WHO BIENNIAL REPORT

Rwanda Country Office

2012 - 2013

'Health is a human right/ Ubuzima ni uburengazira bw'ibanze bwa muntu'

World Health Organization

United Nations RWANDA
Unity in Diversity

WHO RWANDA
World Health Organization

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Rwanda Country Office

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Foreword

This biennial report describes key activities supported by WHO Country Office in Rwanda and the progress made, challenges and lessons learnt during the January 2012 to December 2013 biennium.

The report is aligned with the usual two-year program cycle of WHO and aims to provide more concrete data on technical assistance and other upstream support by all the levels of the World Health Organization to Rwanda, in line with its mandate as a specialized technical agency of the United Nations. It highlights WHO's policy and strategic planning work and technical advice, and the development of the technical norms and standards that drives health sector operations.

Rwanda is a UN 'Delivering as One' Pilot Country, and a strong adherent to the Paris Principles for Aid Effectiveness. Our joint work with other UN agencies through the UNDAF/UNDAP was therefore important in coordinating resources and synergies which was a major source of satisfaction for our team.

We very much welcome comments and suggestions for improvement of both the report and our continuing work with the Government of Rwanda. Suggestions may be sent to afwcorw@who.int.

Thank You/Murakoze Cyane

Delanyo DOVLO

WHO Country Representative

Acknowledgments

We very much appreciate the collaboration received from the Ministry of Health and its technical units in jointly implementing the activities discussed in this report. WHO's work in Rwanda has benefited tremendously from its membership of the ONE UN Family of agencies, as well as from various partnerships and resources offered by organizations from both within and outside Rwanda.

The support we received from all of WHO's structures and staff such as the Inter-Country Support Team for East & Southern Africa IST/ESA (based in Harare), the Africa Regional Office (AFRO, based in Brazzaville) and from our various Headquarters Departments were invaluable contributions to our work in Rwanda and was very much appreciated.

In June 2012, Dr Luis Gomes Sambo, The Africa Regional Director visited Rwanda and was a great motivation for our office and served to further facilitate our liaisons with government and other health sector partners.

This biennial report has come from the combined efforts of all our Rwanda country office staff, who have worked hard to extract and analyze the information and data that went into the report. The final document and its selection of pictures and figures was compiled and edited by Mr Jean-Bosco Gasherebuka (HPR) and Ms Sheila Mburu (WHO Volunteer) with diligence and much effort.

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Acronyms

AIDS	:	Acquired Immuno Deficiency Syndrome
ART	:	Antiretroviral Therapy
BSHG	:	Budget Support Harmonization Group
C_IMCI	:	Community Integrated Management of Child Illnesses
CAADP	:	Comprehensive Africa Agricultural Development Program
CBHI	:	Community Based Health Insurance
CCM	:	Country Cooperation Mechanism
CDC	:	Center for Diseases Control
CHW	:	Community Health Worker
CIDA	:	Canadian International Development Agency
CIP	:	Country Implementation Plan
CMR	:	Crude Mortality Rate
COD	:	Common Operations Document
CSU	:	Country Support Unit
CTT	:	Country Task Team
DHIS	:	District Health Information System
DHS	:	Demographic and Health Survey
DPCG	:	The Development Partners Coordination Group
EDPRS	:	Economic Development Poverty Reduction Strategy
EKN	:	Embassy of the Kingdom of Netherlands
e-MTCT	:	Elimination of Mother to Child Transmission
FAO	:	Food and Agriculture Organization
GAVI	:	Global Alliance for Vaccines and Immunization
GSM	:	Global System Management
HIV	:	Human Immunodeficiency Virus
HMIS	:	Health Management Information System
HSSP	:	Health Sector Strategic Plan
HSWG	:	Health Sector Working Group
IATLD	:	Union against Tuberculosis and Lung Diseases
ICATT	:	Integrated Computerized Adapted Training Tools
IDSR	:	Integrated Disease Surveillance and Response
IHR	:	International Health Regulations
IST/ESA	:	Inter-Country Support Team/East and South Africa
JANS	:	Joint Assessments of National strategies
JAPEM	:	Joint Action Plan to eliminate malnutrition
JHSR	:	Joint Health Sector Review
MCH	:	Maternal and Child Health
MDG	:	Millenium Development Goals
MDR-TB	:	Multi Drug Resistance-Tuberculosis
MESS	:	Monitoring & Evaluation System Strengthening
MIYF	:	Mother Infant and Young child feeding
MNH	:	Maternal, Child and Neonatal Health
NCD	:	Non Communicable Diseases
NHA	:	National Health Accounts
NPJA	:	National plans for joint action
NTD	:	Neglected Tropical Diseases
OO	:	Operations Officer
PATH	:	Program for Appropriate Technology in Health
PIE	:	Post Introduction Evaluation
PLHA	:	People living with HIV/AIDS
PMTCT	:	Prevention Mother to Child Transmission
RBM	:	Roll Back Malaria
RDT	:	Rapid Diagnostic test
REACH	:	Renewed Efforts Against Child Hunger
RHA	:	Rapid Health Assessments
RRP+	:	Réseau Rwandais des Personnes Vivant avec le VIH
SANA	:	Situation analysis and needs assessment
SOPs	:	Standard Operational procedures
SPH	:	School of Public Health
STH	:	Soil transmitted helminthiasis
SWAP	:	Sector Wide Approach
UHC	:	Universal Health Coverage
UNAIDS	:	Joint United Nations Programme on HIV/AIDS,
UNCT	:	United Nations Country Team
UNDAF	:	United Nations Development Action Framework
UNDAP	:	United Nations Development Plan
UNECA	:	United Nations Economic Commission for Africa
UNFPA	:	United Nations Population Fund
UNHCR	:	United Nations High Commission for Refugees
UNICEF	:	United Nations Children Fund
USAID	:	United States Agency for International Development
VCT	:	Voluntary Counseling and Testing
WASH	:	Water, Sanitation and Hygiene
WATSAN	:	Water, Waste and Sanitation
WFP	:	World Food Programme
WHO	:	World Health Organization
WISN	:	Workload Indicators on Staffing Needs

Executive Summary

The WHO in Rwanda made significant investments during the 2012 – 2013 biennium to support Rwanda in the development of sound national health policies, strategies and plans and in revising, renewing or establishing health norms and standards based on evidence. National health strategies are the core basis for reconciling and managing the multiple objectives facing the sector. Our work is to assist member states to handle the competing demands faced. Rwanda has been very successful in its health programmes and which has shown remarkable results.

The activities of the WHO Country Office during the biennium were guided primarily by the WHO Country Cooperation Strategy (CCS) 2009 – 2013, the MOH's Health Sector Strategic Plan II (**2009 – 2012**), the United Nations Development Action Framework (UNDAF) 2008 – 2013, and the Government of Rwanda's Economic Development and Poverty Reduction Strategy (2008 – 2013) EDPRS I. A new Economic Development and Poverty Reduction Strategy (EDPRS II) and Health Sector Strategic Plan III (2013 – 2018) were launched in July 2013.

During the biennium, the WHO office fielded **104 technical missions** from various levels of WHO and its partnerships to Rwanda. The result was a total of **1,029 Full Time Equivalent (FTE) staff days** of technical assistance at an estimated total cost of $812,949 (USD) in travel and in salary/fee costs.

Table 1: Technical missions to Rwanda supported by WHO Country Office

Categories of work	Total number of FTE days	Cost ($ USD)
Communicable Diseases	479	196,232
Non-communicable Diseases	179	60,001
Promoting health through the life course	45	12,742
Health Systems	264	113,157
Preparedness, surveillance and Response	50	20,442
Corporate services and enabling functions	12	4,375
TOTAL	**1029**	**$406,949 (DSA & flight only)**
		$812,949 (including salary/fees)

The WHO country office in Rwanda also mobilized or managed, in addition to its core funds, an additional $6,916,348 (USD) mostly for interventions on nutrition, the Expanded Program on Immunization interventions and WHO's response to emergencies and the refugee situation. The WHO Country Office was able to utilize almost 100% ($1,126,759.70) of its One UN funds allocation in 2012 – 2013.

The work of the WHO Rwanda Office, as with all WHO offices, was based on the 6 core functions of WHO (below), with a renewed focus on upstream policy and strategic planning support to the Ministry

of Health, to review and develop national health policies, strategic plans, guidelines and protocols, and to support the building of the country's capacity towards sustained health development. The WHO Office collaborated extensively with the Ministry of Health and various partners, in the design and implementation of several survey and research protocols that facilitated knowledge generation and utilization.

Rwanda has achieved much success in its health outcomes. It is one of the few countries in Sub Saharan Africa that is on track to meet the health related Millennium Development Goals. Infant mortality has been reduced from 86/1000 live births (RDHS 2005) to 50/1000 live births (RDHS 2010, Census 2012). This was a result of combined interventions including integrated community case management, promoting access to mosquito nets, regular bi-annual MCH campaigns and the introduction of several new vaccines including the pneumococcal, Measles and Rubella, Rotavirus and HPV vaccines. Immunization coverage for all antigens had reached and was maintained at more than 90% since 2005.

6 CORE FUNCTIONS OF WHO IN THE AFRICAN REGION:

- **Providing leadership on matters critical to health and engaging in partnerships where joint action is needed.**
- **Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge.**
- **Setting norms and standards, and promoting and monitoring their implementation.**
- **Articulating ethical and evidence-based policy options.**
- **Providing technical support, catalyzing change, and building sustainable institutional capacity.**
- **Monitoring the health situation and assessing health trends.**

The number of women dying during childbirth has been reduced significantly with a decrease in the maternal mortality ratio from 1,071 per 100,000 live births (DHS2005) to 476 in 2010. An increased number of women are now attended at delivery by a qualified health care provider with the percentage of skilled provider assisted deliveries rising from 39% in 2005 to 69% in 2010.

The Malaria program review conducted in 2011 indicated a 70% decline in malaria incidence between 2005 and 2010, and a 54% decline in inpatient malaria deaths between 2005 and 2010.

Policies and Strategic Documents Development

The biennium 2012 – 2013 coincided with the development of critical health sector strategic documents. Both the new Economic Development and Poverty Reduction Strategy 2008 – 2013 (EDPRS) and the Health Sector Strategic Plan III (2013 – 2018) were developed during this period and launched in July 2013. The WHO mobilized technical experts and financial resources from its HQ and Africa Regional Office to support the HSSPIII's development and subsequently, successfully facilitated a Joint Assessment of National Strategy (JANS). The conceptual framework for HSSP III was based on a modification of WHO's Health Systems Building Blocks and WHO has continued to provide technical and financial support to the MOH to also develop national standard guidelines and tools for reviewing and producing sub-sector policies and strategic plans based on the HSSP III.

THE MAIN SUB-SECTOR STRATEGIC DOCUMENTS REVIEWED/DEVELOPED INCLUDED:

- The Neglected tropical diseases (NTDs) Master Plan 2012-2017
- The Epidemic Infectious Diseases Strategic Plan 2012-2016
- The Integrated Non Communicable Diseases National Strategic Plan 2013-2018
- The Malaria National Strategic Plan 2013-2018
- The Child Survival Strategic Plan 2013-2018
- The National Food and Nutrition Policy and Strategic Plan 2013-2018
- The Road Map 2013-2018 to accelerate the reduction of maternal and new-born morbidity and mortality
- The environmental health national strategy 2013-2018
- The policy and strategic plan for the management of indoor and outdoor air quality and health 2013 - 2018
- The Health Promotion Policy and Strategic Plan 2013-2018
- The School Health and Nutrition Policy and Strategy 2013-2018
- The Strategic Plan for Insecticides Resistance Management in Malaria Vectors 2013-2015
- SWAP guidelines at the national as well as district levels.

Partnerships, Collaboration and Coordination for Health

The WHO Country Office engaged with various partners to jointly enhance the sector's efforts. The office was active in various sector coordination mechanisms such as the Health Sector Working Group (HSWG) and its linked Technical Working Groups (TWGs). It was active in the Health Sector's "Development Partners Group" (DPG) and had active membership in various ONE UN "Theme Groups" related to health, as well as the new Development Results Group (DRG) on human development.

In June 2011, the Country Office and the MOH welcomed the WHO Regional Director for Africa, Dr Luis Sambo, to Rwanda. He met with the national authorities including the President, HE Paul Kagame, and the Minister of Health Dr Agnes Binagwaho. He also met with the UN Resident Coordinator, Mr Opia Mensah Kumah and the UN Country Team as well as other partners and stakeholders. He visited the Nyamata District hospital and the Nyamata Genocide memorial and donated an ambulance to the district hospital which was delivered last year.

The WHO Country Representative also toured several District Hospitals, Health Centers, Health Training Institutions and professional Regulatory bodies and had meetings with various stakeholders and partners to gain a better understanding of how WHO's work can best support the country's health operations and the functioning of health services at operational levels.

Knowledge Generation, Sharing Research and Assessments

The WHO in Rwanda supported a number of important assessments and surveys, including conduct of maternal and neonatal death audits, a yellow fever risk assessment, evaluation of TB strategic plan's implementation, a national non-communicable diseases Risk Factors survey (STEP Survey), and in conjunction with WFP and UNHCR, conducted health and nutrition surveys in various refugee camps. These activities generated valuable data and information to guide health systems development.

Much of WHO's work supported national health system strengthening efforts through training of staff at district and community level on health financing, health system strengthening and community based health insurance (CBHI) a major foundation of Rwanda's efforts towards universal health coverage.

