



Sub-Regional National Malaria Programs and Partners Annual Meeting

Organized by: RBM/CRSPC

Updates : Rwanda

03/10/2023



Rwanda Team

| <u>Names</u> | <u>Position</u> | <u>Institution</u> |
|---------------------------|------------------------|---------------------------|
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National Strategic Plan 2020-2024- Goal



GOAL

By 2024, reduce malaria morbidity and mortality by at least 50% of the 2019 levels

OBJECTIVES

1. By 2024, at least 85% of population at risk will be effectively protected with preventive interventions;
2. All suspected malaria cases are promptly tested and treated in line with the national guidelines;
3. By 2024, strengthen surveillance and reporting in order to provide complete, timely and accurate information for appropriate decision making at all levels;
4. Strengthen coordination, collaboration, procurement & supply management and effective program management at all levels;
5. By 2024, 85% of the population at risk will have correct and consistent practices and behaviors towards malaria control interventions.



Key National Malaria Control Interventions FY2022/2023



1



Malaria Prevention with LLINs

2



Indoor Residual Spraying (IRS)

3



Malaria Case Management (CHWs and HFs)

4



SBCC

5



Surveillance-M&E

6



Other Tools





Malaria Program Implementation Status

Country Achievements towards MSP Targets



RBF-Malaria Program Indicators FY2022-2023



| ITEMS | INDICATORS | Baseline | Year of Baseline | 2022-2023 Targets | 2022-2023 Results | % |
|--|---|----------|------------------|-------------------|-------------------|-------|
| Goal | Impact Indicators | | | | | |
| By 2024, reduce malaria morbidity and mortality by at least 50% of the 2019 levels. | Annual Parasite Incidence per 1,000 persons | 321 | 2018-19 | 156 | 47 | 100%* |
| | Inpatient malaria deaths per 100,000 persons per year | 2.1 | 2018-19 | 1.5 | 0.6 | 100%* |
| | Number of confirmed malaria deaths | 264 | 2018-19 | 198 | 51 | 100%* |

*We achieved the target more than 100%



Key Malaria Program Indicators 2018-2023

| N° | Indicators | 2018/2019 | 2021/2022 | 2022/2023 |
|----|--|-----------|-----------|-----------|
| 1 | Malaria Incidence per 1,000 persons per year | 321 | 76 | 47 |
| 2 | Slide Positivity Rate (%) | 44 | 22 | 14 |
| 3 | Uncomplicated Malaria Cases | 3,973,973 | 998,874 | 621,465 |
| 4 | Severe Malaria Cases | 7,054 | 1,831 | 1,316 |
| 5 | Malaria Deaths | 264 | 71 | 51 |
| 6 | Case Fatality Rate (per 100,000 Malaria cases) | 6.6 | 7.0 | 8.2 |
| 7 | Proportion of malaria cases treated at community level (HBM) | 57% | 55% | 59% |

