



Republic of Rwanda  

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Ministry of Health

**Health Sector Annual Report  
July 2016-June 2017**

## FOREWORD

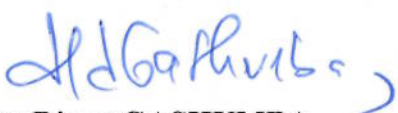
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In the Fiscal Year 2016- 2017, the Health Sector continued to implement all key strategic interventions meant to sustain the continuous improvements in national health outcomes through the control and management of communicable and non-communicable diseases; the improvement of the availability, accessibility and utilization of maternal and child health services; the improvement of the quality of services offered by both public and private health facilities to the population; the improvement of the geographical and financial accessibility to health services; and the improvement of the health sector performance through a well-coordinated planning process and enhanced sector monitoring and evaluation.

Another important event to mention for this fiscal year is the start of the process for the development of the new Health Sector Strategic Plan 2018-2024 (HSSP IV). It is expected that HSSP IV will fulfill the country's commitment expressed in the National Constitution as revised in 2015, the Vision 2050 (the Rwanda We Want), the National Strategy for Transformation 2018-2024 (NST1) and aspirations of the Rwanda Health Sector Policy that was adopted in 2015.

For the next Fiscal Year 2017-2018, the Ministry of Health, with the usual collaboration with all stakeholders, will strive to complete the unfinished agenda in the Health Sector Strategic Plan 2013-2018 (HSSP III). I am confident that all these efforts will yield more tangible results that will contribute to the acceleration of the development journey to make Rwanda a high income country by 2050.

Once again, the Ministry of health acknowledges the support of all its development partners and stakeholders who tirelessly participate in the delivery of better quality services to all our citizens.

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



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## 1. Introduction

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In the Fiscal Year 2016-2017, the Health Sector continued to implement strategies and interventions meant to improve the availability and access to quality healthcare services; as well as the improvement of health outcomes for the Rwanda Population. This report highlights achievements registered by the health sector for the period July 2016- June 2017 in the following areas: Programs for diseases prevention and control, maternal and child health services; Health Systems Strengthening; Quality improvement in service delivery to the population; geographical and financial accessibility to health services, governance especially in coordination, planning and monitoring of the health related activities at both central and decentralised levels.

## 2. Programs for prevention and control of communicable and non-communicable diseases

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### 2.1. Prevention and control of HIV and Other Blood Borne Infections

- The geographical coverage of HIV prevention services continued to improve. **The number of health facilities (HF) offering HIV Testing and Counselling (HTC) increased from 569 to 577** ; and a Mobile Voluntary Counselling and Testing approach was also organized in different hotspots. In the same move to scale up HIV testing services, Rwanda has also started implementing HIV self-testing as an additional HIV testing approach.
- The expansion of HIV Testing and Counselling services allowed to provide HTC to 3,107,717 clients across HF for the reporting period. Of these clients counselled and tested in HF, a total of 21,963 people tested HIV positive; which makes a positivity rate of 0.71%. As regards to Mobile Voluntary Counselling and Testing strategy, it allowed to reach 2,068 people among key populations, including female sex workers (FSW) and their clients, as well as men who have sex with men (MSM). Of clients reached through Mobile Voluntary Counselling and Testing, 158 (7.6%) tested HIV positive.
- For this fiscal year, **542 HF provided prevention of mother-to-child transmission (PMTCT) services to pregnant women**. A total of 343,438 (98%) of pregnant women were tested for HIV and 0.71% of them tested HIV positive (HTC: 0.76%, VMMC: 0.08%, ANC: 0.66%). Compared to the previous Fiscal Year (July 2015 June 2016), **the positivity rate among antenatal care services in the reporting period decreased from 0.9% to 0.7%**. Around 84.7% of HIV positive pregnant women received antiretroviral therapy to reduce the risk of mother to child transmission, male uptake in PMTCT was at 84.9%. As result of all the above interventions, **98.4 % of infants born to HIV-infected mothers were free from HIV by 18 months (MTCT=1.5%)**.
- Rwanda HIV program classifies Discordant couples among key population targeted for HIV prevention. For the year 2016-2017, a total of 18,704 discordant couples were followed at health

facility level and 14,855 partners (79%) are on ART. In this reporting year, 2,958 new discordant couples were registered.

- People who tested HIV positive in all HIV testing programs were linked to HIV Care and treatment services for enrollment in HIV care and treatment program, screening for Opportunistic Infections, and other healthcare services recommended by the current national guidelines. There are now **554 HF that provide HIV Care and treatment services**. As of June 30, 2017, over 80% of people living with HIV (PLHIV) were receiving Antiretroviral Treatment (ART), including 24,321 PLHIV who were initiated on ART in the last 12 months and; in the spirit of integration to facilitate access to HIV services, **529 HF (hospitals and health centers) were offering the full package of HIV services (VCT, PMTCT, ART)**. In the same move of integration, following the initiation of “Treat all” strategy in July 2016, a Differentiated Service Delivery Model (DSDM) was implemented since December 2016, with the aim to decrease the frequency of patient’s clinic visits to six months and pharmacy pick-up for medication (ART) to three months.
- Campaigns for the screening of HIV co-infections with Hepatitis B or C was organized among People living with HIV. A total of 150,000 PLHIV were screened for Hep B & C. Results showed that 4.3% were screened positive for Hep B, while 4.7% were screened positive for Hepatitis C. Of those who were screened positive for Hepatitis C, 3,075 were tested for chronic hep C, and 41.9% of them were confirmed chronic hepatitis C.
- Number of male who received Voluntary Medail Male Circumcision significantly increased from 168,980 in the year 2015/2016 to 190,282 in 2016/2017.

## **2.2. Prevention and control of Malaria and Other Parasitic Diseases**

From July 2016 to June 2017, the following key malaria control interventions were implemented for malaria prevention and treatment.

- Prevention efforts were directed in the improvement of Long-Lasting Insecticidal Nets (LLINs) coverage and Indoor residual spraying (IRS) for malaria vector control. In this move, **4,178,491 Long-Lasting Insecticidal Nets (LLINs) were distributed to households countrywide**, including 3,877,731 LLINs that were given to the general population in all 30 districts; 77,961 LLINs that were distributed to primipara attending Antenatal care services in HF; and 222,799 LLINs that were distributed to children who were received in the immunization program.
- Indoor residual spraying (IRS) has been implemented in 7 high malaria districts (Nyagatare, Kirehe, Bugesera, Gatsibo, Gisagara, Nyanza and Huye) reaching an average coverage rate of 99.2%.

- As regards to malaria control, the Malaria Program continued to strengthen the community case management intervention as one way of improving malaria early diagnostic and treatment. Efforts invested in availing quality malaria commodities, strengthening and building the capacity of health providers as well as community health workers resulted in 99.96% of confirmed malaria cases tested prior to treatment. At the same time, 95.35% of children under five were treated within 24 hours of symptoms onset, and 99.95% of children were tested with Malaria rapid diagnostic tests (RDTs) prior to treatment by artemisinin-based combination therapies (ACTs).
- Community case management was extended to children above 5 years of age and adults countrywide. Using this initiative, 48% of malaria cases were treated at the community level, and 52% were treated by health facilities. Moreover, 95% of adults diagnosed with malaria at community level were treated within 24 hours of onset of malaria signs and symptoms.

### 2.3.Prevention and control of Tuberculosis and other Respiratory

#### 2.3.1. Tuberculosis control

- High sensitive Tuberculosis (TB) screening (any cough/X-ray/re-screening of contacts at end of index case treatment) and diagnostic (Xpert machines in all hospitals) tools and strategies continued to be scaled up for the improvement of TB detection among high risk groups. TB notification targets were reached, and numbers of notified cases remained stable for the last five years, compared to consistent decrease between 2006 and 2012.
- For the first time, the re-screening of contacts of infectious cases at end of treatment of index case was initiated to try to cover the long incubation period of TB. Preliminary findings showed that additional cases may be found. The strategy will be maintained and strengthened.
- A good treatment success rate was registered for susceptible bacteriological confirmed new and relapse TB cases (88%), clinically diagnosed patients (79%) and for multi drug resistant (MDR-TB) TB patients (95%). **The treatment success rate for patients managed in the community reached 93%.**
- More than 99% of presumptive and TB cases have been tested for HIV, and 95% of them were on ART before TB treatment completion.

#### 2.3.2. Leprosy control

- Leprosy control has significantly improved due to leprosy active detection, contact investigation, and awareness raising amongst the population in leprosy endemic areas. The mentorship of Community Health Workers (CHWs) and Health Care Providers, coupled with the integration of

basic leprosy services into general healthcare services has improved leprosy early diagnosis and treatment, the only way to prevent Grade 2 Disability (G2D).

- **A total of 39 leprosy cases were reported, including 30 new cases that were diagnosed (18 Multibacillary-MB and 12 Paucibacillary-PB).** Females cases were 50% while 7% were children.