Senior Rwandan health professionals were supported to participation in 29 international meetings, workshops and conferences during the biennium. The country office also supported more than 20 in-country training workshops involving an estimated 1,350 health workers at all levels.

Preparedness and Response to Epidemics and other health events

WHO, in collaboration with other partners helped to build the health sector's surveillance capacity, epidemic preparedness and response capabilities through a revision of the National Disaster Management Policy and the development of a National Disaster Risk Management Plan. Our emergency preparedness and response support actions included procurement of personal protective equipment (PPE) kits during the Ebola and Marburg virus outbreaks in neighbouring Uganda and DRC and jointly with UNHCR and other agencies assisted in the preparation of a contingency plan to cater for a possible influx of refugees from DRC's Kivu province and for Rwandans expelled from Tanzania towards the end of 2013.

The WHO Country Office

The WHO Country Office had an average staffing level of 26 full time staff during the biennium. The staffing level stood at 12 technical professional staff and 14 general and support staff by the end of the biennium.

A new Country Support Unit (CSU) structure headed by an Operations Officer (OO) was implemented in 2012 and training provided for the newly assigned staff by a team from IST/ESA. The CSU provides general administration and support services.

Staff capacity has been built through courses on the Global System Management (GSM) during 2012, and in particular staff responsible for travel, procurement, human resources, budget and finance received training specific to their roles at the IST. All technical staffs were also trained in GSM for program planning, work plan review and the utilization of various generated reports. The Country team also benefitted from the WHO wide Global Learning Program on National Health Polices Strategies and Plans (GLP-NHPSP) in 2013 and was a focus of a case study on the GLP NHPSP.

During the biennium, the office also created a number of task forces/committees to improve its effectiveness. These included task teams on resource mobilization, emergencies, and communication but these have struggled to be fully functional.

Two of our senior staff, Dr Malifa Balde (MPN) and Dr Laurence Nyiramasarabwe (NPO-HIV), retired during the biennium and a third staff member, Mrs Georgette Mutesi, received a long-service certificate from the Regional Director, after attaining 25 years of uninterrupted service in July 2013.

In Conclusion

Rwanda is a UN 'Delivering as One' Pilot Country, and is also a strong adherent to the Paris Principles for Aid Effectiveness and promotes budget support. Our joint work with other UN agencies was therefore important in coordinating resources and synergies through the "One UN" fund, which was a major source of resources for our work.

The budget execution rate at the end of the biennial was at 96%, of which 31% came from regular budget sources (US$ 3.1 million). Approximately 62% of our expenditures (US$ 6.1 million) reflected a focus on disease prevention and control, including the Expanded Program on Immunization (EPI).

While the WHO Office in Rwanda did have staffing capacity and financing challenges during this period, the biennial work-plan was more effectively and efficiently completed resulting in extensive products and outputs to the sector.

At the end of the biennial period there were **26 members of staff** (12 program and 14 general and support staff).	WHO office fielded **104 technical missions** for the equivalent of **1029 full time** days.	**96%** of the budget was executed by the end of the biennial period.
WHO received **100% of One UN funds** requested for 2012-2013.	***At A Glance:*** **WHO Biennial Activities (2012-2013)**	In 2012-2013, WHO supported the development of **25 health policies and strategic documents.**
In addition to core funds, **WHO mobilised $6,916,348 USD** mainly for Extended Immunization Program and Nutrition.	With the support of WHO, **19 major guidelines, normative documents** and **protocols** were developed.	The Country Office supported more than 20 in-country training workshops involving an estimated **1,350 health workers.**

1. Introduction

Strengthening health systems requires that national health sector strategies are the basis for managing and reconciling the multiple objectives and competing demands that many developing countries face. The WHO in Rwanda therefore made significant investments to support development of sound national health policies, strategies and plans and supported the country's health authorities in establishing or renewing evidence-based norms and standards.

The work of WHO during the period was guided by, among others, the Country Cooperation Strategy (CCS) 2009-2013, the MOH's Health Sector Strategic Plan II (2008 – 2012), the United Nations Development Action Framework (UNDAF) 2008 – 2013, and the Government of Rwanda's Economic Development and Poverty Reduction Strategy (2008 – 2013) EDPRS I. The WHO Rwanda Office has worked closely with the Ministry of Health in its activities covering review and development of various health sector policies and strategic plans, new national guidelines and protocols, facilitating various surveys and supporting studies to provide data and information for implementation monitoring.

The 2012 – 2013 biennial report is organized into 5 chapters:

(i) **Introduction:** Describes WHO roles and responsibilities, the guiding principles of WHO work and the main implementation strategies and interventions.

(ii) **Health and social context:** Provides background of national health situation and policies, and areas of WHO support.

(iii) **Key Achievements and Progress:** Focuses on key outcomes and successes linked to WHO's support during biennium.

(iv) **Lessons and recommendations:** Summarizes the overarching lessons and recommendations to translate these lessons for future work.

(v) **Conclusion:** Summarizes the key messages of the report.

2. Health and Social Context

The overarching goal of the Rwanda Government's Vision 2020 is to transform the country into a lower middle income economy by improving its competitiveness while ensuring equity and inclusive growth and development.

Significant strides have been made towards achieving this vision, particularly on improvements in peace and security, design and implementation of policies, and improvements in the country's business environment and competitiveness (Bank Group Country Strategy Paper 2012 – 2016).

Figure 1: Rwanda's MDG Progress

Quality, demand and accessibility of primary health care is an entrenched part of foundation issues addressed in the latest Economic Development and Poverty Reduction Strategy (EDPRS2) 2013 – 2018.

Rwanda's has a well-established Aid Coordination and Harmonization mechanism led by a Development Partners Coordination Group (DPCG) co-chaired by the UN Resident Coordinator and the Permanent Secretary of the Ministry of Finance and Economic Development (MINECOFIN) as its highest coordination forum. A "Budget Support Harmonization Group" (BSHG) previously existed as a specific dialogue group for partners providing global budget support to jointly monitor progress on EDPRS.

At the health sector level, the Health Sector Working Group (HSWG) is the main coordination forum and oversees/coordinates several Technical Working Groups (TWGs) aligned with HSSP II strategic objectives. A Health Sector "Development Partners Group" (DPG) provides an inclusive forum for partners working in health who belong in the sector according to an agreed "Division of Labour" that equalizes donor and partner support across all sectors for even development.

The 2010 MDG progress report notes that Rwanda is on course to meet three of the eight MDGs a situation facilitated by effective leadership and an emphasis on accountability for results for civil servants as well as political leaders at all levels.

Highlights of National Health Situation and Progress

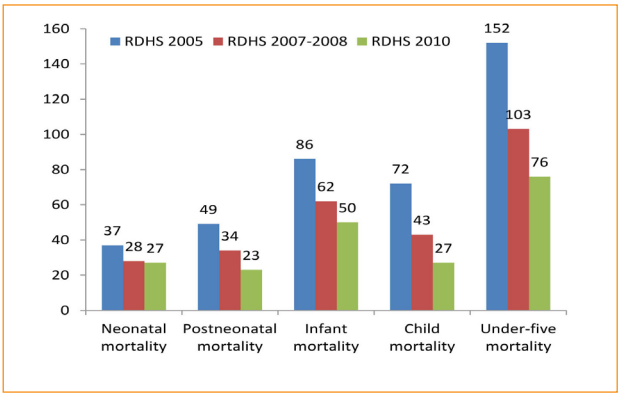
The 2012 population census indicates that Rwanda now has a total population of 10,515,973 residents. It has the highest population density in Sub-Saharan Africa at 415 inhabitants per square kilometer, with an average annual growth rate of 2.6 %. Life expectancy at birth has increased from 51.2 in 2002 to 64.5 years in 2012 and Rwanda has made great progress to achieve Millennium Development Goal 4 on reducing child mortality.

Maternal, Neonatal and Child Health

Infant mortality has fallen from **86 deaths per 1000** live births in 2005 to **50 deaths per 1000** live births in 2010.

Over the past decade, Rwanda has recorded unprecedented successes (cp. Figure 2**)**. The infant mortality has been reduced from 86/1000 live births (RDHS 2005) to 50/1000 live births (RDHS 2010) as a result of integrated community case management, universal access to mosquito nets, deworming campaigns against soil transmitted helminthiasis and schistosomiasis, integrated biannual MCH mass campaigns and the introduction of a variety of new vaccines such the pneumococcal and rotavirus vaccines.

Figure 2: Trend in child mortality (per 1000), RDHS 2005, RDHS 2007-08, RDHS 2010



Vaccination has played a major role in the fight against childhood diseases with immunization coverage for all antigens reaching and maintained at least 90% since 2005. Furthermore, under 5 mortality reduced from 152 per 1000 in 2005 (RDHS2005) to 76 per 1000 in 2010 (DHS2010).

Rwanda became the first country in the WHO African region to introduce combined measles/rubella immunization countrywide. A total of 4,389,770 children were vaccinated against measles/rubella representing a coverage rate of 102.6%. This coverage, however, still hides some disparities between age groups and between districts. For example children aged 12 – 59 months had 89% coverage and the least performing district, Gasabo (in Kigali) had an immunization coverage of 81%. All other districts had coverage above 90% with over 90% of these also experiencing coverage of more than 95%. The national HPV coverage is 99% for both P6 and S3 grades school girls and 103% for out-of school girls.

Since 2012 when rotavirus vaccine was introduced, Rwanda has provided 11 antigens in its routine immunization program countrywide. Diarrhea is the third highest cause of infant mortality in Rwanda, and the introduction of this new vaccine will hopefully contribute further to infant mortality reduction targets of 42/1000 by the year 2018.

Improvements in nutrition status has meant that prevalence of acute malnutrition in children declined from 3.9% (RDHS 2005) to 2.8% (RDHS 2010) and prevalence of stunting in under-fives declined from 51% (RDHS2005) to 44.2% (RDHS 2010). Despite this great improvement, Rwanda has made stunting a national priority to ensure further improvements in these figures.

Millennium Development Goal 5 (Improving maternal health) has also shown very good improvements.

Maternal morality has decreased by over **50%** from **1,071 deaths per 100, 000** live births in 2005 to **487 deaths per 100,000** live births in 2010.

Comparing RDHS 2005 to RDHS 2010 showed:

- A decrease in the maternal mortality ratio from 1,071 per 100,000 live births to 486 in 2010.
- Increase in percentage of deliveries assisted by skilled providers from 39% in 2005 to 69% in 2010 and deliveries in health facilities from 30% in 2005 to 69% in 2010.
- Decrease in Total Fertility Rate from 6.1% to 4.6%
- Increased use of modern methods of contraception by married women from 17% to 45%.

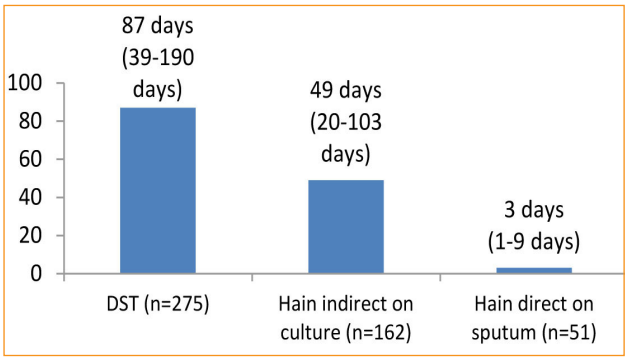
Control of HIV/AIDS, Tuberculosis and Malaria

Millennium Development Goal 6 (The reduction of HIV/AIDS, Malaria and other diseases).

The national prevalence of HIV stayed constant at 3.1% from 2005 (RDHS2005) to 2010 (RDHS2010). In 2012, 2,908,146 clients were tested for HIV in VCT (Voluntary Counselling and Testing) services at national level, and 98% of them received a test result. In addition, in the same year, 321,932 pregnant women attended ANC services and 98% of them were tested for HIV and received their results (National Annual Report on HIV & AIDS, 2011-2012). HIV prevalence in pregnant women in 2012 was found to be 1.6%, a decrease from 2.6% in 2009. Additionally, 84% of male partners of pregnant women were tested for HIV in PMTCT and prevalence was found to be 1.5%. By June 2012, 467 health facilities were offering PMTCT services, an increase from the previous year's 412 health facilities.

HIV prevalence in pregnant women **reduced from 2.6%** in 2009 **to 1.6%** in 2012.

Figure 3: Median time for TB drug sensitivity results



New laboratory technologies recently introduced (GeneXpert, liquid culture), reduced the time to obtain results of TB drug sensitivity tests from 3 months to 3 days and have allowed much earlier treatment of MDR TB patients.

The Malaria Program review of 2011 showed a 70% decline in malaria incidence between 2005 and 2010, a 54% decline in inpatient malaria deaths over the same period, and 66% decline in malaria test positivity rate between 2001 and 2010.

Health Systems Strengthening

Health Financing

Over the last few years, health financing policy has been a key component of the recent successes in the Rwandan health system. The combination of government commitment to financing health for the most vulnerable populations, the successful expansion of community health insurance and the performance based financing program have been the key drivers of this success.

Currently, Rwanda is on track to meet the Abuja target by 2018. Annual budget allocated to health has risen from **8.2% in 2005** to **11% in 2011**.

Progress towards the Abuja target (15% of annual budget allocated to health)

In the 2001 Abuja declaration, all African countries pledged to a target of 15% of their annual budget to be set aside to improving the health sector. Rwanda is one of the few countries on track to meet the Abuja target, and expects to do so by 2018.

