REPUBLIC OF RWANDA

Kigali, 21 JUN 2017

N°20/2862/DGPHIS/2017

MINISTRY OF HEALTH
P.O. BOX 84 KIGALI
www.moh.gov.rw

Permanent Secretary and Secretary to the Treasury
Ministry of Finance and Economic Planning
KIGALI

Re: Submission of the 2017/18 FLJSR summary report

Permanent Secretary,

I have the honour to submit to you the summary report of the 2017/18 Forward Looking Joint Sector Review meeting held on June 14th, 2017

Sincerely,

MINISTERE DE LA SANTE
REPUBULIKA Y'U RWANDA

Dr. Jean Pierre NYEMAZI
Permanent Secretary

CC:

- **Honourable Minister of Finance and Economic Planning**
- **Honourable Minister of Health**
- **Honourable Minister of State in Charge of Public Health and Primary Health Care**

Minutes of the 2017-2018 Forward Looking Joint Health Sector Review Meeting
Date: June 14th, 2017
Chair: Dr. Jean Pierre NYEMAZI, Permanent Secretary/Ministry of Health
Co-Chair: Lisa Godwin, Health Office Director, USAID/Rwanda

The Health Sector organized the Forward Looking Joint Sector Review meeting on June 14th, 2017 and different stakeholders participated including Development Partners, Civil Society, Private Sector, other line Ministries (list of participants in Annex).

Opening remarks

Dr Jean-Pierre NYEMAZI, PS MOH and Chair of the JSR meeting, started by thanking the Co-chair for her sustained efforts for an effective preparation of the meeting and proceeded to remind the audience about the general objective of the Forward Looking Joint Sector Review and the main agenda items to be discussed. He highlighted some priority issues that are identified jointly by GOR and other health stakeholders: Malnutrition, Maternal and Child Health, Family Planning. He also insisted on the common efforts by all stakeholders to strengthen coordination through a joint implementation framework in the context of reduced external funding for the health sector and to participate in initiatives to foster sustainability of the gains in health programs such as HIV, Malaria and TB.

Mrs Lisa GODWIN, Health office Director at USAID-Rwanda and Co-Chair of the JHSR meeting, commended all health stakeholders in Rwanda (both from GOR and Development Partners) for their dedication to strengthen the Rwandan Health System. She joined the Chair in highlighting the shared priorities among all stakeholders: reducing maternal and child deaths, increasing in Family Planning uptake and fight against malnutrition. She then wished the participants fruitful discussions.

Agenda

Receiving no objections against the proposed agenda the following items were discussed:

1. Progress report on Recommendations from the last JHSR and HSWG meetings
2. Progress report on the implementation of the 2016/17 policy actions
3. Priorities for the planning and budgeting process in FY 2017-2018
4. 2017/18 sector targets and policy actions
5. Update on the HSSP IV development
6. Information on the upcoming 1st WHO Africa Health Forum
7. Presentation on Minisanté IV Booklet
8. Key recommendations and Closing remarks

1. Progress report on Recommendations from the last JHSR and HSWG meetings

Three recommendations were specifically targeted to be addressed by 2017/18 FLJS, others to be handled by HSWG or during HSSP4 development:

