Rwanda Biomedical Centre
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Rwanda Malaria Control Efforts Coordination

Progress towards Malaria Elimination

11th RBM CM Working Group Annual Meeting
Venue: Lemigo Hotel, Kigali Rwanda

Dr. Aimable MBITUYUMUREMYI
MOPD Division Manager
HDPC/MOPDD

28/06/2022

Rwanda Health Sector Structure

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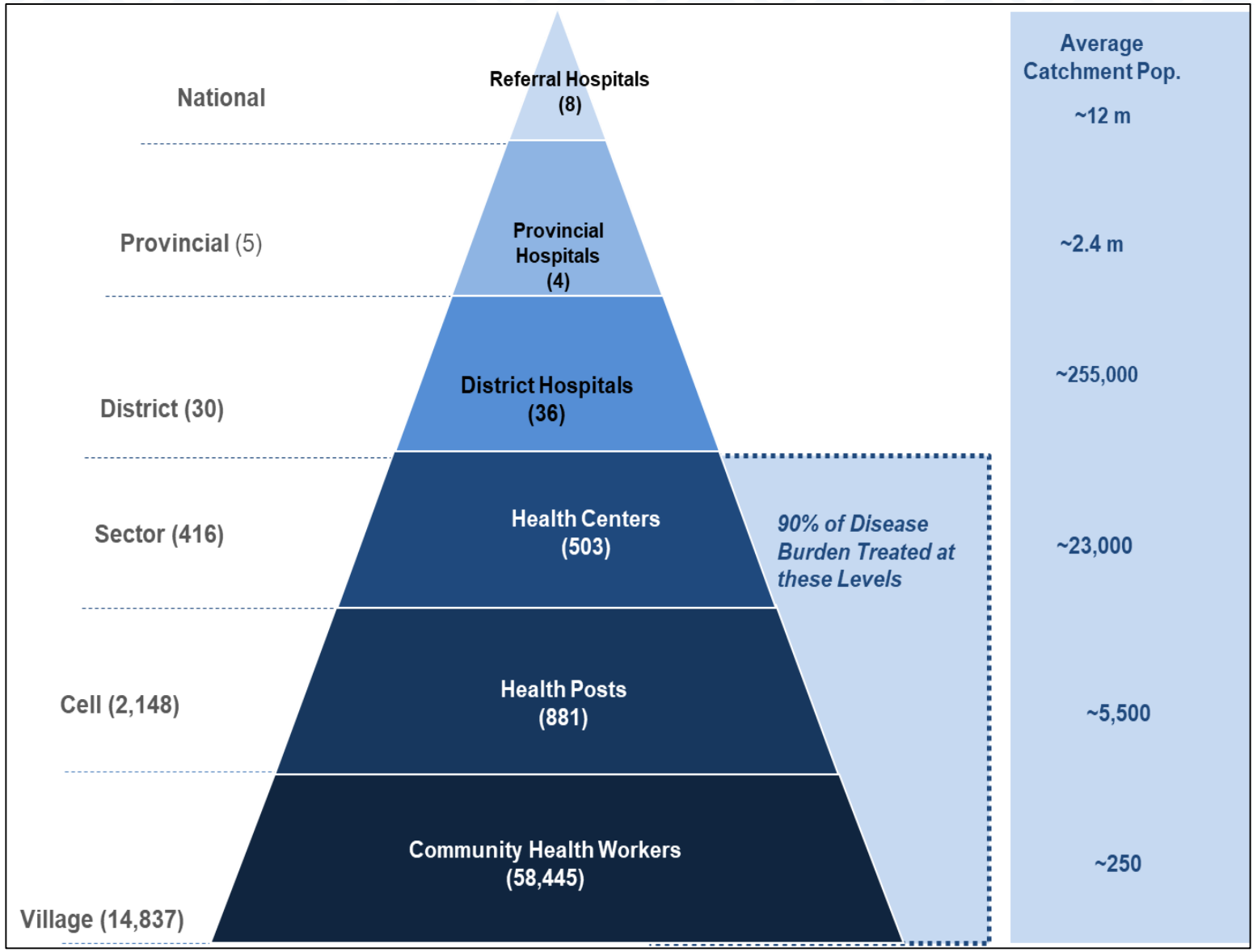

- Most of Simple Malaria cases are managed at Community, Health Posts and Health Centre level
- A total of 30,000 CHWs manage malaria (2 per Village=BINOMES)

National Strategic Plan 2020-2024- Goal

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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, FY21/22

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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

Key National Malaria Control Interventions, FY21/22

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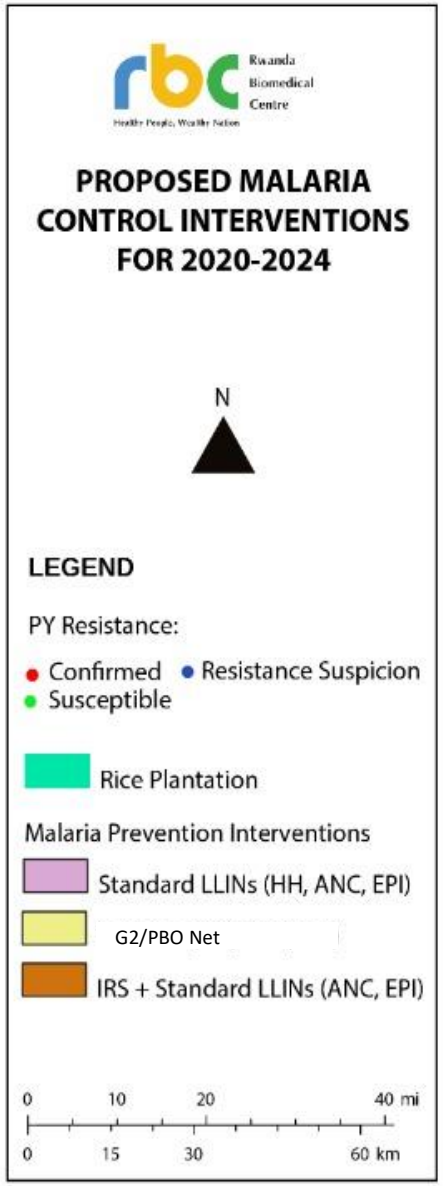

