joint Field visit twice a year	Joint Field Visits have been conducted in RUSIZI and NYAMASHEKE in March 2019.



Thank you

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Progress against 2018/19 Sector Analytical Studies 2018/19

Dr Albert TUYISHIME/ Division Manager PMEBS

05th June, 2019

Sector Analytical Studies

NST 1 sector outcome	2018/19 Planned Analytical Work	Brief progress	Comment/Challenges and actions to be taken if any
Improve Maternal and Child Health	HPV prevalence survey	ongoing	
	Quality Improvement (QI) through practice-research engagement (PRE) in maternal and neonatal services among 15 hospitals in Rwanda.	Data Analysis	
	Business Case for Family Planning in Rwanda	Final report available and disseminated	
	Factors influencing Family Planning utilization in Eastern and Central African Countries: A mixed systematic review protocol	Data Analysis and report writing	
	Barriers to accessing health and nutrition services for pregnant women, mothers and newborns and children under 5 years of age	Completed data collection and analysis is ongoing to be completed by end of June 2019.	
Enhancing demographic dividend through ensuring access to quality Health for all	TES: Treatment Efficacy Survey	Data analysis & report writing	
	PROFORMA: Pharmacovigilance and treatment Optimization of Mass Drug Administration for Prevention and Control of Schistosomiasis and soil Transmitted helminths in Rwanda	Data Collection -Conducted by UR in Collaboration with FDA and MOPPD	
	Rapid Evaluation of scabies in primary schools in Provinces	Data Analysis	

Sector Analytical Studies

NST 1 sector outcome	2018/19 Planned Analytical Work	Brief progress	Comment/Challenges and actions to be taken if any
Enhancing demographic dividend through ensuring access to quality Health for all	Rapid Evaluation of Mycetoma in Referral Hospital	Data Analysis	
	BSS: Behavior Surveillance Survey among Female Sex Workers (FSW)	Data analysis & report writing	
	BSS: Behavior Surveillance Survey among MSM	Approved by Ethical Committee and Data Collection planned	
	Monitoring of HIV drugs resistance	Data collection ongoing	
	HIV incidence and treatment cascade among FSW	Request for annual renewal from RNEC	
	Evaluation of the use of Unmanned Aerial Vehicles (Drones) in blood and blood components delivery to health facilities in Rwanda: a mixed methods study	Ethic committee	
	Determining the Mechanism of Protective Immunity in Malaria through Lymphocyte Analysis	Data collection	

Sector Analytical Studies

NST 1 sector outcome	2018/19 Planned Analytical Work	Brief progress	Comment/Challenges and actions to be taken if any
Enhancing demographic dividend through ensuring access to quality Health for all	Measuring prevalence and predictors of cardiovascular diseases among people living with HIV	Data collection	
	KAP toward podoconiosis in high burden zone in Rwanda	Approved by the Ethic committee	
	Health and Interventions Monitoring with Artificial Intelligence (HIMA)	Data collection	
	Situational Analysis and Development of a model for a long-term management of trauma cases identified during the commemoration period of the Genocide against Tutsi	Data Analysis	
	Prevention and Control of Non-Communicable Diseases through Mass Campaign in the City of Kigali: Action Research Implementation	Data Analysis	
	Effectiveness of glucated albumin in the diagnosis of prediabetes or diabetes : A systematic review	Data Analysis and report writing	

Recommendations of the Forward-Looking JHSR meeting

Kigali, 5th of June 2019

JHSR recommendations

Topic	Action	Responsible	Timeframe
Progress of studies in 2018/19	Improve the way information on studies is collected (including timelines) by strengthening linkages with TWGs	Core team	
	Include the list of 13 studies financed by the Challenge Fund & the HIV population-based impact assessment in the list	Core team / Research & KM TWG	Immediately
	Follow up on how study findings and recommendations are being used	Core team	

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JHSR recommendations

Topic	Action	Responsible	Timeframe
Targets and policy actions for FY2019/20	Put more emphasis on quality of institutional deliveries in the policy actions, including EMONC	MCCH TWG / Core team	Next MCCH TWG 13/06
	Consider a policy action on Adolescents & Youth in the policy actions	MCCH TWG / Core team	
	Consider a policy action on PFP	MCCH TWG / Core team	
	Conduct Out-of-pocket analysis using EICV data and compare it with HRTT data	Planning, HF & IS TWG	

JHSR recommendations

Topic	Action	Responsible	Timeframe
Studies planned for FY2019/20	Consider a study on availability of contraceptives in Health Facilities and level of stock-outs (done every 2 years)	MCCH TWG / Research & KM TWG	Next MCCH TWG 13/06
	Establish a more comprehensive list of studies for FY2019/20 for the JHSR report	Research & KM TWG	Before 07/06
	Put emphasis on SDG indicators with no baseline or no data source in the identification of studies going forward	All TWGs	



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DATE: June 5th 2019

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Forward looking Joint Sector Review Meeting

DATE: June 5th 2019

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REPUBLIC OF RWANDA



MINISTRY OF HEALTH
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DATE: June 5th 2019

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Forward looking Joint Sector Review Meeting

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Forward looking Joint Sector Review Meeting

DATE: June 5th 2019

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Forward looking Joint Sector Review Meeting

DATE: June 5th 2019

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