Topic	Recommendation	Timeframe	Progress report
Recommendations for JSR			
Choice of High level sector indicator for Governance 2017/18	1. The proposal to change the indicator on governance related to 'videoconference with districts' by 'joint field visits' will be further discussed and a final proposal will be brought to the next JHSR.	Next JHSR meeting	**Proposal from MOH:** to change the indicator on governance related to 'videoconference with districts' by '**joint field visits**' as High level sector indicator for 2017/18 **Other proposals from DPs:** • Annual % of **studies with policy recommendations** • Amount of **local generated resources** allocated for health priorities Decision to be taken today
Family Planning	2. Develop a marketing & communication strategy for FP (incl. branding of services and behavior change)	Progress report at next JHSR	The **RMNCAH policy** is in the final stages of validation, marketing and communication strategy will be addressed in this reference document
Nutrition	3. Explore strategies to improve nutrition education (knowledge sharing and behavior change) as an intervention to curb stunting, using screening services as entry point (reference case of Nyabihu)	Next JHSR	Screening for wasting is being done at village level, data will be compiled, analyzed and results shared. Screening for stunting is in process planned to start sometime this year.
Recommendations to be followed up by HSWG			
Research & KM platform	4. Speed up the operationalization of the platform in order to monitor the output of studies and link it to MOH website	Immediately	Platform in final stages of development, soon ready to be validated
District health research challenge fund	5. To issue a call for proposals for District health research challenge fund	Immediately	Awaiting formal commitment for funding from DPs before issuing the call for proposal by MOH to districts
Household and private health expenditure	6. Speed up the preparatory work for household and private health expenditure, in view to complement HRTT data toward NHA report model	Immediately	DG PHFIS to set up an ad hoc task force to propose appropriate methodology
TWG coordination	7. Conduct a review of the TWG structure and functionality	Immediately	HSWG Core team led by DG Planning& HFIS to contact TWG chairs and co-chairs
HSSP4 Development	8. Strategic planning process must be started immediately under the responsibility of HSWG (TORs and roadmap for HSSP4 development)	Ongoing	HSSP IV Core team to involve HSWG members throughout the development process

2. Progress report on the implementation of the 2016/17 policy actions

The progress report was presented according to the attached template (annex 6). After this presentation, discussion was conducted on the two first presentations.

Discussion points:

- The participants insisted on the pertinence and need for rapid implementation of the Knowledge Management Platform as a much needed tool for better information sharing on the District Research Challenge Fund initiative and more broadly for dissemination of information on completed and ongoing health related studies.
- Several participants questioned the significance of the reported progress on policy actions when only numbers are presented, and not targets against which these numbers can be compared. For example, if 41 health workers are trained on a specific topic, is it achieving the expected result or not? Progress should be more explicitly assessed, with an explanatory narrative to put it in perspective.
- Regarding the problem of Malnutrition, a national priority, the choice of wasting rather than stunting as indicator was questioned, as well as the pertinence of FBF distribution as policy action. Other important interventions such as inter sector coordination and scaling up of screening of malnourished children were suggested.
- HRTT report for 2014-15 expenditures and 2015-16 budget is set to be finalized soon. Data collection for 15/16 expenditures and 16-17 budget is ongoing, and will include information from private insurers and private health facilities. In this regard, DG Planning and HFIS mentioned the challenge in HRTT data collection from DPs, health insurance companies and private health facilities which delays the analysis and report wiring process.. He made a strong advocacy for additional effort from these (unnamed) DPs to complete this round of data collection.
- The importance of supplementing the HRTT data collection with additional data on private and out of pocket expenditures was highlighted in order to have a more comprehensive picture of Total Health Expenditures (THE). MOH decided to complement HRTT data with existing information from DHS and EICV to having at least an estimate on household health expenditures rather than conducting a NHA through a survey. Collaboration with NISR for this exercise was recommended and DG PHFIS was tasked to move swiftly on this recommendation.

3. Priorities for the planning and budgeting process in FY 2017-2018

4. 2017/18 sector targets and policy actions

The content of these two presentations is summarized in annexes 1 and 2. Discussion was then facilitated by Chair and Co-chair to gather questions and comments from participants on these two presentations.

Discussion points:

- Among the health priorities, Capacity building on financial management in health facilities (particularly District Hospitals) was highlighted and discussed. The adoption of IFMIS as a standard planning and reporting tool should improve the efficiency of financial management in health facilities, but depends on the quality of data entered both for budget projections and budget execution. Capacity building initiatives are ongoing to support health facility managers in using financial data for better decision making on the use of resources. In addition, SOPs have been developed and will be cascaded down to the decentralized levels.