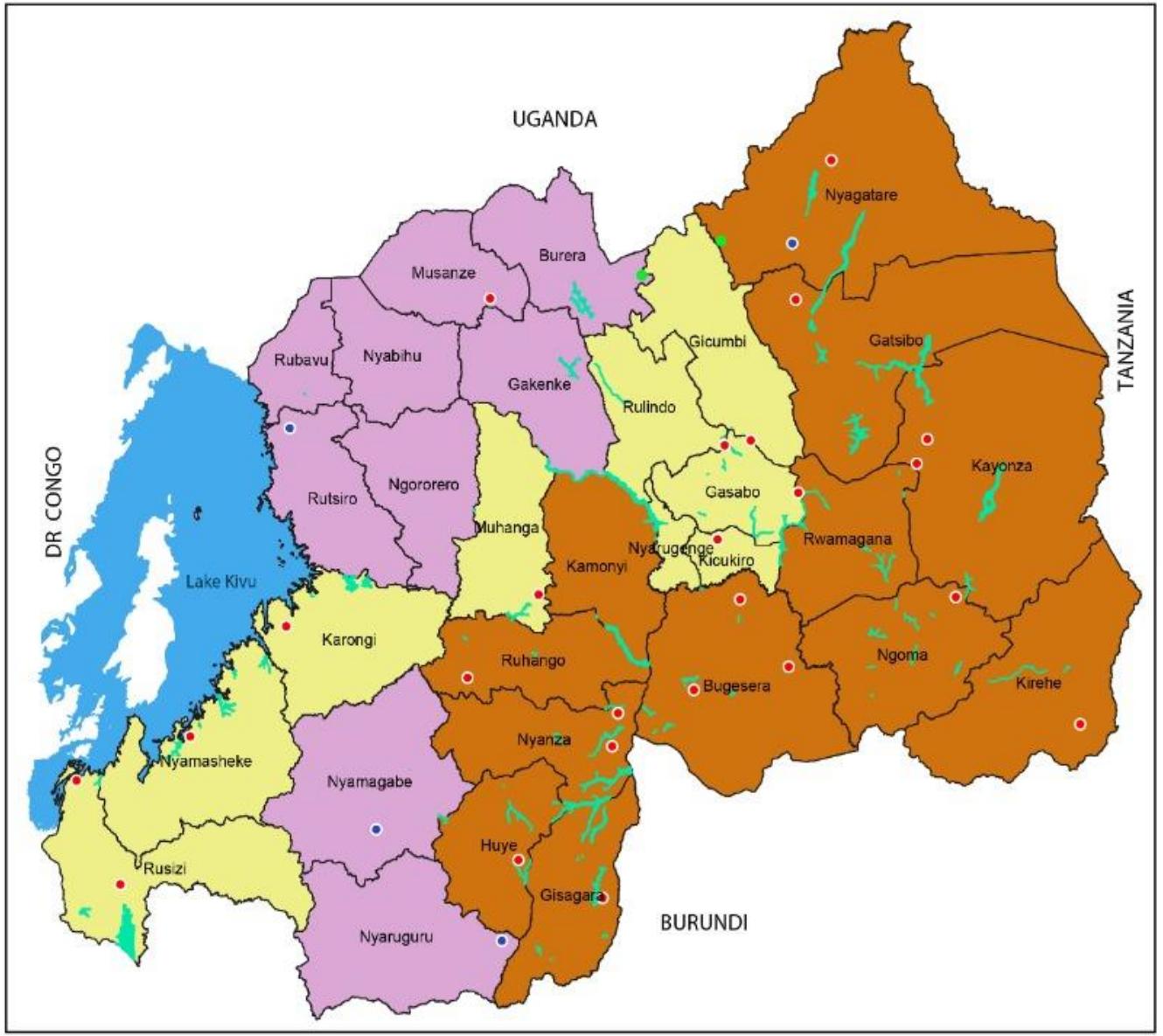

Core Interventions

- Malaria Case Management (HFs, HPs, HBM)
- IRS in **12** Districts (with Targeted IRS in few Sectors)
- LLINs (Routine Distribution, Last Mass Campaign in **2020**)
- SBCC with Support from CSOs

Supplemental

- Drone Based Larviciding
- Mosquito Repellents
- Community Based IVM

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Key Malaria Program Indicators

Achievements vis-à-vis National Targets

50% Reduction by 2024

Malaria Cases from 2014-May 2022

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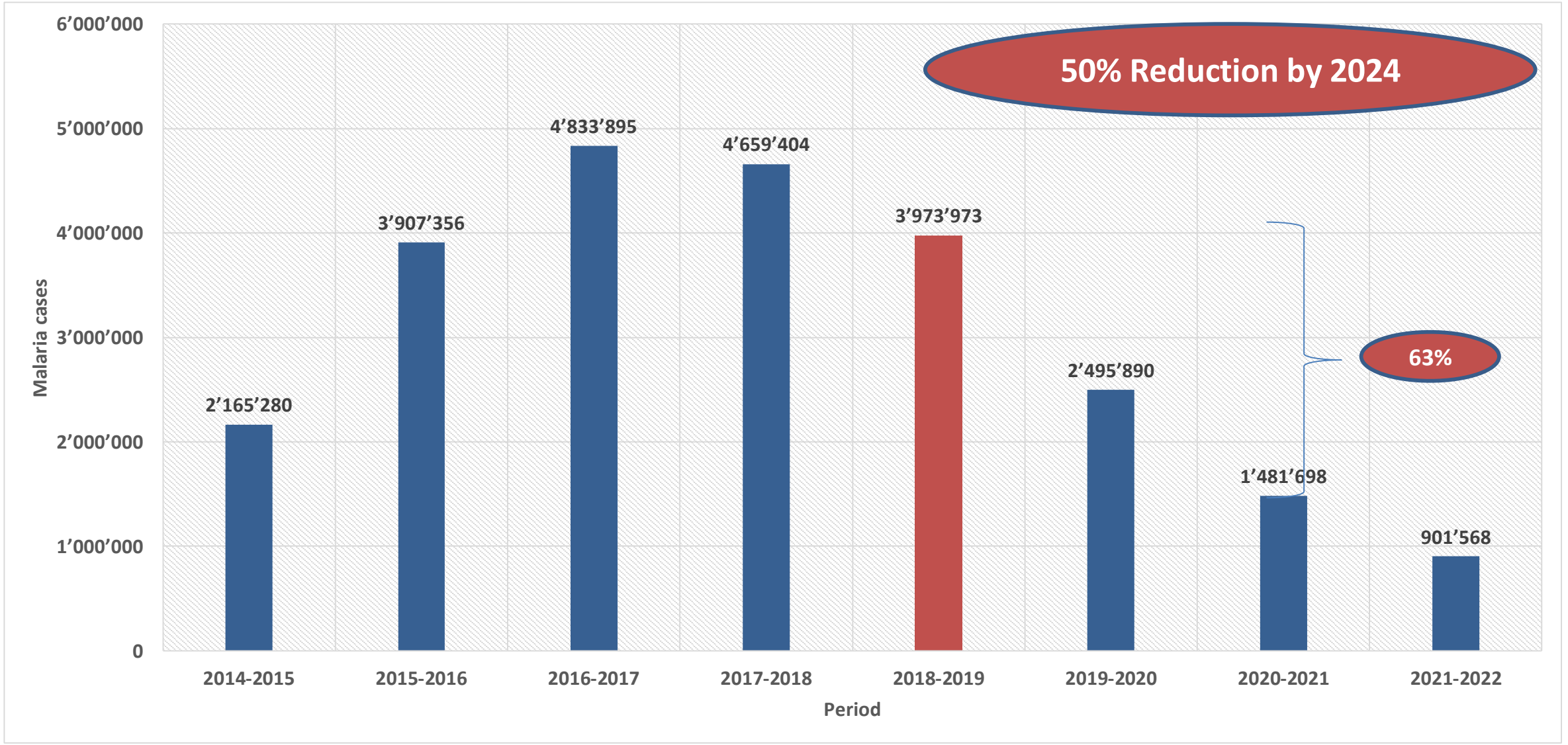