Rwanda has achieved **91%** Community Based Health Insurance coverage of the population, a **79% increase** from 2005.

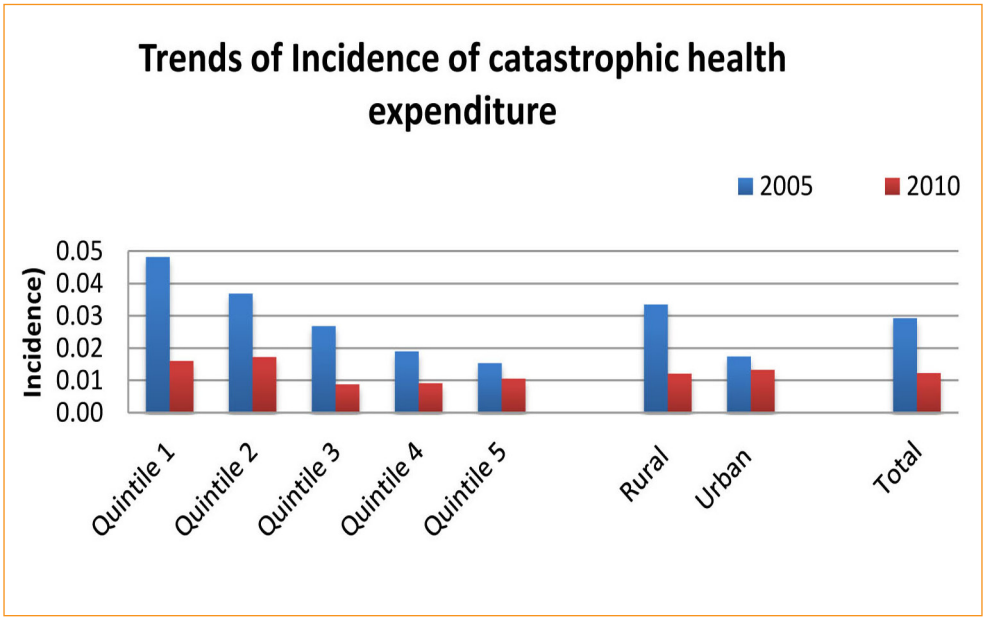
Social Health Protection and Community Based Health Insurance coverage

Although universal health coverage is currently not one of the Millennium Development Goals, it is a key health and development indicator. In 2012 alone, Rwanda participated in four high-level international events on universal health coverage that resulted in the Bangkok Statement, the Kigali Ministerial Statement, the Mexico City Political Declaration and the Tunis Declaration. Rwanda's community-based health insurance (CBHI) scheme, known as "Mutuelle de Santé" is the main mechanism for attaining high population health coverage and increased utilization of health services. CBHI offers financial risk protection by covers reimbursement of three essential packages of care: (i) the minimum package at the health centre; (ii) the complementary package at district hospital level; and (iii) the specialised package offered at referral hospital level.

For the poorest citizens, as determined by an innovative community based means testing (UBUDEHE, www.rgb.rw/main-mennu/innovation/ubudehe), their premiums are paid by the government resulting in vastly improved access to basic services.

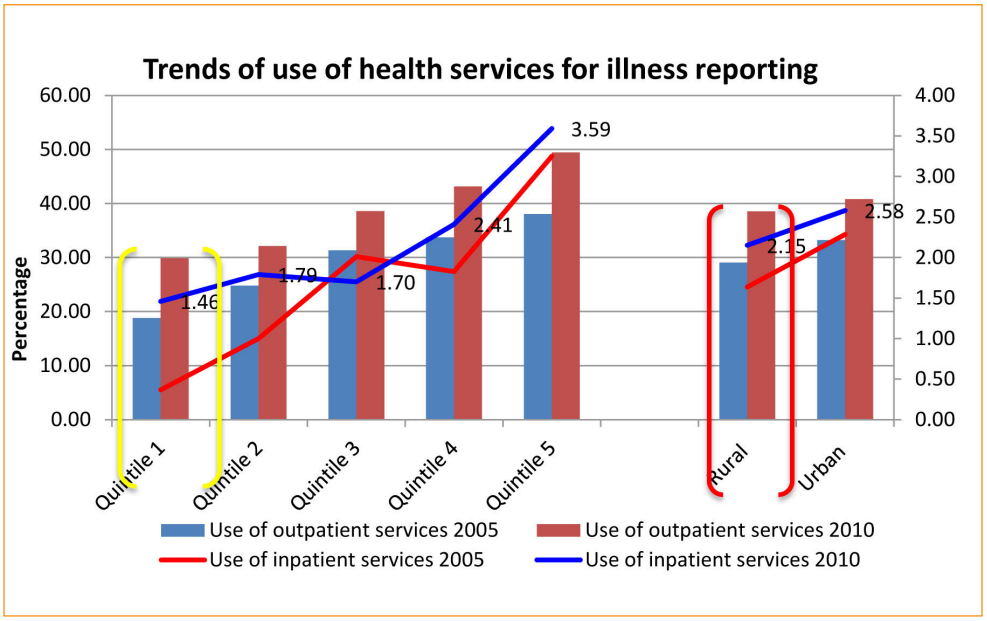
Between 2005 – 2010, there was a significant decrease in incidence of catastrophic health expenditure and increase in use of health services across Rwanda in all consumption quintiles (cp. Figure 4 & Figure 5); particularly in the first quintile (poorest 20%). In addition, the disparity between catastrophic health expenditure in all the quintiles decreased.

Figure 4: Trends of incidence of catastrophic health expenditure from 2005 – 2010



Derived from: EICV2 & EICV3

Figure 5: Use of health services of individuals reporting illness to medical practioners



Derived from: EICV2 & 3

Human resources supply and development

A number of reforms and new initiatives have positively impacted on Human Resources for Health ranging from decentralization of the management of human resources to new norms and standards. In the last 5 years, the Government of Rwanda has made considerable progress in the area of HRH. Table 4 below, shows the progress made by 2012 in key human resources to population ratios compared to projected targets.

Table 2: Human Resources Health Targets

Expected Outputs/ Outcomes	Targets for 2018	Outcome in 2012
Doctor / pop ratio	1 / 11,993	1 / 16,001
Nurse / pop ratio	1 / 1,000	1 / 1,291
Midwife /pop ratio	1 / 25,000	1 / 66,749
Lab tech/pop ratio	1 / 10,000	1 / 10,626

Source: HSSPIII

Medicines control and Health Technologies

The legal and Quality Assurance framework for pharmaceuticals were reinforced with the creation of a platform for medicines safety and rational use surveillance, and development of related guidelines. Drug Therapeutic Committees (DTC) are established in all hospitals and pharmaceutical and health products procurement now use the standard international open tender approach, with standard operating procedures for procurement that include internal tender bid evaluations.

The National Reference Laboratory (NRL) has established a sound network of high standard laboratories all over the country and these permits specialized biomedical testing at the referral level and provides quality control throughout the network with weekly analysis and feedback to health centres and district hospitals. This provides quality and timely diagnostic support in accordance to internationally accepted norms and standards.

Table 3: Medicines and Pharmaceutical Targets

Expected outputs / outcomes	Outputs **2012**	Targets 2018
Number of pharmaceutical regulatory and legal instruments developed	18	45
% Health facilities with No stock-outs of tracer drugs	55	95
% Generic drugs locally produced	< 2%	> 6%
% of prescription of antibiotics in District Hospitals & Health Centres	≥ 65	≤ 60
% of Hospitals with Drug Therapeutic Committees	45	90
% TB treatment success rate (SPUTUM S+) (annually);	87.6	88
% GOR financial contribution to the provision of medicines/medical products	40	55

Source: HSSPIII

Table 4: Laboratory Targets

Expected outputs / outcomes	Output 2012	Targets 2018
% of Laboratory with quality assurance	78	82
% Laboratories with at least two trained staff in good laboratory practices within the lab network.	76	100
Number of A0 and A1 Lab Technicians in place in DH and HC	151	291

Source: HSSPIII

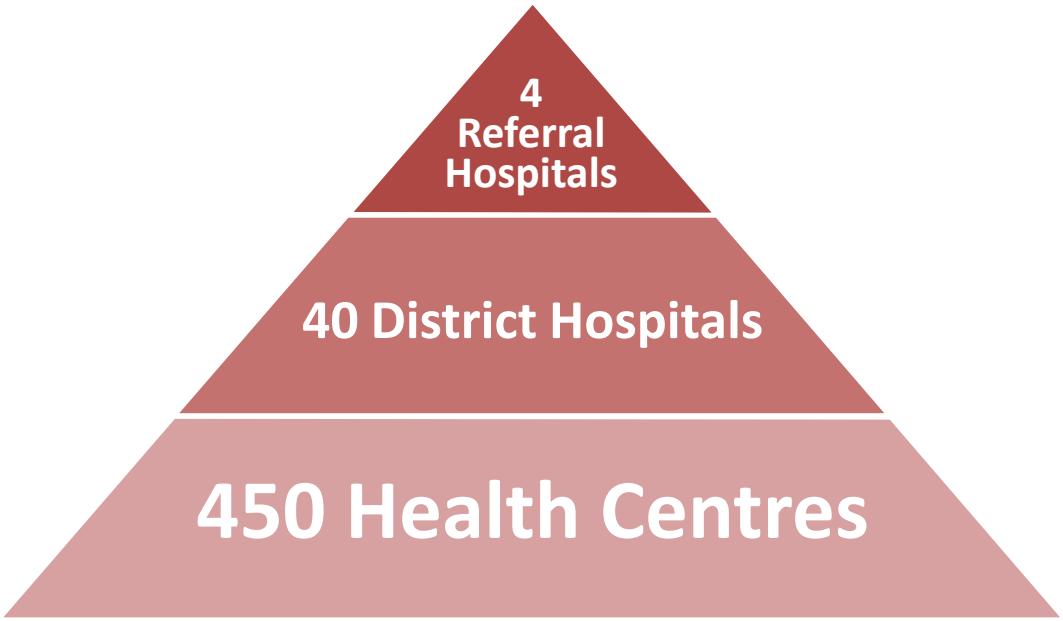
Health Information systems

Rwanda Ministry of Health has been conducting series of reforms in its health information systems since 2011. The GESIS platform formerly used for reporting by health facilities has been now been replaced by the DHIS-2 (District Health Information System) which was adopted as a web-enabled and fully open source system with no licensing costs that is promoted by WHO as a standard tool for HIS data management.

Infrastructure and coverage expansion in District Hospitals and Health Centres

Infrastructure systems consist of fixed assets such as buildings, their control systems, the software required to operate, manage and monitor them and communication facilities, plants and vehicles and other utilities. A network of public sector health facilities exists to meet the health needs of Rwanda's population. This network is structured as a pyramid with four referral hospitals at the apex followed by 40 district hospitals and 450 health centres. Within the context of this structure, the Rwandan government has outlined key targets for developing health infrastructure in 2018.

Figure 6: Network of Public Health Facilities in Rwanda



3. WHO's Work - Key Results, Outputs and Achievements of the biennium

3.1. Policy Guidance, Strategic Planning, Guidelines and other technical documents

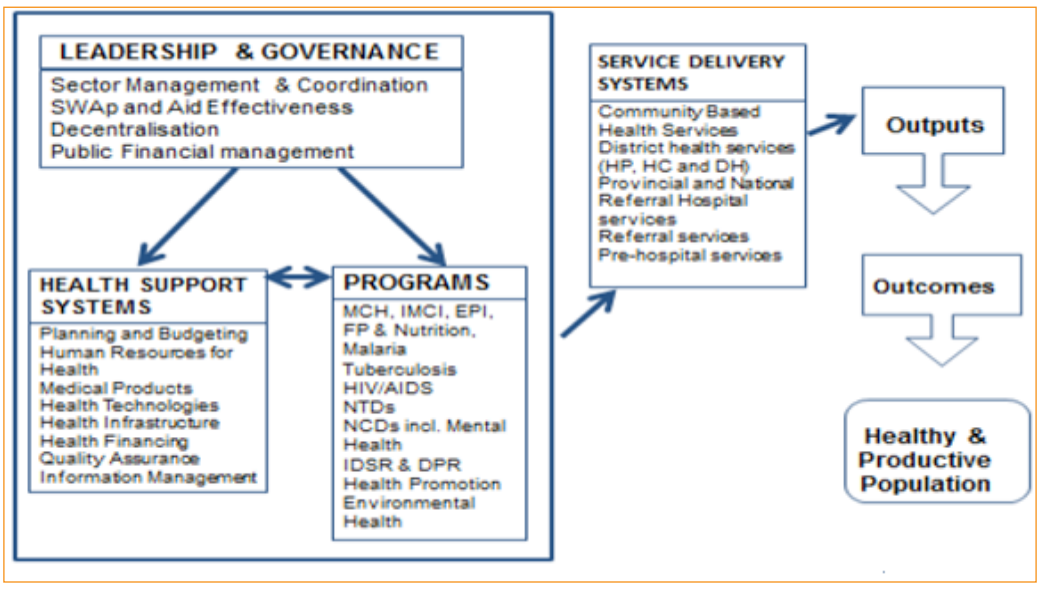
In 2012-2013 WHO supported the development of 25 health policies and strategic documents

Policies and Strategic Plans development are a major core function of WHO, and the development of sound policies and plans formed a critical part of our work during the biennium. The biennial period coincided with the development of critical national and UN strategic documents including the overarching Economic Development and Poverty Reduction Strategy 2008 – 2013 (EDPRS II) and the UN Development Action Plan 2013 – 2018 (UNDAP) aligned to the EDPRS. A new Health Sector Strategic Plan (HSSP III 2013 – 2018) was also launched in July 2013.

