

The work of WHO Rwanda in 2014-2015 Biennium

Supporting Health Services Delivery for
Universal Health Coverage in Rwanda



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RWANDA
Unity in Diversity



World Health
Organization



Dr. Olushayo Olu
WHO Representative

Foreword

In the course of the 2014/15 biennium, the WHO Country Office (WCO) Rwanda experienced many positive developments that will shape its work in the coming years. A new generation Country Cooperation Strategy (CCS) covering the period 2014 to 2018 was finalized; this document identified key priority areas of the WCO for the next 3 years. The Office supported the strengthening of policy dialogue, development, revision and evaluation of several health sector policy and strategic documents, and capacity building of national health institutions. These contributed to key achievements of the national health sector such as attainment of the health related Millennium Development Goals (MDGs). However, the Office also experienced several challenges including inadequate staffing, increased workload and underfunding of some programmes that constrained its work.

In spite of the challenges, WCO was able to achieve an implementation rate of more than 90 per cent of its 2014/15 biennial work plan. The introduction of new office management systems and technologies resulted in better communication, technical and operational capacity of the office and new cost saving measures enhanced efficiency and facilitated cost-effective programme management. The WHO Regional Office for Africa Transformation Agenda provided a platform to strengthen and strategically re-position the office. Through encouragement of better communication between the senior management, professional, and administrative staff, the working environment in the Office improved tremendously with better motivation and increased productivity of staff members.

In the 2016/17 biennium, our work will focus on supporting the Government of Rwanda (GoR) to implement Sustainable Development Goals (SDGs) and to achieve Universal Health Coverage (UHC) in the country. We shall do this by fostering national ownership and leadership, using an integrated and multi-sectoral approach, and building strategic partnerships to enhance our technical capacity to support the government. The WHO Regional Office for Africa Transformation Agenda will also play a critical role in ensuring that the Office is a more responsive, action and result oriented organization.

We are counting on your usual collaboration, support and partnership as we take on these challenges in the coming months.

Thank you

Acknowledgements

This report is a product of WHO Country Office for Rwanda. The activities reported were made possible with support of several actors within and outside the organization. We would like to express our appreciation to the technical teams at the Ministry of Health, Rwanda who diligently worked alongside the WHO teams to implement planned activities.

We also thank members of the One UN Family and all our partners for the great collaboration accorded to WCO Rwanda. We also acknowledge the enormous support and contributions of our donors namely: Swiss Agency for Development and Cooperation, the Embassy of the Kingdom of the Netherlands, the One UN Fund and the CERF Secretariat. Your support enabled the country office to implement our work as planned.

To the WHO Inter-Country Support Team for East and Southern Africa IST/ESA, the Africa Regional Office (AFRO) under the able leadership of the Regional Director, Dr M. Moeti and WHO Headquarters in Geneva under the leadership of Dr M. Chan, we say a big thank you.

To everybody, we say thank you.
WHO County Team Rwanda



WHO Country Team Rwanda credit: WHO Rwanda

Acronyms

Acronym	Definition
AFRO	Africa Regional Office
AHO	African Health Observatory
ANC	Antenatal care
ART	Antiretroviral therapy
CCM	Country Coordinating Mechanisms
CCS	Country Cooperation Strategy
CERF	Central Emergency Response Fund
CHW	Community Health Worker
CIAT	International Centre for Tropical Agriculture
CRVS	Civil Registration and Vital Statistics
CVCA	Core Voluntary Contributions Account
DHS	Demographic and Health Survey
DTP	Diphtheria, tetanus and pertussis (whooping cough)
EAC	East African Community
EKN	Embassy of the Kingdom of the Netherlands
EPI	Expanded Programme on Immunization
FIC	Fully Immunized Children
GPW	General Programme of Work
GSRRS III	Global Status Report on Road Safety III
GTCR V	The Global Tobacco Control Survey V
Hib	Haemophilus influenza type B
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
HPV	Human papillomavirus
HQ	Headquarters
HRH	Human Resources for Health
HSSP III	Third Health Sector Strategic Plan
IAEA	International Atomic Energy Agency
IARC	International Agency for Research on Cancer
ICATT	IMCI Computerized Adaptation and Training Tool
IDSR	Integrated Disease Surveillance and Response
IMCI	Integrated Management of Childhood Illness
IST/ESA	Inter-country Support Team/Eastern and Southern Africa
JANS	Joint Assessment of National Health Strategies
JHSR	Joint Health Sector Review
LLINs	Long-Lasting Insecticide-treated Nets
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MDR-TB	Multidrug-resistant Tuberculosis
MIGEPROF	Ministry of Gender and Family Promotion
MoH	Ministry of Health
MTR	Mid-Term Review
NCDs	Non-Communicable Diseases
NHO	National Health Observatory
NISR	National Institute of Statistics of Rwanda
NTDs	Neglected Tropical Diseases
PHEIC	Public Health Emergencies of International Concern

Acronym	Definition
PMTCT	Prevention of mother-to-child transmission (PMTCT) of HIV
PRISM	Performance of Routine Information System Management
RRP	Regional Refugees Response Plan
SDC	Swiss Agency for Development and Cooperation
SDH	Social Determinants of Health
SIAs	Supplementary Immunization Activities
STEPS	STEPwise approach to Surveillance
TB	Tuberculosis
ToRs	Terms of Reference
UNDAP	United Nations Development Assistance Plan
VCT	Voluntary Counselling and Testing
WCO	WHO Country Office
WHO	World Health Organization
WHO/AFRO	WHO Africa Regional Office
WISN	Workload Indicators of Staffing Needs

Table of Contents

Foreword	2
Acknowledgements	3
Acronyms	4
Executive summary	7
1. Introduction	9
1.1 Background	9
1.2 Health situation analysis	9
1.3 WCO goals, objectives & expected outcomes for 2014-2015	10
2. Key achievements	11
2.1 Health system strengthening	11
2.2 Communicable & non-communicable diseases	12
2.2.1 HIV/AIDS programme	12
2.2.2 TB programme	12
2.2.3 Malaria programme	12
2.2.4 Expanded Programme on Immunization	13
2.3 Prevention and control of communicable diseases	14
2.4 Neglected tropical diseases	14
2.5 Non-communicable diseases and nutrition	15
2.6 Promoting health through the life course	16
2.7 Disaster risk reduction, preparedness & response	17
2.8 Partnerships	18
2.9 Corporate services	19
3. Conclusions	21
3.1 Overall office performance	21
3.2 Enabling factors	21
3.3 Challenges	21
3.4 Lessons learned	22
3.5 Best practices and innovations	22
4. Recommendations and action points	23
Annexes	24
WCO Directory, as of December 2015	24
Technical support provided by IST/AFRO/HQ	25
List of meetings, conferences, trainings and workshops	26
Table of Figures	
Figure 1 Evolution of the early childhood mortality rates in Rwanda	9
Figure 2 Child health in Rwanda (DHS 2015)	9
Figure 3 Maternal health in Rwanda (DHS 2015)	10
Figure 4 Evolution of the maternal mortality ratio in Rwanda	10

Executive summary

Rwanda has made outstanding socioeconomic progress in the last two decades. Significant improvements in health outcomes and other key development indicators have been observed, especially in the area of maternal and child health. Despite the significant gains and improvements recorded, malnutrition remains a problem among children aged under-five years. Additionally, Rwanda is experiencing a significant increase in the number of malaria cases, from 514 173 cases in 2012 to 1 967 402 cases in 2015. The Ministry of Health and partners are currently tackling this challenge.

