

Republic of Rwanda



Ministry of Health

**FY 2022/2023 FORWARD-LOOKING JOINT HEALTH
SECTOR REVIEW REPORT**

August 2022

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Section 1. Introduction

The Health Sector Working Group Joint Sector Review (JSR) forum brings together all health sector (SWG) stakeholders; Government institutions representatives and development partners to engage in policy dialogue and to ensure ownership, accountability, and transparency of the NST 1 implementation and monitoring process. The 2022/23 JSR Forward looking was based on lessons learned and identified priorities through programs and projects that will accelerate continued socio-economic recovery across the sector.

This Forward Looking Joint Sector Review (FLJSR) meeting for the fiscal year 2022/23 has been conducted in a form of a retreat in order to have sufficient time for discussions and information sharing as well as enable propose more evidence-based strategies to overcome the identified challenges and issues.

Objectives of the meeting

- i. To present and discuss areas prioritized during the planning and budgeting process.
- ii. To discuss and validate the 2022/23 sector targets and related policy actions.
- iii. To select policy related studies to be conducted in 2022/23 fiscal year.
- iv. To assess progress towards implementation of the fiscal year 2021/22 policy actions.
- v. To provide the latest status on SDGs indicators already monitored by sectors and review the progress on the implementation of the plans and strategies to monitor the additional SDG indicators currently having clear computation methodologies.

Methodology

The 2022/23 Forward Looking Joint Sector Review meeting was conducted in a form of a retreat in order to have sufficient time for discussions and information sharing as well as enable propose more evidence-based strategies to overcome the identified challenges and issues.

The retreat took place over a period of three (3) days, and was a mix of panel discussions and field visit activities. The participants were divided into three (3) groups with a fairly equal representation of different stakeholders. A checklist to guide field activities was provided to facilitate uniform data collection. The field visits were conducted in the following health facilities located in Rwamagana and Nyagatare districts as follows:

Table 1: Health facilities

Health Facility name	Type of health Facility	District	Date of field visit
Rwamagana DH	District Hospital	Rwamagana	2 nd August 2022
Nyagatare DH	District Hospital	Nyagatare	2 nd August 2022
Kagitumba HP	Health Post	Nyagatare	2 nd August 2022
Kagitumba HC	Health centre	Nyagatare	2 nd August 2022
Kayonza Zipline site		Kayonza	2 nd August 202

Bugaragara HC	Health Center	Nyagatare	2 nd August 2022
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From 3rd to 4th August 2022 the FLJSR was conducted in Nyagatare, EPIC Hotel and were attended by 95 participants. The retreat was opened by the Honourable Minister of Health. His opening speech articulated on how things should be done differently and better for the benefits of Rwandans, on the importance of JSR as a forum for mutual checks on how we are coordinated and aligned with health sector stakeholder’s activities vis-a-vis the country priorities and some key activities and reforms we are working on to ensure better access to quality health services to our population among others.

Section 2: Areas prioritized during the planning and budgeting process.

The 2022/23 health sector priorities were discussed during the 2022/23 FLJSR and were all guided by the national priorities drawn from the National Strategy for Transformation one (NST1) and the Health Sector Strategic Plan VI (HSSPVI).

These national priorities include to eradicate Malnutrition through enhanced prevention and management of all forms of malnutrition by:

1. Strengthening Multi-sectoral coordination
2. Ensuring and sustaining food security
3. Promoting at the village level the 1,000 days of good nutrition and antenatal care

They include also to ensure access to quality health for all through:

1. Constructing and upgrading health facilities with adequate equipment
2. Improving Maternal and Child Health
3. Increasing the number and capacity of human resources for health (general practitioners, specialists, nurses, midwives and qualified administrators)
4. Establishing model health centers of excellence through partnership
5. Identifying innovative sources of financing for the health sector
6. Promoting industries in pharmaceuticals and manufacturing of medical equipment as well as support medical research
7. Strengthening disease prevention awareness and reduce Communicable and Non Communicable Diseases (NCDs)
8. Preventing and fighting drug abuse and trafficking among all sections of the population especially youth
9. Scaling up efforts to raise awareness on reproductive health and family planning to increase contraceptive prevalence from 48% (2013/14) to 60% in 2024.

From the National priorities above mentioned, the health sector has drawn the following priority areas and key interventions:

1. Leadership and Governance

The first area of priority for the health sector for 2022/23 fiscal year is leadership and governance

where the health sector prioritized to: Strengthen the health facilities management, to increase the private sector engagement (PSE) and to implement the domestic resources mobilization interventions.