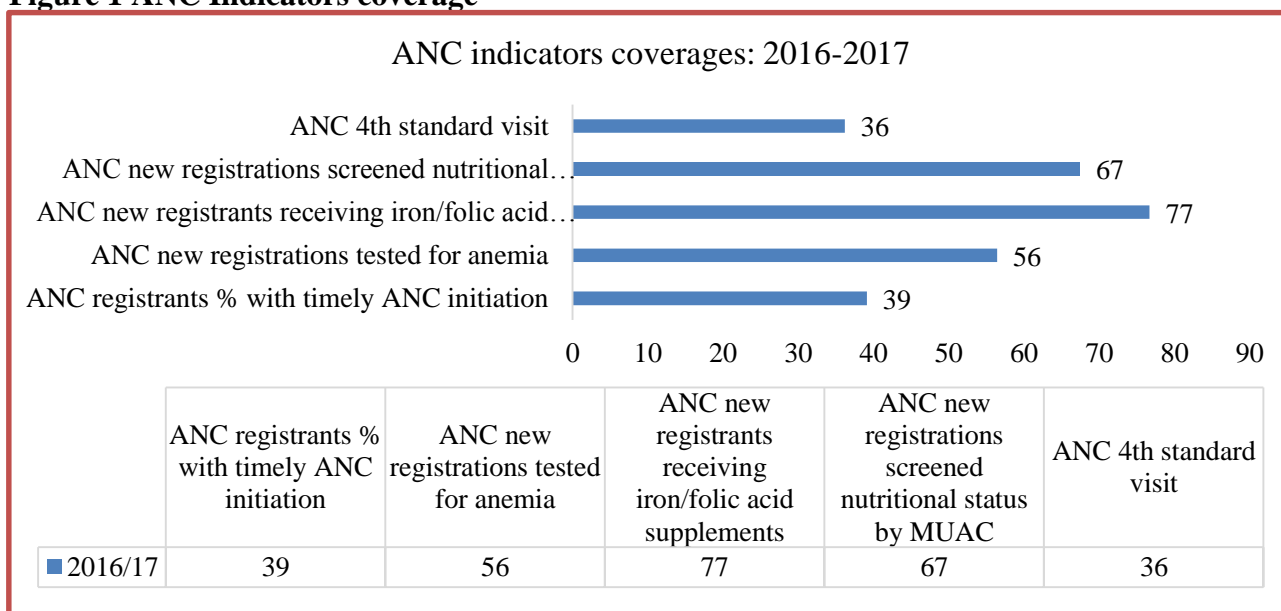
## 2.4. Maternal Child and Community Health

### 2.4.1. Maternal Health

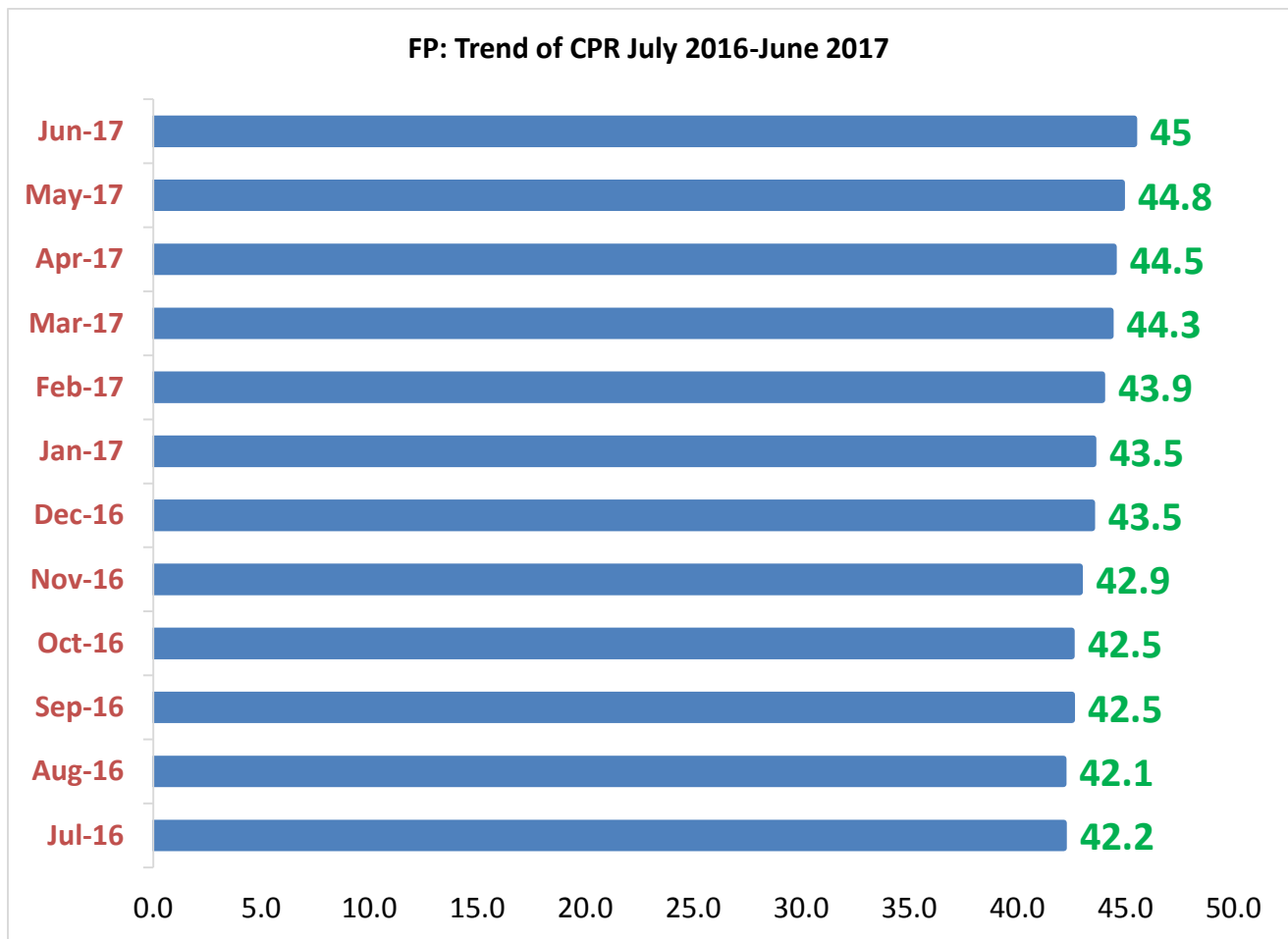
Routine data from Rwanda Health Management Information System (RH MIS) show that there is a constant progress on maternal health indicators. For the Fiscal Year 2016-2017, the following achievements were registered in maternal health programs:

- **98% pregnant women delivered in health facilities**
- 39% of all women attending the Antenatal Care Services (ANC) initiated ANC in the first trimester of their pregnancies.
- 56% of ANC new registrants tested for anemia
- 77% of ANC new registrants received iron/folic acid supplement
- 67% of ANC new registrants were screened for nutritional status
- **36% of women in the antenatal care services completed the ANC 4<sup>th</sup> standard visit**
- By June 2017, a total of 276,518 new clients were enrolled in Family Planning program countrywide, and the **modern contraceptive prevalence rate reached 45%.**

**Figure 1 ANC Indicators coverage**



**Figure 2 Trends of Contraceptive Prevalence Rate from July 2016 to June 2017**

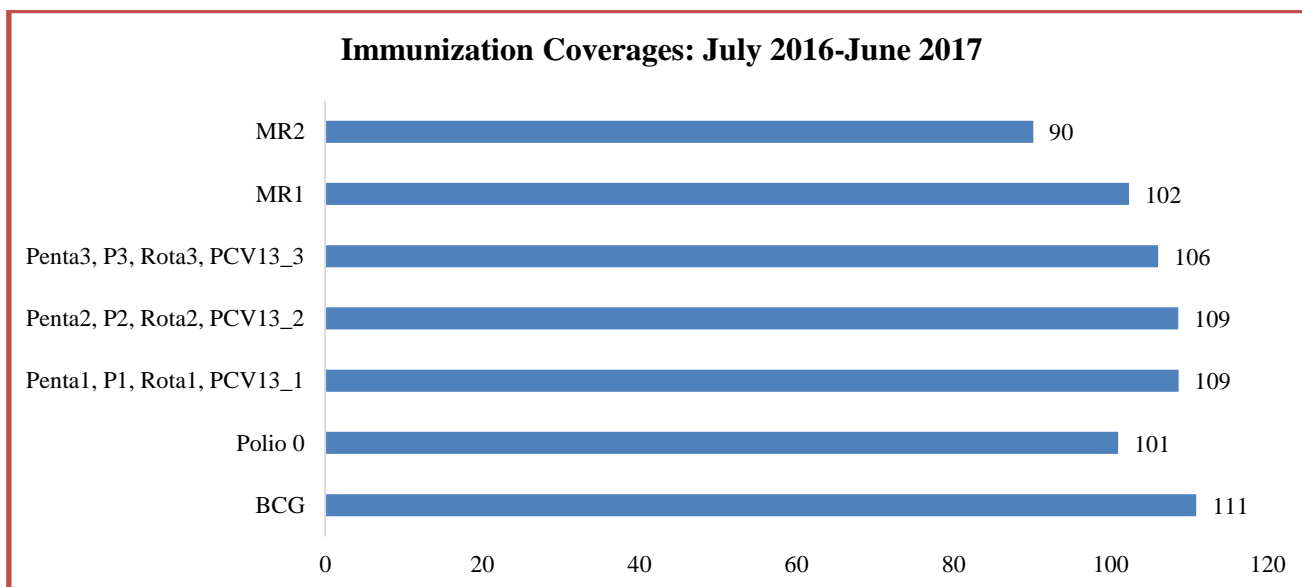


## **2.4.2. Child health**

### **2.4.2.1. Immunization program**

During the Fiscal Year 2016-2017, around 111% of children received BCG, 109% received all antigens provided at 1.5 months, 106% received all vaccines provided at 3.5 months, 102% received MR1 and 90% received measles and rubella vaccine at 15 months.