RBF-Malaria Program Indicators FY2022-2023



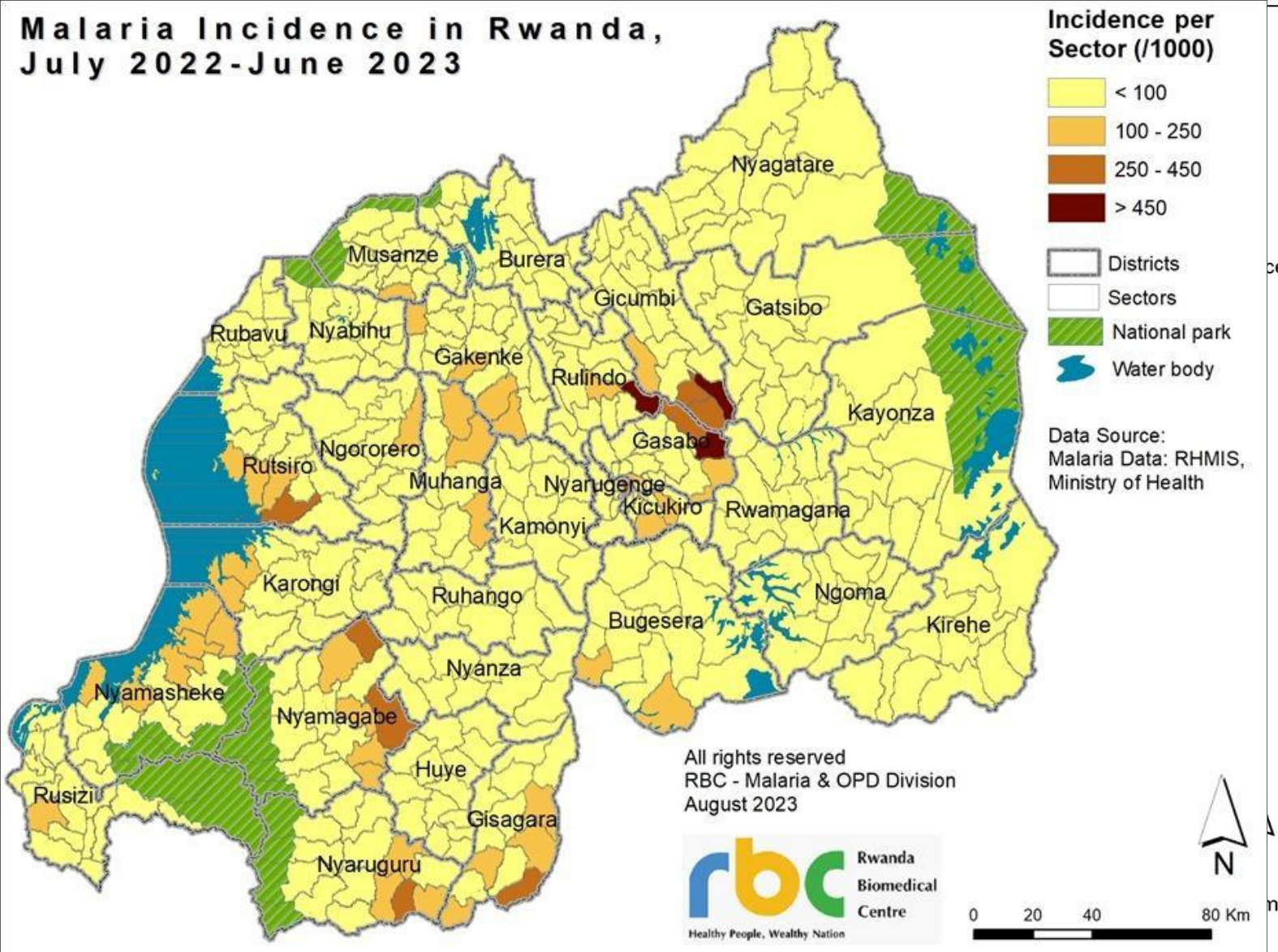
| ITEMS | INDICATORS | Baseline | Year of Baseline | 2022-2023 Target | 2022-2023 Results | % |
|---|---|----------|------------------|------------------|-------------------|-------|
| Objective 1: | Coverage Indicators | | | | | |
| By 2024, at least 85% of population at risk will be effectively protected with preventive interventions | Proportion of structures in targeted areas that received indoor residual spraying (IRS) during the reporting period | 98% | 2018-19 | 98% | 99% | 100%* |
| | Proportion of population protected by indoor residual spraying within the last 12 months in targeted districts | 98.0% | 2018-19 | 85% | 98% | 100%* |
| Objective 2: | Outcome Indicators | | | | | |
| Objective 2: All suspected cases are promptly tested and treated in line with national guidelines | Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities | NA | 2018-19 | 95 | 100% | 100%* |
| | Proportion of suspected malaria cases that receive a parasitological test at the community level | NA | 2018-19 | 95 | 100% | 100%* |
| | Proportion of confirmed malaria cases that received first-line antimalarial treatment according to national guidelines at public sector health facilities | 100% | 2018-19 | 99 | 99% | 100% |
| | Proportion of confirmed malaria cases that received first-line antimalarial treatment according to national guidelines at the community | 100% | 2018-19 | 100 | 100% | 100% |