2. Maternal, child and community health

The second priority area is Maternal, child and community health. In this area priority will be given to increasing access to RMNCAH services across the life cycle and revamping the CHW program

3. Disease and prevention control

The third priority area is Disease prevention and control. In this area, prevention and Control of Infectious diseases (HIV, Malaria, TB etc..), NCDs (cancer, cardio-vascular, metabolic diseases, COPD) and Injuries, Mental health disorders, Epidemics, public health emergencies preparedness, control and recovery (EVD, COVID 19) will be prioritized for 2022/23 fiscal year.

4. Improving the quality of services delivery

The fourth priority area is to improve the quality of services delivery. Improving service delivery in the fiscal year 2022/23, will be achieved through strengthening Laboratory systems and Diagnostics (National Health Laboratory services) and Medicines supply chain systems and distribution, Increasing the quantity and quality of Human Resources for Health (HRH), strengthening Health Digitalization and Medical technology, research, innovation and data science as well as improving the strategic purchasing by implementing the Provider Payment Mechanism (PPM).

5. Strengthen Food and drugs regulation

The 5th and last retained priority area is Food and drugs regulation. Strengthening food and drugs regulation will be achieved through ensuring the safety of food and medical products, implementing the One health policy and implementing the Anti-microbial resistance (AMR) plan with rational use of medicines. In addition, resource allocation has been discussed linking selected priorities to budget allocations including; programmes and sub-programmes along with budget gaps. (see presentations in annex).

Section 3: The 2022/23 sector targets and related policy actions.

Health sector targets for 2022/23 fiscal year

For the sector priorities and related policy actions the FLJSR has identified the targets for 2022/23 as per the following table:

Table 2: Health sector targets for 2022/23 fiscal year.

Key Health Indicators	Baseline	Target 22/23	Guiding document
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1. Prevalence of chronic malnutrition (stunting) among under 5 Children.	33 (DHS 2019/20)	29.9	NST1, HSSPIV
2. Maternal mortality	203(DHS 2019/20)	168	NST1, HSSPIV
3. Under 5 mortality	45 (DHS 2019-20)	35	NST1, HSSPIV
4. Proportion of Health facilities with water	97.3%	100	NST1, HSSPIV
5. Percentage of health facilities with electricity	98.8%	100	NST1, HSSPIV
6. Ratio (Doctor/ population)	1/8,027(ASPR 2020/2021)	1/7,342 (calculated projection)	NST1, HSSPIV
7. Ratio (Nurses/ population)	1/1,169(ASPR 2020/2021)	1/923 (calculated projection)	NST1, HSSPIV
8. Ratio (Midwives/women aged between15-49)	1/2,342(ASPR 2020/2021)	1/ 2,000 (Calculated projection)	NST1, HSSP IV
9. Prevalence of modern contraceptive use among women in reproduction age (15-49)	58 (DHS 2019/20)	60	NST1, HSSP IV
10. Percentage of NCD combined high risk factors in the population aged between 15-64 years	7.1 (Preliminary results of STEPS 2021)	6	HSSP IV
11. International Health regulations (IHR) Core capacity index	6/13 attributes attained	13/13 attributes attained	HSSP IV
12. Percentage of citizen satisfaction with service delivery in Health sector	81.9% (RGS, 2021)	84%	HSSP IV

Health sector policy actions for 2022/23 fiscal year

For each targeted indicator the FLJSR has identified key policy actions which will be implemented to achieve the set target for 2022/23 fiscal year.

1. To achieve improved nutrition for children under five years of age the following policy actions were selected:
 - Prevent low birth weight by focusing on nutrition education of adolescent and child bearing age women and Quality Ante Natal Care (ANC) with screening of anemia
 - Promote the Baby Friendly Hospital (facility) Initiative and extend it to work places (MoH and its agencies to be role models)
 - Promote systematic malnutrition screening of under five children at all levels with focus to community level
 - Strengthen Community Based Nutrition Program (CBNP) in all villages

2. To achieve reduced maternal mortality an overall objective was set which is: **to ensure “No woman should die while giving life”**. Furthermore, the following policy actions were selected for reducing maternal mortality:

- To implement pre-conception care guideline (draft available, to be approved)
 - To Conduct maternal, perinatal and child death surveillance and response at national level quarterly and District on monthly basis;
 - To Strengthen notification of Maternal Deaths within 24 hours
 - To Strengthen capacity of National and Hospital committees to conduct maternal death reviews and develop actions to address gaps identified during the reviews
 - To implement the recommendations/ response through MPDSR committees at all level
 - To track and monitor all maternal deaths at facility and community levels
 - To improve quality of care, ANC, Labor and delivery and post-partum by ensuring availability of adequate staff with knowledge and skills at health centers and hospitals
 - To Improve accountability for reporting and implementation of quality improvement plans by all staff at all times including Director generals of hospitals.
 - To Strengthen referral systems through provision of ambulances and upgrading referral hospitals to facilitate horizontal transfer and reduce distance
 - To establish digital tracking systems (e-tracker) for pregnant women for prediction of delivery
3. In order to reduce under 5 mortality, the policy actions selected are the following:
- Strengthening new born care in Maternity and in Neonatology by establishment of at least level three Neonatal Intensive Care Unity (NICU) in Referral and Teaching Hospitals with adequate staff and level two NICU in District Hospitals.
 - Strengthening Integrated Community Case Management (ICCM), Integrated Management of Childhood Illnesses and ETAT by improving supply chain of all essential drugs with focus on Zinc and Oxygen in wards and ambulances.
 - Developing communication strategy targeting harmful traditional interventions children and early seeking of care
 - Strengthen full laboratory services including culture and sensitivity at least for Provincial, Referral and Teaching Hospitals
4. In order to achieve enhanced access to basic infrastructure for health facilities the policy actions selected include:
- To continuous advocate towards MININFRA to increase the number of Health Centers with running water and electricity in critical services: Maternity, Theater, Intensive Care Unit (ICU) and NICU)
 - Establishing standards for construction of safe maternity in health facilities (the standards for patient flow, Laundry, sterilization, sewage, running water, supply flow, electricity with back up, privacy in labor room, etc)
5. For increased human resources for quality Health (HRH), the policy actions were selected to increase the number of doctors, nurses and midwives per population.

- Monitoring the implementation retention strategies for Health professionals mainly career path development and dual clinical practice.
 - Implementing of the Ministerial Instructions introducing a centralized online jobs portal for Health professionals with information on vacancies in the public health facilities for effective recruitment
 - Continuous placement for nurses and midwives as per the approved health facilities organizational structures
 - Strengthening associate nurses' programs
6. In order to increase modern contraceptive prevalence rate, the following policy actions were selected:
- Reinforcing Post-Partum Family Planning (PPFP) uptake
 - Introducing new Family Planning methods (Hormonal Intra Uterus Devices, Subcutaneous depot medroxyprogesterone acetate (DMPA)
7. In order to achieve integrated Non Communicable Diseases (NCDs) early detection and management in health facilities at all levels, the health sector has chosen the following policy actions:
- Developing and implementing policies and regulations targeting major NCDs risk factors (Alcohol, unhealthy diet, physical activities,)
 - Building the capacity of Community Health Workers for NCDs community awareness, early detection and linkage to the HCs
 - Strengthening NCDs diagnosis and integrated management at HCs and health posts
 - Ensuring the availability of essential NCDs drugs and commodities at all levels including cancer drugs
 - Developing and deploy a harmonized national Electronic Medical Records (EMR) system for NCDs management at all levels
 - Developing and implement frameworks and guidelines for early detection, referral and management of developmental impairments, deformities and disability in children at different levels
 - Improving access to essential assistive technology devices for people with disabilities
 - Scaling up cervical cancer screening services at primary health care level
8. In order to achieve all the attributes of the International Health regulations (IHR) Core capacity index, the policy action selected is:
- Printing of Integrated Disease Surveillance and Response (IDSR) technical guidelines, training manual as well as standard case definition
9. On order to increase the percentage of citizen satisfaction with service delivery in Health sector, the policy actions include the following:

- Strengthening effective and efficient health services delivery at all levels
- Ensuring Compliance of all standards, policies and procedures in the Hospital
- Strengthening clients' feedback mechanisms. These include Patient Voice Program/citizen voice and action and Patient satisfaction survey).

Section 4: Policy related studies to be conducted in 2022/23 fiscal year

The 2022/23 FLJSR has discussed the progress towards the 2022/22 fiscal year policy related studies and the studies planned for the 2022/23 fiscal year. (see attached presentation in annex).

Section 5: Progress towards implementation of the fiscal year 2021/22 policy actions.

This section highlights the progress towards implementing the 2021/22 fiscal year policy actions.

1. To improve nutrition for children under five (5) years of age.
 - In November 2021 and May 2022, two Health weeks have been organized during which deworming of children and vitamin A supplementation were conducted countrywide.
 - For Vitamin A supplementation, the coverage was 85% and deworming coverage was 89% based on campaign of November 2021.
 - Screening of nutritional status of under-five children has been also conducted during the two health weeks and the data of the May 2022 health week showed that:
 - Ninety-two percent (1,583,933/1,756,810) children aged 6-59 months were screened for nutritional status using MUAC, 91% (1,570,864/1,756,810) children aged 6-59 months were screened for nutritional status using weight and 69% (401,512/583,814) children aged 6-23 months were screened for nutritional status by taking height by age.