Severe Malaria Cases from 2014-May 2022

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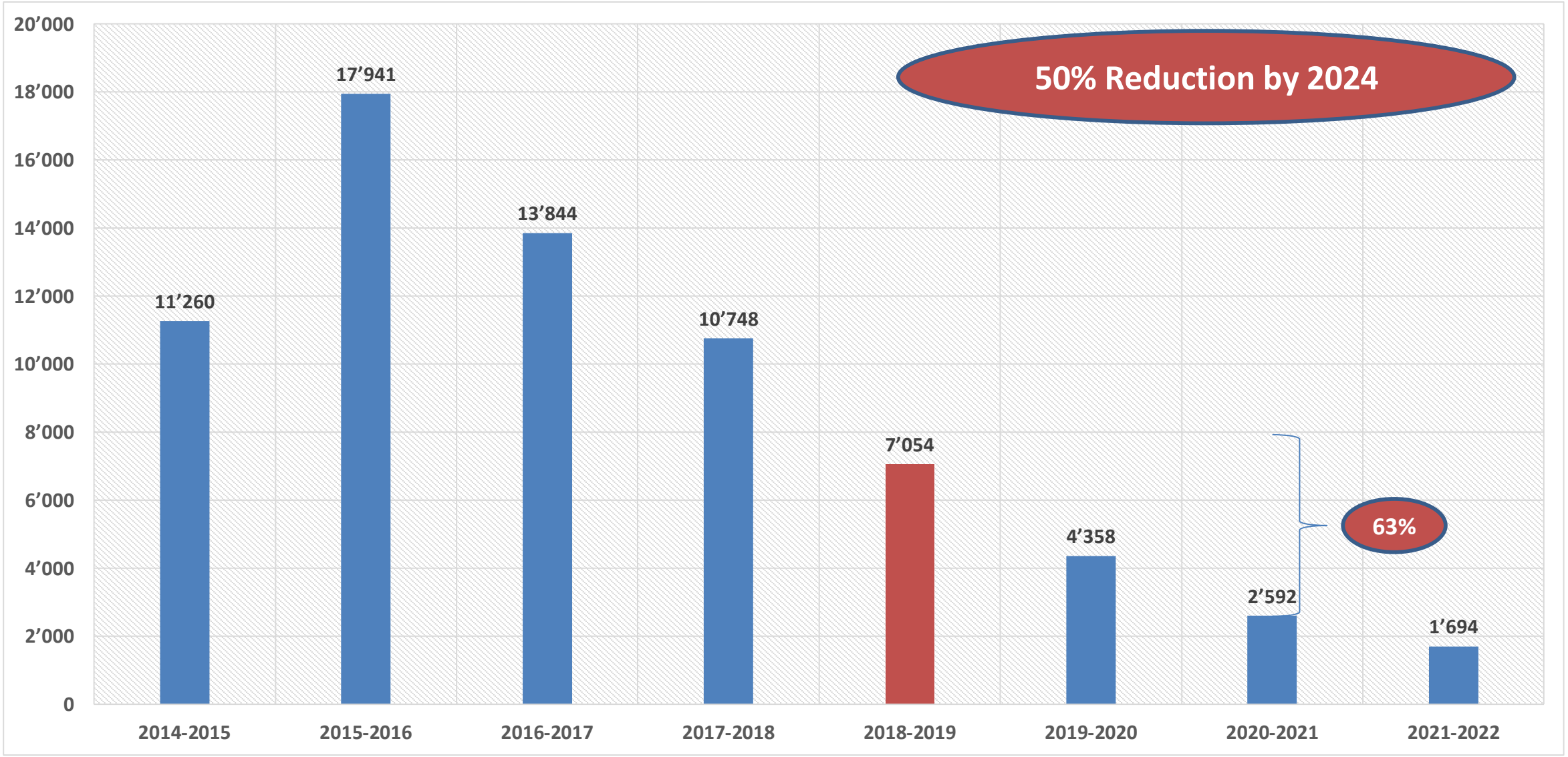

Malaria Related Deaths from 2014-May 2022

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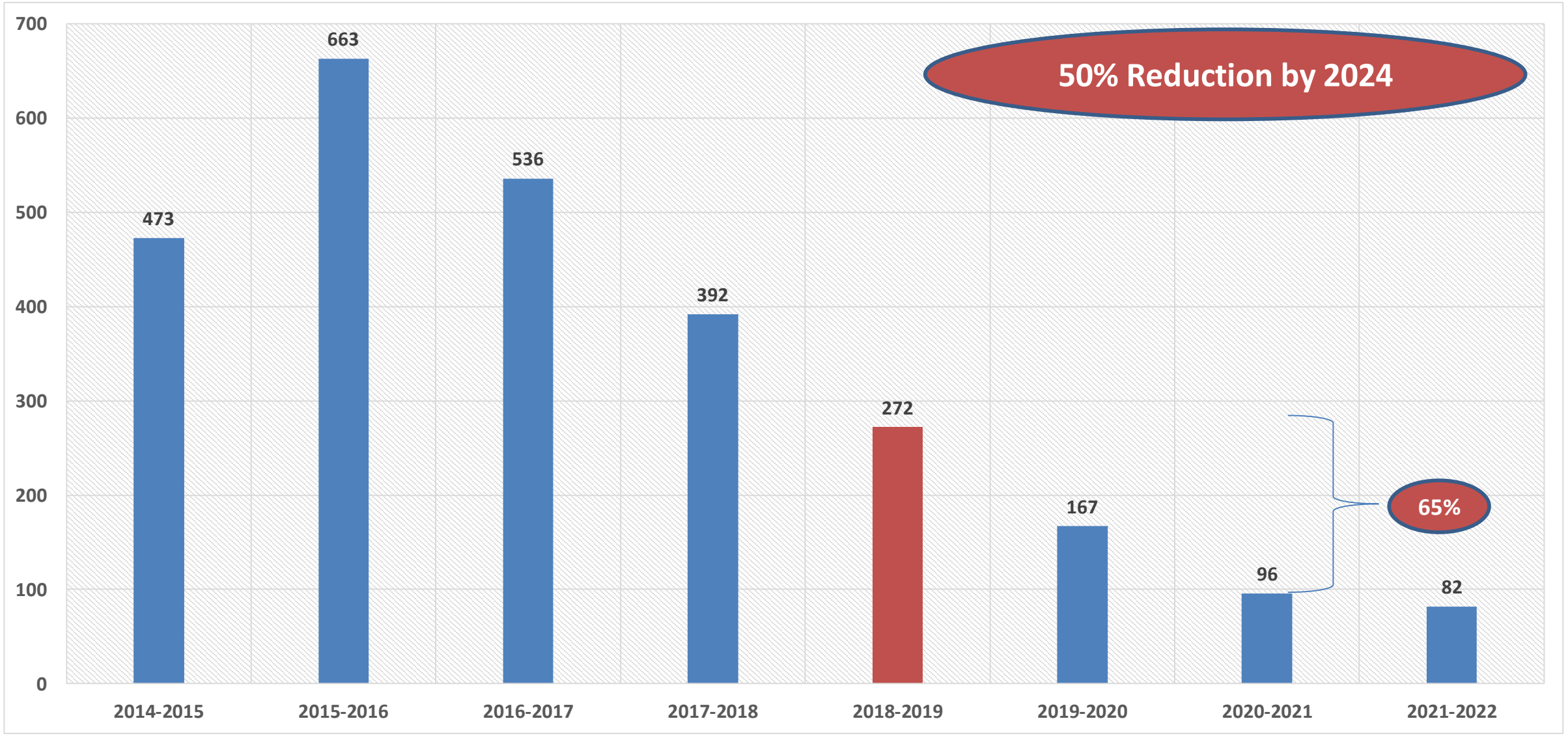