*We achieved the target more than 100%



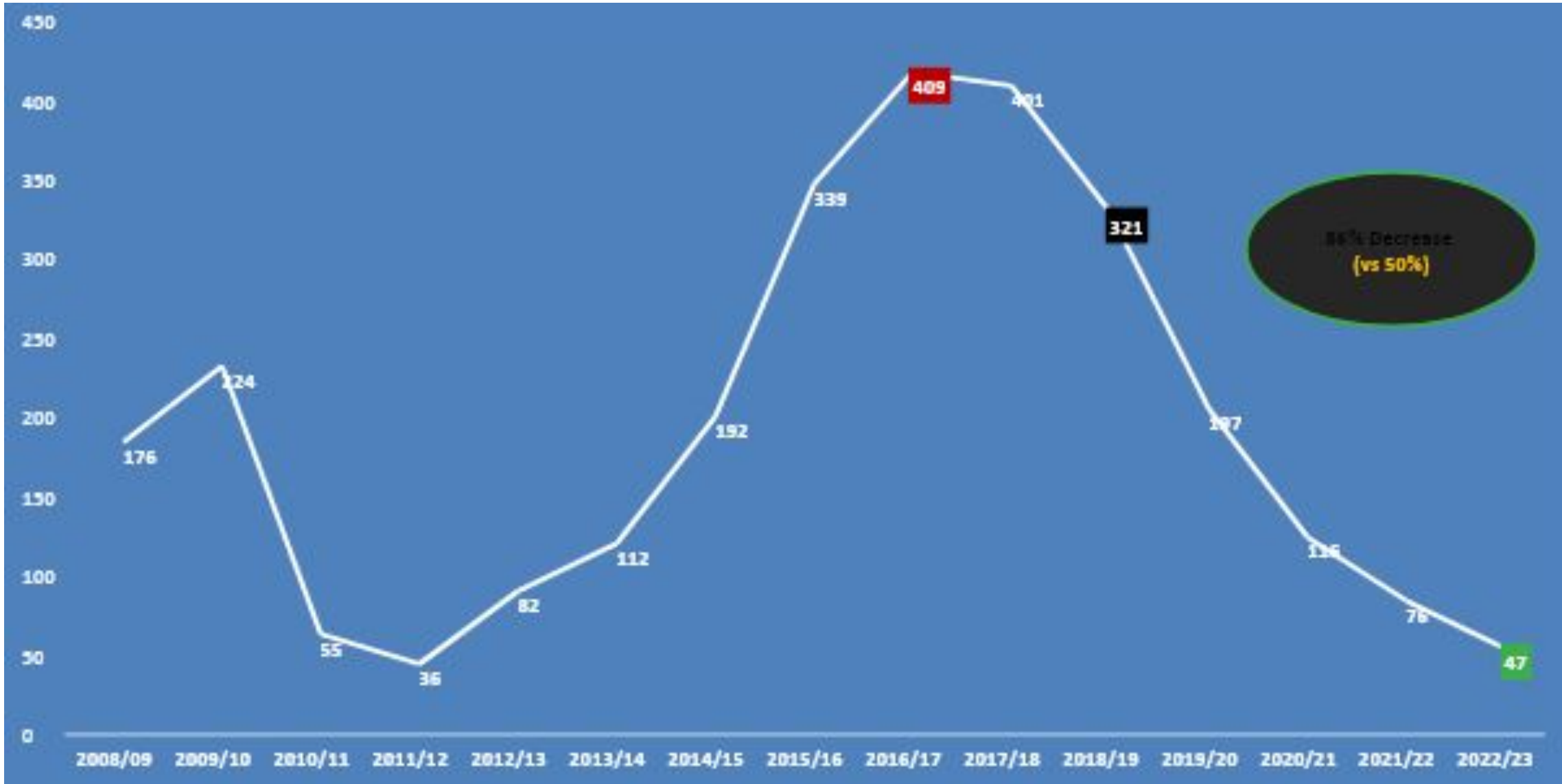
Other Achievements-Reduction in Incidence

Malaria Incidence in Rwanda, July 2022-June 2023





National Malaria Incidence per 1,000 2008-2023





Key Bottlenecks/Challenges and Solutions



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- Overstock in Artesunate Injection due to huge drop in Malaria cases (
 - Donation to Ghana
- Funding gap to cover Focal IRS in Hotspots Sectors
 - Only LLINs were distributed