**Figure 3 Immunization indicator coverages**



#### **2.4.2.2. Nutrition**

- Distribution of Fortified Blended Food to all beneficiaries in the whole country
- ONGERA has been distributed in all Health Centers nationwide
- 28 radio spots have been aired on Radio Rwanda and Community Radio on Shisha Kibondo and 1000 days' messages (2 times a day for 14 days) and how to prevent overweight and obesity among children and women in reproductive age. In addition, the radio broadcasts have passed in the radio Isango star during the health week.
- Conduct Health week campaign: Deworming for children 1-15 years' old, Vitamin A 6-59 months, Sensitization on Malaria, Malnutrition, Hygiene and sanitation, Family planning, GBV, ANC, Delivery at health facilities, HIV prevention, NCD prevention
- Distribution of Community Health Workers kit and tools
- Development of concept note to accelerate the reduction of stunting which was presented and approved by both Permanent Secretaries and Minister's social cluster meetings.

#### **2.4.2.3. Adolescent Sexual and Reproductive Health**

- 404 healthcare providers (nurses and midwives) from 17 districts were trained on ASRH program
- 44 healthcare providers from 22 health facilities (Health Centers and District Hospitals were oriented on ASRH mentorship):
- 373 local leaders and CSOs' members were sensitized on youth friendly services
- 29 Health Centers in 7 districts (5 in Western Province and 2 in Southern Province) were supervised for ASRH activities

- Distribution of youth corner equipment to 29 health centers

## **2.5. Non-Communicable Diseases(NCDs)**

During the Fiscal Year 2016-2017, the health sector continued to improve access to quality care services for NCDs in Rwanda, to strengthen the integration of healthcare services for chronic conditions in health centers and to raise awareness of the general public on preventable risk factors for NCDs.

### **2.5.1. Improved accessibility to quality care services for NCDs**

- National NCDs treatment guidelines and monitoring and evaluation tools were developed and disseminated to all health facilities.
- Upgrading of pathology laboratories at Butaro Cancer Center and Rwanda Military Hospital with automated machines and telepathology equipment with the support from American Society for Clinical Pathology.
- Establishment of a Radiotherapy Center in Rwanda Military Hospital (RMH) is at an advanced stage. The center will be providing comprehensive cancer treatment.
- RBC equipped 9 hospitals with cardiac ultrasounds and 21 INR monitoring machines for diagnosis and follow up cardiac patients.
- In partnership with the private sector, two dialysis centers (Gihundwe and Gisenyi hospitals) have been established adding to three already existing dialysis centers (CHUK; CHUB; KFH).
- Seven hospitals that had not integrated NCDs services have now initiated them and currently all hospitals have operational NCDs clinics
- All health facilities including health centers have been equipped with diagnostics and follow up equipment (BP machines, Glucometers and glucose test strips) and Glycated hemoglobin test strips and machines to all hospitals.
- Initiated services to manage Hypertension, Diabetes and Asthma in 40% (195/488) health centers.
- Palliative Care Desk at teaching Hospitals (CHUB and CHUK) have been established and Multi-Disciplinary Team at District Hospitals have been increased from 10(23%) hospitals in FY 2015-2016 to 43(100%).
- Increased cervical cancer screening and breast cancer early detection services from 11(28%) to 21(49%) hospitals and health centers of their catchment area. We plan to cover the whole country by 2019 depending on the availability of budget.
- All health centers provide primary eye care services with at least 2 nurses trained in primary eye care.
- Home-Based Care Practitioners Program (HBCPP) has been established and it covers 100 cells countrywide. This program is designed to offer palliative and end of life care in the community,

to conduct verbal autopsy, to provide awareness messages on NCDs prevention and conduct community checkup as well.

- Increased vision centers from 2 (2015-2016) to 11 (2016-2017) in Hospitals.
- An optical lab has been established within the eye department of the College of Medicine and Health Sciences/Univeristy of Rwanda to manufacture glasses to be supplied in the vision centers.
- In partnership with NCPD and other stakeholders in disability, an exhaustive list of prosthetic and orthotic appliances has been elaborated and submitted to MINECOFIN for tax exemption.

### **2.5.2. Improve general knowledge about prevention of risk factors and early detection**

- NCDs division continued to focus on community awareness for prevention of risk factors and early detection through different channel including media, celebration of World Health Days (World Diabetes Day, World Cancer Day, World No Tobacco Day, Palliative Care Day, Injuries and Disabilities Day, World Sight Day).
- Kigali city in collaboration with the Ministry of Health initiated a Car Free Day every month to sensitize Kigali City residents about physical exercises to prevent NCDs risk factors.

### **2.6.Mental Health Services**

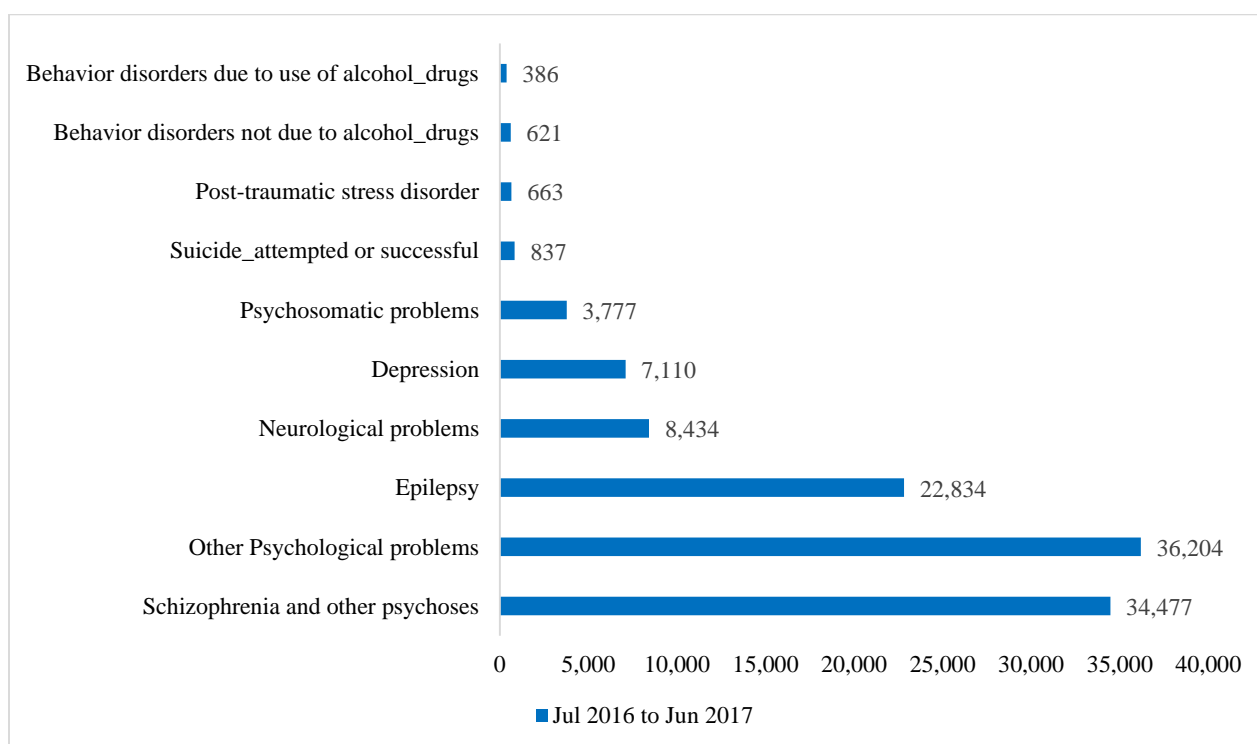
The mandate of mental health division is to improve mental health of the Rwandan population and to integrate mental health care into primary health care system. During 2016/17 fiscal year, a number of interventions were implemented among others:

- 43 Hospitals benefited from mentorship and clinical Supervisions of mental health services by professionals from referral hospitals
- Mental health law was drafted, its validation is in process
- 84 nurses from 43 Districts Hospitals and 482 general nurses from Health Centers in Southern province, Northern province, Eastern and Western Province were trained on management of mental health disorders.
- Coordination of interventions before, during and after Genocide commemoration period: 1,283 MH stakeholders were trained on psychological interventions during commemoration. 2,043 trauma cases were received on commemoration sites, 578 cases received at HCs, 189 cases were managed at DHs and 12 cases were treated at referral hospitals during the official commemoration week.
- Support psychiatry post graduate Program (MMed Psychiatry): 10 medical students were enrolled in the program. Among them 3 students have graduated in 2017, 4 students are in the third

academic year, 3 students are in first year while a new cohort of 5 students were selected in April for the next academic year.

- Sensitization and campaign: The sensitization activities included media sensitization on radio and TV talk shows, press conference, the briefing of 42 responsible of Mental Health services from the District Hospitals, sensitization meetings with partners and distribution of sensitization materials.
- The campaign on drug abuse sessions registered more than 1,831,662 people across 12 districts (Nyanza, Huye, Kirehe, Gasabo, Kicukiro, Nyagatare, Rutsiro: IWAWA, Nyabihu, Burera, Gicumbi, Nyarugenge, Rubavu districts).

**Figure 4 Total number of mental health cases in OPD Jul 2016 to Jun 2017**



## 2.7.Epidemic Surveillance and Response (ESR)

ESR Division is responsible to prevent and respond to epidemic diseases and other public health emergencies in Rwanda through the implementation of an effective and efficient national epidemiological surveillance system.