Proportion of Malaria HBM 2014-May 2022

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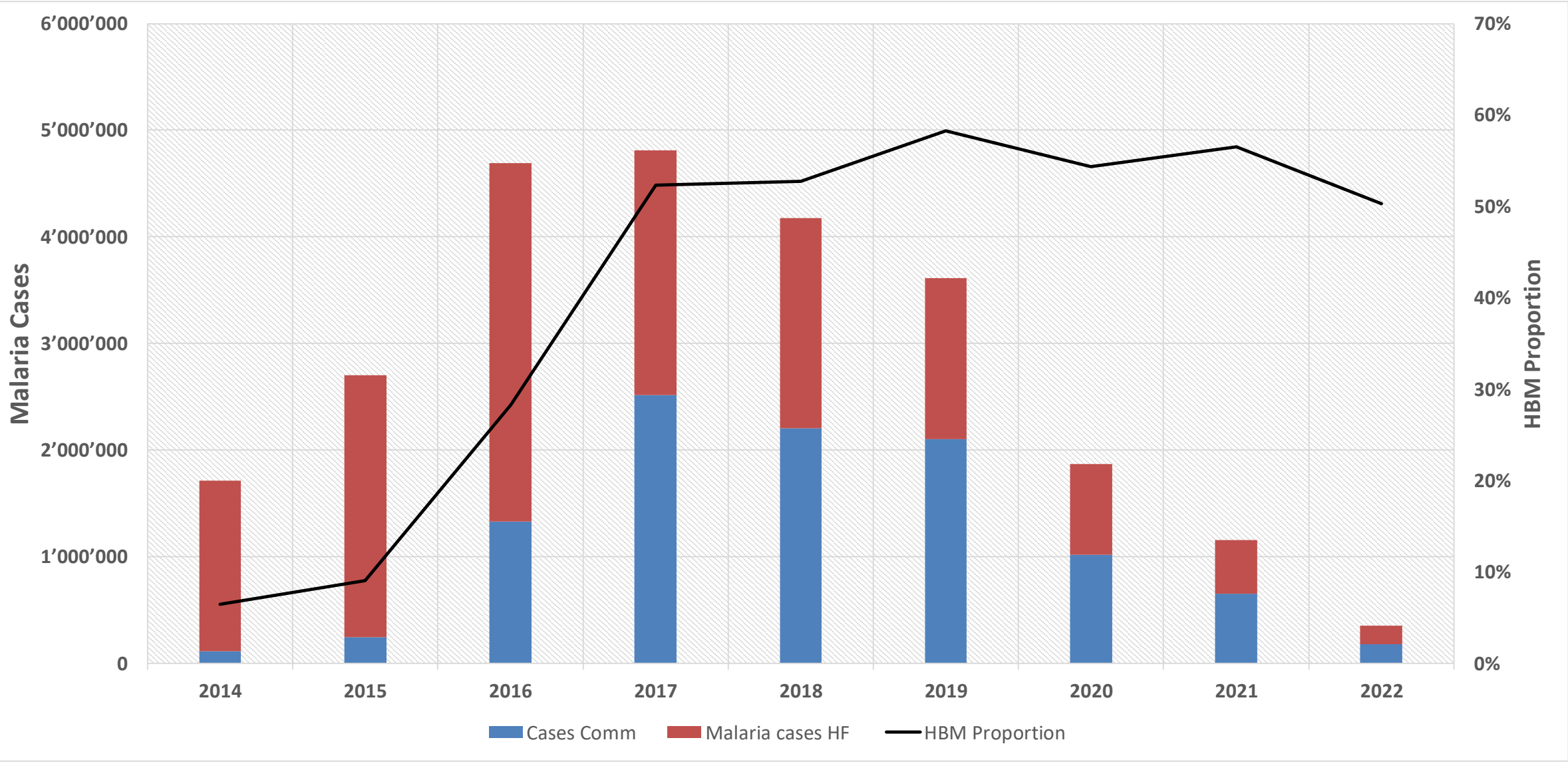

Malaria Cases and Incidence from 2014-2021 in Rwanda

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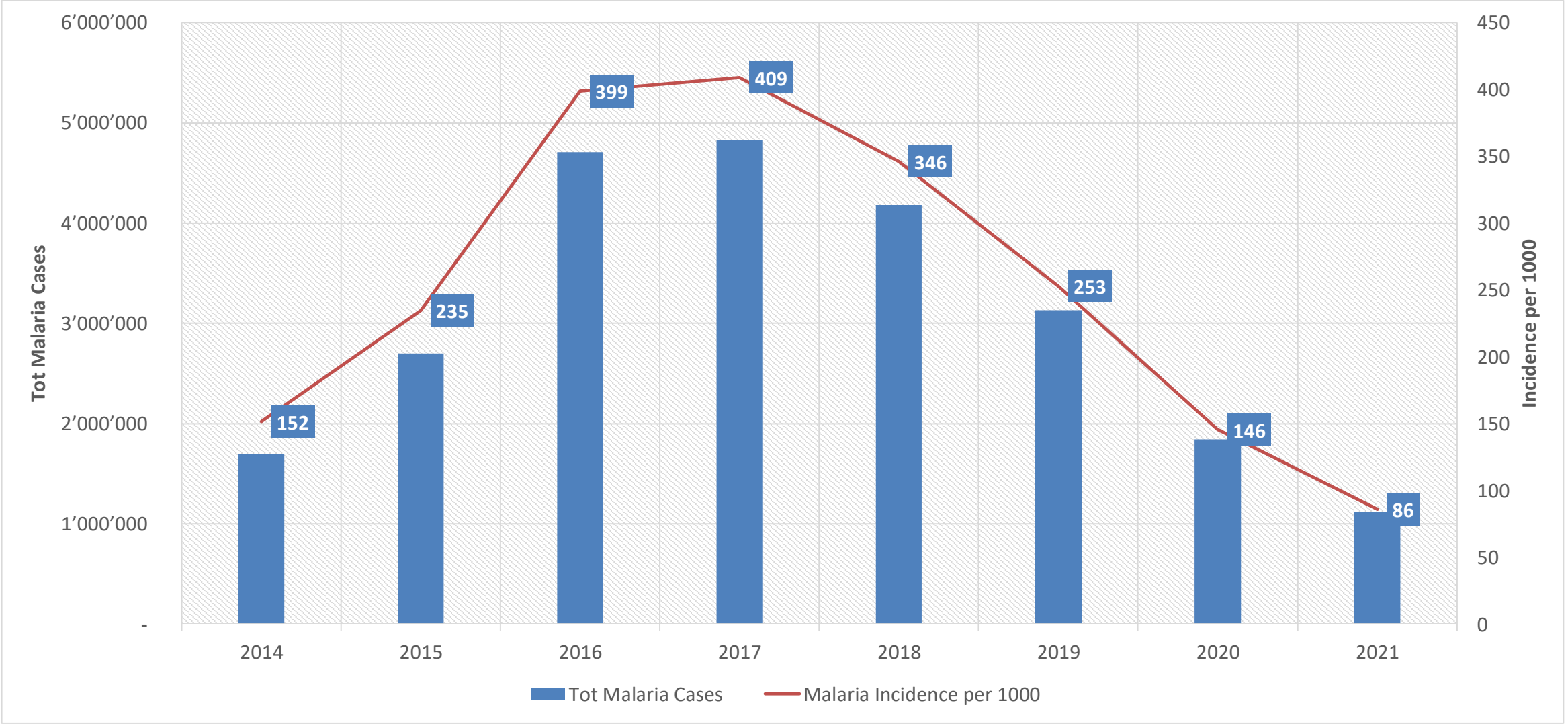