2. To Strengthen Infection Prevention and Control at Neonatal Intensive Care Units.
 - During the fiscal year 2022/23, procurement and distribution of equipment's for neonatology and maternity units continued to be done. Ten (10) incubators have been distributed by end June 2022 in Hospitals and 37 Anesthesia machines, 27 CPAPs and 26 Incubators, 50 Ultrasound machines for Health centers were in pipeline.

3. To Reduce maternal mortality
 - Hospital based Maternal, Perinatal, Child death Surveillance and response (MPCDSR) national committee conducted regularly neonatal, perinatal, maternal and child health deaths audits whereby all maternal death cases have been notified and audited.
 - Supportive supervisions to ensure implementation of death audit recommendations were conducted in hospitals and training of at least 3 Health care Providers at each Hospital on how to conduct Maternal, Perinatal and child Deaths audits and near miss review was conducted.

4. To strengthen integrated community case management (ICCM) to end preventable child deaths
 - Integrated Community Case Management drugs procurement has continued to be done. Maternal, Child and Community Health (MCCH) division and Rwanda Medical Supply worked hand in hand to ensure commodities availability.

5. To improve Health Care Performance

Regular mentorships and supportive supervisions from Referral hospital up to Health Post levels were conducted in all Public Health Facilities under support of Development partners, Professional associations and Facility based mentors countrywide. Accreditation surveys for Health facilities were conducted and Quality health care standards were reviewed.

6. To Enhance access to basic infrastructure for health facilities

- Twelve Health centers without water and 5 Health centers without electricity were submitted to MININFRA/WASAC and REG during planning and Budgeting process as advocacy for them to get water and electricity.

7. For Increased qualified human resources for health

- Faculty members for adult Interventional Cardiology (2), adult interventional gastroenterology (1), adult nephrology (1), pediatric surgery (1), fetal medicine (1), senior cardiology (1), Surgical – Gynecological Oncology (2), Minimally invasive surgery and General Surgery (1), and Endocrinology (1) have been recruited. In addition, eleven international senior consultants which also serve as Faculty members from different institutions have been recruited and are being remunerated. Furthermore, the associate nursing program has started with 210 students from October 2021 and studies are ongoing.
- Moreover, the JSR discussed about the progress towards the 2021/22 sector targets (see presentation in annex)

Section 6: Status of Sustainable Development Goals(SDG) indicators

The Health sector has inventoried 45 health SDG indicators. As for the progress towards monitoring Health SDG indicators, over eighty percent (84%; 38/45) Health SDGs indicators are currently reported, from a baseline of 70% in 2020. The scale-up of verbal autopsy (VA) will allow the estimation of causes of death outside hospitals is ongoing and will allow to report 3/44 (7%) additional Health SDGs indicators, while 3/44 indicators need specific surveys or the implementation of a specific surveillance system for being monitored(WHO SCORE report for Rwanda https://cdn.who.int/media/docs/default-source/documents/ddi/score/country-profiles/who_score_rwa_en.pdf?sfvrsn=87cc117c_13).

Table 3: Status of health SDG indicators

Green	38	Currently reported	84%
Yellow	3	Monitoring ongoing	7%
Orange	3	Monitoring not yet started	7%
Not relevant	1	-	2%
TOTAL	45		100%

Note: the list of all the 45 Health SDG indicators and their status is in the presentation annex

The three main key health information systems to be strengthened include a nationwide study on Hepatitis B incidence, a Harmonized Health Facility Assessment and the implementation of the antimicrobial resistance (AMR) system, that will be integrated with the electronic integrated disease surveillance system (e-IDSRS).

Section 6: Field activities

On Tuesday 2nd August, 3 teams conducted field visits in different health facilities. Team 1 conducted field visit in Rwamagana provincial hospital, team 2 conducted field visit in Nyagatare district hospital and team 3 conducted field visit in Kagitumba health post, Kagitumba and Bugaragara Health centers. During the field visits teams learnt on Health facility profiles, Lessons learned, successes, strengths from different health facilities and implementation of different health programs, Challenges, gaps, needs of health facilities and provided recommendations at different levels. (see presentations from teams in annex).

Section 7: Key recommendations from the 2022/23 FLJSR

The 2022/23 FLJSR concluded with key recommendations which are presented in table 4 below.