- Innovations

- Multi-Sector Collaboration (MINAGRI, MINEDUC, MOE, MINALOC, Private Sector, Local NGOs,..)
- Community Engagement in IVM (CHWs, Farmers, Mining Company Staff,..)
- Drone-based Larviciding for targeted areas

- Data Use for Decision Making

- Data use for interventions deployment
- Use of Scorecards to address Malaria Hotspots by Local NGOs

- High coverage in Community Case Management

- Currently 59% of malaria cases are managed by CHWs (reduction in Severe cases and deaths due malaria)



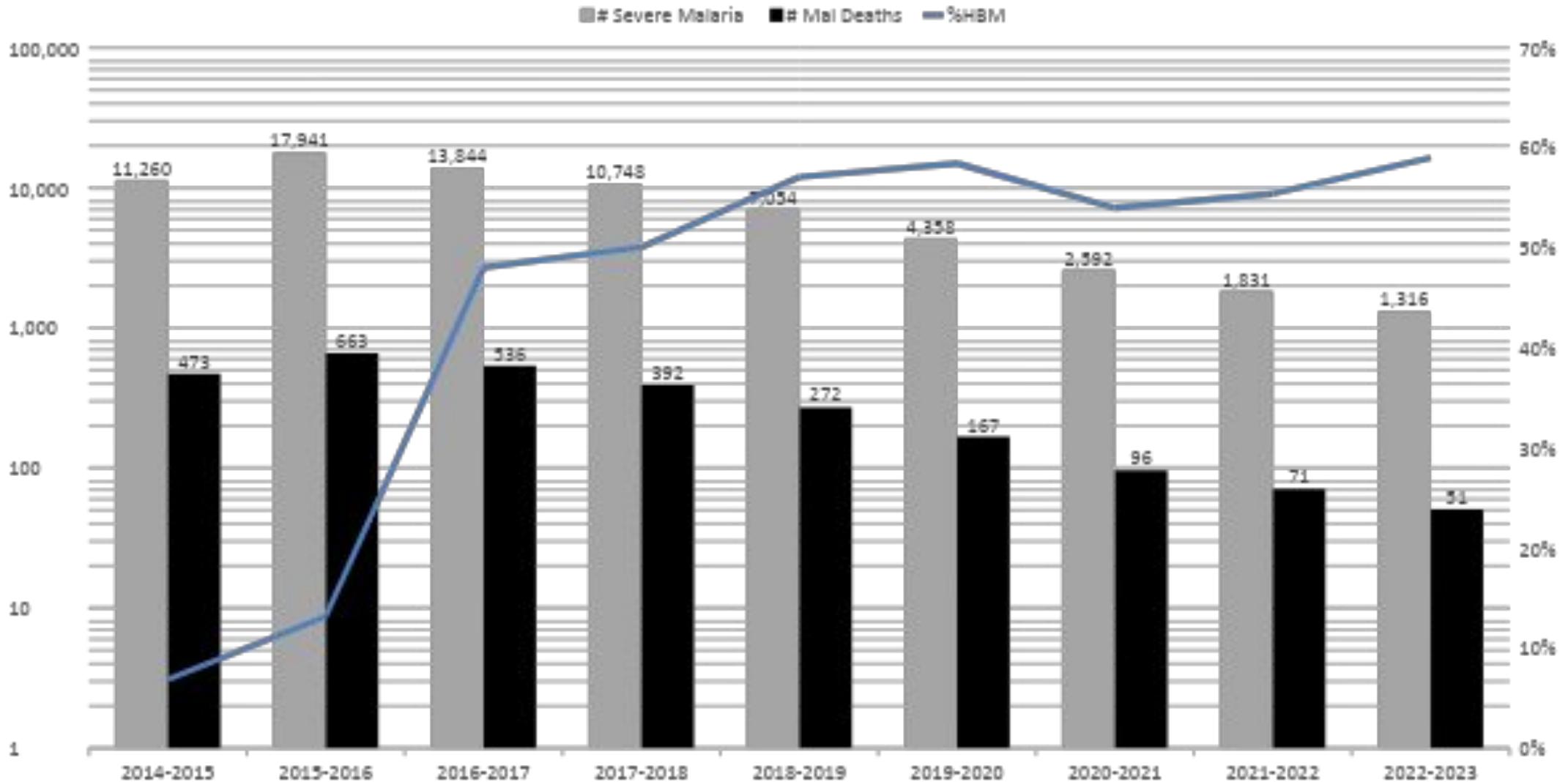
Best Practices-Use of Scorecards by CSOs