Malaria Cases by Province, January to December 2021

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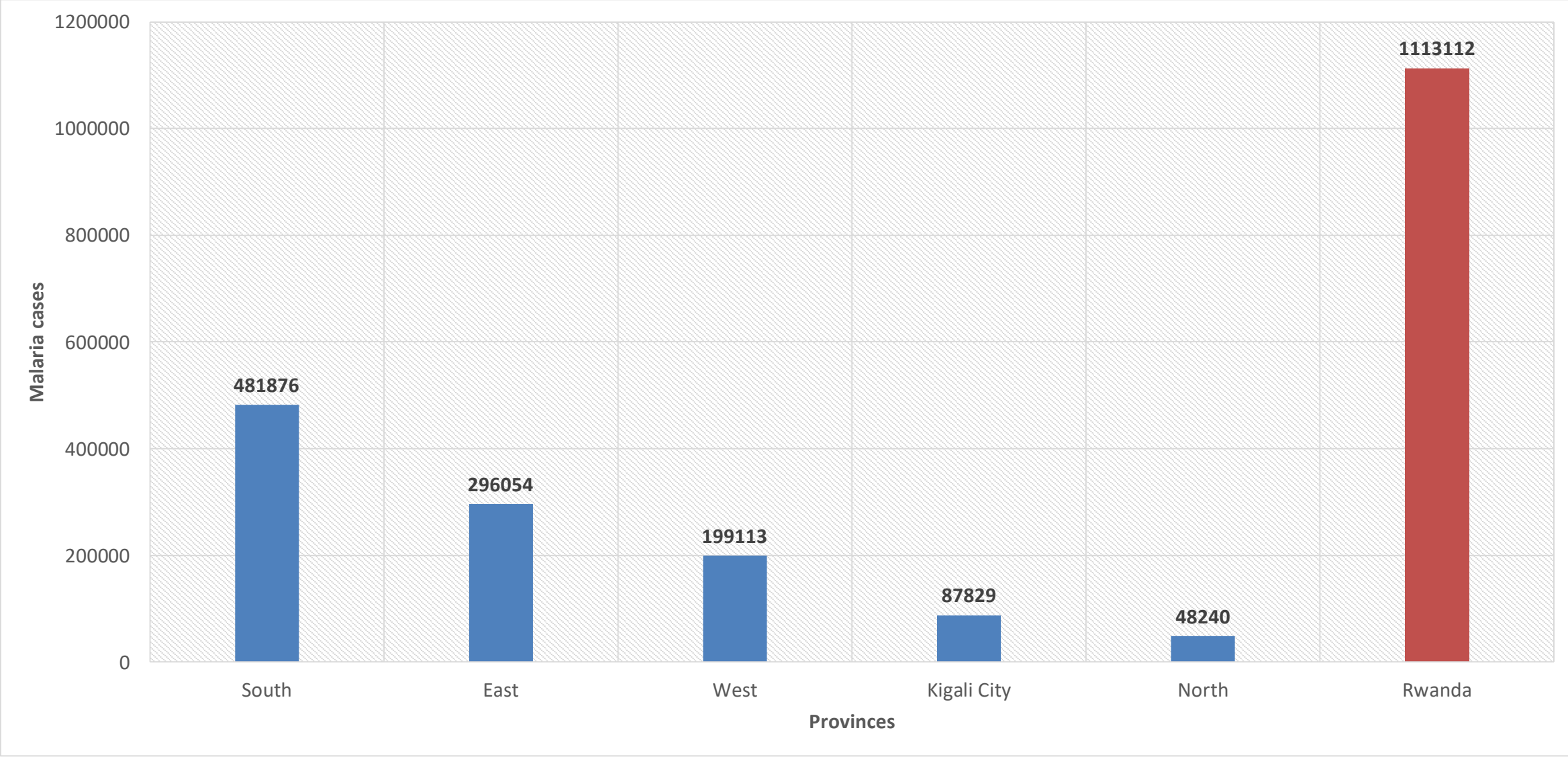

Malaria Incidence per 1000 by Province, 2021

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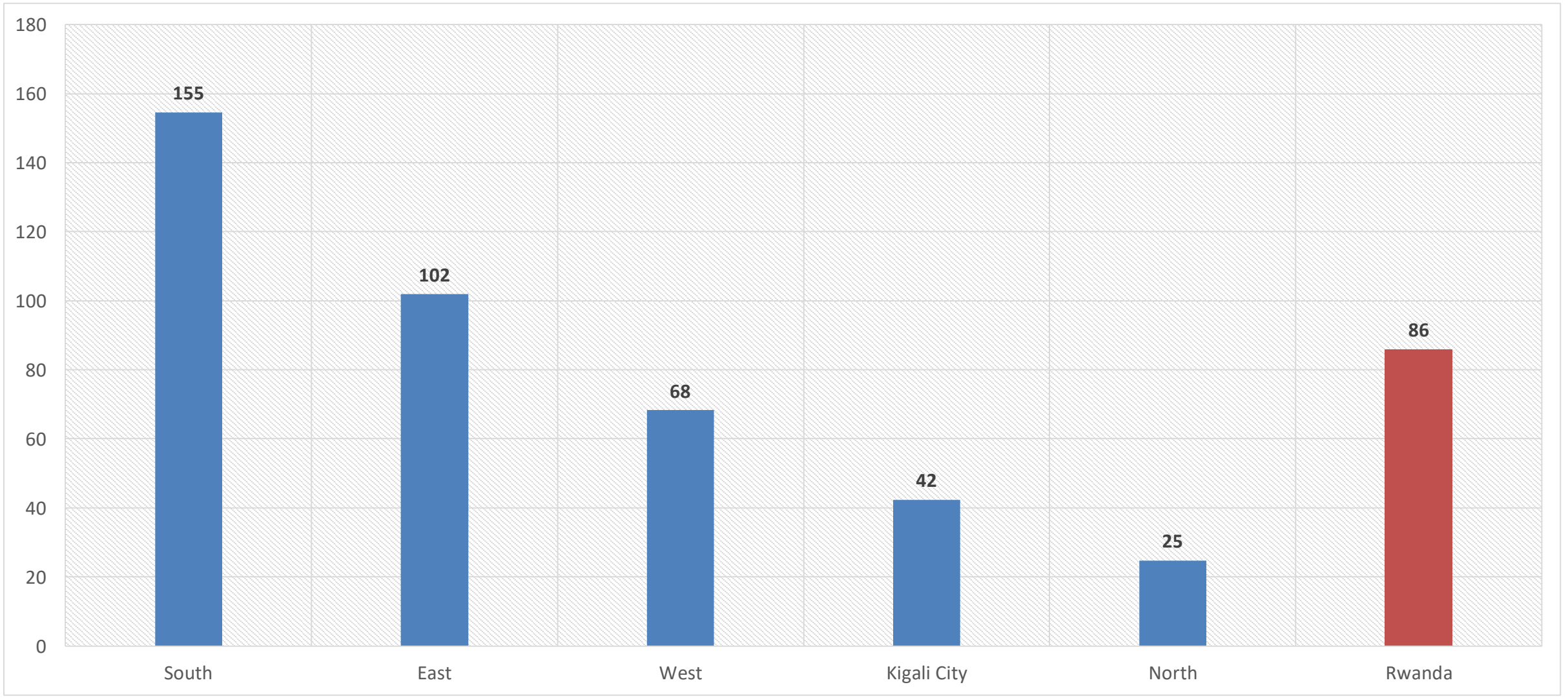