This biennial report 2014/2015 outlines the work of the WCO Rwanda in cooperation with the Government of Rwanda (GoR) using five strategic priorities that guided the country office work. The strategies include:

- i) Support to **health system strengthening**,
- ii) Contribution towards reduction of morbidity and mortality associated with **communicable and non-communicable diseases**,
- iii) Reduction of **maternal, newborn and child** morbidity and mortality;
- iv) Promotion of health by addressing the **social determinants of health, health and environment, nutrition and food safety and**
- v) Strengthening **disaster risk management and epidemic emergency preparedness and response**.

During the reporting period, in collaboration with the Ministry of Health and other partners, the WHO Country Office contributed to *strengthening the health system* by developing policies and strategic documents in the area of health financing, health products and human resources for health. Comprehensive assessment of the health information system was also conducted, along with the implementation of a National Health Observatory and its components.

In the area of *communicable and non-communicable diseases*, the development of policy, prevention and treatment guidelines contributed to the increase in antiretroviral therapy coverage to 80 per cent; and reached a treatment success rate for confirmed TB cases of 89.8 per cent. MOH was supported to develop a five-year malaria contingency plan in response to the recent increasing incidence of malaria. The Expanded Programme on Immunization (EPI) achieved 97 per cent vaccination coverage for all antigens, and maintained the country's polio-free status, which was achieved in 1993. The programme supported the introduction of the Rotavirus vaccine which helped reduce rotavirus infections among children as evidenced by the decrease in positivity rate from 50 to 19 per cent three years following the introduction of the vaccine in 2012. WHO also provided guidance to the MOH and its partners to develop and implement Ebola preparedness activities. The revision of the National NTD Master Plan 2013-2018 and deworming of more than 95 per cent of school-age children in all districts using Albendazole and Praziquantel were also conducted with the support of WHO.

Additionally, the WCO supported the MOH to review the algorithms for the management of severe acute malnutrition. Seven thousand (7,000) copies of comic booklets on proper nutrition were also distributed to school-age children and their families, along with 10,000 recipe books on complementary foods for infants and young children in the context of prevention of stunting in under-five children. Multiple capacity building activities for health workers on nutrition were conducted; and an operational research aiming at strengthening interventions to reduce malnutrition is also being undertaken. A STEPS (STEPwise approach to Surveillance) survey to determine the prevalence of Non Communicable Diseases (NCDs) and to determine their risk factors was conducted at the national level.

To strengthen *Maternal and Child Health*, WHO provided technical support in the development of several documents and tools especially in the domain of maternal, neonatal and child death audit, Integrated Management of Childhood Illness (IMCI) and postnatal care of the mother and new born.

The *social determinants of health, health and environment, nutrition and food safety* were promoted through support to create the Water and Sanitation (WATSAN) Secretariat, the implementation of the Health Promotion Policy and Strategic Plan 2014-2018 and the review of the tobacco taxation policy. Capacity building for health care providers and community

health workers was also provided to promote life through the life course. Official WHO Health Days, along with national campaigns, were also commemorated with WHO support.

WHO provided support for the development of the Regional Refugees Response Plan to address the emergency needs of Burundian refugees, specifically in the areas of: mobilization of funds for response, routine immunization campaigns, and recruitment of additional staff. In addition, the organization contributed to the management of an outbreak of *Salmonella typhi* in the Mahama refugee camp during which a case-control study was conducted to identify risk factors contributing to the spread of the disease.

The organization played a leading role in implementing the health component of the United Nations Development Assistance Plan (UNDAP) in partnership with other UN agencies.

Enabling factors such as good technical and financial support from different levels of the organization permitted the Office to achieve most of its targets, and to reach a programme budget implementation rate of 94 per cent.

Challenges such as increased incidence of malaria, decrease in external funds, and staff shortage resulted in a heavy portfolio, and impacted upon the work of the organization during the period in review.

In the 2016/17 biennium, the Office will continue to support the country to sustain the achievements made so far; support will be provided to the Ministry of Health and other relevant sector Ministries to implement the SDGs, strengthen the health systems especially in the area of Universal Health Coverage, health financing and sustainability and information generation for decision making. All these will be implemented in line with the WHO Regional Office for Africa Transformation Agenda.

Introduction

1.1 Background

This report outlines the work of the WCO from January 2014 to December 2015. WCO provides leadership on critical health matters and partners with the Ministry of Health to achieve common goals. To that end, the main outputs, outcomes and impact of the WCO activities have been assessed against the 2014 to 2015 targets and expected outcomes that were collectively set and agreed upon by the Ministry of Health (MoH) and the WCO. This report summarizes the major achievements, challenges, lessons learnt, and provides perspectives for 2016/17 biennium, in line with global, regional and national commitments and orientations.

1.2 Health situation analysis

During the past twenty years, the Government of Rwanda has identified health as a top priority. This is reflected in the various policies developed by the country, as well by numerous progresses made towards the Millennium Development Goals (MDGs). According to the 2015 Demographic and Health Survey (DHS), from 2005 to 2015 the life expectancy at birth in Rwanda has increased from 51.2 to 65.7 years, above the MDG target of 58.

The *infant mortality* rate also reduced from 86 to 32 per 1000 live births; while the under-five mortality rate dropped from 152 to 50 per 1000 live births. The successful scale-up of childhood health interventions such as increased immunization coverage and expansion of Integrated Management of Childhood Illness (IMCI) services at health facility and community levels, contributed to this overall improvement. Ninety nine percent (99%) of children aged less than one year are now immunized against measles in Rwanda (NISR, 2015), which is above the MDG target of 97 per cent. However, malnutrition remains a challenge in the country; although all measures of nutrition are improving, and 38 per cent of under-five children are still stunted.