### 2.7.1. Disease surveillance:

ESR division continued to implement the electronic integrated disease surveillance and response system (e-IDSR) in all public, private health facilities and all refugees camps countrywide. This was done by maintaining the existing system, the data quality and the upgrading process of the current futures into the DHIS-2 platform.

A number of potential outbreaks were earlier detected and appropriately managed. Every week, an epidemiological bulletin was issued and posted to highlight potential epidemic public health threats across the country

The prevention and control of zoonotic diseases strategies was developed in collaboration of other concerned institutions through the One Health approach. Six priority zoonotic diseases were selected due to their public health importance in Rwanda and in region including Viral Hemorrhagic fevers (Ebola, Marburg, Yellow Fever and Crimean Congo Hemorrhagic Fever (CCHF), High Pathogenic Avian influenza (HPAI), Rift Valley Fever, Brucellosis, Sleeping sickness, Rabies.

ESR Division maintained compliances with WHO and other global strategies on Vaccine Preventable Disease (VPD) against polio, measles and neo-natal tetanus through the implementation and strengthening the national coordination mechanisms, active surveillance and laboratory confirmation.

Avian Influenza sentinel surveillance was maintained across the country, samples from all reported cases were collected for viral detection and response, case-based reporting forms and weekly aggregated surveillance reports were summarized and disseminated to all national and international stakeholders. 1,079 confirmed cases of Influenza like illnesses (ILI) and severe acute respiratory illnesses (SARI) were reported.

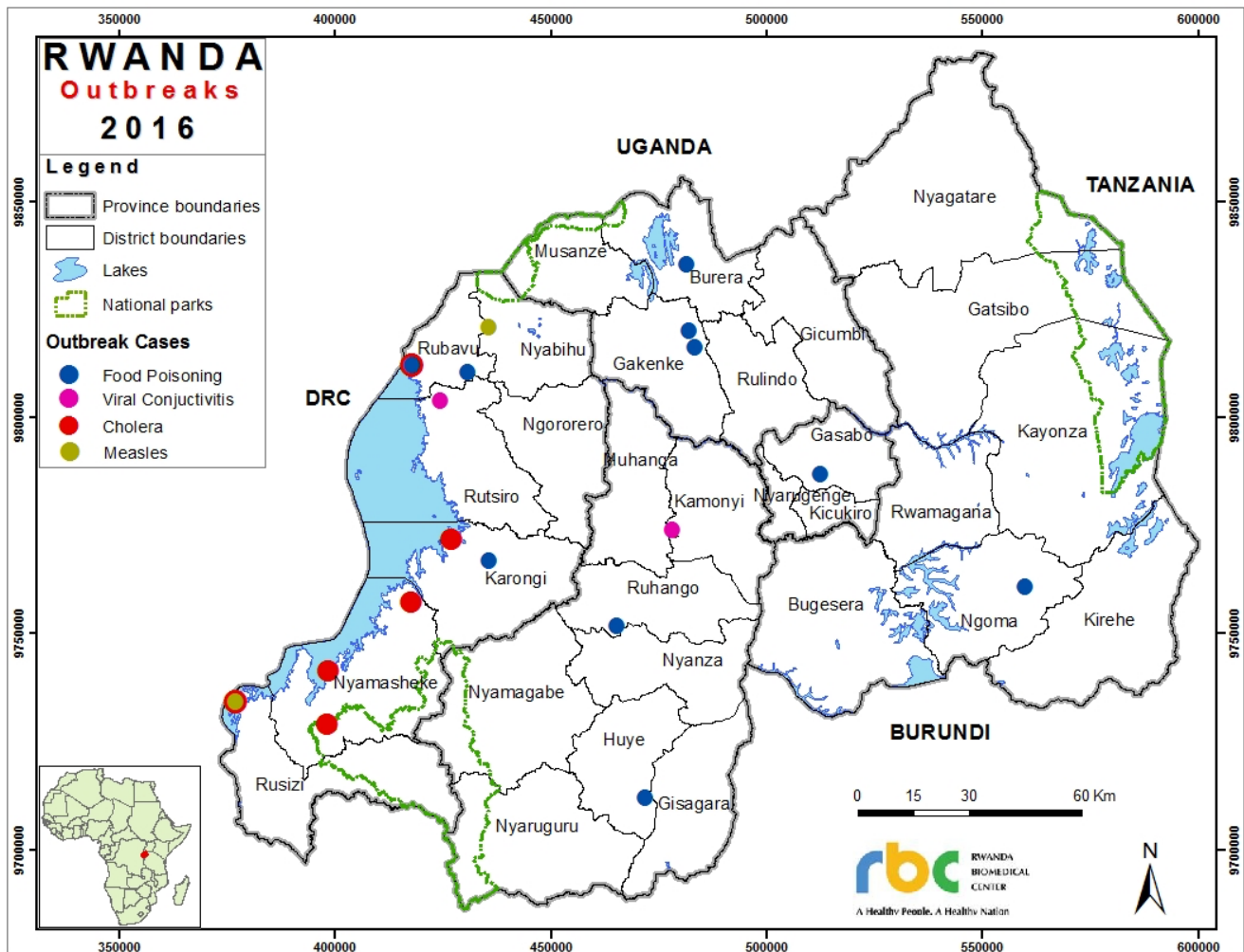
### **2.7.2. Response to outbreaks**

- From July 2016 to June 2017, Epidemic Surveillance and Response Division investigated and contained adequately 13 confirmed outbreaks across the country. Those outbreaks include 3 of cholera in Rubavu, Rusizi and Gatsibo Districts; 3 outbreaks of measles in Nyabihu, Rubavu and Nyanza Districts; 3 outbreaks of food poisoning in Huye, Ngororero and Burera Districts, 2 outbreaks of typhoid fever in Burera and Gicumbi Districts and 2 outbreaks of viral conjunctivitis in Rutsiro and Karongi Districts
- In addition to outbreak investigation, 2 post outbreak evaluation were conducted in Rubavu and Nyabihu Districts to assess preparedness and response capacity of the local team in outbreak management.
- Suspected cases and probable outbreaks alerts of influenza like illness and other respiratory diseases were investigated in Muhima and Kibogora District Hospitals catchment areas.
- In order to protect Rwandans and residents of Rwanda and to prevent the importation of cases of Ebola Virus Disease in Rwanda due to EVD outbreak which was notified in DRC in April 2017, the Ministry of Health/RBC initiated Ebola prevention activities including screening at all border posts with DRC. All travelers coming from DRC were screening for fever at Kigali International Airport and at all main

borders with DRC in Rusizi and Rubavu Districts from 19<sup>th</sup> May 2017 until the end of Ebola virus disease outbreak in Likati Health Zone/Bas Uele/ DRC.

- A five years Global Health Security Agenda for Rwanda was developed. The Global Health Security Agenda (GHSa) seeks to accelerate progress toward a world safe and secure from infectious disease threats and to promote global health security as an international security priority. In this regard, ESR in collaboration with other institutions and development partners developed a five years' roadmap with the aims to assess Rwanda capacity to prevent, detect, and rapidly respond to public health threats independently of whether they are naturally occurring, deliberate, or accidental.

**Figure 5 Map of outbreaks detected and managed in 2016**



### 3. Health Systems Strengthening

#### 3.1. Laboratory Services

During the 2016/2017 fiscal year, a wide range of activities ranging from laboratory system strengthening, research, capacity building of laboratory staff to enhanced diagnosis of infectious diseases has been undertaken.

### **3.1.1. Strengthening of laboratory information system**

- Laboratory Information System was made web based to allow virtual lab results delivery system within NRL and the lab network using email and SMS;
- 49 District Hospital Laboratories were mentored and supervised to enhance the diagnostic skills of laboratory staff for best practice;
- Standard operating procedures (SoP), Policies and manuals for strengthening the laboratory quality management system (QMS) have been developed;
- Six laboratories enrolled under accreditation process were trained on Strengthening Laboratory Management Toward Accreditation (SLMTA), with baseline and exit assessment of laboratory sites;
- All District Hospital Laboratories were given Proficiency Testing (PT) panels for best practice diagnostic enhancement in the lab network;
- All biosafety cabinets were maintained to make safe TB diagnosis within the lab network;
- A nucleic acid testing sites /molecular biology DNA paternity testing unit was established at the National Reference Laboratory for the first time in the country.