Severe Malaria Cases by Province, 2021

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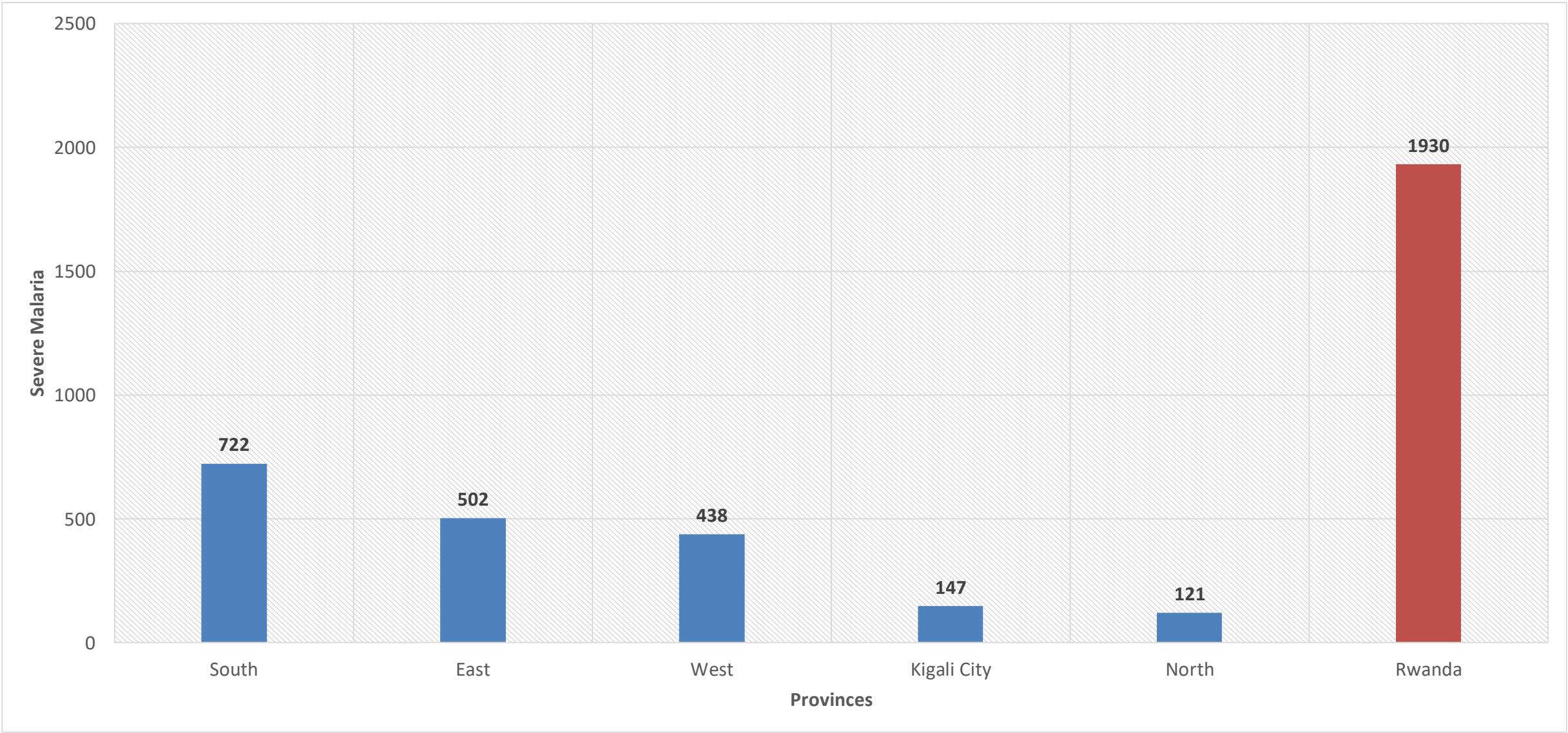

Malaria Related Deaths by Province, 2021

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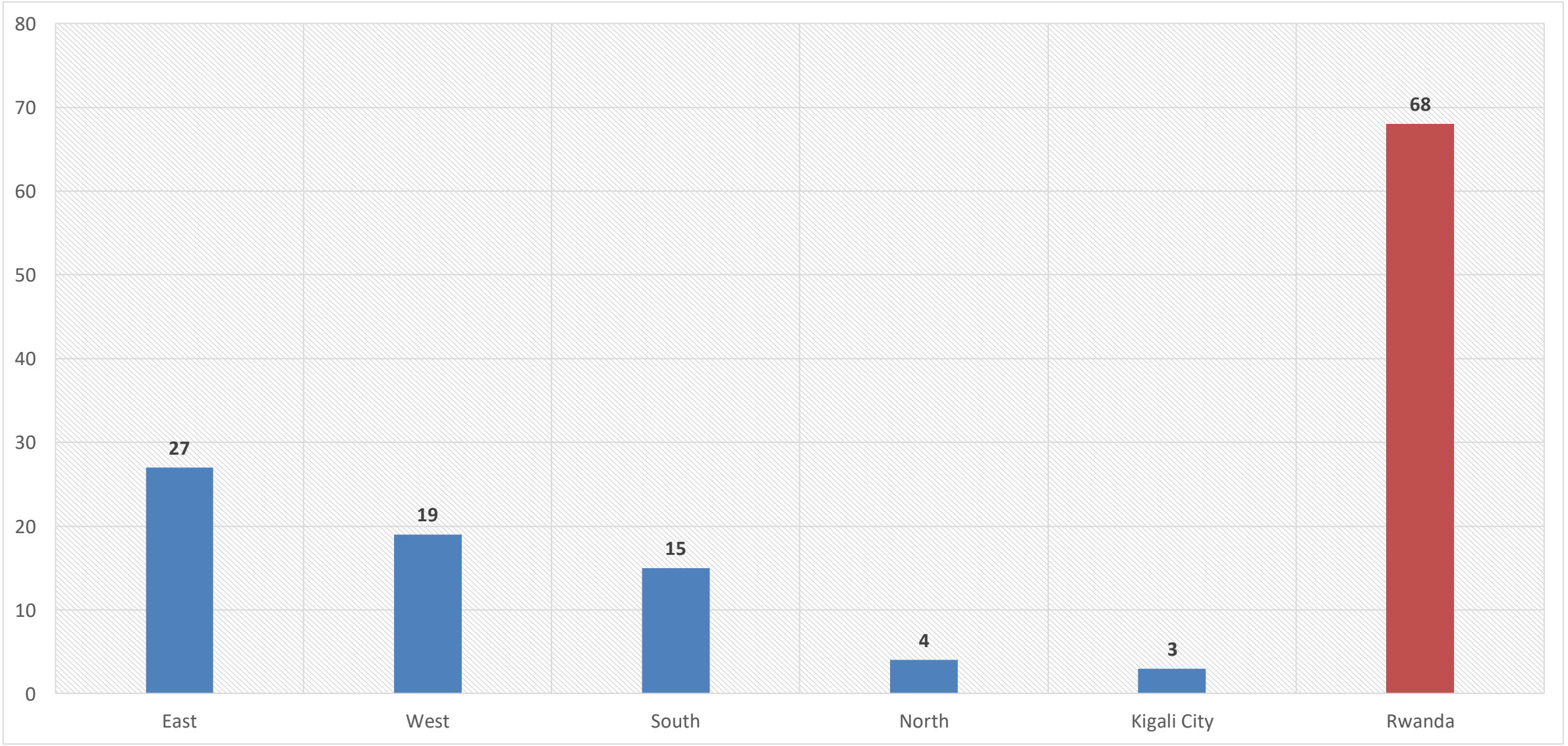