3.1.1. Development of the Third Health Sector Strategic Plan (HSSPIII)

The purpose of the Third Health Sector Strategic Plan (HSSPIII) is to provide strategic guidance to the health sector. As such, the WHO Country Office provided technical assistance and financial support for its development and helped to coordinate the Joint Assessment (JANS) of the strategy. The HSSPIII's conceptual framework was based on an adaptation of the WHO health systems building blocks. WHO provided technical assistance for development of a national guide for policy and strategic plan development and in addition, a number of sub-sector strategies are currently being developed including work on a Health Financing Policy and Strategy.

Figure 7 : Strategic Framework for HSSP III



3.1.2. Summary of Other Policy and Strategy Documents Development

The WHO technical staff supported Rwanda's work on 28 sub sector polices and strategic documents including providing technical assistance to design a guidance tool for developing and aligning sub-sector strategies to the overarching Health Sector Strategic Plan (HSSP III). Some of this work is listed below:

Disease Prevention and Control Policies and Strategies	
Title	Comments
National Disaster Management Policy (2012) and Disaster Risk Management Plan (2013)	The disaster management policy specifies tasks to be performed by various institutions dealing with disasters and covers all cycles of disaster management with focus on relief and recovery. The plan covers preparedness, risk reduction, mitigation, prevention, relief, recovery and reconstruction.
Neglected tropical diseases master plan (2012 – 2017)	The NTD master plan aims to eliminate and control prevalent NTD's and facilitates identification of priority endemic neglected tropical diseases.
Epidemic Infectious Diseases Strategic Plan (2012-2016)	The plan describes the common epidemic and infectious diseases, the measures needed to ensure their prevention, detection and control. It identifies key partners and their roles with milestones to monitor progress. It was prepared and developed on "One Health" principles, and requires action from all stakeholders in order to eliminate the threat of epidemic infectious diseases.
Integrated non-communicable disease strategic plan (2013-2018)	Developed in 2013 and aligned to the regional NCD strategic plan, it enumerates systems, services, budgets and evaluation metrics for integrated NCDs care.

Health Promotion Policies and Strategies	
Title	Comments
The Health Promotion Policy and Strategic Plan (2013 – 2018)	The Health Promotion Policy and Strategic Plan is based on goals to create and sustain a framework to guide the provision of accurate and relevant health information and skills to individuals, families and communities to control factors that help the population to make informed decisions to improve their health.

Nutrition and Food Security Policies and Strategies	
Title	Comments
School Health and Nutrition Policy and Strategy 2013-2018	WHO supported the policy and the strategy development aimed at increasing the health of school children and improving the environmental conditions in schools. The overall aim is to improve education access, outcomes, and retention in schools and optimize health and development of school-going children.
Food Safety Policy (2013-2018)	The national policy on food safety harmonizes coordination and ensures the protection of public safety and food trade in a manner consistent with international requirements.
Food and Nutrition Policy/ Food and Nutrition Strategic Plan 2013 – 2018	WHO has worked in collaboration various partners to develop and validate the policy and strategy which is essential to dealing with stunting in the country.
Country Implementation Plan: 'Accelerating Nutrition improvement in Rwanda'	The country implementation plan was finalized and all project related comments submitted to CIDA (Canadian International Development Agency) the donor for this activity.

HIV/AIDS, Tuberculosis and Malaria Control Policies and Strategies	
Title	Comments
The national strategic plan for HIV (2013 – 2018)	This plan, guided by the NSP mid-term review 'Know your epidemic, Know your response' and modes of transmission exercises etc., proposed changes based on the WHO treatment guidelines (2013) and aims for 'zero HIV related deaths' by reducing/maintaining current HIV prevalence level
The PMTCT Strategy	WHO supported the Ministry of Health's PMTCT strategy, guidelines and protocols development and built capacity of the health care professionals on PMTCT.
The E-MTCT implementation plan	Implements the e-MTCT programme and was first developed for three district hospitals – Nyarugenge, Masaka and Musanze.
The National Tuberculosis Strategic Plan 2013 – 2018	WHO provided two international consultants to develop the National TB strategic plan in line with EDPRS2 (2013-2018), HSSPIII, and the STOP-TB strategy. Internal studies such as the 2009-2013 TB NSP and TB NSA midterm evaluation in 2012 provided inputs to the plan.
The Malaria National Strategic Plan (2013 – 2018)	The WHO inter-country team facilitated a multi-stakeholder workshop in 2012 that developed future strategic directions and in 2013 helped to finalised the plan and performed a gap analysis using the new RBM tool.
Strategic plan for insecticide resistance management in malaria vectors 2013 – 2015	This strategic plan utilized the WHO global guidelines with an objective to develop and implement insecticide resistance management and take action to prevent emergence of resistance in new sites.

Maternal, New-born and Child Health Policies and Strategies	
Title	Comments
Road Map to accelerate reduction of maternal and new-born morbidity and mortality(2013–2018)	WHO supported the development of the Road Map 2013 – 2018 which aims to accelerate the reduction of maternal and new-born morbidity and mortality and enhance accountability for this process and its results.
The Child Survival Strategic Plan 2013 – 2018	WHO was involved with the situation analysis and the chapter on bottleneck analysis to identify key barriers to implementation of child survival interventions.

Medical Products and Health Technologies Policies and Strategies	
Title	Comments
Pharmaceutical Sector Strategic Plan 2013 – 2018	WHO assisted in setting up the National Medicine Regulatory Authority which in turn developed the Pharmaceutical Sector Strategic Plan 2013 – 2018.
National Law related to Foods & Pharmaceutical Products (2013)	WHO supported the process leading up to adoption of the National Law on Foods and Pharmaceutical Products in January 2013.
National Law: Establishment of Rwanda Foods & Medicine Regulatory Authority (2013)	The National law related to the establishment of Rwanda Food and Medicine Regulatory Authority adopted in October 2013.
National Council of Pharmacists Law (2013)	WHO facilitated the process of developing and adopting the National Council of Pharmacists law January 2013.
Law of governing narcotic drugs, psychotropic substances (2012)	This Law regulates drugs, psychotropic substances and precursors in Rwanda in February 2012.

Health Financing and Health System Strengthening Policies and Strategies	
Title	Comments
Health Information and Human Resources for Health (2012)	Technical & financial investment in development of the Human Resources for Health Policy and Strategic Plan and to strengthen capacities of medical professional councils. An information system for the management of Human Resources was set up.
Rwanda UNDAP 2013-2018	The UNDAP 2013-2018 was developed with WHO presence in the 'Inclusive Economic Transformation' (DRG1) and 'Human Capital Development' (DRG3) in particular. Four health flagship projects were proposed.
Transferring CBHI management to Social Security Board (RSSB)	WHO is working with the MOH to implement the policy to transfer CBHI to the Rwanda Social Security Board (RSSB) which is now before cabinet consideration.
Health Sector Strategic Plan III	The HSSPIII, JANS, Health Sector Policy, sub-sector policies and strategy planning guidelines have been initiated by the MOH.

Health and Environment Policies and Strategies	
The environmental health strategy 2013 - 2018	The environmental health strategic plan was developed in accordance with priorities identified in a policy developed and adopted with WHO support in 2008.
Policy and Strategic plan for the management of indoor and outdoor air quality and health 2013 – 2018	This strategic plan is part of the environmental health efforts undertaken in agreement with the Libreville declaration on health and environment.

3.1.3. Guidelines and other normative documents

WHO joined other partners to support Rwanda in the development or revision of **19 major normative documents, guidelines, and protocols**. A summary is provided below:

Program	No. of guidelines and normative documents developed with WHO support
HIV/AIDS, TB, Malaria. **4 normative documents**	• Updated protocol for all positive pregnant women on Anti-Retroviral Treatment(ART) for life and revised national guideline for the prevention and treatment of HIV infection; • Updated TB technical guidelines for health workers, TB infection Control guidelines and standard operational procedures (SOPs); TB pediatric hand book; • Severe Malaria case management guidelines; Technical specification of malaria case management commodities; • 2013 WHO HIV treatment guidelines launched and used in designing MoH local guidelines.
Maternal, New-born, Child Health and Nutrition. **5 documents**	• Integrated supervision tool for Maternal and Child Health which integrates the new-born Health; • IMCI Computerized Adaptation and Training Tool (ICATT)- facilitator guide; • Sexual Reproductive Health and Gender guidelines for Adolescent Reproductive Health; • The Reproductive Health law developed by parliament was reviewed and aligned with current global Reproductive Health and GBV policies; • Rwanda standards for "Formulated complementary foods for older infants and young children". The first draft is available and the final document will be available early 2014.
Health and Environment. **2 documents**	• Ministry of Infrastructure Guidelines on latrines technologies usable in Rwanda, adopted in April 2012; • Harmonized water, sanitation and hygiene (WASH) concepts, norms and guidelines were approved by WASH data reconciliation committee and submitted for validation to WATSAN sector working group in December 2013.
Medical Product and Health Technologies. **5 documents**	• Rules and regulations for the Pharmaceutical Sector. A law on pharmaceutical products, foods and cosmetics has been adopted; • A Law on Pharmacists Council; • Standard treatment protocols were developed in 2012; • Study report on accessibility and use of medicines by children produced and disseminated.
Health Financing and Health System Strengthening. **2 documents**	• District SWAp (Sector-Wide Approach) guidelines were developed with technical support from WHO; • Production of the first National Guide on policy and strategic plan development.
Disease Prevention and Control. **1 document**	• Production of technical guidelines for integrated disease surveillance and response, elaborated based on the 2010 WHO AFRO integrated disease surveillance and response version. These guidelines provide a platform for all activities in disease surveillance and response at all levels of the health system in Rwanda.

3.2. Support to Health Sector Capacity Building

The WHO country office obtained significant technical and financial support from the various levels of the organization which helped us to engage in the important role of capacity building to support the national health objectives. These activities took the form of training of trainers, conducting training workshops, designing or providing learning materials, and supporting various technical meetings, symposia and working group activities. The following areas illustrate some of our capacity building efforts.

Senior Rwandan health professionals participated in 29 international meetings, workshops and conferences supported by the WHO during the biennium. The country office also supported more than 20 in-country training workshops involving an estimated 1,350 health workers at all levels.

Capacity Building efforts in Maternal, Child and Neonatal Health (MNH):

- A workshop for health workers and managers in MNH and nutrition on skills to conduct operational research on MNCH, reproductive and adolescent sexual health. First drafts of research proposals have been developed and awaiting funding.
- WHO's new IMCI training using the IMCI Computerized Adaptation and Training Tool (ICATT); 12 Rwandan IMCI trainers received refresher training in ICATT and while also adapting national IMCI tools into ICATT.
- The International Conference on Child Health (with focus on Cancer in Children) was held in March 2012. IST/ESA provided staff support and an expert on cancers who assisted in development of national guidelines on management of cancer in children.
- Training workshop to introduce the Medical Eligibility Criteria (MEC) wheel criteria into Family Planning services in Rwanda in which 33 participants were trained.
- Support to the Rwanda Health Sector move from "Maternal Death Reviews" (MDR) to "Maternal Death Surveillance and Response" (MDSR) system. An MDSR roadmap developed and health policy makers, planners, managers, and professionals oriented.
- WHO hosted a regional consultation on Maternal-Neonatal Tetanus Elimination (MNTE) in Rwanda during October 2013. The workshop shared lessons and best practices on Maternal and Neonatal Tetanus elimination.

Capacity Building efforts in HIV/AIDS, Tuberculosis and Malaria Control:

- Training of health workers on male circumcision, and technical guidance provided by HQ "Technical Advisory Group" (TAG) on safety and efficacy of a new non-surgical circumcision device. Rwanda performed 7,964 male circumcisions using the device with plans for 700,000 more with Global Fund & PEPFAR support.
- Training of 180 community health workers from 6 district hospitals on prevention, care and treatment of women sex workers.
- Training of 85 health workers from 33 health centres in 3 districts (Gisenyi, Kibagabaga, Gahini) on scaling up male circumcision.
- Orientation training on new WHO HIV/AIDS guidelines for 4 Rwandan participants in South Africa.
- Training of 136 doctors in practical approach of lung disease and 58 in management of MDR-TB and Tuberculosis infection control.
- Joint supervision (with MOH & Partners) on TB management (3 each of private clinics, district hospitals and referral hospitals).
- Training of 84 doctors in case management for severe malaria and supervisions at all levels.
- Training on quality management for Malaria Diagnostic Testing in Zimbabwe which included 2 Rwandan participants.
- International course in Laboratory Practices at the "Regional Center of Excellence for MDR TB", School of Public Health, Kigali (for 9 countries).
- Seminar ("Infectious disease evening") organized by the TB, Malaria and HIV Divisions in partnership with Teaching hospitals, WHO and Denk pharma to update private sector on new WHO research findings & recommendations (Sept 2013).

Capacity Building efforts in Surveillance, Epidemic preparedness and Response

- Training of district Health Directors, Supervisors, Health Centre In-Charges as well as Vaccination Staff on active surveillance of Acute Flaccid Paralysis to maintain Acute Flask Paralysis surveillance indicators at certification level.
- New members of Polio Eradication Committees (National Polio Certification Committee, National Polio Expert Committee, National Task Force Containment) were trained and briefed on eradication activities.