- The budget data presented only include on-budget funds and do not capture of budget.
- It was noted that the presentation does not give a comprehensive picture of the budget allocation by program and sub-program nor on the breakdown between domestic and external funding, which is the information requested by MINECOFIN.
- The policy action on HRTT only mentions the current effort for elaboration of the Report on Expenditure FY 2015/16 and budget FY 2016/17, but does not mention the need for documentation of private and household health expenditures.
- The national priority of malnutrition is not well captured with the indicator on underweight children prevalence and the policy action focusing on screening. The choice of indicator is justified by the slow evolution of stunting as a yearly measurement of the fight against malnutrition, and screening is used as an entry point for implementation of other interventions such as nutrition education and supplementation.
- In spite of the performance below expectations on Family Planning and the corrective actions that have been undertaken, the target for contraceptive utilization rate for 2018 only increases by 1% over the current baseline (from 44 to 45%). In spite of intensive efforts to increase contraceptive use, performance seems to have reached a plateau. This is a common finding at international level and should be taken into account when setting targets. However, there is a big gap between demand for FP commodities and the actual utilization (65 versus 44%). The bridging of this gap by improving supply side factors should be an immediate priority. This will not hamper continuing to experiment innovative strategies for increasing the demand and use of modern contraceptive methods, with the hope that the target will be overpassed!
- Innovative strategies mentioned include the use of high coverage activities (immunization, post-delivery consultations) as opportunities for FP promotion and the use of social media to reach youth. The new Family Planning strategies are included in the RMNCAH strategic plan which is in its last draft and soon to be completed.
- On the choice of Governance indicator, after analysis and discussion on the different proposed options, it was decided to maintain the proposal on joint field visits, but instead of monitoring the number of field visits conducted annually, it was decided to follow the percentage of recommendations from field visits that are implemented.

5. Update on the HSSP IV development

The lead consultant, Dr. Jarl Chabot, presented the status of the process for the development of HSSP IV. The team of consultants, composed of WHO experts from the regional office and other consultants, is in country since the beginning of this week and has started meeting key informants from MOH and RBC, as well as the members of the Core team for HSSP IV development. Dr. Chabot presented the methodology, including a large stakeholders' workshop planned for next week (June 21-23) and the roadmap with a draft 0 version of the document that should be ready by June 30th. The first draft of HSSP IV will be submitted to MINECOFIN after consultation and approval from MOH leadership by July 15th.

He also presented the proposed Table of content of the document, still being discussed to ensure alignment with both MINECOFIN requirements and new WHO guidance on Universal Health Coverage.

Discussion

After the presentation, discussion followed with the representative from NISR insisting on taking into account as reference documents not only the new Vision 2050 and EDPRS 3 under development, but also African Union Agenda for 2063 and the EAC Vision 2050. He also suggested close collaboration with NISR to take stock of key available data from DHS and EICV.

It was suggested that the M&E sub-group be also closely involved in collaboration with consultants to select and document the key indicators to be included in the HSSP IV M&E Plan (taking into account SDG indicators).

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6. Information on the upcoming 1st WHO Africa Health Forum

Dr Juliet BATARINGAYA from WHO made a short announcement on this important international conference that will take place in Kigali on June 27-28th. She warmly encouraged the HSWG members to register online for their participation in this important event, jointly organized by WHO regional office in collaboration with Rwanda MOH.

7. Presentation on Minisanté IV Booklet

Dr Gilbert Biraro, from RBC SPIU, presented the booklet summarizing the main results of operational research projects conducted by the District teams from the three districts (Gakenke, Rulindo, Bugesera) where the project Minisanté IV was implemented between 2010 and 2015 with the assistance from BTC. This is a best practice for capacity building of decentralized health managers and health care providers for operational research.

8. Key recommendations and Closing remarks

The key recommendations generated during this meeting were summarized by Mr Robert Banamwana from UNFPA. The following table presents these key recommendations:

Topic	Action Point	Responsible	Timeframe
Review of previous JSR/SWG recommendations	Challenge fund: ensure ToRs and committee are in place and management of funds is clear	Research & KM TWG	31 July 2017
	Knowledge management platform: ensure guidelines including fund management are disseminated and link the Knowledge Management platform with previous BTC/TRAC	Research & KM TWG	Immediately
	Technical team to meet to discuss challenges with HRTT report 2014/15 expenditure and 2015/16 budget incl. private expenditure (OOP) using EICV and DHS	MoH- DG Planning	30 June 2017