Community Based Surveillance

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Data Use for Programmatic Decision Making

Experience from Rwanda

IRS and LLNIs Deployment Plan 2022-2024

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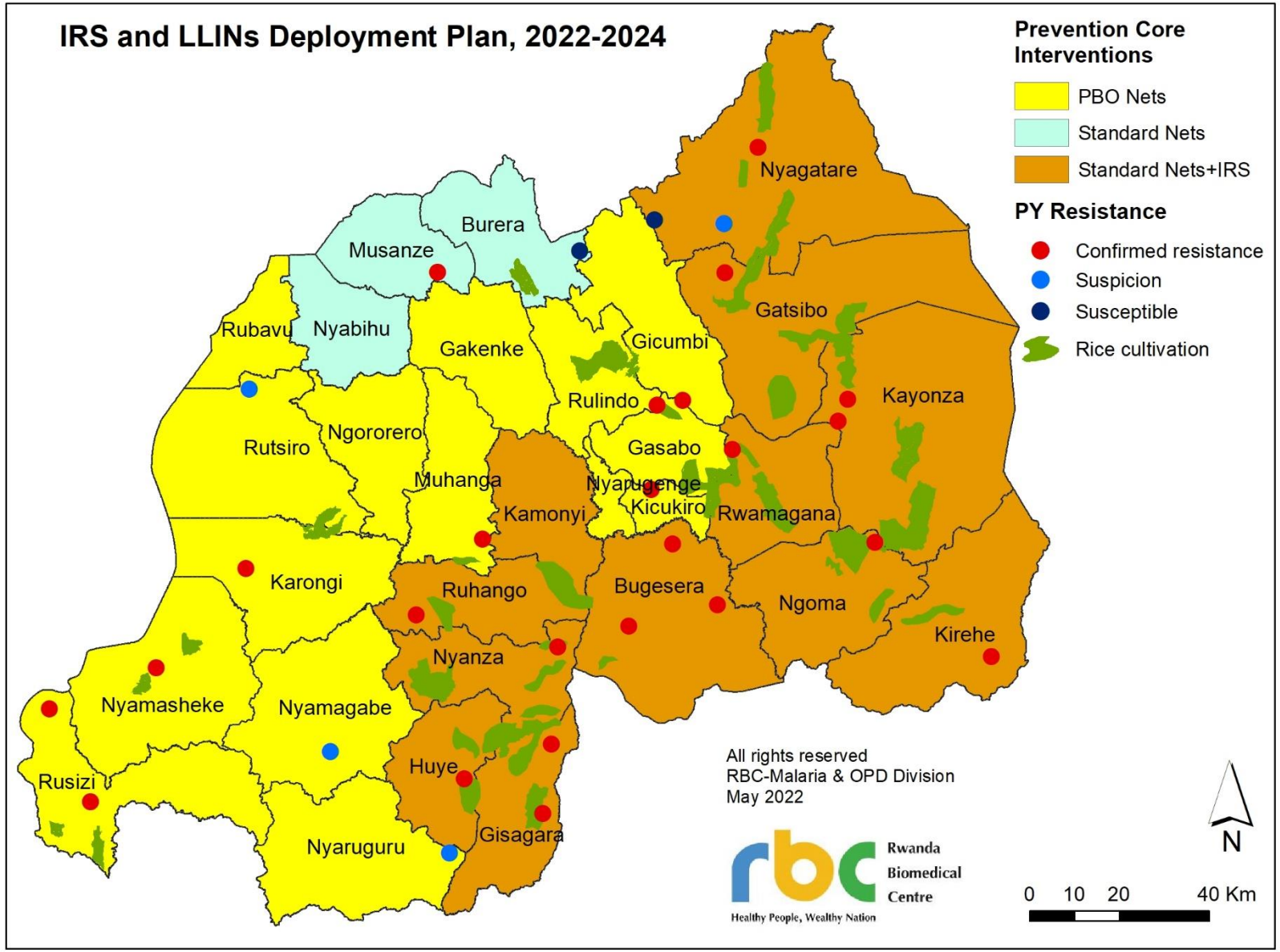

Deployment Principles

- Malaria Incidence
- Mosquito Resistance
- Deployment per Block
- Now shifting from G2 Nets to PBO Nets in 2022 (Cost and Impact)

Incidence per Sector, 2016 vs 2021-Elimination?