Capacity Building efforts in Health Promotion, Nutrition and Food Safety

- Exchange of experiences between community health workers cooperatives in two districts in Northern Province was supported with discussions focused on the sustainability of cooperatives.
- In November 2012, a five-day training was conducted for 50 food safety inspectors and food handlers.
- WHO facilitated Rwanda's application to Codex Trust Fund to allow delegates to participate in Codex Alimentarius meetings, where international food standards, guidelines and codes of practice are discussed and adopted.
- An exchange/lesson sharing mission (WHO, UNICEF, WFP, FAO) to Burundi as part of the Swiss Development Cooperation project on malnutrition in the two countries. The project covers districts most affected by malnutrition (Nyamagabe and Rutsiro in Rwanda and Ngozi in Burundi).
- WHO supported the training of 55 Health Promotion Practitioners at central and district levels on health promotion practice.
- Technical support was provided to UNHCR and WFP to conduct a survey on the prevalence of malnutrition among children and adults in five refugee camps.
- Training in promotion of injection safety and safe handling of medical waste for community health workers (CHWS) in Byumba District. 45CHW trainers and 84 CHWs were trained. 5040 safety boxes and gloves were distributed for managing medical waste.

Capacity building efforts in Health Financing and Health System strengthening

- Social Health Protection training (including health insurance) for CBHI managers at central level.
- Lab quality management system training (with lab accreditation process) for lab technicians.
- Training in prevention of non-communicable diseases for hospital health workers.
- Risk shipment management for 16 lab technicians.
- Training in SHA 2011, new NHA tool for ministry of health and school of public health.
- Training on workload indicators in staffing needs (WISN) methodology to human resource department staff at national and district levels.
- Training on policy and strategic plan development and development of guidelines to 30 MoH, RBC planning staff and other partners.
- CBHI managers at national and district level trained on procedures manual for implementing CBHI and social protection reforms including health insurance.
- Workshop on health financing towards universal health coverage for HF stakeholders.
- Joint WHO/World Bank workshop on Africa Region knowledge exchange on health financing and UHC for staff of WHO, MoH, RSSB and SPH (5 participants attended).
- Training of WHO and SPH staff in One Health costing tool (4 participants – 2 WHO Staff in December 2013 and 2 SPH staff in February 2012).
- Conference: Value for money, sustainability and accountability in th health sector: A high level dialogue between ministers of finance and health, Tunis, July 2012 (4 participants from MINECOFIN, MoH, Parliament and WCO).

3.3. Partnerships, Partner Coordination Mechanisms and WHO presence in Rwanda

The WHO Country Office takes active part in the coordination and partnership mechanisms established in Rwanda. The office participates in all national health events and works to improve communication with partners and stakeholders. The WHO was actively involved with the Health Sector Working Group (HSWG) and its Technical Working Groups (TWGs). It is a full member of the UN Country Team (UNCT) and serves as co-chair of one of the four "ONE UN" Development Results Groups (DRG). The Global Fund's Country Coordination Mechanism (CCM), and the Health Development Partners Group (DPG) are other important forums of WHO's work.

Key Health partners during the biennium included bilateral partners, USG/USAID, Belgian Embassy, Swiss Development Cooperation (SDC), Netherlands Embassy, German Development Cooperation (GiZ), UK DFID, and LuxDev (the last three no longer belong to the Health "division of labour"). Multilateral participation in health has largely been restricted to GAVI and GFATM with whom we have had good collaboration and WHO serves actively on both the CCM and the ICC. A number of NGOs (e.g., MSH, JHPIEGO, WVI, CHAI, Access Project, Catholic Relief Services, Rwanda Health Family Project) are also active collaborators in the health sector.

Partnerships are facilitated through the Health Sector Working Group, the Health Development Partners Group and the Technical Working Groups some of which are co-chaired by WHO. The UN Country Team and "Development Result Area 3" (Human Development) is co-chaired by WHO and UNICEF and also engages other agencies such as IOM, UNHCR, FAO, WFP, ILO and UNIDO.

3.3.1. Visit of the WHO Regional Director Dr Luis Sambo

Picture 1: The Regional Director (left) with President Mr Paul Kagame (second from left), WHO Representative (second right) and the Minister of Health (far right).

The Regional Director for Africa visited Rwanda in June 2012. He met with national authorities including the President of Rwanda, the Minister of Health and various national and international partners and stakeholders. A visit to Nyamata District took his team to see the activities of Community Health Workers and to the services of the District Hospital which had a well-integrated mental health service. At Nyamata District Hospital, the Regional Director donated an ambulance to the Hospital. He also visited the Nyamata Genocide memorial site. The Regional Director also met with the United Nations Country Team and attended a WHO staff meeting and receptions before his departure.


Picture 2: Regional Director, WHO Representative and the District Director of Health in Bugesera inspecting CHWs log book and a kitchen garden designed to combat malnutrition.

3.3.2. Highlights of other key health events

Picture 3: Opening Ceremony of the First Rwanda Malaria Forum

The First Malaria forum-towards malaria pre-elimination was organized in Rwanda, Kigali from 26th to 28th September 2012. The theme of the conference was: 'How to sustain achievements and get to zero malaria death'.

The Annual International Meeting of Roll Back Malaria and Malaria in Pregnancy was held in Kigali from 18 to 20 April 2012 and featured WHO/IST/ESA and HQ participation.

In collaboration with the African Union (AU) and the United Nations Economic Commission for Africa (UNECA), a High-level Ministerial Conference was held on Health financing, organized by 'Harmonization for Health in Africa' in Tunis in July 2012. The Permanent Secretary of the Ministry of Economic Planning and Finance, the Director of Health Financing of the MOH and a Parliamentarian represented Rwanda.

Picture 4: East Africa Health Ministers at the conference on Social Health Protection 2012

In September 2012, The East African Community Regional Ministerial Conference on Social Health Protection took place, and had participation from HQ, AFRO and all EAC Health Ministers. The 4th Annual East African Health and Scientific Conference in Kigali, in March 2013. The theme was: "Evidence for action in the changing global financial situation", regional health priorities and opportunities. Five countries, namely Burundi, Kenya, Tanzania, Uganda, and Rwanda participated. The Conference was chaired by the Deputy Secretary General of EAC.

The 19th Conference of the International Union against Tuberculosis and Lung Diseases (IATLD) in the African Region was held in Kigali in June 2013. The theme of the conference was: "Tuberculosis and other Respiratory Diseases: Success and Challenges". About 600 participants took part and the WHO HQ, AFRO and Country office were represented. The next annual conference will be held in Swaziland.

In 2013, WHO introduced new treatment guidelines for HIV. In collaboration with UNAIDS, WHO presented the new guidelines to the ministry of health for incorporation into the national HIV treatment guidelines.

Picture 5: WHO Representative (right) presents new WHO HIV treatment guidelines to Hon. Minister of State Dr Anita Asiimwe with UN resident co-ordinator Mr. Lamin Manneh (second right) and the DG of Rwanda Biomedical Centre (second left).

3.3.3. WR's familiarization visits

Picture 6: WHO Representative (right) meets hospital staff as part of familiarisation tour.

The WHO Country visited several District Hospitals, Health Centers, and Health Training Institutions. These included:

Northern Province: Butaro and Ruhengeri Hospitals

Western Province: Gisenyi Hospital and Kigufi Health Center

Eastern Province: Nyamata and Rwinkwavu Hospitals

Southern Province: Kigali and Butare Teaching University Hospitals, Ndera Neuro-Psychiatric

Hospital, Kanombe Military Hospital, King Fayçal Hospital, and Kigeme and Nkamira Refugee Camps. The WR also visited the Medical School in Butare, the Health Sciences faculty at the Catholic University in Save, and paid courtesy calls on the Association of Media for Health Promotion and AIDS ("ABASIRWA"), the Rwanda Medical Council, the Nursing Council and the Rwanda Health Communication Centre.

3.3.4. Health Promotion and Communication

The WHO Office has supported and participated in a number of thematic days and events. These key health promotion and advocacy occasions are usually held in different districts as well as in the capital Kigali. They provide vital opportunity for reminding individuals, communities and stakeholders about the global health issues affecting Rwanda.

The World Health Day, commemorating the founding of WHO, coincides with the Commemoration of the Genocide in Rwanda and the WHO Office therefore arranges to have the theme publicised at other events. For this reason no substantive World Health Day was held during the biennium.

Health Thematic days and other events organized during the biennium:

- Public Health Thematic Days (Tuberculosis, No Tobacco Day, Blood Donors Day, Mental Health Day, Non Communicable Diseases Week and AIDS Day);
- Integrated Adolescent and Child Health Week from 24 to 26th September 2013;
- One Thousand Days Campaign in September 2013;
- Non Communicable Diseases Awareness Campaign launched on 29 September 2013;
- Annual national campaign on hygiene and sanitation, launched on 18th October 2012 for 4 months and integrated with the Mother and Child Week and Global Hand Washing Day;
- Food safety awareness and sensitization campaign in October 2012 and development of a documentary film in food safety in December 2012;
- World No Tobacco Day 31st May and launch of the national Law on Tobacco Control;
- World Blood Donors Day (14th June);
- International Day on Alcohol and Drug Abuse (a national week: 21st -29th July 2013).

In partnership with the Ministry of Health and GAVI, UNICEF, USAID, UNFPA and other partners, an integrated Child and Adolescent Health Week was implemented in March, 2013.

Activities included Vitamin A supplementation to children under 5 Years; HPV Vaccination to adolescent girls; and mass deworming with albendazole and praziquantel.

Other joint activities included introduction of the rotavirus vaccine, which tackled a leading cause of death among Rwanda's children as diarrhea accounted for 23% of all child deaths. WHO and partners supported the development of an application to GAVI for the RotaTeq vaccine and helped to establish twenty surveillance sentinel sites for an impact study.

Picture 7: Minister of Health Dr Agnes Binagwaho administers HPV vaccination at launch of Child and Adolescent Health Week.

Picture 8: WHO representative administers HPV vaccine at Child and Adolescent week launch

The campaign also facilitated administration of a second dose of measles vaccine in order to prepare to introduce the combined vaccine Measles/Rubella into routine EPI.

WHO has been supporting the Rwanda Network of People Living with HIV and AIDS (RRP+) (PLHA) to assess and identify factors that had influenced members to withdraw from PLHA associations and to help develop new strategies for retaining and sustaining membership.

Picture 9: Taxi Boat managed by PLWHA Association in Burera District

3.3.5. Resource Mobilization

The WHO country office in Rwanda mobilized or managed in addition to its core funds, $6,916,348 (USD) mostly covering interventions on nutrition, the Expanded Program on Immunization and WHO's response to emergencies and refugees.

The Office also mobilized substantial technical Support in fielding **104 technical missions** to Rwanda covering a total of **1029 Full Time Equivalent (FTE) staff days** at an estimated total cost of $812,949 (USD).

3.4. Knowledge, Information and Research Management

(Surveys, Surveillance, Monitoring & Evaluation and Operational Research work)

Facilitating knowledge generation and research sharing is a core function of WHO and a priority area of the Rwanda Office. WHO has supported the Ministry of Health to conduct various studies, surveys, surveillance, as well as reviews and assessments to inform policy and strategy development.

WHO provided district hospitals and academic institutions (such as Save Catholic University) with access to HINARI, a programme set up in collaboration with WHO and major publishers to enable low

and middle income countries to gain access to one of the world's largest collections of biomedical and health literature. Furthermore, In 2012, WHO provided training to seven Rwandan institutions (Umutara Polytechnic, Higher Institute of Agriculture and Animal Husbandry, Rwanda Library Services, Rwanda Teachers College, Kibungo School of Nursing and Midwifery, Kigali Health Institute and Kigali Institute of Education) on how to use HINARI and other e-resources for research. In line with WHO's core function, the purpose of the training was to increase the quality and effectiveness of research and education in biomedical fields. As such, the training allowed researchers, policy makers, educators and librarians to have access to high quality, relevant internet based information on biomedical and health sciences.

Other knowledge generation and research sharing activities WHO participated in included:

Picture 10: Child being weighed during surveillance of acute malnutrition

Maternal and Child Health

- Analysis of maternal, neonatal and child death audits and development of an assessment tool for annual evaluation of maternal death audits which is now in use;
- Study on accessibility and use of medicines by children to create a report that has been disseminated;
- Development of questionnaire to assess the strategic plan to reduce maternal and neonatal morbidity and mortality and guide consultants on data collection;
- IMCI post training assessment in 2 districts and 38 Health Centers;
- Preparations for the neonatal and child deaths audit evaluation. The process of hiring an international consultant has started and a concept note, terms of reference developed;

- Operations research proposals have been finalized on:
    - Antenatal and postnatal care;
    - The harmful effects of traditional practices;
    - The implementation of resuscitation techniques at the district hospital and community health centres;
    - Antenatal care and resuscitation techniques;
    - Strategies to improve the resuscitation of maternal and newborn in order to reduce maternal and neonatal mortality;
    - Strategies to increase the proportion of pregnant women having four antenatal consultations standard visits during their pregnancy.