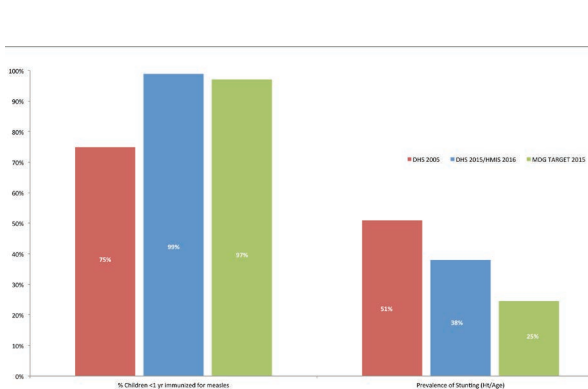


Figure 1 Child health in Rwanda (DHS 2015)

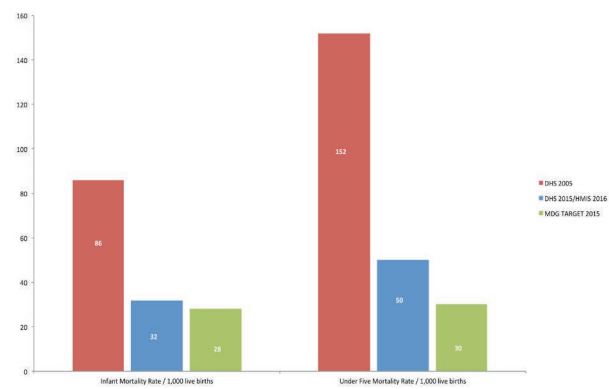


Figure 2 Evolution of the early childhood mortality rates in Rwanda

Maternal health indicators also improved significantly with a decrease in the maternal mortality ratio from 750 to 210 per 100,000 live births in the last ten years. This is due to the: (i) scale up of maternal health interventions such as the use of modern contraceptive methods among married women that increased from 17 to 47 per cent; (ii) increased number of deliveries at health facilities from 39 to 91 per cent; and (iii) increased number of pregnant women attending four (4) antenatal care sessions (from 13 to 44 per cent).

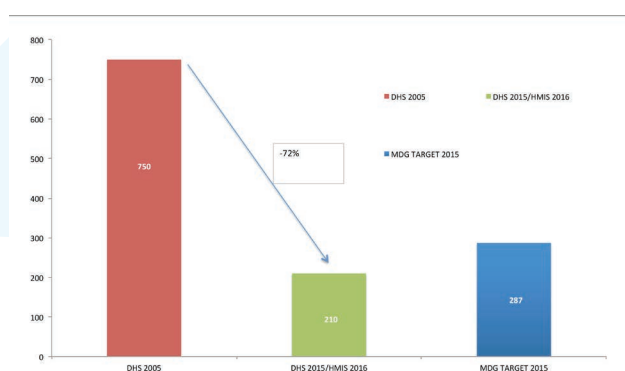


Figure 3 Evolution of the maternal mortality ratio in Rwanda

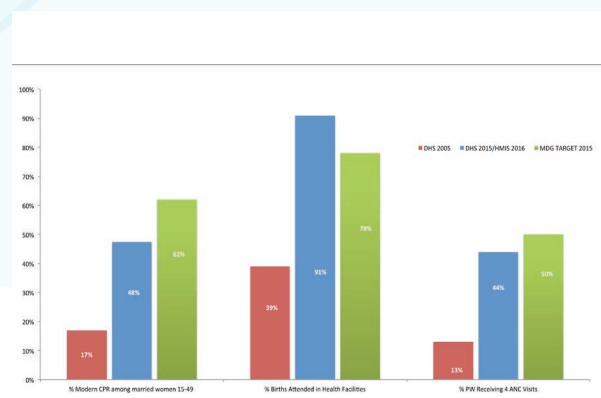


Figure 4 Maternal health in Rwanda (DHS 2015)

Malaria, which has been steadily increasing since 2012, is another challenge that is being tackled by the Ministry of Health and its partners. A significant drop in the coverage of effective long-lasting insecticide-treated nets (LLINs), resistance to insecticides, and climate change partially explain this phenomenon.

Socio-political tensions that started rising in Burundi in April 2015 ahead of the general election, resulted in thousands of Burundians fleeing their country and seeking refuge in neighboring countries including Rwanda. On 22 April 2015, the Government of Rwanda set up a refugee camp in Mahama sector, Kirehe District, in Eastern Province to receive Burundian asylum seekers. As of December 2015, a total of 45 460 Burundian refugees grouped in 17 783 households were located in Mahama camp. WCO is providing leadership to the ongoing health response and together with other partners, have established a disease surveillance system, and conducted an assessment of malaria and the Water, Sanitation and Hygiene (WASH) situation in the camp. This close collaboration resulted in the control of the typhoid fever outbreak.

1.3 WCO goals, objectives & expected outcomes for 2014-2015

The goals, objectives and expected outcomes of WCO Rwanda are articulated in the Rwanda Country Cooperation Strategy (CCS)'s for 2014-18. These are to:

1. Support *health system strengthening* towards health service integration and universal health coverage;
2. Contribute to the reduction of morbidity and mortality associated with *communicable and non-communicable diseases*, consolidation of health-related MDGs gains and planning to facilitate the achievement of the post 2015 development goals;
3. Contribute to the reduction of *maternal, newborn and child morbidity and mortality*;
4. Promote health by addressing the *social determinants of health, health and environment, nutrition and food safety*;
5. Strengthen *disaster risk management and epidemic emergency preparedness and response*; and implementation of the International Health Regulations.

The key achievements highlighted below are therefore presented according to the above priorities.

2. Key achievements

2.1 Health system strengthening

During this biennium, the office provided technical and financial support to the MOH to develop and validate several policies and strategies in a bid to strengthen the national health system.

Support provided in the Health Financing area resulted in the development of the national Health Financing Policy and the *Health Financing Strategic Plan* that facilitated the restructuring of the Community Based Health Insurance (CBHI). Its movement from MOH to the management of Rwanda Social Security Board resulted in the improvement and strengthening of CBHI management, reduction of transaction costs, better services to clients and increase in service coverage. Support was also provided for the development of the: (i) National Health Sector Policy; (ii) Human Resources for Health Policy (HRH); (iii) HRH Sustainability Plan 2014-2024, and (iv) HSSP III monitoring and evaluation (M&E) plan 2014-2018. Rwanda WCO also coordinated the Mid-Term-Review of HSSP III that provided clear guidance and recommendations for better implementation of interventions in the remaining period of the strategy.



Handover of donated albendazole and praziquantel to the Rwanda Ministry of Health Neglected tropical diseases team

In the area of *Health products and technologies*, the WCO provided technical support to the review of: (i) National Pharmaceutical Policy, (ii) the sixth edition of National List of Essential Medicines for adults, (iii) first edition for children that now includes medicines for palliative care and cancer, and (iv) development of the Traditional medicine policy and law regulating the practice of traditional medicine. In addition, the office supported the development of the medical laboratory equipment harmonization policy document, which helped to strengthen the laboratory network capacity in defining standards related to infrastructure, equipment, personnel, testing, quality assurance, biosafety and biosecurity systems. The District Pharmacy Supply Chain Operations Manual was also elaborated to contribute to the effectiveness of the pharmaceutical supply chain.