### **3.1.2. National Blood Transfusion Services**

The organization and coordination of activities related to blood donor mobilization, blood collections, blood testing, preparation of blood components and their distribution to transfusing health facilities across the country resulted in the following key achievements for the reporting period:

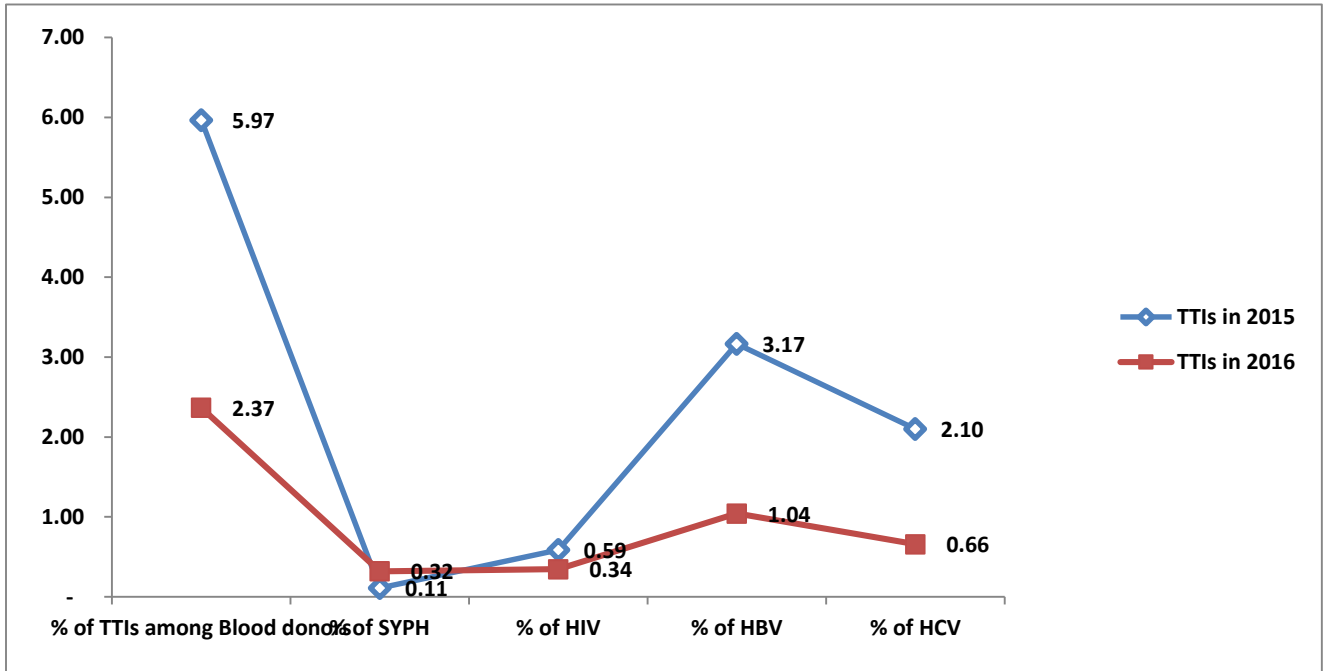
- The National Center for Blood Transfusion (NCBT) collected blood via 528 blood collection sites widely spread all over the country and 5 Regional Center for Blood Transfusion (RCBT) fixed sites. In a bid to ensure steady enough blood stock for the whole country, NCBT also entered in partnership with Rwanda National Police (RNP), Rwanda Defense Force(RDF), and the National Itorero Commission (NIC). All these strategies increased the number of bloods units collected to 61,763 from 53,436 units collected in 2015;
- 65 health facilities, including 52 public health facilities and 13 private health facilities were supplied with blood components;
- The National Centre for Blood Transfusion made a remarkable progress in the implementation of Quality Management System (QMS), all Regional Centers for Blood Transfusion (RCBTs) were enrolled to pursue the Africa Society for Blood Transfusion (AfSBT) step 3 full Accreditation since late 2015. AfSBT assessment has was successfully completed in 2016. NCBT met all requirements for step 3 full accreditation and received the level 3 AfSBT Certificate;

- On October 14<sup>th</sup>, 2016, His Excellence Paul Kagame, the President of the Republic of Rwanda, officially launched the blood delivery to health facilities using drones. This the world's first national drone delivery blood service. By June 30, 2017, twelve Health Facilities were being served using Drones. These are: Kabgayi, Nyanza, Ruhango, Kirinda, Muhororo, Gitwe, Kabaya, Shyira, Kaduha, Gakoma, Ruli and Gikonko Health Centers.



- Blood safety was strengthened through different strategies including the centralization of blood components production at Kigali to increase efficiency, but also to improve quality and ensure that one quality of Blood is issued to all Health Facilities in the country. A web based cold chain monitoring system was introduced to enhance blood safety through continuous monitoring of blood storage. This resulted in the decrease of the prevalence of Transfusion Transmissible Infections (TTIs) markers among blood donors that stood at 2.37% in 2016 compared to 5.97% in 2015 due to enhanced donor education and selection.

**Figure 6 Sero-prevalence of Transfusion Transmissible Infections among blood donors in 2016**



This graph indicates that the prevalence of Transfusion Transmissible Infections (TTIs) among blood donors stood at 2.37% in 2016 compared to 5.97% in 2015. This demonstrates decrease in TTI among blood donors in 2016. The sero-prevalence of HIV in 2016 was 0.34% versus 0.59% in 2015, HBV was 1.04% in 2016 while was 3.17% in 2015, HCV was 0.66% in 2016 while was 2.10% in 2015 and SYPHILIS decreased to 0.11% in 2016 from 0.32% in 2015.

### 3.1.3. Medical Technologies and Infrastructure

In the areas of Medical Technologies and Infrastructure, the following key achievements were registered in the Fiscal Year 2016-2017.

- The construction of new Shyira District Hospital with a capacity of 150 beds was completed and, on July 4<sup>th</sup>, 2017, the hospital was inaugurated by His Excellence Paul KAGAME, the President of the Republic of Rwanda.



- The Architectural designs to upgrade Ruhengeri District Hospital to a Ruhengeri Referral Hospital, in Musanze District, have been finalized, validated and approved. New blocks to be constructed will have the total capacity of 356 beds. It will have advanced imaging unit diagnostic center with Magnetic resonance imaging (MRI), A computerized tomography (CT) scan, Mammography, etc. More than 8 operating theatres, outpatient unit with high capacity and hospitalization wards and private rooms will be constructed. The budget for construction is being mobilized by the sector.



*Ruhengeri Referral Hospital Architectural Designs*

- The architectural design for the construction of a new Munini District Hospital was completed, validated and approved. Munini District Hospital is located in Nyaruguru District, Southern Province in. This Health Facility was small and overcrowded. The Ministry of Health decided to upgrade it to the capacity of 202 beds. The construction of the new hospital will start in the Fiscal Year 2017-2018.
- The architectural designs for Gatonde and Gatunda Hospitals respectively located in Gakenke and Nyagatare Districts, with a capacity of 60 beds for Gatunda and 50 beds for Gatonde have been completed, validated and approved. Constructions works for the two hospitals have started in collaboration with the Reserve Forces under the Ministry of Defense.
- With regards to medical equipment, 7 maternity blocks were fully equipped, 9 Health Centers located in different corners of the country were fully equipped, 70 sites received all required equipment for Voluntary Medical Male Circumcision (VMMC) activities, 3 Health Facilities received appropriate Laundry units, and 6 hospitals received mortuary modern equipment.

### 3.2. Medical Procurement and Production

In a move to avail quality drugs and commodities (reagents and consumables) the following progresses were made:

- Except for a few single source suppliers, the procurement of drugs and commodities have started using an e-procurement system. From July 01, 2016 to June 30, 2017, all tenders were conducted in e-Procurement system. This process enabled to replace a paper-based procurement and ensure transparency, fairness, equity to our procurement process. In the same way, more than 90% of planned tenders were executed.
- In the quantification of drugs and commodities, the Medical Procurement and Production (MPPD)/Rwanda Biomedical Centre, in collaboration with District Pharmacies and District Hospitals, conducted the forecast and quantification of essential medicines, consumables and lab reagents, test kits and consumables to be purchased during the fiscal year 2017/2018. Below are the results of the quantification exercise:

**Table 1 Results of MPPD quantification 2017/2018**

Category	Ordered	Planned	Grand Total
Medicines	1,767,373,854	3,085,961,740	4,853,335,594
Mental Health Drugs	42,311,988	363,345,257	405,657,245
Lab Commodities	29,071,613.29	422,071,275.60	451,142,889
Consumables	1,389,513,247	2,833,956,314	4,223,469,562
<b>Grand Total</b>	<b>3,228,270,703</b>	<b>6,705,334,587</b>	<b>9,933,605,290</b>

- Efforts to locally produce drugs commodities were also sustained. The manufacturing of oral morphine solution with 1mg/1ml bottles of 500 ml used for palliative care services was strengthened. All manufactured quantities are distributed to all the public hospitals through normal distribution channel of other health commodities. The rehabilitation study of Rwanda Pharmaceutical Laboratory (LABOPHAR) has been launched to ensure that the plant complies with required international standards in line with Good Manufacturing Practices (GMP) requirements.
- MPPD Warehousing has also been upgraded. A giant transformer to support the warehouse power supply has been installed at the MPP warehouse to ensure electrical power stability. A Heating, ventilation, and air conditioning (HVAC) system has been installed at the Kacyiru Warehouse. This has enabled MPPD to comply with warehouse air ventilation system requirement in terms of health commodities storage best practices.
- The stock variance has been reduced to 0.01% net off variances, 1,84% positive variances and 1.3 % negative variances.
- In the area of quality assurance, a prequalification tender for health products has been elaborated and planned to be launched in 2017/2018 fiscal year. This will ensure products are procured from WHO prequalified manufacturers with Good Manufacturing Practices, thus ensure compliance with international quality standards. High Performance Liquid Chromatography (HPLC) equipment have been acquired. This modern equipment will allow MPPD to ensure the medicines quality control. Laboratory technicians have been trained for efficient use of the equipment.
- Rwanda participated in the EAC Pharmaceutical Proficiency Testing for the analysis of Quinine Sulfate tablet and RBC/MPPD in-house Quality Control Lab complied with quality expected results compared with other Regional Pharmaceutical Labs.
- The distribution of products to district pharmacies and health facilities is continuously done every quarter based on requests from health facilities. MPPD conduct active distribution of products to 30 district pharmacies.
- During reporting period, 48.4 % of MEG (Essential medicines) vital products was readily available at MPPD and the percentage of Health facilities (District Hospitals and District Pharmacies) with less than 5% of vital medical products stocked out was estimated at 87%.
- The pharmacy unit under the Directorate General of Clinical and Public Health Services in the Ministry of Health coordinated the inspection and regulation of Private Pharmaceutical Establishment, control of import and export of pharmaceutical products and other health commodities, evaluation of dossiers requesting registration of pharmaceutical products, food supplements, Post-market surveillance and pharmacovigilance of pharmaceutical products, health commodities supply chain, logistic management information system and Coordinated procurement and distribution system. Below is a summary of achievements registered in the Fiscal Year 2016-2017:
  - The Law N° 31/2017 of 25/07/2017 Establishing Rwanda Inspectorate, Competition and Consumer Protection Authority (RICA) was drafted, submitted, approved and gazetted.
  - The law establishing Rwanda Food and Drugs Authority, Job profiling, Organizational Structure and its road map implementation were drafted and submitted for approval processes
  - A total of 5002 pharmaceutical imports visa, 3511 import license and 74 official certificates for controlled substances were analyzed and approved.