HIV/AIDS, Tuberculosis and Malaria Control

HIV

- Technical Support on Monitoring & Evaluation System Strengthening (MESS) for HIV, TB and Malaria: Review of Indicators (3rd – 7th June 2013).
- Survey Protocols development:
    - Behavioural Surveillance Survey protocols among high risk populations (Truck drivers; Sex Workers).
    - HIV Sero-surveillance and syphilis among pregnant women protocol (PMTCT/e-MTCT).
    - Protocol on HIV incidence in collaboration with HIV technical working group.

Tuberculosis

- WHO Task Force on Tuberculosis Impact Measurement supported the National Tuberculosis Prevalence Survey and final evaluation (1st-6th December 2012);
- Third quarterly evaluation of TB activities and indicators for all health facilities;
- TB Infection risk assessment among health facilities personnel compared to community. The study shows that the risk is 3 times higher than in general population;
- Protocol of the 2nd Tuberculosis Drug Resistance Sensitivity. Protocol now finalized and approved by the National Ethics Committee.

Malaria

- Development of protocol for evaluation of ease of use of five Rapid Diagnostic Test (RDT) by health workers in Rwanda. Protocol approved by the National Ethics committee and data collected.
- Evaluation of Indoor Residual Spraying in high risk districts of malaria (WHO participation): review of programmatic implementation of IRS, dissemination of findings on the entomological monitoring and residual efficacy of insecticides and impact on vector population.

Disease Control and Prevention

Diseases other than HIV, TB and Malaria

(i) The IDSR reporting system developed of new guidelines and training materials for district hospitals and health centres.

(ii) A Yellow fever risk assessment that indicated minimal YF virus circulation with a very low risk of transmission.

(iii) A Non Communicable Diseases survey using the WHO NCD STEPs approach with WHO and CDC consultants supporting development and validation of the protocol, training and supervision of data collection and WHO provided the clinical tests equipment.

(iv) In collaboration with CDC, a rotavirus vaccine Post Introduction Evaluation (PIE) was conducted to identify strengths and weaknesses associated with vaccine introduction. The conclusions were as follows:

a. Strong political will and financial commitment from Government and partners;

b. Effective collaboration with immunization and development partners;

c. Strong program with good infrastructure; smooth introduction;

d. No evidence of negative impact of new vaccine introduction and community confidence in vaccination program.

Picture 11: Child receiving measles vaccine during integrated measles/rubella campaign

- Integrated Measles/Rubella (MR) Post campaign and Routine Immunization (RI) Coverage Evaluation Survey 2013. (Rwanda is the first African country to conduct an integrated MR campaign and a nationwide integrated RI and post MR campaign evaluation covering all the 30 districts in Rwanda.

- The independent survey to assess immunization coverage showed all districts reported coverage above 90%.

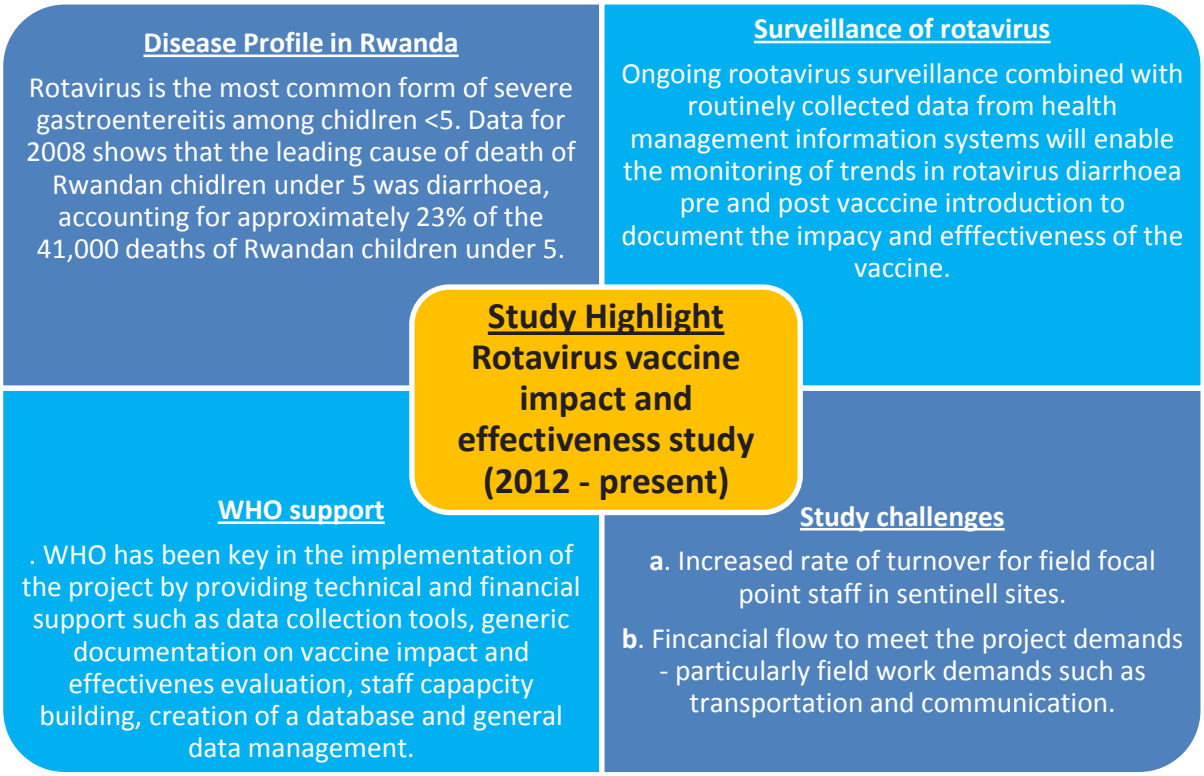
- WCO/WHO/IST technical support through consultants in logistics and the post introduction validation survey provided.
- Study to estimate the burden of Congenital Rubella Syndrome and put in place the surveillance of Measles and Rubella through National Reference Laboratory.

Health Financing and Health System Strengthening

- WHO assisted with EDPRS1 Health Sector self-assessment with Sector Wide Approach (SWAp) intergradation into HSSP III.
- Study on the Economic burden of diarrhoea among children under five (In collaboration with PATH). The objectives include identifying the resources saved after Rotateq introduction.
- Review of Socio Determinants of Health in Rwanda. A case study report was finalized and presented to the Ministry of Health. A joint UN mission is expected early in 2014 to inform the integration of Socio-Determinants in health planning and implementation.
- Assessment of functionality of Community Health Workers (in collaboration with New Vision) was conducted in 9 Districts in the four Provinces.

- The Rotavirus Vaccine Impact and Effectiveness Study (in collaboration with CDC) (featured below in Figure 8).

Figure 8: Study Highlight of Rotavirus Vaccine Impact and Effectiveness Study



3.4.1. Information Generation and Dissemination

WHO Country Office produced a number of information products including "Flash Info", "Bulletins", "National Health Press Reviews"; Quarterly and annual Reports. Two video programs on "30 Years of fight against HIV and AIDS in Rwanda" and "Progress and successes on Immunization Program in Rwanda" were produced in collaboration with the Ministry of Health.

WHO also co-produced an article on "Community Performance Based Financing in Health: Incentives to Mothers and Community Health Workers to improve maternal health outcomes". The article is currently undergoing the publication process by WHO Regional Office for Africa.

In 2013, WHO produced a video on Universal Health Coverage, in which Hon. Minister of State, Dr Anita Asiimwe illustrated Rwanda's achievements. The WR featured in a ONE UN "YouTube" video to mark World Health Day 2013 on NCDs and hypertension. The video was produced in collaboration with the Rwanda United Nations Communications Group.

Table 5: Items Produced and Disseminated

ITEMS	NUMBER
1. Flash Info	8
2. Bulletins	2
3. Health Press Reviews	3
4. WHO Country Office Quarterly Reports	8
5. WHO 2011 Country Office Annual Report	1

WHO co-produced an article on "Community Performance Based Financing in Health: Incentives to Mothers and Community Health Workers to improve maternal health outcomes". The article is currently undergoing the publication process by WHO Regional Office for Africa.

3.5. Preparedness and Response to Epidemics and Disaster Situations

3.5.1. International Health Regulations (IHR) and Epidemic Diseases Control

The new International Health Regulations (IHR 2005) expands the scope of the regulations' application and WHO's authority in global diseases surveillance and response. It requires each state party to build and maintain certain core capacities in surveillance over time. IHR 2005 (article 5.1) gave state parties up to June 2012 to develop these capacities. Rwanda obtain a 2-year extension to implement the IHR treaty requirements. The WHO has worked with the Ministry of Health to develop an Epidemic Infectious Diseases Strategic Plan 2012 – 2016 as part of its IHR preparedness.

Additionally, WHO has supported implementation of an IDSR strategic plan, guidelines and training modules for hospital and health centers staff. Three IDSR/eIDSR support staff have been trained for each health facility which has improved completeness and timeliness of IDSR weekly electronic reports from 70% to 95% during the biennium.

3.5.2. Response to influx of refugees

In 2012, Rwanda received an influx of refugees from DRC due to fighting across the border. WHO supported interventions to provide primary health care services and ensure adequate surveillance and response to potential epidemics. A total of 14,434 new refugees (58% female and 23% under 5) are accommodated at the Kigeme Camp in Nyamagabe, Southern Province.

WHO's rapid health assessments in Kigeme camp resulted in the following actions:

- A Public Health Officer was recruited by WHO to manage the health information system and Public Health surveillance in the Kigeme camp and coordinate selection and training of Community Health Workers for the camp. WHO with support from IST/ESA and Uganda WCO helped to coordinate Emergencies Health.
- Cluster meetings and monitored progress in implementing the health response to the camp.
- At end of CERF support in December 2012 an evaluation reviewed the health situation in Kigeme camp and made recommendations for an exit strategy. A contingency plan was also developed to cater for a scenario of an influx of 100,000 refugees and as refugees have continued to arrive from the Democratic Republic of Congo (DRC) it brought occasional risk of cholera and other epidemics.

Picture 12 : Refugee children at Kigeme refugee camp

WHO supported two immunization campaigns against polio and measles and provided inter-agency emergency health kits to the Kigeme Camp and District Hospital. Two nurses were recruited to Kigeme hospital, overburdened by the sudden refugee population that almost doubled the usual catchment population.

An Ebola epidemic in Uganda and Democratic Republic of Congo led the WHO in Rwanda to acquire 5000 PPE (personal protective equipment) and 20 UN triple packaging boxes for samples for the use of the Ministry of Health. A WHO Rwanda staff member supported health promotion activities in Uganda during the Ebola epidemic.

4.Lessons learnt and Recommendations

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 and the work of the WHO country office has benefited greatly from this leadership and ownership of health goals.

Significant technical and financial support was obtained from all of WHO levels including the Inter-Country Support Team (IST), the Regional Office in Brazzaville 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 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.

Staff capacity building was an important component of the country office's effectiveness and a number of retreats and training sessions were organized. In particular, the "Global Learning Program on National Health Policies Strategies and Plans" (GLP-NHPSP) provided many core skills supplemented by online courses on negotiations and other in soft skills areas.

The WHO Country Cooperation Strategy which guided our operations needs to be more firmly aligned with the country's five-year strategic planning cycles in order for it to provide more effective guidance to our operations. Leveraging the support of different levels of WHO and of the many important partners in health has strengthened our staff capacity and ability to sustain the support we provide to the MO.

5.Concluding Remarks

Rwanda made significant progress during the biennium towards improving health outcomes and meeting the MDGs. WHO Country Office worked closely with the Ministry of Health and partners to provide required technical support and to build national capacities.

The global financial crisis impacted the WHO Country Office's resources when requests for support have continued to rise. However the WHO implemented 96% of its workplan. By strengthening the capacity of its staff in program planning, program management, resource mobilization and reporting to donors and partners and communicating its work more effectively.

The Country Office has started developing the next Country Cooperation Strategy (CCS) for 2013-2018 and we shall draw lessons from our work during this past biennium to inform the new strategy. We shall take into account the ongoing WHO reforms and the strategic directions derived from EDPRS II and HSSP III. This process will engage all our partners and collaborators in reviewing and deciding how the WHO can continue to impact positively on the health sector in Rwanda.

To successfully achieve the strategic priorities outlined for 2014 onwards, the support and collaboration of our partners shall remain crucial at all times.

ANNEXES

Annex Ia: WHO Strategic Objectives for African Region[1] (2006 – 2013)

SOs	Statement of Strategic Objectives
SO1	To reduce the health and socio-economic burden of communicable diseases.
SO2	To combat HIV/AIDS, malaria and tuberculosis.
SO3	To prevent and reduce disease, disability and premature death from chronic non-communicable diseases, mental disorders, violence and injuries and visual impairment.
SO4	To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals.
SO5	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact.
SO6	To promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex.
SO7	To address the underlying social and economic determinants of health through policies and programs that enhances health equity and integrates pro-poor, gender-responsive, and human rights-based approaches.
SO8	To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health.
SO9	To improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development.
SO10	To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research.
SO11	To ensure improved access, quality and use of medical products and technologies.
SO12	To provide leadership, strengthen governance and foster partnership and collaboration with countries, the United Nations system, and other stakeholders in order to fulfil the mandate of WHO in advancing the global health agenda as set out in the Eleventh General Program of Work.
S013	To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively.
Total Number of Strategic Objectives: **13**	
Total Number of Outputs: **87**	

[1] These SOs ended in 2013 and WHO now has new Objectives initiated in late 2013.