The National Policy for Access to Quality Health Care Services was also developed to improve patient safety and quality of services.

In the *Health Information domain*, the office advocated for, and successfully supported the completion of the Rwanda Analytical Profile and establishment of the Rwanda National Health Observatory (NHO) prototype, which will serve as a platform to share quality assured health information of the country. An evaluation of the Performance of Routine Information System Management (PRISM) assessment was also supported; along with the development of a research M&E framework for the implementation of the National Health Research Agenda to coordinate research activities. In December 2015, WHO supported the MOH to train more than 10 persons from Rwanda Biomedical Center (RBC), the National Institute of Statistics (NISR) and the School of Public Health on the National Health Observatory (NHO). At the end of the training, participants developed a draft roadmap for the implementation of the NHO. The organization also initiated discussion with the NISR for collaboration on Civil Registration and Vital Statistics (CRVS) as a tool for future mortality estimates in the country.

2.2 Communicable & non-communicable diseases

2.2.1 HIV/AIDS programme

During the period in review, WHO supported MOH/RBC to revise the national HIV treatment guidelines that adopted the “treat all” policy and HIV self-testing, the development of the viral hepatitis policy, prevention and treatment guidelines and operational plan. The policy change is expected to result in an increase in the number of PLWHIV, as more people will know their HIV status, and a matched increase of ART coverage from 80 to 90 per cent. In this regard, Rwanda will be among the first countries in Africa to achieve the 90-90-90 target launched by UNAIDS and WHO in 2014.

In addition Direct Acting Antiviral (DDA) for treatment of HCV infection, Tenofovir and Entecavir for treatment of Hepatitis B Virus (HBV) infection were added to the list of essential drugs. During the period under review, 478 patients with HCV chronic infection initiated treatment with DAA at four referral hospitals. The HIV/TB joint concept note drafted with the support of WHO received funding from GFATM and the PEPFAR country operating planning (COP 2014 and 2015). The funding enabled the country to expand HIV services and to improve PMTCT coverage currently at 96 per cent, ART coverage at 80 per cent and the provision of voluntary male medical circumcision (VMMC) services to 162 074 clients.

2.2.2 TB programme

WHO supported the country to develop the TB National Strategic Plan (NSP) for 2013-2018 and the joint assessment (JANS) of TB NSP. The TB programme strategy and funding mobilized enabled the expansion of TB testing and treatment services. This resulted in the treatment success rate for 89.8 per cent of TB cases registered in the 2013-2014 fiscal year.

2.2.3 Malaria programme

WHO contributed to the development of Malaria National Strategic Plan 2013-2018 and its joint assessment (JANS). The office coordinated the development of a malaria concept note that was funded by GFATM and contributed to the

provision of malaria preventive and curative services at both health facility and community levels. We should highlight that despite these achievements Rwanda is experiencing a significant increase of malaria cases, from 514 173 cases in 2012 to 1 967 402 cases in 2015. To address this situation, WHO in collaboration with other partners is supporting the Ministry of Health to implement the malaria contingency plan that covers a period of five years.

2.2.4 Expanded Programme on Immunization

The National Expanded Programme of Immunization of the Ministry of Health received support from WHO in collaboration with other partners to implement the following activities:

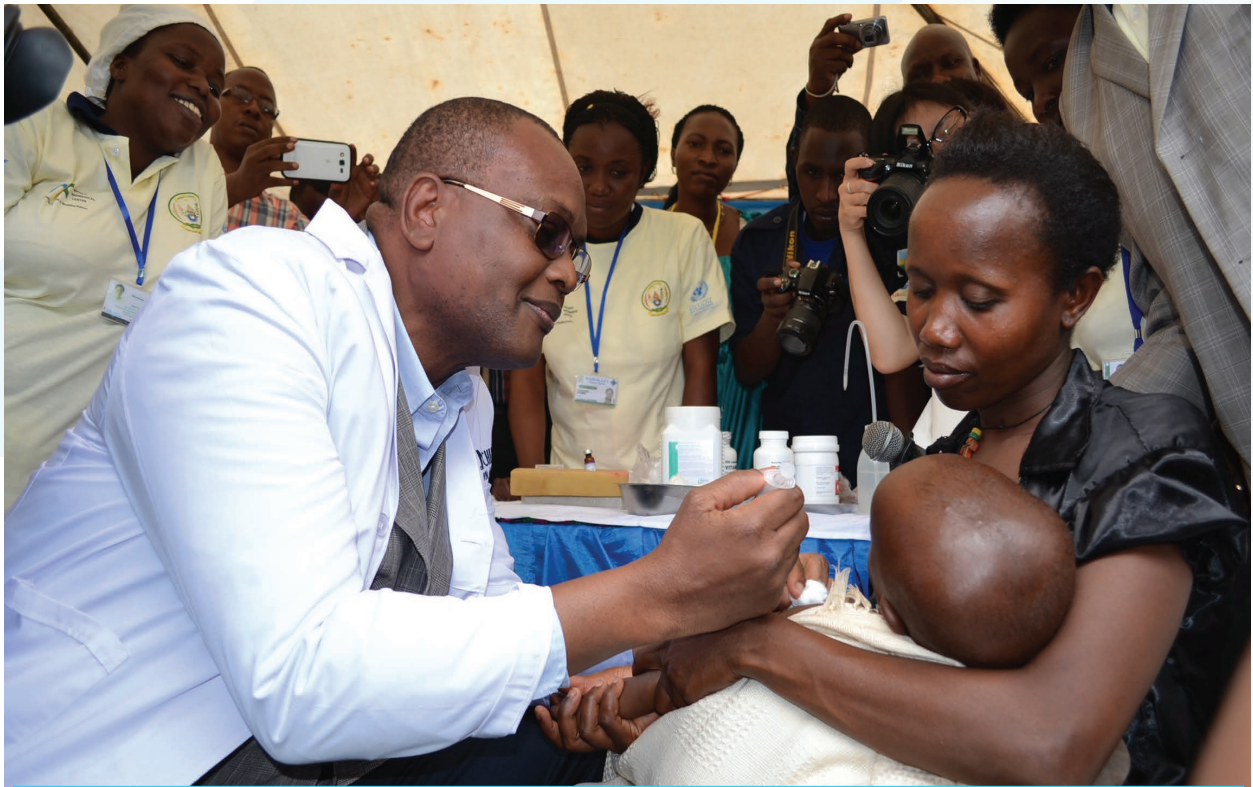
The Reach Every Child (REC) Strategy aims at improving immunization coverage among children aged one year and below. During the period under review, one of the interventions supported was training of supervisors from all district hospitals (84), health centres (480) including supervisors of community health workers at all benefitting health centres on this project. As a result, 335 850 children under one year were vaccinated, representing a coverage of 97 per cent.