	HRTT: provide a list to Co-chair with the DPs delayed in recording their data, in view of finalising the ongoing assessment	MoH- DG Planning	Immediately
Progress on targets and policy actions 2016/17	Provide supporting narrative to the slides (incl. operational targets to assess progress)	MoH- DG Planning & core team	Next JHSR
Indicators, targets and policy actions 2017/18	Explore the recommendations from the FP round table and update the policy action on FP	MCCH TWG	Immediately
	Governance indicator to be replaced as follows: *% of recommendations from field visits implemented*	PHFIS TWG	Immediately
Sector priorities 2017/18	On-budget allocations by programmes & sub-programmes and external / domestic financing (in comparison with current year) to be shared with SWG	MoH- DG Planning	Immediately

The meeting was then closed by the Chair and the Co-chair who highlighted the main topics of discussion covered during the meeting and commended the participants on the dedication and commitment they demonstrate in their daily work for the strengthening of the Rwandan health system and the improvement of the health and well-being of the Rwandan population.

Approved by:

MINISTERE DE LA SANTE

Dr. Jean Pierre NYEMAZI

Permanent Secretary/MOH
Chair of Health Sector Working Group

Lisa Godwin, MSN, FNP

Health Office Director/USAID
Co-Chair of Health Sector Working

Follow-up of Recommendations of the last HSWG meeting

(30/3/2017)

To change the indicator on governance related to "organize video conference with districts and DPS''

Proposal from MOH: ''Number of **joint field visits**' as High level sector indicator for 2017/18

Proposals from DPs:

- Annual % of **studies with policy recommendations**
- Amount of **local generated resources** allocated for health priorities

Family Planning: Develop a marketing & communication strategy for FP (incl. branding of services and behavior change)

- **RMNCAH policy** is at the final stages of validation and this policy will inform the HSSPIV formulation.

Nutrition: Explore strategies to **improve nutrition education** (knowledge sharing and behavior change) as an intervention to curb stunting, using screening services as entry point (reference case of Nyabihu)

- Screening for wasting is being done at village level and results are yet to be compiled. Results for wasting to be shared soon.
- In process to start screening for stunting due to start some time this year.

Recommendations for HSWG

- **Knowledge management platform** for dissemination of policy related studies
- Launching of **District health research Challenge Fund**
- Prepare data collection methodology for **household and private health expenditures** to complement HRTT
- Oversee **HSSP4 development**

Recommendations relevant for HSSP4

- Set up a special forum for development of a **health system sustainability plan**
- Explore strategies for **promotion of FP**
- Update **SDG domestication**
- Review of **TWG structure and functionality**

MINISTRY OF HEALTH
2017/18 PRIORITIES- BUDGET ALLOCATION

Outline

1. Key interventions by priority
2. Sector Priorities for 2017/18
3. 2017/18 MOH Budget allocation
4. 2017/18 RBC and affiliated agencies /Budget allocation

Key interventions by priority

Ensure Availability, accessibility and utilization of MCH services	• Increase ANC uptake and deliveries in HF • Sustain Vaccination coverage • Conduct maternal and Child death audit • Report and manage all GBV cases • Improve SRH status of adolescents • Improve access / quality to FP services
Reduce the burden of communicable and NCD among Rwandan population	• Integrate mental health in all HC/DH • Sustain efforts to prevent and treat HIV, TB, malaria • Scale up and reinforce integration of NCD services in HF • Improve the control & management of epidemics • Promote healthy life styles behaviors among Rwandans
Fight Malnutrition	• Strengthen the coordination framework established • Strengthen early identification and management of malnutrition; • Promote good feeding practices. • Implement Fortified Blended Food Program

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Key interventions by priority Con't