Annex Ib: The New WHO Programme of Work and Strategic Priorities for African Region (2014 - 2019)

1. **Communicable diseases**	**HIV/AIDS** **Malaria** **Tuberculosis** **Neglected tropical diseases** **Vaccine-preventable diseases**
2. **Non-communicable diseases**	**Non-communicable diseases** **Mental health** **Violence and Injuries** **Disability and rehabilitation** **Nutrition**
3. **Promoting health through the life course**	**Reproductive, maternal, newborn, child and adolescent health** **Healthy ageing** **Gender, equity and human rights mainstreaming** **Health and environment** **Social determinants of health**
4. **Health systems**	**National health policies, strategies and plans** **Integrated people-centred health services** **Access to medical products and strengthening regulatory capacity** **Health system information and evidence**
5. **Preparedness, surveillance and response**	**Alert and response capacities** **Emergency risk and crisis management** **Epidemic and pandemic prone diseases** **Food safety** **Polio eradication** **Outbreak and crisis response**
6. **Corporate services and enabling functions**	**Leadership and governance** **Transparency, accountability and risk management** **Strategic communications** **Strategic planning, resource coordination and reporting** **Management and administration**
Total Number of Categories	**6**
Total Number of Priorities	**30**
Total Number of outputs	**88**

Annex II: Summary of Biennial Work Plan Implementation 2012 – 2013

Revenue	Total $USD	%
1. Assessed Contributions	3,106,947	31%
2. Voluntary Funds	6,916,348	69%
Total revenue	**10,023,295**	**100%**

Expenses	Award Budgeted $ USD	Implementation $ USD	% Implemented Against Award Budgeted
1. Disease Prevention and Control	6,169,590	5,845,604	95%
2. Maternal & Child Health and Nutrition	964,806	920,761	95%
3. Health Promotion and Social Determinants	661,433	646,353	98%
4. Health and Environment	257,108	248,564	97%
5. Health System Strengthening and Health Financing	1,829,459	1,786,053	98%
6. Access to Medical Products and Health Technologies	140,899	141,436	100%
Total Expenses	**10,023,295**	**9,588,771**	**96%**

The approved budget covers the whole biennium 2012-2013 (AC+VC), and at the end of 2013, the budget execution rate was at **96%.** All programs achieved over **95%** budget implementation. Furthermore, WHO received 100% of One UN Funds ($1,126,759.70) requested for 2012 – 2013.

About 31% of the budget was funded from the regular budget (US$ 3.1 million). Nearly 62% of expenditure (US$ 6.1 million) was on disease prevention and control of which more than half (US$ 3.2) million was spent on the Expanded Program of Immunization.

Annex IIIa: Summary of Technical Assistance provided to Rwanda and facilitated by WHO

Categories of work	Total number of FTE days	Cost ($ USD)
Communicable Diseases	479	196,232
Non-communicable Diseases	179	60,001
Promoting health through the life course	45	12,742
Health Systems	264	113,157
Preparedness, surveillance and Response	50	20,442
Corporate services and enabling functions	12	4,375
TOTAL	**1029**	**$406,949 (DSA & flight only)**
		$812,949 (including salary/fees)

Annex IIIb: Technical Assistance provided to Rwanda 2012 & 2013

N°	Name of participants	Mission	Days	Cost
	Dr LEVIN Ann/HQ	Delivering Three New Vaccines	12	4,971
	Dr MWENDA Jason/AFRO (*)	Delivering Three New Vaccines	6	2,857
	Mr PARASHAR Umesh/CDC (*)	Delivering Three New Vaccines	2	3,600
	Mme TATE G5 Jacqueline/CDC (*)	Delivering Three New Vaccines	3	3,600
	Mr Ganivet Serge	Vaccine Stock Management Tool Training	6	1,485
	Dr CHABOT Jarl	HSSP III development mission	9	1,200
	Dr ZIKUSOOKA Charlotte	HSSP III development mission	5	1,115
	Dr TUMUSIIME Prosper	HSSP III development mission	10	2,479
	Dr IRAGENA Jean de Dieu	TB Laboratory Assessment under EXPAND-TB project	5	2,430
	Dr OROZCO Daniel (*)	HSSPIII and IHP and support to Rwanda	5	1,115
	Dr Desta Teshome	Annual International Child Health Conference	6	1,814
	Prof. MOREIRA Claude	HSSPIII and IHP Support	6	1,115
	Dr NAMBOZE Josephine	Annual International Child Health Conference	6	1,754
	Dr MWENDA Jason/AFRO	Annual International Child Health Conference	5	2,857
	Dr NOIRHOMME Mathieu	To perform a desk review of GAVI HSS bridging fund proposal and participate to the workshop in Kigali,	9	2,993
	Dr NAMBOZE Josephine	Annual Meeting of the Roll Back Malaria and Malaria in Pregnancy Working Group Meeting	5	1,907
	Dr NEWMAN OWIREDUMORKOR	Annual Meeting of the Roll Back Malaria and Malaria in Pregnancy Working Group Meeting	4	2,277
	Dr MANGIATERRA VIVIANA	Annual Meeting of the Roll Back Malaria and Malaria in Pregnancy Working Group Meeting	4	**1,025**
	Mr ASFAW ABEBE ALEBACHEW	Joint Assessment of National Health Strategies (JANS) in Rwanda	**14**	**723**
	Mr BOERMA JAN TIES	Joint Assessment of National Health Strategies (JANS) in Rwanda	14	6,677
	Dr FINN SCHLEIMANN (financé par Banque mondiale)	Joint Assessment of National Health Strategies (JANS) in Rwanda	14	6,677
	Dr DEMANOU Maurice	Develop Protocol on Yellow Fever assessment in Rwanda	8	2,809
	Mr Terfa WALTAJI KUTANE	To provide technical support for the development of the National Environment Health Strategic Plan	22	5,202
	Dr MEEUSSEN Ann	Mission related to the Global Drug Facility on direct procurement of anti TB drugs.	7	2,066
	Mr BROWN David	WHO & UNICEF mission to Kigali	4	5,578
	Mr BURTON Tony	WHO & UNICEF mission to Kigali	4	5,578
	Mr AMBENDET Auguste	WHO & UNICEF mission to Kigali	5	3,740

N°	Name of participants	Mission	Days	Cost
	Mr KNOCHE Philip	Visits to WCOs - Compliance checklist	6	4,375
	Dr TENYWA Emmanuel	Technical Support to WCO	11	2,823
	Dr OLU Olushayo	Technical Support to WCO	8	4,472
	Mr AZATYAN Samvel	Working Group Meeting to develop a harmonized EAC regional medicines regulation information management system ()	4	6,013
	Dr MWENDA Jason		4	2,857
	Mme TATE Jacqueline		4	2,857
	Dr NYAMBE Mwendaweli Maboshe	Midterm Review of the Rwanda National TB Prevalence survey	7	2,318
	Dr AGOUDAVI Happy	Workshop on NCD	22	3,287
	Dr Charles PALUKU	Global Malaria Programme (GMP)	7	3,703
	RIETVELD Aafje	Global Malaria Programme (GMP)	7	2,727
	MNZAVA Abraham Peter	Global Malaria Programme (GMP)	5	5,588
	Dr ROUNGOU Jean Baptiste	10th inter-country meeting	5	2,532
	Dr MUSANGO Laurent	Regional Conference on Social Protection in EAC	5	6,043
	KUTZIN Joseph	Regional Conference on Social Protection in EAC	9	8,029
	SAKSENA Priyanka	Regional Conference on Social Protection in EAC	9	8,029
	Dr CLIFFORD Gary	Assessment of early impact of HPV vaccine and screening in Rwanda	8	7,050
	Dr FRANCESCHI Sylvia	Assessment of early impact of HPV vaccine and screening in Rwanda	8	7050
	Mme Jacqueline TATE	The rotavirus vaccine impact evaluation	5	Funded by CDC
	Mr Atherly DEBBIE	The rotavirus vaccine impact evaluation	4	Funded by CDC
	Dr Ikushi ONAZAKI	National TB prevalence survey	6	Funded by CDC
	Dr Sarah ROYCE	National TB prevalence survey	7	5,060
	Dr Peou SATHA	National TB prevalence survey	7	5,747
	Dr Coulibaly ZERBO	Strengthening Nutritional Surveillance Systems	9	4,091
	Ms MWAMAKAMBA LUSUBILO	Strengthening Nutritional Surveillance Systems	9	1,813
	Florence Mary TURYASHEMERERWA	Strengthening Nutritional Surveillance Systems	14	2,956
	Mrs Rosanna AGBLE	Strengthening Nutritional Surveillance Systems	15	3,863
	Dr AMUNA Paul	Strengthening Nutritional Surveillance Systems	13	2769
	Dr Mercy CHIKOKO	Strengthening Nutritional Surveillance Systems	14	3,632

ANNEXES

N°	Name of participants	Mission	Days	Cost
	Dr Antonina NAMAEMBA MUTORO	Strengthening Nutritional Surveillance Systems	15	3,632
	Dr Augustin Zeba NAWIDIMBASBA	Strengthening Nutritional Surveillance Systems	14	4,594
	Dr Nemes IRIYA	Strengthening Nutritional Surveillance Systems	7	1,992
	B. Francis ZOTOR	Strengthening Nutritional Surveillance Systems	14	2769
	Mr Von Virgil ONAMA	Re-Writing of the Rwanda GAVI HSS Proposal	21	4,493
	Mr. Christopher Chikombero	CSU Staff Capacity Building Retreat	2	Funded by IST
	Mr. Volasoa Andremanisa	CSU Staff Capacity Building Retreat	2	Funded by IST
	Dr Gitoma Kathurima	CSU Staff Capacity Building Retreat	2	Funded by IST
		TOTAL COST	**509 (FTE days)**	**206,808**

N°	Name of participants	Mission	Days	Cost
	Agoudavi, Dr Kokou	Additional equipment to accelerate the NCD survey data collection provided	6	3072
	Kelani, Mr Rahman	Validation survey ongoing MR SIAs	50	10,132
	Christophe, Mr Nsanzabaganwa	Planning and implementation support MR	30	9,040
	Jethro Magwati, Mr Chakauya	Data Management support MR	14	3,602
	Messeret, Dr Eshetu	Supervision support MR SIAs	6	2,303
	Bhaskar, Mr Rajesh	Campaign validation support MR SIAs	43	5,969
	Preaud, Ms Claire	Service availability and readiness assessment	6	6,226
	Onama, Dr Virgil	GAVI/Finalisation of the project	6	1,760
	Koffi, Dr Nti Emmanuel	EAC Annual Health Conference on NCDs	5	2,320
	Nargis, Dr Nigar	EAC Annual Health Conference	5	6,762
	Machangu, Pr Robert	EAC Annual Health Conference	5	2,320
	Ousmane, Dr Faye	Training of Rwandan laboratory staff on yellow fever	7	3,920
	Bagayoko, Dr Magaran Monzou	Training Country task team on Libreville declaration/presentation on health and climate change in EAC conference	10	5,020
	Kunjumen, Mrs Teena	Training of the national task group in the use of workload indicators of staffing need (WISN)	6	6,209
	Awases, Dr Magdalena	Training of the national task group in the use of workload indicators of staffing need (WISN)	9	3,657
	Nyoni, Ms Jennifer	Training of the national task group in the use of workload indicators of staffing need (WISN)	9	2,409
	Ahmat, Dr Adam	Training of the national task group in the use of workload indicators of staffing need (WISN)	9	2,409
	Namaganda, Dr Grace	Training of the national task group in the use of workload indicators of staffing need (WISN)	12	3,499

N°	Name of participants	Mission	Days	Cost
	Shaba, Mr Keith	Support rotavirus vaccine impact module	7	1,982
	Agoudavi, Dr Kokou	Technical support for Rwanda STEPs survey	6	4,288
	Keita, Dr Bah	Facilitator for the 19th Conference of the International Union against TB and Lung Diseases in the African Region	5	2,794
	Ikushi, Dr Onozaki		5	6,668
	Femi, Dr Oyewole	ROTA Post Introduction and Evaluation	12	4,944
	Margareth, Ms Watkins		12	4,944
	Keneth, Mr Chindedza		12	4,359
	Lauren, Ms Gazley	Economic Burden Study training	4	(PATH funding)
	Mercy, Ms Mvundura		5	(PATH funding
	Onyango, Dr Adelheid Werima	Technical support to Rwanda on accelerating Nutrition improvements	6	6,981
	Bekele, Dr Hana		6	3,148
	Gebru, Mr Ameha Hadju	STOP 24 -Consultant EPI program	58	11,138
	Doherty, Dr Meg Caroline	Attend HIV Treatment as Prevention Consultation	3	6,844
	Suthar, Dr Amitabh B.	VIH guidelines revision	2	4,502
	Dr Norbert Ndjeka	To support TUB annual GLC Monitoring mission, Kigali Rwanda	6	2,447
	Mr Asfaw Abebe Alebachew	Joint Assessment of the HIV National Strategic Plan for 2013-2018	7	2,822
	Dr Toussaint Martine	Support in hiring a Consultant for development of the 2013-2018 Rwanda National Tuberculosis Control Strategic Plan	14	14,152
	Dr Norval Pierre		26	7,420
	Mr Dongier Pierre	Review and update of the health sector policy and develop the infectious disease policy	24	13,500
	Dr Semasaka Jean Paul	To develop the country and District profiles	31	11,431
	Dr Ndahindwa Védaste	Undertake data analysis for the development of a case study on monitoring universal health coverage in Rwanda	25	3,750
	Dr Olushayo Olu	Meeting to discuss outcome of the Yellow fever risk assessment in Rwanda	3	699
	Dr Sergio Yactayo		3	699
		TOTAL COST	**520 (FTE Days)**	**200,141**