The development of a grant proposal submitted to GAVI that aimed at introducing a new vaccine in the routine immunization programme was also supported, which resulted in the introduction of the Rubella vaccine in 2014, increasing the number of vaccines in the Routine Immunization programme to 12.



The office also supported the establishment of an active surveillance system that monitors vaccine preventable diseases on a weekly basis. In this context, the surveillance of Acute Flaccid Paralysis (AFP) was strengthened through refresher training of all districts hospital managers. The measles elimination mode was also introduced in order to meet measles elimination standard.

The first ever combined comprehensive Expanded Programme of Immunization (EPI) and in-depth surveillance review that incorporates post introduction evaluation of a new vaccine (Measles-Rubella) was also conducted with WHO. The review showed that the immunization system in Rwanda is well established, with high-level government commitment and ownership, and a strong and effective collaboration of EPI partners.



WHO supported vaccination of children through various national immunisation campaigns credit: WHO Rwanda

Additionally, a study on rotavirus vaccine impact and effectiveness was supported from 2012 to 2015. The findings showed that three years after the introduction of rotavirus vaccine, the rotavirus positivity rate among children enrolled in the study was 19 per cent compared with 49.8 per cent before its introduction. The under-five hospital admissions for all causes have also decreased with time as well as gastroenteritis case admissions. (This is usually indicative of rotavirus infections among under fives).

Rwanda also maintained its status of being free of circulating poliovirus, as well as elimination of neonatal tetanus and measles.

2.3 Prevention and control of communicable diseases

WHO supported MOH/RBC to conduct a yellow fever risk assessment, which showed that Rwanda is at low risk of yellow fever transmission and provided recommendations to strengthen the yellow fever case-based surveillance. The development of the One Health plan that addresses surveillance and response to epidemic prone diseases was also supported. Furthermore, WHO provided guidance to the MOH and its partners to develop and implement Ebola preparedness activities. A preparedness and response plan was developed and implemented, and sensitization sessions were conducted for UN Agencies, Bilateral and Multilateral Cooperation Agencies (IMF, World Bank, BTC and JICA), Embassies (Belgium, British and Japan) and in all populations in refugee camps.

2.4 Neglected tropical diseases

During the reporting period, WHO supported MOH/RBC to revise the National Neglected Tropical Diseases (NTDs) Master Plan 2013-2018. The plan is currently being used to guide the prevention, control and elimination of neglected tropical diseases in line with the WHO 2020 targets. During the same period, Rwanda was removed from the list of endemic countries for Lymphatic Filariasis. The office also provided over 1.3 million Mebendazole (Vermox, 500 mg tablets) and 747 000 Praziquantel (600 mg) tablets to the Ministry of Health for the control of neglected tropical diseases. In addition, it donated Albendazole to all districts and Praziquantel to six districts for campaigns targeting preschool and school age children; as a result, more than 95 per cent of children in the target group were dewormed through the campaign.



WHO staff deworming a school age child during the launch of a national campaign Rwanda credit: WHO Rwanda

2.5 Non-communicable diseases and nutrition

The office assisted different government institutions including the Ministry of Health to develop a national protocol on nutritional care for the prevention and management of non-communicable diseases, and the review of algorithms for the management of severe acute malnutrition, which has been included in the national protocol on management of malnutrition.

The Ministry of Health and the Rwanda Bureau of Standards received support to develop a national standard on “Formulated complementary foods for older infants and young children” based on the Codex Alimentarius standards. This was complemented by support to the Ministry of Education and the Ministry of Health to design and produce a comic booklet on nutrition targeting school-age children aiming at disseminating information to children and their families. Seven thousand (7,000) copies of those books were distributed to schools in Rutsiro and Nyamagabe districts by the Ministry of Education to increase awareness on prevention of malnutrition in children. In addition, the office supported development and dissemination of 10 000 recipe books on complementary foods to prevent stunting in children under age five.

An operational research at district level aimed at strengthening interventions to reduce malnutrition in country is currently being supported with funds from the Embassy of the Kingdom of the Netherlands. A national Research Officer was recruited and is providing capacity building for health care providers to conduct this research at central and district level. WHO supported various trainings to improve knowledge and skills of health care workers to improve nutrition surveillance and response, food security and eye care. Surveys were also supported, and they include: a national survey to determine the causes of stunting in collaboration with the MOH, the Rwanda Agriculture Board (RAB), CIAT (International Centre for Tropical Agriculture) and partners and a STEPS survey to determine the prevalence and risk factors of some NCDs .

2.6 Promoting health through the life course

2.6.1 Maternal and Child Health

In the area of Maternal and Child health, WHO provided technical support to MOH/RBC to develop the following guiding documents: (i) the integration of TB into the existing National IMCI chart booklet, (ii) national guidelines on “Confidential enquiries” and a questionnaire for confidential enquiry survey on maternal deaths, (iii) multi stakeholders monitoring framework for maternal, neonatal and child health impact interventions with identification of bottlenecks, outcomes indicators and strategic interventions; this subsequently contributed to the assessment of the neonatal and child death audit.

A review and update of the Integrated Management of Childhood Illness (IMCI) protocols and registers was also supported and the tools are currently being used to assess, classify and treat sick children in all health centers.

Other documents developed with WHO include: the “National postnatal care guideline for mother and newborn” and the “Tubal ligation procedures manual”. The updated guidelines are now being utilized in health facilities.

An IMCI survey, which assessed the quality of services provided to under-five children and outpatients, was also supported while the national child survival strategic plan 2013- 2018, and the Strategic Plan to accelerate the reduction of maternal and neonatal morbidity and mortality 2013-2018 were finalized. Furthermore, the Organization contributed to the development of costed ECD (Early Childhood Development) action plan and the development of the regional child survival strategic plan 2016-2020 which are currently being used countrywide.

The office supported monitoring and supervision of activities in the area maternal and child health including a mentorship protocol in Mother and Child Health developed to improve supervision. Furthermore, a document on success factors in women’s and children’s health in Rwanda was elaborated, along with a questionnaire to assess IMCI. Partners implementing IMCI in Rubavu and Musanze districts are now using the questionnaire. The National Maternal Death Surveillance and Response (MDSR) Guidelines and tools were also developed and an action plan for new born/neonatal survival, with focus on inclusion of “Preterm birth babies” was updated and is now operational.

2.6.2 Protection of human environment

Regarding the Protection of Human Environment coordination sector, WHO, with other stakeholders, supported the creation of the Water and Sanitation (WATSAN) Secretariat for the WATSAN Sector Working Group, grading of restaurants and awarding of good performing restaurants in the Gasabo district, Kigali City. In addition, WHO provide support to conduct the training of all district health environment officers (34) on food safety and water quality surveillance.