Malaria Scorecard
Priority Indicators, Province: East, Period: August 2023

| District | Sector | (1) Coverage (%) of LLINs in ANC | COVERAGE (%) OF LLINs IN EPI (2022) | (3) Malaria Incidence (Per 1000) | (4) Proportion of suspected Malaria cases that receive parasitological test at Community level | (5) Severe Malaria Referred to Higher level | (6) HBM (Tests) | (7) Proportion of HBM |
|-------------------|-----------------------|----------------------------------|-------------------------------------|----------------------------------|--|---|-----------------|-----------------------|
| Bugesera District | Ririma | 100% | 100% | 4.3 | 100.0% | 0 | 20.4% | 67% |
| | Juru | 100% | 100% | 15.0 | 100.0% | 0 | 59.9% | 95% |
| | Mwogo | 100% | 100% | 21.9 | 100.0% | 0 | 8.4% | 59% |
| | Mareba | 100% | 100% | 23.7 | 100.0% | 0 | 31.9% | 73% |
| | Mayange | 98% | 100% | 24.8 | 100.0% | 0 | 44.8% | 96% |
| | Musenyi | 100% | 101% | 25.2 | 100.0% | 0 | 57.9% | 94% |
| | Gashora | 100% | 100% | 27.7 | 100.0% | 0 | 49.8% | 91% |
| | Shyara | 100% | 100% | 30.4 | 100.0% | 0 | 49.9% | 93% |
| | Ngeruka | 100% | 100% | 36.3 | 100.0% | 0 | 38.3% | 71% |
| | Ruhuha | 100% | 100% | 48.6 | 100.0% | 2 | 29.3% | 60% |
| | Ntarama | 100% | 100% | 50.7 | 100.0% | 1 | 26.0% | 57% |
| | Nyamata | 100% | 100% | 56.1 | 100.0% | 9 | 17.4% | 57% |
| | Rweru | 100% | 100% | 65.1 | 100.0% | 0 | 31.0% | 71% |
| | Nyarugenge (Bugesera) | 100% | 100% | 73.2 | 100.0% | 0 | 41.7% | 87% |
| Kamabuye | 95% | 100% | 136.0 | 100.0% | 0 | 48.9% | 89% | |