Total estimated cost excludes fees and salary costs (estimation of fee/salary at $400/day) = **$406,000**

Total number of people: **104**
Total number of days of FTE: **1029**
Total cost: USD **$406,949** (Flight + DSA – excluding fee/salary) _

Annex IV: International Conferences and Meetings held in Rwanda with WHO Support

27 to 30 March 2012	International Conference on Children Health, with a particular emphasis on the care of children with cancers	Experts of the WHO/AFRO and IST/ESA in the areas of cancer, malaria, vaccination and reproductive health
18 to 20 April 2012	International Roll Back Malaria and Malaria in Pregnant Women annual meeting	Support of 2 advisers from the IST/ESA
11 to 13 September 2012	"East African Community" Regional Conference on Social Health Protection (Ministerial)	The WHO (HQ and AFRO) technically and financial contribution. Team of 5 expert also provided support.
26 to 28 September 2012	1st Forum on Malaria in Rwanda: theme: "Toward Malaria pre-elimination, how to sustain achievements and get to zero Malaria deaths in Rwanda"	WHO delegation of 6 persons led by DPC/AFRO.
29 to 30 November 2012	International Conference on Mental Health: Theme: "Mass violence, mental health rehabilitation & reconstruction of social ties".	HQ and AFRO technical and financially contribution.
21 to 23 November 2012	8th Annual Pediatric Conference: theme: "Strengthening Community Ownership for Equitable, Effective & Sustainable Response to HIV among children in Rwanda".	
26 to 30 March 2013	EAC Annual Health Conference	Experts of the WHO/AFRO and HQ. Team of 5 Experts
20 to 22 June 2013	19th Conference of the International Union against TB and Lung Diseases in the African Region	Support of 3 Experts from WHO/ AFRO and HQ
15 to 16 July 2013	First NCD Synergies Network Meeting (South-South Collaboration for Intergrated Health Systems to Fight Non-Communicable Diseases of Poverty)	WHO participated in technical panel.

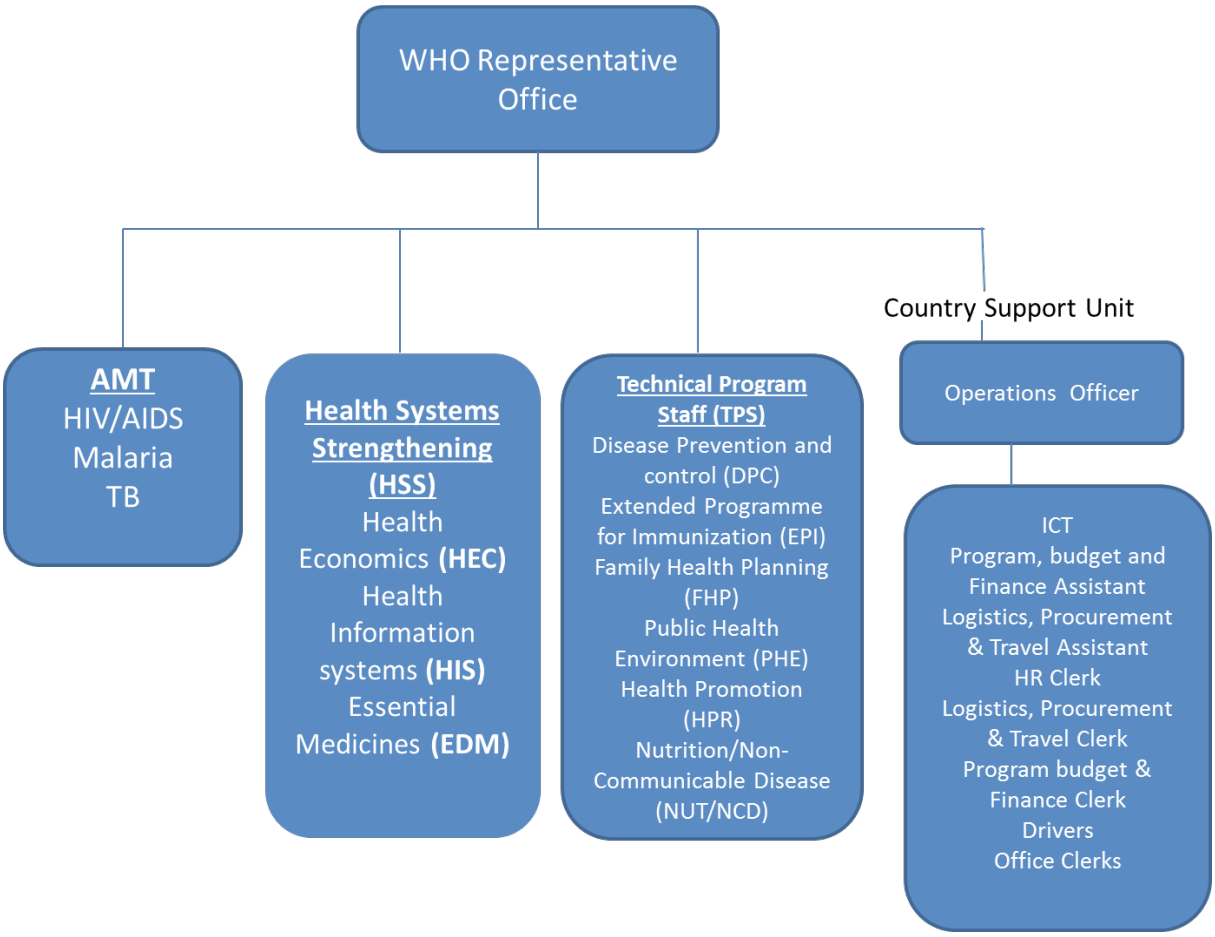
Annex V: Rwanda's Participation WHO Supported International Conferences and Meetings held outside Rwanda

Missions and Conferences outside of country 2012	Duration (days)
Conference: Value for Money, Sustainability and Accountability in the Health Sector. High Level Dialogue between ministers of Finance and Health– (Tunis,Tunisia)	5
GAVI HSS proposal peer review (Harare, Zimbabwe)	5
Health Promotion Workshop for WHO HPR focal points, (Harare, Zimbabwe)	8
Workshop on Global Survey on School Health, (Nairobi, Kenya)	10
Technical Support for Marburg Haemorrhagic fever, (Entebbe, Uganda)	10
Alelier pour la mise en oeuvre des guides revises de PCME/PCIMAA/PCIGA et des 3Is pour TB/ VIH en vue de d'acceleration de la prevention, des soins et de traitement du VIH et TB dans les Pays Francophones de la Region Africaine de l'OMS, (Lome, Togo)	4
Workshop to strengthen implementation of Global Fund performance network, (Harare, Zimbabwe)	5
Workshop on Malaria Staff Policy and Tools for East and Southern Africa, (Harare, Zimbabwe)	5
Accountability Framework for MNCH (maternal and neonatal child health) meeting (Dar es Salaam, Tanzania)	2
Workshop on maternal death and response (MDSR) (Dar es Salaam, Tanzania)	3
Essential new born care course inter-country workshop (Harare, Zimbabwe)	7

Missions and Conferences outside of country 2012	Duration (days)
Participation in the 2012 EPI managers meeting (Harare, Zimbabwe)	5
Polio eradication campaign, (Chad)	10
Development of neglected tropical diseases master plan (Harare, Zimbabwe)	7
One health meeting (Libreville, Gabon)	3
Workshop on Yellow fever surveillance strengthening/data management training in East Africa at risk countries (Harare, Zimbabwe)	3
Roadmap for accountability and information for women and child health meeting (Dar Es Salaam, Tanzania)	3
Launching of harmonisation of medicine registration project (Arusha, Tanzania)	6
Monitoring and Evaluation Capacity Building Workshop (Hammamet , Tunisia)	8
Participation in the regional meeting for mapping of unmet country needs to accelerate IHR implementation in the Africa region (Lusaka, Zambia)	5

Missions and Conferences outside of country 2013	Duration (days)
Joint WHO/World Bank workshop on Africa Region knowledge exchange on health financing and UHC for staff of WHO, MoH, RSSB and SPH (Nairobi, Kenya)	5
Training on policy and strategic plan development and development of guidelines to 3 MoH, RBC planning staff and other partners	5
Training of WHO staff on One Health Costing Tool (Harare, Zimbabwe)	5
Planning meeting of WHO AND National Focal point on the implementation of Health Promotion Strategy (Garabone, Botswana)	6
Workshop on strengthening capacity for communication (Dakar, Senegal)	7
Workshop on laboratory strengthening in the AFRO region, (Harare, Zimbabwe)	6
Review and planning meeting for ESA FRH programme staff (Harare, Zimbabwe)	3
Regional meeting on acceleration nutrition improvement (Zanzibar, Tanzania)	3
Multi-Country workshop to strengthen the monitoring and evaluation plans of GAVI's HSS grants in the context of performance based funding (Ethiopia)	4
Essential new born care course inter-country workshop (Harare, Zimbabwe)	7
Disease prevention and control officers training (Brazzaville-Congo)	6
Emergency risk and crisis management annual review meeting (Ougadougou, Burkina Faso)	10
Communication capacity building workshop (Nairobi, Kenya)	4
Programme budget 2014-2015 Workshop (Harare, Zimbawe)	6
Reunion global des conseillers regionaux (Geneva, Switzerland)	7
HHA Regional workshop on costing regional (Harare, Zimbabwe)	5
Multi-Country workshop to strengthen (Geneva, Switzerland)	4
Regional meeting on accelerating nutrition improvement (Zanzibar, Tanzania)	3
Orientation Training on the consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection (Johannesburg, South Africa)	3
Workshop on the use of devices for medical male circumcision for HIV prevention in East and Southern Africa (Entebbe, Uganda)	2

Annex VI: WHO Country Office Organogram



Annex VII: Staffing During the biennium

Program staff

Position	Year 2012	Year 2013	Staffing Changes in biennium
WHO Representative	1	1	No change
• TUB • MAL • HIV/AIDS	2	2	New officer in charge of HIV/AIDS recruited in October 2013.
• HEC • EDM • HIS	3	3	New officer in charge of HIS reassigned to Rwanda in December 2013.
• DPC • EPI • FHP • NCD • PH • HPR	5	6	New Officer in Charge of NCD and Nutrition recruited in September 2013.
Total	**10**	**12**	

General staff

Position	Year 2012	Year 2013	Staffing Changes in biennium
OO	1	1	New OO recruited in November 2012.
WR Secretary	1	1	No Change
ICT	1	1	No Change
PBFA	1	1	Previous AA reassigned as PBFA in 2012
LPTA	1	1	Previous archivist reassigned as LPTA in 2012.
LPTC	1	1	Administration clerk reassigned as LPTC in 2012.
PBFC	1	1	Secretary/country team reassigned as PBFC in 2012.
HRC	1	1	Library clerk reassigned as HRC in 2012.
Office Clerk	1	2	Registry clerk reassigned as Office Clerk and new Office Clerk recruited in 2012.
Receptionist	1	0	Receptionist was separated from WHO by Mutual Agreement (SMA)
Cleaner	2	0	One cleaner was separated from WHO by SMA
Driver	4	4	One driver became Senior Driver for WR
Total CSU	**16**	**14**	

Annex VIII: List of WHO Country Office Staff at the end of Biennium

N°	Full Name	Position
1	Dr Delanyo Yao Tsidi DOVLO	WR (WHO Representative)
2	Mrs Jacqueline UWAMWEZI	WR assistant
3	Mrs Chantal GEGOUT	NCD/NUT (Nutrition/ Non-Communicable Diseases)
4	Mr Jean Bosco GASHEREBUKA	HPR (Health Promotion)
5	Dr Maria MUGABO	FHP (Family Health Planning)
6	Dr MUGABO SEMAHORE Jules	HIV&AIDS
7	Dr Julie MUGABEKAZI	TUB/Mal (Tuberculosis & Malaria)
8	Dr Celse RUGAMBWA	EPI (Extended Program for Immunization)
9	Mr Jean Pierre RUHIRA	PHE (Public Health & Environment)
10	Dr André RUSANGANWA	DPC (Disease Prevention and Control)
11	Mrs Stella Matutina TUYISENGE	EDM (Essential Disease and Medicines)
12	Mrs Diane MUHONGERWA	HEC (Health Economics)
13	Dr Martins OVBEREDJO	HIS (Health Information Systems)
14	Mr Innocent KABANDANA	OO
15	Mr Alphonse NYANDWI	NPO/ICT
16	Mrs Georgette MUTESI	PBFA
17	Mrs Jeanne MUKANSIGAYE	Finance Clerk
18	Mr Marcel SINGIRANKABO	LPTA
19	Mrs Alice NASABWE	LPTC
20	Mrs Emerthe KAMAGAJU	HR Clerk
21	Mrs Jeanne NDAMAGE	Office Clerk
22	Mr Jean Pierre KAYIGI GAKWANDI	Office Clerk
23	Mr Jean Pierre RWABUYONZA	Senior Driver
24	Mr Innocent KANIMBA	Driver
25	Mr Gabriel RUTAGONYA	Driver
26	Mr Charles BITHINDA	Driver

As part of the WHO internship and volunteer program, 7 interns and 2 volunteers joined the WHO staffing team during the biennium period.

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