2.6.3 Health promotion

In the area of Health promotion, WHO supported development, review and implementation of the following documents: (i) the Health Promotion Policy and Strategic Plan 2014-2018; (ii) the School Health Policy and (iii) Nutrition and Strategic Plan 2014-2018 as well as (iv) the tobacco taxation policy. In addition, WCO supported the review and update of the community mobilization framework and training manuals for trainers and participants in collaboration with the Mother and Child Survival Project and other partners. These tools will be utilized at decentralized level for community mobilization. WCO also contributed to updating the training guide for Community Health Workers (CHW).

The WCO supported monitoring and supervision of activities aimed at health promotion and these include: finalization of the proposal on case study on multi sectoral approach in health at country level for which the study will be conducted in early 2016.

The Global Status Report on Road Safety III (GSRRS III) was produced with WHO support at the national level. The version approved by the Ministry of health was sent to the WHO Regional office for Africa for publication. The Global

Tobacco Control Survey V (GTCRV) was also produced during the same period, and the version approved by the ministry was also shared with the WHO regional Office for Africa for publication.



WHO handing over Ebola Kits to the Ministry of Health.

2.6.4 Health promotion and communications

WHO supported the organization of annual WHO official health days- these included: Tuberculosis, Malaria, No Tobacco, Alcohol and Drug Abuse, Mental Health, Diabetes Days. In addition, support for the commemoration of Mother and Child Health Weeks (2), UN Day and NCD Week was also provided. Related information was also shared on the WCO website.

Additionally, an annual national hygiene campaign for personal, domestic and public places was launched in January 2014 in Nkombo Island, Rusizi district to be celebrated jointly with the global hand washing day. Communications products were also produced and disseminated. These include: 12 issues of Flash info, eight quarterly reports and five press releases.

In addition, WHO supported the assessment of functionality of community health workers in Rwanda; and recommendations are being implemented to improve service delivery at community level.

2.7 Disaster risk reduction, preparedness & response

WHO in collaboration with UNHCR, provided technical support to conduct screening of tuberculosis and a survey to assess the nutritional situation in five refugee camps.

WHO participated in the development of the Regional Refugees Response Plan (RRP) which was aimed at addressing emergency needs of Burundian refugees hosted in three countries namely: Rwanda, Tanzania and the Democratic Republic of Congo.



WHO team together with other partners in a monitoring visit to Mahama refugee camp Credit: WHO Rwanda

The plan, based on the findings from joint health, nutrition and WASH assessments conducted in the camps, was approved and shared with donors and embassies. WCO mobilized US\$120 000 from the United Nations Central Emergency Response Fund (CERF). The funds are being used to support lifesaving activities such as routine immunization for the children living in the camp; procurement of emergency diarrhea kits; recruitment of a public health officer in charge of implementing IDSR (Integrated Disease Surveillance and Response) and HMIS (Health Management Information System) activities in the Mahama refugees' camp to prevention and control of epidemics.

As part of the health response in Mahama refugees' camp, WHO supported routine immunization and two vaccination campaigns against polio, measles and rubella with immunization coverage of 93 per cent for polio and 90 per cent for measles. Furthermore, continuous support to disease surveillance and ongoing emergency health response in the camp was provided, including information on epidemic prone diseases.

WHO supported the training of community health workers in health and hygiene promotion and sanitation in the camp. Following an outbreak of *Salmonella typhi* that started in October 2015, WHO conducted a case-control study to identify the key risk factors associated with transmission of typhoid fever in Mahama camp. The findings are expected to guide the on-going partners' response to the outbreak.

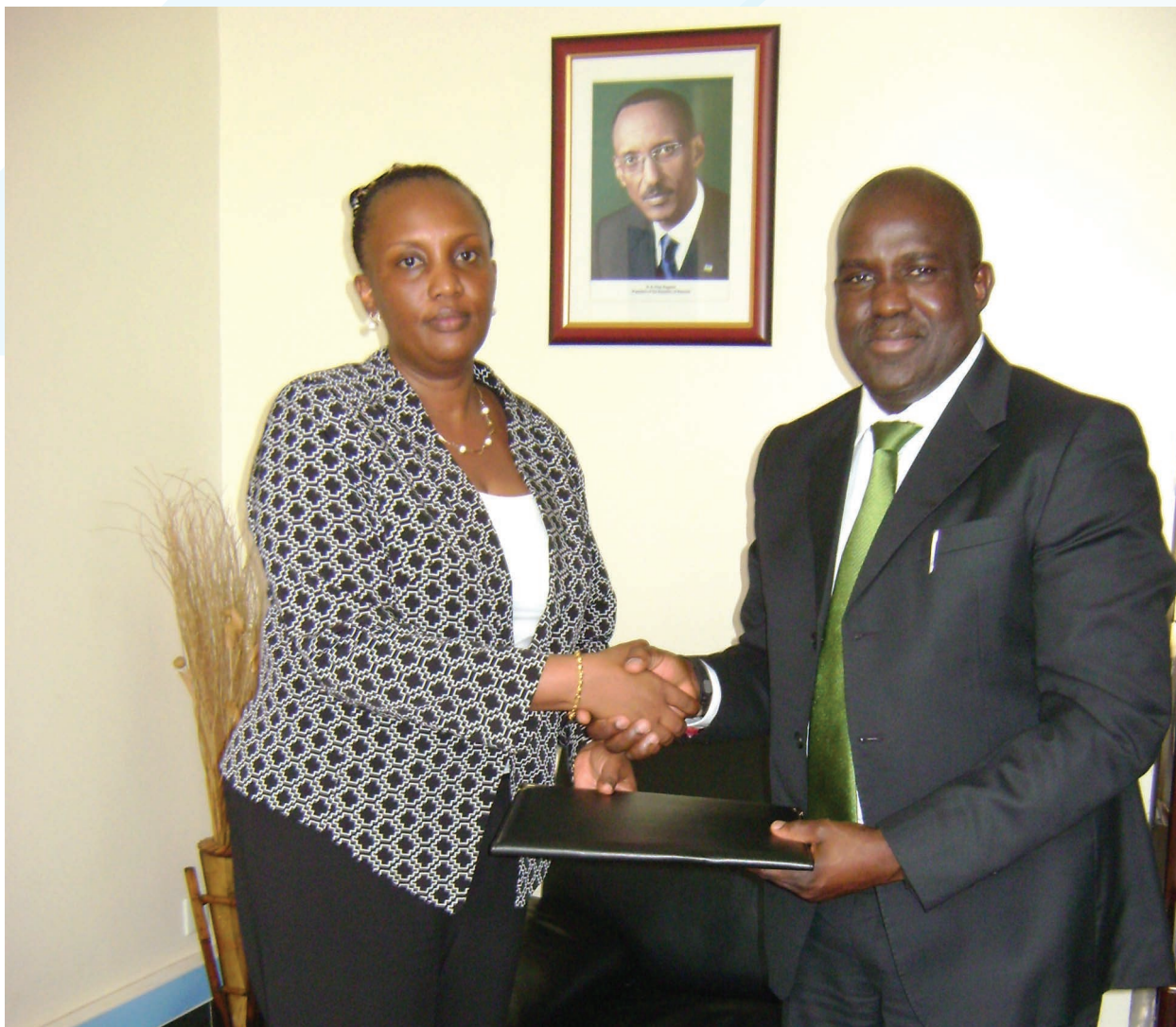
During that period, the WCO consistently monitored the situation through daily situation reports.