- In March 2017, an investigation on the presence of illegal pharmaceutical products, counterfeits, and fraudulent in private pharmaceutical establishment was conducted in targeted districts (Rubavu, Rusizi and Muhanga).
- In June 2017, in collaboration with Rwanda National Police, National Pharmacy Council, the Ministry of Health organized and conducted a joint inspection in 26 Districts to assess the compliance on the laws and the presence of illegal pharmaceutical products, fraudulent and counterfeits in private pharmaceutical establishment countrywide. A number of 154 Pharmacies were inspected, among them 24 were temporally closed due to various reasons like having illicit products, lack of responsible pharmacists or pharmacists without a license to practice. 16 Wholesale Pharmacies and One was closed due to lack of the responsible pharmacists. 9 Drugs Shops were inspected and closed due to no compliance to the current Law governing the pharmaceutical Establishment.
- In collaboration with Rwanda National Police, the Ministry of health participated in FAGIA 2 Operation targeting Illicit, counterfeits and Substandard Pharmaceutical Products in Kigali City.
- During the FY 2016-2017, a total 42 New Retail pharmacies, 17 New Wholesale Pharmacies, 2 New Food Supplement shops and 1 New Optical Shop were licensed and given the authorization to open and operate. For this same period, 7 Pharmacies were relocated, 63 responsible pharmacists were replaced.
- A total of 194 dossiers of pharmaceutical products requesting for medicines registration were granted the pre-registration and market authorization in Rwanda. At the same time, 25 dossiers for food supplements were requested additional information, 78 dossiers pharmaceutical products requested additional information.
- Access to essential medicines and other health technologies is a priority for citizens. It needs to be available at all times in adequate amounts, in appropriate dosage and quality and at an affordable price for individuals and communities. To ensure that people have access to essential medicines and to preserve the quality of the medicines, a functioning medicine supply chain is necessary, including the procurement of medicines and other health commodities, appropriate warehousing and efficient transportation, with pharmaceutical assessment systems that are useful to diagnose problems, plan major projects and interventions, monitor progress, and compare the performance of one system with that of another. To comply with the above-described process, the following improvements were made:
  - Strategies to improve the availability of the essential medicines and other health commodities, including the monitoring of the availability of vital commodities at health facilities, capacity building, district pharmacies and other health facilities, monitoring of stock levels for public health program funded products (HIV, TB, Malaria, MCCCH), Implementation of the e-LMIS, Development of the operational supply chain operational manual for the district pharmacies, were strengthened. To ensure the availability of vital commodities, stock out status reports are sent to the Ministry of health every week. The reporting system concerns the 30 district pharmacies, and the 42 district hospitals. The reports monitor the availability of the 250 health commodities, identified as vital by the Ministry of Health, and that are supposed to be available at all times and in enough quantities at the level of the District pharmacy and the District Hospital. The indicator used to monitor the implementation of this Strategy is the number of reporting health facilities that have less than 5% stock out of the vital commodities.

- The monitoring of the stock levels for public health program funded products was and is conducted under the supervision of the Ministry of Health, which brings together all the stakeholders that play an important role in the availability of these products. The coordination mechanism aims to pool resources from different funding partners in order to create a common basket fund for the procurement of health commodities including but not limited to antiretrovirals (ARVs), laboratory reagents, test kits, laboratory consumables, laboratory equipment, Antimalarials, and the products for the Maternal Child and Community Case management health commodities. During the year 2016-2017, we have completed the quantification and forecasting of the HIV, OIs, and HIV laboratory related products, antimalaria products, Maternal, Child and Community Case management health Products. The results of this activity are projecting the quantities of the health products needed for the year 2017- 2018. For each program, reviews of the supply plans were conducted every quarter to ensure that estimated quantities during the Quantification process of the year 2016-2017 are still in line with the programs objectives in the year 2017-2018.
- The Ministry of Health has strengthened the national supply chain Management system by implementing an Electronic Logistics Management Information System (e-LMIS) to improve Supply chain processes, best standard practices and ensuring availability of accurate logistic data, on a timely manner for informed decision making. Towards this move, the Ministry of Health has undertaken the effort to design, build and to effectively manage the e-LMIS implementation and integration while ensuring that all user requirements are accommodated, validated and users trained for effective and sustainable supply chain management. The system has been rolled out at all supply chain levels in the country namely Central level, Referral Hospitals, District Pharmacies, District Hospitals and all Health Centers. To ensure full utilization and meeting of the e-LMIS implementation objectives, users were trained and a help desk established to trouble shoot any arising issues.
- In collaboration with the East African Community (EAC) and National Medicines Regulation, seven (7) facilities, 3 located within the EAC region and four (4) located outside the EAC region were inspected for Good Manufacturing Practice (GMP).
  - o EAC Joint dossier assessments were conducted and 20 products were evaluated using EAC developed guidelines in CTD format and 4 were registered.
  - o EAC harmonized guidelines for Registration of biologics; vaccines and variation were developed and are in the approval process.
  - o Information Management System was developed by automation of the mapped processes of five regulatory functions (1) Medicines Evaluation and Registration, (2) Good Manufacturing Practice, (3) Import and export controls (4) Premises and (5) Finance. The implementation is underway by piloting the Import and export controls, Medicines Evaluation and Registration and Premises Modules.
  - o The German Government supported Rwanda with 8 Minilabs used in post marketing surveillance and now used in the preliminary testing quality of human medicines.
  - o Review and validation of Regional Pharmaceutical Policy and legal frameworks at EAC level was done and national consultations. Now under approval process
  - o Center of Excellence on Supply Chain of Health commodities in EAC at the University of Rwanda has started providing short courses in supply chain and soon is starting master's degree.

- Expert working group on pharmacovigilance (PV) and Post marketing surveillance (PMS) developed PV business plan
- Expert working group on chemical reference substances (CRS) for quality control of pharmaceuticals in EAC conducted assessment for selecting the host laboratory and the road map towards establishing the CRS Centre.

### **3.3. Communication, hygiene and health promotion**

- From July 01, 2016 to June 30, 2017, several communication health promotion interventions were conducted in the areas of diseases preventions and healthy behaviors. Through mass campaigns conducted using radio adverts, radio programs/talks show, social media and community mobilization activities, the population was sensitized on early treatment.
- Integrated outreach and social mobilization campaigns have been conducted in 30 districts whereby 312,500 people were reached with key educative messages on health priorities including Malaria, HIV, Tuberculosis, Family Planning, Non-Communicable Diseases (NCDs) prevention and Nutrition with focus on introducing the Fortified Blended Food (FBF) known as SHISHA KIBONDO.
- A total of 8 Hospitals (University Teaching Hospital of Kigali known as CHUK, Muhima, Kibagabaga, Shyira, Bushenge, Kibungo, Byumba, Kabutare were supervised and mentored as a follow-up on the implementation of the Auditor General Recommendations. During the visit a technical support was provided to these hospitals regarding Hospital hygiene, health care waste management and water Treatment Plant and Occupational Health.
- Within the Community Based Environmental Health Promotion (CBEHPP), the Community Health Club (CHC) approach was used to promote hygiene, health behavior and practices at the village level. The CHC facilitators were trained and mobilized to create CHCs in all villages in order to achieve practical hygiene behavior change at households' level.
- A total of 33 Trainers from 3 Districts (Burera, Gasabo and Musanze) were trained on CBEHPP for a period of five days. The purpose of the training was to equip staff and local government partners with the capacity to conduct subsequent training for community health workers (CHW), and Community Health Clubs facilitators.
- During this fiscal year, efforts were also put in the construction of Households Latrines, in total 5,161 toilets and 9,399 hand washing stations have been built 8 Districts: Rwamagana, Kicukiro, Nyarugenge, Ngoma, Nyabihu, Ruhango, Nyanza, Kayonza.
- In collaboration with other government institutions, the Ministry of Health participated and contributed to the food Safety, hygiene and security inspection in premises that were to host big national and international summits/meetings. The main purpose of the inspection was to ensure proper food safety and hygiene prevail on the venue and in the accommodation facility, and to prevent any case of food poisoning case among the participants. The inspection team inspected premises that hosted: Global Fund Board Meeting 2017, The 4<sup>th</sup> Edition of the Transform Africa Summit, the 6<sup>th</sup> Edition of the African Public Service Day (APSD), the WHO Africa Health Forum 2017, and the Youth Connect Summit 2017.