Impact of HBM-A on Severe Malaria Cases and Deaths, 2018-2022





NSP Costing and Gap 2024-2026



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| Program Area | Budget FY 24/25 - USD | Budget FY 25/26 - USD | Budget FY 26/27 - USD2 | Total Budget 3 Years |
|---|-----------------------|-----------------------|------------------------|----------------------|
| CASE MANAGEMENT | 6,011,039 | 3,174,774 | 3,130,892 | 12,316,705 |
| GF | 985,628 | 770,871 | 734,009 | 2,490,509 |
| Others | 99,048 | - | - | 99,048 |
| PAAR | 1,676,688 | - | - | 1,676,688 |
| PMI | 2,230,796 | 1,774,409 | 1,767,389 | 5,772,594 |
| Unfunded | 1,018,878 | 629,494 | 629,494 | 2,277,866 |
| MALARIA PREVENTION | 41,417,838 | 162,950,651 | 36,322,428 | 240,690,917 |
| GF | 12,945,688 | 26,470,355 | 6,559,766 | 45,975,808 |
| GOR | 5,435,783 | 32,018,483 | 5,710,970 | 43,165,236 |
| PAAR | 6,052,176 | 6,347,223 | 6,625,705 | 19,025,104 |
| PMI | 6,551,974 | 35,039,202 | 7,040,965 | 48,632,141 |
| Unfunded | 10,432,217 | 10,385,023 | 10,385,023 | 31,202,264 |
| Program Management (PM) | 748,698 | 1,807,485 | 1,942,496 | 4,498,679 |
| GF | 278,558 | 76,535 | 76,535 | 431,628 |
| Others | 20,034 | - | 134,856 | 154,890 |
| PAAR | 179,002 | 1,680,950 | 1,681,106 | 3,541,058 |
| PMI | 251,104 | 30,000 | 30,000 | 311,104 |
| Unfunded | 20,000 | 20,000 | 20,000 | 60,000 |
| RSSH/PP: Human Resources for Health (HRH) and Quality of Care | 1,190,990 | 1,190,990 | 1,190,990 | 3,572,969 |
| GF | 1,190,990 | 1,190,990 | 1,190,990 | 3,572,969 |
| Social Behavior Communication Change | 5,549,903 | 4,728,786 | 4,298,236 | 14,576,925 |
| GF | 824,991 | 587,762 | 550,377 | 1,963,131 |
| PAAR | 879,035 | 879,035 | 879,035 | 2,637,106 |
| PMI | 827,440 | 827,440 | 827,440 | 2,482,319 |
| Unfunded | 3,018,437 | 2,434,548 | 2,041,384 | 7,494,369 |
| Surveillance Monitoring Evaluation, Operational Research (SMEOR) | 8,451,783 | 4,368,323 | 3,463,561 | 16,283,667 |
| GF | 551,824 | 301,540 | 301,540 | 1,154,905 |
| Others | 661,317 | - | - | 661,317 |
| PAAR | - | - | 192,000 | 192,000 |
| PMI | 177,557 | 301,540 | 161,573 | 640,670 |
| Unfunded | 7,061,084 | 3,765,243 | 2,808,448 | 13,634,775 |
| Grand Total | 63,370,250 | 178,221,009 | 50,348,603 | 291,939,862 |

| | | | | |
|----------------------------------|-------------------|-------------------|-------------------|-------------------|
| Total Gap (Unfunded+PAAR) | 30,337,518 | 26,141,517 | 25,262,195 | 81,741,230 |
|----------------------------------|-------------------|-------------------|-------------------|-------------------|

Summary Malaria Program Gap Tables



Malaria Program Gap Table Summarized

| | 2024/25 | 2025/26 | 2026/27 | Coverage |
|---|---------------------|---------------------|---------------------|--------------------|
| ITNs | | | | |
| | Program Need | Program Need | Program Need | Covered (%) |
| B. ITNs required for mass campaign | - | 4,848,751 | - | 100% |
| D. ITNs required for distribution through ANC | 368,721 | 377,202 | 385,877 | 100% |
| E. ITNs required for distribution through EPI | 368,721 | 377,202 | 385,877 | 100% |
| G. Total ITNs required | 737,442 | 5,603,154 | 771,755 | 100% |
| Blanket IRS | | | | |
| | Program Need | Program Need | Program Need | Covered (%) |
| B. Country targets (#Structures from the NSP) | 1,385,882 | 1,040,158 | 1,066,162 | 100% |
| Focal IRS | | | | |
| | Program Need | Program Need | Program Need | Covered (%) |
| Financial Need in Focal IRS per Year | \$ 3,189,834.33 | \$ 3,189,834.33 | \$ 3,189,834.33 | 0% |
| ACT | | | | |
| | Program Need | Program Need | Program Need | Covered (%) |
| Blisters of AL | 496,355 | 435,233 | 400,719 | 100% |
| RDTs | | | | |
| | Program Need | Program Need | Program Need | Covered (%) |
| Number of RDTs | 2,854,967 | 2,712,218 | 2,576,607 | 100% |



2023 Implementation Support (TA)



| Activity | Technical Assistance | By Whom/Partner | State of Implementation |
|--|----------------------|-----------------|-------------------------|
| Global Fund Funding Request (Window 3) | Yes | RBM | Completed |



Anticipated TA Requirements for 2024



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| Activity | Support type (TA or Financial) | By Whom/Partner | Period |
|---|------------------------------------|-----------------|-----------------------------|
| Design and Test the Community-based Malaria Surveillance and Response in Rwanda: Integrated Interventions Approach towards Accelerating Malaria Reduction | TA and Financial | RBM | January 2024- December 2024 |
| Malaria Epidemics Preparedness and Response Plan | TA and Financial | WHO/RBM | January –June 2024 |



THANK YOU

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Q&A