As a lead agency for health, WHO supported the Ministry of Health to coordinate the health response for the emergency needs of the Rwandans expelled from Tanzania. A total of 3 930 long lasting insecticide treated nets for malaria prevention were distributed.

2.8 Partnerships

The office contributed to the harmonization of the country support for the UNDP implementation through active participation in the One UN forums. It also participated in the review exercise of the 2014 UNDP within the Development Results Group 3 (DRG 3), covering Human Capital Development components. In addition, the WCO participated in the development and joint implementation of the following joint programmes: (i) Health Systems Strengthening, (ii) Social protection, (iii) Nutrition, (iv) Green economy and environment and (v) Disaster management to support the Government of Rwanda to attain inclusive economic transformation, accountable governance, human

development and humanitarian response and disaster management. And through the One UN partnership, participated in the implementation of nutrition programmes, supported by the Swiss Development Cooperation (SDC).



Dr. Olu Olushayo, new WR, presents his credentials to the Permanent Secretary of MINAFFET

WHO facilitated the MOH's participation in the EAC regional high level multi-sectoral ministerial meeting on emergency preparedness and response to Ebola virus disease outbreak in Nairobi, Kenya. The Office also participated in the Rwanda CCM (Global Fund's Country Coordinating Mechanisms) retreat exercises and in the GAVI Joint appraisal.

Technical staff members also participated in health sector technical working groups and development partners health group meetings.

2.9 Corporate services

The 2014/2015 biennium work plan was *funded up to 96 per cent*. The planned cost was US\$ 7.2 million while the funding amount was US\$ 7 million.

The *implementation rate* was at 94 per cent, representing the utilised amount of US\$ 6.6 million. The US\$436 137 unutilised budget amount was used to cover staff costs.

The office mobilised US\$476 000 from the Regional Office pooled funds out of which US\$ 275 000 was utilised for office improvement, renewal of WCO fleet and emergency response in the Burundian refugee camp at Mahama.



Working closely with other partners to respond to health needs credit: WHO Rwanda

3. Conclusions

3.1 Overall office performance

In general, the office achieved most of its set targets for the biennium. The main achievements include among others: (i) finalization of a new generation CCS 2014-2018, (ii) 94 per cent implementation rate of the 2014/15 biennial work plan, and (iii) support to MOH to deliver the following products and services:

- Finalization of the mid-term review of the HSSP III;
- Development of various policy and strategic documents;
- Implementation of various assessments and research;
- Maintenance of the certification level of polio eradication activities;
- Implementation of several capacity building activities;
- Establishment of a national health observatory; and
- Contribution to the overall One UN coordination mechanism in the country.

3.2 Enabling factors

The above achievements were made possible due to a number of enabling factors such as:

- Good technical support from the Inter-Country Support Team for East and Southern Africa, the WHO Regional Office for Africa and WHO HQ, which complemented the available capacity in the office.
- Provision of pooled funds at the end of the biennium which helped to support implementation of activities which had been pending due to lack of funds;
- Focus on the comparative advantage of the organization through efficient use of available resources to deliver technical support;
- Strong workforce with high level of maturity, professionalism, passion, responsibility and commitment; Strong operational platform characterized by effective administration and finance systems (GSM) and good logistic support; and Enabling work environment supported by good staff welfare and motivation along with adequate safety, comfort and security of staff and property.

3.3 Challenges

The following challenges were met during the reporting period:

- Staff shortage was faced as two key National Professional Officers retired and were not replaced in the course of the year.
- Heavy portfolio of some programmes especially health promotion/communication and maternal/child health.
- Delayed disbursement of the Core Voluntary Contributions Account (CVCA) funds made longer term programme planning and commitment difficult.
- Skewed allocation of programme budget, which resulted in underfunding of some programmes; and Low fund absorption capacity of some MOH programmes especially towards the end of 2015.

3.4 Lessons learned

The leadership of the Ministry of Health and the Government of Rwanda was integral to the excellent accomplishments of the health sector in the country. Significant technical and financial support was obtained from all WHO levels including the Inter-Country Support Team for East and Southern Africa, the Regional Office and from HQ. However, the work of the WHO in Rwanda was often constrained by financial and human resource limitations and in view of these challenges; the office prioritized its support to focus on the development of policies, strategic plans, technical norms and guidelines and on upstream capacity building.

The “Delivering as One” approach of the UN afforded WHO opportunities to benefit from “One UN” funds through its “Delivering as One” mechanisms. It constituted an important source of joint actions and funding for important areas often neglected by donors, including mental health, epidemic readiness and health systems strengthening.

3.5 Best practices and innovations

In line with the Transformation Agenda, the office undertook a number of efficiency and cost saving measures; these include:

- Rationalization of the office space which resulted in 7 per cent reduction in the annual rent and increased office space;
- Retirement of old and obsolete equipment thereby reducing office maintenance costs;
- Better negotiation for delivery of services such as communication and transportation through collective negotiation within the One UN common services platform. This resulted in 65 per cent reduction in the local internet cost.



Rwandan child being vaccinated

4. Strategic directions for the future

In the 2016/17 biennium, WCO Rwanda will work to sustain its achievements and to break new grounds. Efforts will be made to reinforce the enabling factors and to resolve the challenges experienced in the course of the previous biennium. The strategic direction of the Office will continue to be guided by its priorities as highlighted in its Country Cooperation Strategy 2014-2018 and the WHO Regional Office for Africa Transformation Agenda. Efforts will be made to support the Government of Rwanda to address the unfinished agenda of the MDGs, implement the post-2015 development agenda, advance universal health coverage and financial sustainability of health care programmes, address the challenges of both communicable and non-communicable diseases, increase access to good quality and affordable medical products, address the social, economic and environmental determinants of health and respond to public health emergencies.

To achieve this, the Transformation Agenda will be used as a platform to improve the technical capacity, competence and accountability of the Office, strengthen effective partnerships with all government sectors, development partners and donors, the UN, academia and civil society and to improve communication of our results within and outside the organization.