## **4. Quality Healthcare Service Delivery**

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### **4.1. Quality Improvement and accreditation**

- To ensure that Rwanda's Health Facilities provide quality healthcare services, the Rwanda Primary Health Care (PHC) Standards for the health centers were developed. This was done to ensure that all public health centers in Rwanda are enrolled into Quality Improvement (QI) and Accreditation Programme, and to follow in the footsteps of provincial and district hospitals. All public and private health centers will be regularly assessed during Accreditation against these standards to evaluate their level of performance in terms of quality services delivery and improvement.
- Internal and external facilitators and surveyors for the Quality Improvement (QI) and accreditation Programme were trained facilitate accreditation process. There was a need to train both surveyors and facilitators for the period of one year. The total of 27 surveyors and 34 accreditation facilitators both internal and external were certified after successfully completing a one-year certification course.
- Quality assurance plans and dashboards for health centers from 24 districts were developed. Each of these health centers has now 2 representatives where one person is the accreditation focal person at the District Hospital of that catchment area
- A QI and accreditation facilitation was organised and conducted for 16 hospitals to curb down the gaps identified during last accreditation progressive performance assessment. A team of both internal and external facilitators conducted accreditation progressive performance hospital assessment to identify gaps and all areas that need improvement. This is a routine activity done twice a year before progressive performance assessment begins.
- In order to shape the social consciousness of health workers and ensure the mindset change and their stewardship, who are expected to implement the aforesaid strategies, a Civic and ethic education (Itorero) for health workers as one of the interventions included in the ongoing health sector transformation policy was organized. Over 10,000 Health Sector staff participated in the Itorero.

### **4.2. National Itorero for health sector staff**

- In order to sensitize all health staff on their role in ensuring the provision of quality healthcare services to the population, the Health Sector organized a National Itorero for health sector staff. The first phase was held in Gabiro Training Center and brought together all managers from public health facilities, Private health facilities and representative of traditional medicine.



- The Health Sector Itorero was aimed at training participants in values and taboos of their profession as well as of the Rwandan culture, helping them understand the future and goals of the country especially in the health sector, helping them understand the history of Rwanda, giving them a platform of sharing ideas so as to work for the development of the nation, especially through citizen centred service delivery.



- Staff were trained by leaders in the health sector who underwent a training of their own earlier before. These were selected from the Ministry of Health staff, private health facilities and professional councils and societies/associations



#### **4.3. National Citizens Outreach for Specialized Medical Services**

- Over the last two decades, Rwanda has been scaling up different interventions meant to boost and improve universal health coverage. In first place, and in line with national efforts to decentralize services closer to the community, the health sector redefined the country health system and reorganized the ranking of health facilities to align them to the ranking of national administrative entities. Under the redefined health facilities ranking, for each administrative entity, there is a corresponding health facility, with a specific healthcare package to be provided to the population at each level.
- Starting from the bottom at the village level, a Community Health Workers (CHWs) system has been established and is well functioning. It is composed of 45,516 CHWs distributed in over 14,000 Villages of Rwanda. Each village has got 3 CHWs working as volunteers and provide preventive and basic curative health care services.
- At the cell level, the next administrative entity above the village, correspond a health facility commonly known as “Health Post”. For the next levels of administrative entities, the Sector and the Districts, there are Health Centers and District Hospitals, respectively. There are also Provincial Hospitals at the Province level, Referral and specialized hospitals at the national level.
- These reorientations and reforms undertaken in the country health system are credited to have largely contributed to the improvements of the geographic accessibility. They have allowed to strategically construct health facilities where they were needed and project the constructions of new ones, to decentralize the health care services and to and to significantly the reduce the average time to access the closest health facility from 95 minutes in 2006, to 61.4 minutes in 2011 to 56.5 minutes in 2014.
- With relevant measures and initiatives to improve geographic accessibility to healthcare services the next step was the improvement of financial accessibility and consistent quality healthcare

services. On the issue of financial accessibility, Rwanda introduced a Health Insurance Law in 2016 whereby all Rwandans have to be covered by a health insurance. For those in the informal sector, Rwanda successfully introduced a community-based health insurance. Over 90% of Rwandans are now covered by a health insurance.

- As regards to ensuring consistent quality health care services, Rwanda put in place a performance-based financing mechanism across the health system. In addition to that, Rwanda also initiated, in 2011, an in-country Human Resources for Health Program with the purpose to increase the quality and quantity of the health workforce. This program has allowed to train more than 300 specialized medical doctors. They are deployed in provincial and referral hospitals.
- A quick assessment conducted on the time spent by a patient to meet specialized medical doctor showed that many patients were given an appointment period going beyond six months. This was partly due to the fact that many patients were coming to seek specialized health care in the referral hospitals mostly located in Kigali City. To deal with this challenge, the Ministry of health decided to create 4 provincial hospitals and 3 new Referral Hospitals by upgrading the existing District Hospitals. In addition to that the Ministry decided to consolidate community medical outreach initiatives and organized in a way that allows to work across the country. The medical outreach is jointly planned by the Ministry of Health, Medical Professionals Councils, Hospitals and the Local Leaders.
- Because of this joint initiative, the Ministry of Health managed to reduce the waiting time for patients from more than six months to a minimum of two days. Community medical outreach also helps patients to save money by not having to travel long distance to seek specialized healthcare.

**Table 2 Outcomes from the National Citizens Outreach for Specialized Medical Services**

Services	Target		Executed
<b>Orthopedics</b>	Surgery	300	<b>632</b>
	General treatment	4,000	<b>11,151</b>
<b>Gynaecology and obstetrics</b>	Surgery	200	<b>277</b>
	General treatment	3,000	<b>5,723</b>
<b>Ophthalmology</b>	Surgery	750	<b>612</b>
	General treatment	10,000	<b>37,714</b>
<b>Ear, Nose, and Throat (ENT)</b>	Surgery	9,000	<b>11,798</b>
<b>Dental</b>	General treatment	15,000	<b>28,569</b>
<b>Oral and Maxillofacial</b>	Surgery	0	<b>26</b>
	General treatment	0	<b>95</b>
<b>HIV Counselling and Testing</b>		0	<b>10,587</b>
<b>Male Circumcision</b>		0	<b>12,810</b>
<b>Total</b>			<b>119,994</b>

#### 4.4. International/External Medical Missions

- In collaboration with international organizations (Barraquer Foundation, Chain of Hope, Face the Future, International Organizations for Women and Development, Open Heart International,

Rwanda Legacy of Hope, Rotary International, and Team Heart), a number of surgeries were performed in various domains. Below is a summary of outcomes from the International or External Medical Missions.

**Table 3 Outcomes from the International or External Medical Missions**

Organization	Type of surgeries	Period	Sites	# of cases
<b>Barraquer Foundation</b>	Cataract surgery	June 15-22, 2017	Rwamagana Hospital	730 Consultations
				198 Surgeries
				300 Glasses
<b>Chain of hope</b>	Cardiac surgery	24/11-06/12-2016	King Faycal Hospital	24 Surgeries (Paediatrics)
<b>Face the future</b>	Plastic surgery	February 19-24, 2017	Rwanda Military Hospital	49 Screenings
				27 Surgeries
<b>International Organizations for Women and Development</b>	Fistula Surgeries	October 15-27, 2017	Kibagabaga Hospital	133 Consultations
				47 Surgeries
<b>Open Heart International</b>	Cardiac surgeries	April 14-23, 2017	King Faycal Hospital	49 Screenings
				27 Surgeries
<b>Rwanda Legacy of Hope</b>	Hernia	March 02-12, 2017	Gahini Hospital Kigeme Hospital Kirinda Hospital	157 Surgeries
	Ear, Nose, and Throat (ENT)		CHUK	12 Surgeries
<b>Rotary International</b>	Urology	27/08-06/09-2016	CHUK	50 Urology surgeries
	Neurosurgery			18 Neurosurger
<b>Team Heart</b>	Cardiac Surgery	17/02-07/03/2017	King Faycal Hospital	17 Surgeries (Adults)

#### 4.5. Health Financing

- Rwanda has achieved close to universal health insurance coverage for its population. To ensure improved access to healthcare, the Government of Rwanda developed a comprehensive Health Insurance Law (Law No. 48/2015 – 25 January 2016) governing the organization, functioning and management of Health Insurance Schemes in Rwanda. The Law requires any resident, whether a Rwandan or a foreign national, who is on the Rwandan territory shall be required to have health insurance.
- To ensure a smooth implementation of the law on health insurance, the Government adopted new tariffs in public health facilities and the Ministry of Health issued instructions for the implementation of that Cabinet Decision.
- The Ministry of Health paid health paid FRW 2,963,108,000 to Rwanda Social Security Board as CBHI premiums for 1,481,554 poorest people for the fiscal year 2016-2017.
- Overall, in the Fiscal Year 2016-2017, the Health Sector On Government budget execution was estimated at 92%.