Table 4: Key recommendations from the 2022/2023 FLJSR

	Topic	Action point	Responsible	Timeline
1.	HRTT	<ul style="list-style-type: none"> Expedite enhancements to HRTT system, to be effective to capture the budget, expenditures reporting and analysis To speed up the DPs data reporting for HRTT on expenditures 2020-2021 and budget 2021-2022 	HOD PMEHF Co-chair HSWG	Next JSR End August 2022

2.	Health Sector Indicator targets	<ul style="list-style-type: none"> • TWGs should review the target setting approach ensuring it is data driven and realistic considering the national and global targets e.g HSSP IV, NST 1, SDGs • To review the Policy actions with a focus on evidence based high impact interventions and resources availability • To reinforce capacities for provincial hospitals to reduce unnecessary referrals • Technical groups should work on most of challenging issues and propose concrete and evidence based strategies to improve health outcomes 	Chair of TWGs	Immediate
3.	Sector Analytical Studies	<ul style="list-style-type: none"> • To present the research findings in the concerned TWGs and HSWG to inform policy and practice • To develop a National Health Sector Research agenda to guide all the stakeholders in terms of priorities and funding • To re-establish a research challenge funds to support and incentivise research initiatives in the clinical practice area 	RIDS RBC Chair HSWG	Next JSR
4.	Technical Working groups	<ul style="list-style-type: none"> • To update the list of TWG members and nominate them TWGs leads where there is still gap • To ensure functionality of TWGs for smooth policy dialogue. 	Chair HSWG TWG leads	Immediate
5.	Field Visit Findings at Health Facilities	<ul style="list-style-type: none"> • To develop a consolidated report for the field visits as an attachment to the JSR report to be submitted to MINECOFIN • To develop an implementation plan of the recommendations of the JSR field visits for monitoring • To reinforce data use in HFs – Dissemination of DHS districts profiles. • To carry out an independent assessment on the reasons behind regular stock out of medicines at facility and the use of eLMIS. This assessment will be jointly conducted with MOH leadership and DPs and report findings/recommendations. • Capacity building of medical equipment end users for preventative maintenance • To establish and operationalize provincial medical equipment workshops 	Chair HSWG RBC/MTI	9 th August 2022 End September 2022

6.	Strategic Purchasing (Capitation, CBHI health benefit Package)	<ul style="list-style-type: none"> ● To prepare a communication strategy for the capitation to ensure better understanding of all stakeholders, including CBHI members, Health facilities staff, etc. ● To monitor quality of services throughout the implementation of the capitation ● To improve the referral system to include also the horizontal referral framework between hospitals at the same level 	CEO RSSB	Immediate
7.	Quality of service delivery	<ul style="list-style-type: none"> ● To recognize hospitals which have achieved a certain level of accreditation process ● Hospital annual actions plans to include budget to fund some QI projects/plans that respond to MNCH, IPC, etc. ● To upgrade the MEMS system to include the module on inventory as part of improving quality of services. ● To have a decentralized list of medical equipment ● To invest in equipment maintenance in health facilities using the decentralised entities ● To prioritize the deployment of nurses and midwives in Health facilities with high volume of deliveries (according to the available positions in the structures) ● To finalize the National quality policy and strategy ● Supportive supervision and mentorship to be harmonized and evaluate its effectiveness. 	HOD CPHS RBC/MTI	3 months
8.	Review of the policy actions related to RMNCAH and NCD	<ul style="list-style-type: none"> ● To develop a comprehensive plan for the flagship program to reduce significantly maternal and neonatal mortality in the 12 hospitals with high MMR and NMR ● To establish a digital system to track high risk pregnancies and robust monitoring to ensure progress and challenges are well reported ● To revamp the culture of data use in health facilities with concrete mentorship actions. ● To launch officially the program “No mother should die while giving life” and its implementation plan. ● Monitoring of the Comprehensive MNCH plan with monthly report ● To revise the policy actions for RMNCAH and NCD to be reflected in the final presentations to be submitted to MINECOFIN ● To disseminate the rATA and STEPs studies as part of the key NCD analytical studies to inform the policy and 	Chair RMNCAH TWG Chair HSWG HSWG Secretariat DG RBC DG RBC	End of August 2022 End September 2022 Immediate End of

		decision making		September 2022
9.	Budget for 2022/2023	To include in the budget presentation a column that shows the DPs contribution to the wide health sector budget	Budget for 2022/2023	Next SJR Meeting
10		The JSR will meet evaluate the implementation of the recommendations	Chair HSWG	December 2022

Approved by



August 12, 2022

Zachee IYAKAREMYE
Chair HSWG

Elizabeth Brennan
Acting Co-chair HSWG

Annex: 2022/23 FLJSR Presentations