Specifically, the Office will support:

1. National efforts to address the problem of malnutrition (especially stunting);
2. The Ministry of Health to domesticate the SDGs and strengthen the health systems including policy and strategy development and health information generation for decision making;
3. To sustain the gains made in primary health care, improve quality of care and strengthen secondary health care delivery;
4. To strengthen the Ministry of Health oversight and coordination functions;
5. To strengthen institutional capacity of district health management teams and health training institutions;
6. Ongoing efforts to address the increasing incidence of malaria in the country;
7. Intersectoral collaboration for a more integrated approach, especially in addressing challenges related to malnutrition;
8. Communication, briefing and guidance on emerging health issues.

Annexes

WCO Directory, as of December 2015

Last Name	First Name	Position
BITIHINDA	Charles	Driver
GASHEREBUKA	Jean Bosco	NPO/HPR
GEGOUT	Chantal	Technical Officer/NUT
KABANDANA	Innocent	NPO/Operations officer
KAMAGAJU	Emerthe	HR Clerk
KANIMBA	Innocent	Senior Driver
KAYIGI GAKWANDI	Jean Pierre	Office Clerk
KIBERINKA	Aurore	SSA/Public Health Officer
MUGABE	Robert	SSA/Communications and Social Mobilization Officer
MUGABO	Maria	NPO/FHP
MUGABO SEMAHORE	Jules	NPO/HIV/AIDS
MUHONGERWA	Diane	NPO/HEC
MUKANSIGAYE	Jeanne	Programme, Budget and Finance Clerk
MUTESI	Georgette	Programme, Budget and Finance Assistance
NAHIMANA	Marie Rosette	SSA/Epidemiologist
NASABWE	Alice	Logistics, Procurement and Travel Clerk
NDAMAGE	Jeanne	Office Clerk
NIYIBAHU	Jeanne	SSA/EPI Surveillance
NYANDWI	Alphonse	NPO/ICT
OLU	Olushayo Oluseun	WHO Representative
RUGAMBWA	Celse	NPO/EPI
RUHIRA	Jean Pierre	NPO/PHE
RUSANGANWA	André	NPO/DPC
RUTAGONYA	Gabriel	Driver
RWABUYONZA	Jean Pierre	Senior Driver
SINGIRANKABO	Marcel	Logistics, Procurement and Travel Assistant
TRAN NGOC	Candide	NPO/AHO & rSiS
TUYISENGE	Stella Matutina	NPO/EDM
TUYISHIME	Ivette	SSA/EPI Surveillance
TWAGIRAYEZU	Jean de Dieu	SSA/Public Health Officer
UWAMWEZI	Jacqueline	Sec/ WHO Representative

Technical support provided by IST/AFRO/HQ

Area	Support provided
Health Systems Strengthening	<p>Development of the Health Financing Strategy</p> <p>HSSSIII Mid-Term Review</p> <p>Technical support for the development of the draft Regulatory Framework for Traditional Medicine for Rwanda</p> <p>Information and Operationalization workshop for the National Health Observatory</p>
HIV, TB, Malaria	<p>Development of TB National Strategic Plan 2013-2018</p> <p>JANS of HIV, TB and Malaria National Strategic Plan 2013-2018</p> <p>Development of the TB/HIV joint concept note for the 2015-2017 submitted to GFATM</p> <p>Assessment of TB Epidemiology analysis</p> <p>Technical support green light committee GLC- Monitoring & Technical mission - Support scale-up of programmatic management of drug resistant TB Kigali 19-28/1/2015</p> <p>Evaluation of TB drug resistance survey,</p> <p>Capacity building and peer Review workshop for surveillance, monitoring and evaluation for moderate and high transmission, national malaria program in Africa</p>
Expanded Programme of Immunization	<p>Support for congenital Rubella syndrome</p> <p>Develop the technical report of Yellow Fever risk assessment</p> <p>Evaluation of post introduction of Rotavirus vaccine</p> <p>IPV Grant application to GAVI</p> <p>GAVI joint appraisal mission</p> <p>Support to EPI surveillance review and PIE for MR</p>
Maternal and Child health	<p>Development of the report and dissemination of the findings of the new-born and child death audits evaluation</p> <p>Joint interagency consultation on maternal mortality ratio</p> <p>IMCI health facility survey</p> <p>Training of health workers from two district hospitals and 27 lecturers from nine (9) nursing schools in ICATT (IMCI Computerized Adaptation and Training Tool) with support from IST/ESA</p>
Health Promotion	<p>Development of the Socio-Determinants of Health</p> <p>National capacity on tobacco taxation strengthened in EAC countries</p>
Disaster risk reduction, Preparedness & Response	<p>IHR core capacity assessment & action plan development</p> <p>Evaluation of the financial sustainability and development a business model for the UN Clinic Rwanda</p> <p>Health response on the typhoid outbreak in Mahama Camp</p>
Administration and Finance	<p>Support to the Administration and Finance Unit</p>

List of meetings, conferences, trainings and workshops

Area	Meetings, conferences, trainings and workshops
Non Communicable Diseases (NCDs)	<ol style="list-style-type: none"> 1. Workshop on data analysis and report writing of the National STEPs survey 2. Food and Nutrition summit 3. Training on mapping of existing food security and nutrition surveillance systems in different sectors (agriculture, health, gender, education); 4. Training of 42 nutritionists from all districts on nutrition data analysis and dissemination of results for an improved response at both district and central levels. 5. Training on the management of severe acute malnutrition for health care providers from eight hospitals where refugees are referred and from six refugee camps 6. Training of districts to sensitise them on their role for the prevention of stunting and to develop a regular intersectoral nutrition bulletin 7. Training of trainers and a cascade training of all community health workers on Maternal, Infant and Young child Feeding in two districts (Rutsiro, Nyamagabe) 8. Pilot training course on Primary Eye Care targeting health care providers 9. Training on cancer through an IAEA for 50 data collectors on the use of the protocol for evaluation of neonatal and child death
Communicable Diseases	<ol style="list-style-type: none"> 1. Workshop on data analysis of Rotavirus Study 2. Training of health care workers on provision of quality of health services to key populations
Health promotion through the life course	<ol style="list-style-type: none"> 1. Training on Health Promotion for practitioners at national and district levels 2. EAC meeting on Tobacco Taxation 3. Training of health providers from all districts in verbal autopsy, 4. Training of teachers in primary and secondary schools in reproductive health 5. Training of trainers in reproductive health 6. National workshop for Civil Society Organizations on Tobacco control 7. Training for district mental health providers on Tobacco Cessation 8. Training to strengthen the capacity in monitoring CHWs' activities



**World Health
Organization**

WHO Country Office
Ebenezer House, Boulevard of Umuganda
| P.O. Box 1324, Kigali, Rwanda |
Tel: (Reception) + 250 788307870; 280300507 |
(International D/L) +47 241 37436