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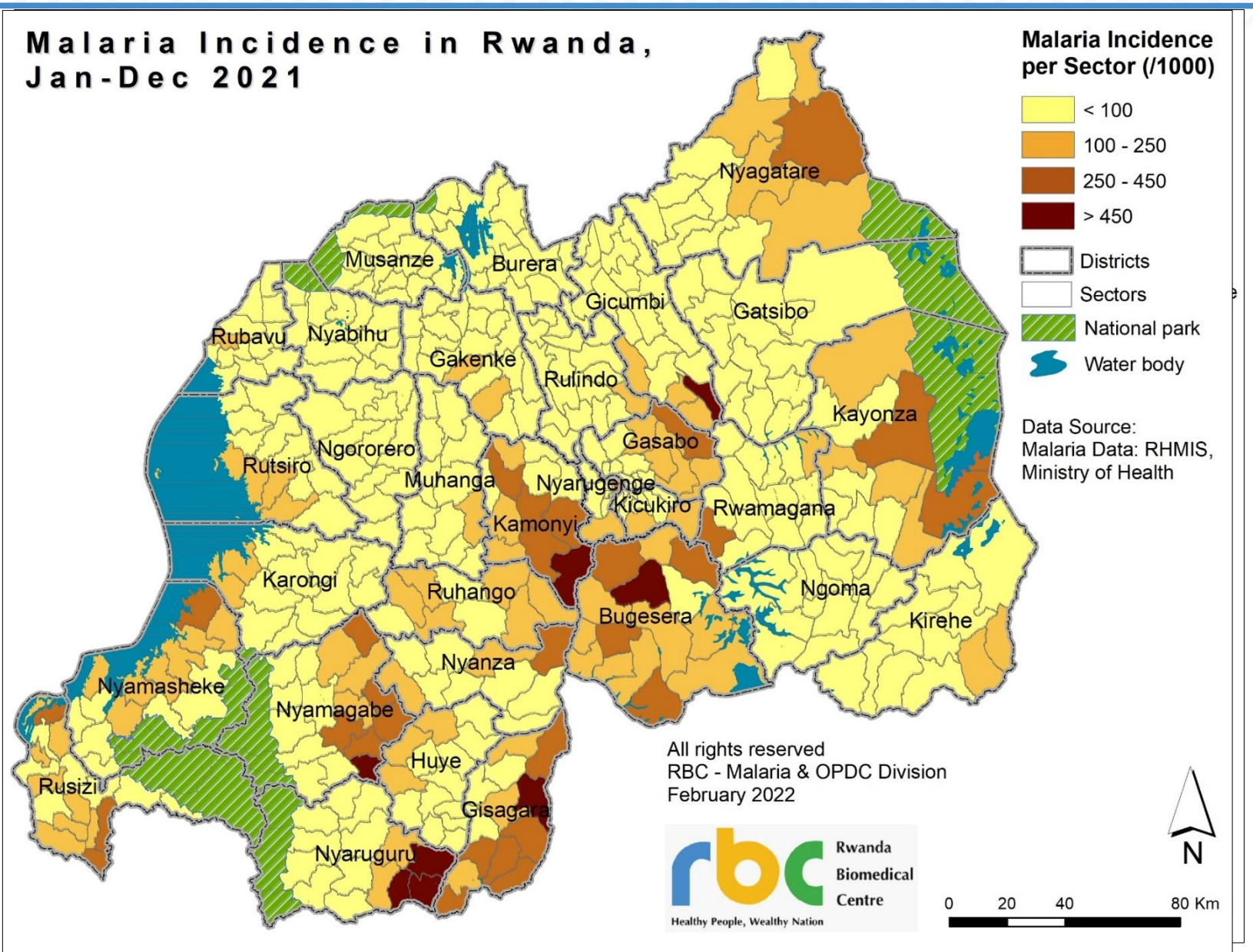

Are We Ready to Eliminate?

- Malaria Hotspots
- Role of Strong Surveillance
- Stratification of Data (Cell or Village Level)
- Rapid District Response
- Use of Data at the Lowest Level
- Innovative Tools
- Digitalization of all reporting tools

Malaria Incidence per Sector, 2016 vs 2021- Hotspots?

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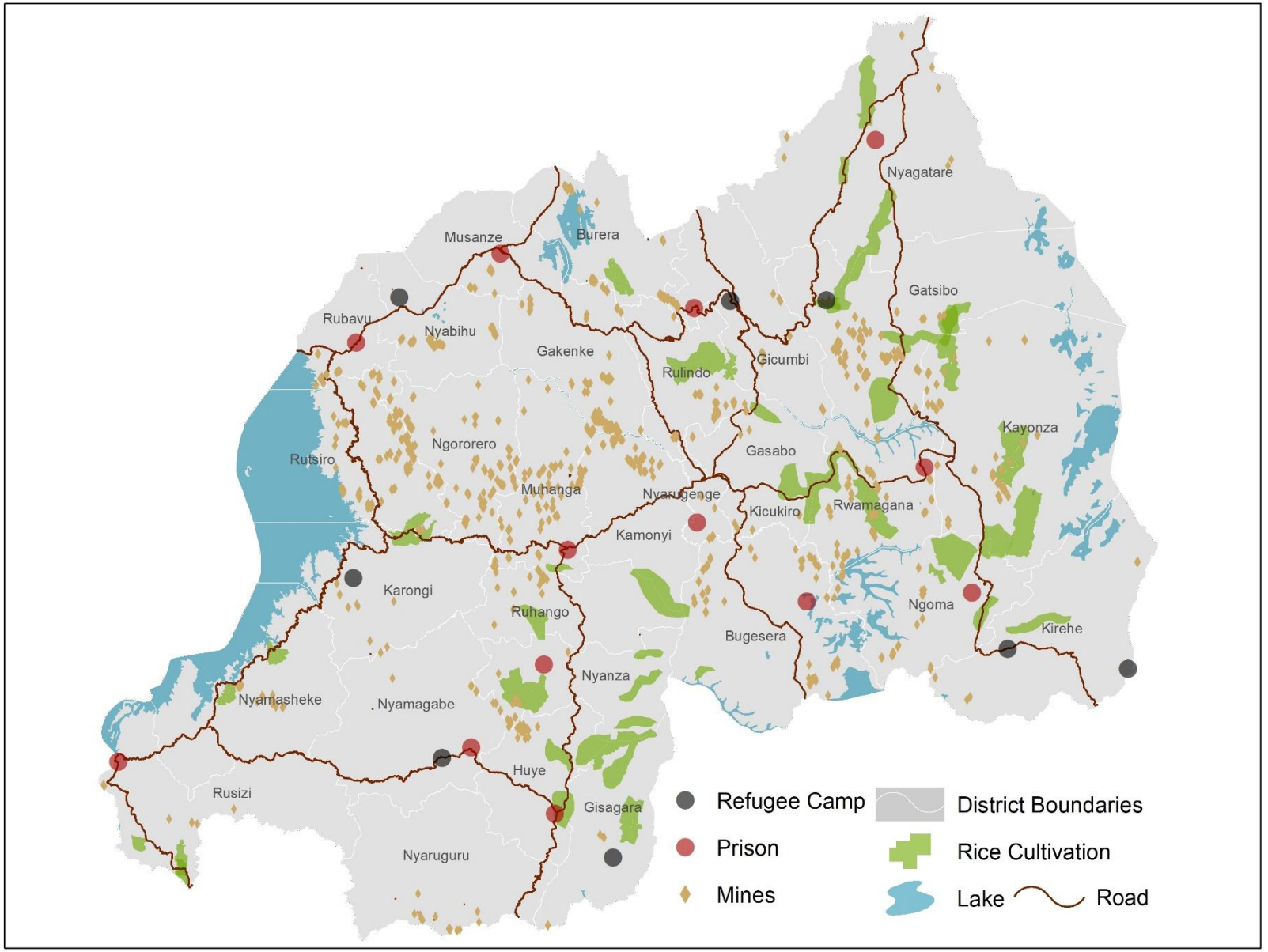

Are We Ready to Eliminate?

- Role of Strong Surveillance
- Stratification of Data (Cell or Village Level)
- Rapid District Response
- Use of Data at the Lowest Level
- Innovative Tools
- Why Malaria Hotspots
  - Which groups
  - Which interventions
  - Local NGOs

Summary of Program Successes

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- **Drop in Malaria Burden from 2016 to 2021:**
  - Incidence from 408 to 86 per 1,000
  - Malaria cases from 4.6 M to 1.1M
  - Severe malaria cases from 18K to 2K
  - Deaths from 700 to 69
- **Innovations**
  - Multi-Sector Collaboration (MINAGRI, MINEDUC, MOE, MINALOC, Private Sector, Local NGOs,..)
  - Community Engagement in IVM (CHWs, Farmers, Mining Company Staff,..)
  - Drone-based Larviciding targeted areas
- **Data Use for Decision Making**
  - Malaria burden (Incidence): guiding the Central level for interventions deployment
  - Mosquito Resistance : Guiding the Central level for interventions deployment)
  - Scorecards: Guiding Local NGOs and HFs efforts

THANK YOU