**Table 4 Health Sector On Government Budget Execution FY2016-2017**

<b>Program Name</b>	<b>Sub Program Name</b>	<b>Budget</b>	<b>Committed Amount</b>	<b>Percentage</b>
<b>Administrative and Support Services</b>	Administrative and Support Services	13,170,172,781	13,309,708,413	101
	Management Support	2,307,349	7,610,438	330
<b>Disease Prevention and Control</b>	Epidemic Infections, Diseases	73,386,100	73,386,100	100
	HIV/AIDS, STIs And Other Blood Borne Diseases	20,333,156	20,333,152	100
	Malaria and Other Parasitic Diseases	1,065,203,641	1,053,466,538	99
	Mental Health	62,710,400	57,998,395	92
	Non Communicable Diseases	66,794,199	65,959,745	99
	TB and Other Respiratory Communicable Diseases	36,406,283	36,406,283	100
	Vaccine Preventable Diseases	1,328,121,726	1,325,606,842	100
<b>Financial and Geographical Health Accessibility</b>	Health Infrastructure Equipment And Transport	12,439,999,999	10,108,728,125	81
	Health Service Subsidisation	5,588,505,504	5,588,505,504	100
	Insurance System Organisation	26,977,107	16,799,090	62
	Performance-Based Financing	10,481,523,979	10,456,351,622	100
<b>Health Human Resources</b>	Health Professional Development	13,486,734,219	11,519,717,805	85
<b>Health Quality Improvement</b>	Blood Transfusion	341,450,189	336,641,180	99
	Health Communication	182,830,782	182,821,072	100
	Lab Diagnostic Quality Assurance	266,496,085	227,679,133	85
	Medical Infrastructure And Equipment Maintenance	557,912,000	555,613,988	100
	Medical Procurement And Distribution	11,706,355,773	10,506,454,460	90
	Medical Research	17,746,700	14,646,800	83
<b>Health Sector Planning and Information</b>	Health Information and Technologies	231,298,000	230,575,333	100
	Health Sector Planning, Monitoring and Evaluation	32,986,714,884	24,190,069,591	73
	Partnerships Coordination and Mobilisation	15,800,000	15,769,998	100
<b>Maternal and Child Health</b>	Community Health	2,000,000	2,000,000	100
	Family Planning and Reproductive Health	38,106,550	37,435,215	98
	Hygiene and Environmental Health	282,245,402	156,522,144	55
	Maternal and Child Health Improvement	151,351,819	150,580,466	99
	Nutrition	1,511,909,452	1,494,327,769	99
<b>Policy Development and Health Service Regulation</b>	Health Profession Regulation	940,367,631	880,179,350	94
	Health Service Policy Development And Regulation	-	-	

<b>Specialised Health Services</b>	Clinical and Operational Research	19,650,000	19,650,000	100
	District Hospital Mentoring and Supervision	21,815,000	24,717,024	113
	Specialised Service Delivery	14,195,433,306	18,421,683,919	130
<b>Earmarked To Districts</b>	Disease Control	1,190,329,991	1,190,329,992	100
	Health infrastructure, equipment and goods	3,735,479,226	3,735,479,225	100
	Health staff management	29,233,909,794	27,690,766,127	95
<b>Grand Total</b>		<b>155,478,379,027</b>	<b>143,704,520,838</b>	92

## 5. Health Sector Priorities in the Fiscal Year 2017-2018

**Table 5 Health Sector Priorities in the Fiscal Year 2017-2018**

Output	Indicator	Baseline	Targets/Milestones	Activities
<b>OUTCOME 1: The burden of communicable and non-communicable diseases reduced among Rwandan population</b>				
<b>Output 1.1 : NCDs managed at health facilities</b>	% of health facilities managing NCDs	16%	90%	Conduct mentorship and training of HCP at health facility level on NCDs management
<b>Output 1.2. Structures in targeted areas received Indoor Residual Spraying</b>	Proportion of structures in targeted areas that received Indoor Residual Spraying	96%	99%	Conduct IRS operation in targeted districts or sectors
<b>Output 1.3 Eligible adults and children receiving antiretroviral therapy</b>	% eligible adults and children currently receiving antiretroviral therapy	82.6%	85%	Conduct training of 1 Health care provider per health facility to support DSDM Conduct training for DH Pharmacists on supply chain in line Differentiated service delivery Model
	Percent of infants born to HIV-infected mothers who are HIV negative by 18 months	>95%	>95%	Targeted Mentorship of health care providers on PMTCT service delivery Training of Health care providers from private clinics on PMCT, syphilis and others Targeted Training of providers on PMTCT and couples HIV counselling and Testing
<b>OUTCOME 2: Availability, accessibility and utilization of maternal health and child health services improved</b>				
<b>Output 2.1. Increased number of assisted deliveries at HF</b>	% Births attended in HF	91%	>90%	Conduct mentorship on new Post-natal care (PNC) Guidelines in all Districts Conduct mentorship on C- EmONC in Hospitals
	% of Districts with $\geq 80\%$ DTP3 coverage	97%	97%	Procurement of vaccine and vaccine devices Distribute vaccines and vaccines devices to District Hospitals
<b>Output 2.2. Under five years malnourished children are screened</b>	% of under five children screened for weight for age at community level	70%	85%	Conduct quarterly integrated nutrition coordination meetings
<b>Output 2.3: Fortified Blended food (FBF)</b>	% of eligible 6 to 24 months' children and mothers (CAT 1) receiving FBF	74.6%	>95%	Purchase and distribute Fortified blend food (FBF)

<b>system is strengthened and functional</b>				Monitoring and evaluation of FBF, distribution and data quality Audit
<b>OUTCOME 3: Quality of services offered by public health facilities improved</b>				
<b>Output 3.1. Pharmaceutical products are available and accessible at MPPD</b>	% of MEG vital products readily available at MPPD	53%	75%	Procure essential medicines
<b>Output 3.2. Availability of vital medical products in health facilities improved</b>	% of Health facilities (District Hospitals and District Pharmacies) with less than 5% of vital medical products stocked out	85%	90%	Monitor the implementation and effective use of e-LMIS by all Health Facilities
<b>Output 3.3. Available of blood product at Hospital</b>	% of satisfaction of hospital demand	85%	87%	Carry out blood collection sessions
<b>Output 3.4: Mental Health Services managed in health facilities</b>	% of health facilities that are managing mental health care	85%	98%	Conduct training of 45 GPs of DHs on mental health care to support district & provincial & new appointed referral hospitals
				Conduct clinical mentorship to district hospitals by specialist from referral mental health services (Ndera, CHUK, CHUB/HIRC)
				Training of 250 general nursing (GNs) from HCs on mental health care
<b>Output: 3.5: A Disease &amp; Procedures Coding and nomenclature of health care services system is developed</b>	# of Nomenclature system developed	N/A	Finalization and validation	Development of coding and nomenclature document for better harmonization of reimbursement of health services
<b>Output: 3.6: Referral and Provincial Hospitals pursuing Level 2 of accreditation standards</b>	# of Referral and Provincial Hospitals achieved level 2	N/A	3 Hospitals achieving level 2 of accreditation	Carry out accreditation performance progressive assesement per semester
				Conduct facilitation for implementation of accreditation standards
<b>Out put 3.7: District Hospitals and Referral</b>	# of Referral and Provincial Hospitals achieved level	N/A		Conduct facilitation for implementation of accreditation standards

<b>and provincial hospitals pursuing Level 1 of accreditation standards</b>			5 Hospitals achieving level 1 of accreditation	Carry out accreditation performance progressive assesement per semester
<b>Out put 3.8: Clinical Services and Primary Health Care in health facilities improved</b>	# of outreach program sessions conducted in Health Facilities	4 Outreach program sessions	1 outreach session conducted in Health Facility	Support Teaching Hospitals to conducted outreach medical services in the DHs for mentorship Support International medical missions conducted in HFs for specilaised services of avaiable in country
<b>OUTCOME 4: Geographical and financial accessibility to Health services improved</b>				
<b>Output 4.1. Nyabikenke District Hospital partially constructed</b>	% of construction completion	18.4%	28%	Reinforced concrete, wall elevation ongoing and roof structure ongoing
<b>Output 4.2. Byumba DH is partially reconstructed (Phase I)</b>	% of construction works completed	50.0%		Fixing doors and windows, Walls finishings, floor finishings, Electrical installation, plumbing, Oxygen installation and painting as well as completion of exterior works
<b>Output 4.3. Ruhengeri Hospital constructed and upgraded</b>	% of construction completion	Contract is signed	30%	Site installation, site excavation, foundation completed and reinforced concrete columns of basement completed, reinforced concrete columns of ground floor done, form works for reinforced concrete slab of ground floor is ongoing.
<b>Output 4.4. Gatonde Hospital in Gakenke District is Constructed</b>	% of construction completion	Contract is signed	70%	Site installation, site excavation, foundation completed and reinforced concrete structure completed, walls elevation completed, roof cover completed, fixing doors and windows ongoing.
<b>Output 4.5. Munini Hospital constructed</b>	% of construction completion	Contract is signed	40%	Site installation, site excavation, foundation completed , Reinforced concrete structure, walls elevation and roof cover ongoing
<b>Output 4.6. Laundry and Fence at Nyagatare Hospital constructed</b>	% of construction completion	N/A	50%	Site installation, site excavation, foundation, reinforced concrete structure, walls elevation and construction ongoing

<b>Output 4.7. Gatunda Hospital in Nyagatare District is constructed</b>	% of construction completion	Contract is signed	70%	Site installation, site excavation, foundation completed and reinforced concrete structure completed, walls elevation completed, roof cover completed, fixing doors and windows ongoing
<b>Output 4.8. Muhororo Hospital in Ngororero District is constructed</b>	% of feasibility and design completion	N/A	100%	Procurement process; feasibility and technical designs
<b>Output 4.9. Gasabo Hospital in Gasabo District is constructed</b>	% of construction completion	5.0%	10%	Foundation, reinforced concrete structure ongoing