Improve Geographical &Financial accessibility	• Continuous support building of HFs where needed • Strengthening partnership with private sector (PPP) • Improve hospital financial management and capacities to generate more internal resources • Strengthen CHW cooperatives to be financially viable
Improve quality of health care Service Delivery	• Strengthen the ongoing accreditation process for District, provincial and referral hospitals • Strengthen the health facility capacity in equipment maintenance • Ensure availability of health commodities at HFs • Develop workshop maintenance at DHs
Improve quantity and quality of HRH	• Support Continuous professionals Development of HRH at the central and decentralized levels • Improve retention strategies for HRH • Improve recruitment and appointment of HRH • Improve collaboration with key stakeholders in the HRH

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Key interventions by priority Con't

Reinforce institutional strengthening (especially toward district health services, District health management)

- Reinforce data collection and use at all level(Central and Decentralized level)
- Strengthen the collaboration between MoH and Districts in health facilities management according to decentralization law (Planning, Monitoring and evaluation of health priorities, dialogue...)
- Reinforce District Health Units (DHUs) to effectively coordinate health-oriented activities at District level

Key interventions by priority Con't

Sustainability

- Improve hospital financial and administrative management and capacities to generate more internal resources
- Continuous capacity building of Hospital Managers in the area of planning, financial management and revenue generation/business development
- Improving quality services delivery and customer care.
- Improving collaboration between HI companies and Health facilities in financial reimbursement
- Continue the Partnership with private sector in expanding care for Primary health care (PPCP framework for Health posts)
- Strengthening community health workers cooperatives to generate more incomes
- In collaboration with RDB, to continue to attract private sector to invest in specialized health services through the PPP framework

Summary 2017/18 Sector Priorities

No	Outcome	Indicators	Target
1	Availability, accessibility and utilization of maternal health and child health services improved	% Births attended in HFs	=> 91%
		High immunization coverage	=> 93%
2	The burden of communicable and non-communicable diseases reduced among Rwandan population	% of exposed infants who are HIV-free by 18 months	=> 95%
		% of HIV+ adults and children receiving antiretroviral therapy	=> 83.5%
		% of suspected malaria cases that receive a serological test in the community	=> 99%
		Free Malaria treatment for Ubudehe I & II population	=> 95%
		Number of structures in targeted areas that received Indoor Residual Spraying (high burden districts)	=> 95%
		Rate of treatment success for bacteriologically confirmed new and relapse (TB)	=>90%

Summary 2017/18 Sector Priorities

No	Outcome	Indicators	Target
3	Quality of services offered by health facilities improved	% of Health facilities (District Hospitals and District Pharmacies) with less than 5% of vital medical products stock out	=>90%
		Conduct regular ISS and DQA	1/year
		Reinforce the mechanism to sustain performance based financing that was linked to accreditation of health facilities for continuous quality improvement	1/Year
4	Improve quantity and quality of human resources for health (planning, quality, management	Graduated General Practitioner Doctors to be appointed in the health facilities for internship	100
		Medical doctors to be admitted for specialization in university of Rwanda and for specialist and sub specialty abroad	90
		Specialists to be deployed in referral and Provincial hospitals	48
		Support the outreach program in HFs to bring specialized services near to the population and strengthen the CPD Program	4/Year

Budget allocation 2017-2018:MOH Affiliated institutions

CHUK

	Category	Budget
1	Wages and Salaries	4,230,754,307
2	Recurrent Non Wage	436,727,240
3	Capital Domestically Financed	344,940,264
	Total	**5,012,421,811**

CHUB

	Category	Budget
1	Wages and Salaries	3,129,709,672
2	Recurrent Non Wage	548,736,499
3	Capital Domestically Financed	131,808,203
	Total	**3,810,254,374**

Ndera NP Hospital

	Category	Budget
1	Wages and Salaries	685,380,952
2	Recurrent Non Wage	277,166,304
	Total	**962,547,256**

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Thank you

6/19/2017

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Progress towards implementation of the 2016/17 policy actions

FLJSR 2017/18

Progress against 2016/17 Policy actions (for the selected 10 sector indicators)

EDPRS2/sector outcome	Sector outcome indicators (not exceeding 10 including EDPRS2 Core indicators)	Baseline (2015/16)	2016/17 Policy Actions	Brief Description of Progress against implementation of 2016/17 Policy actions
FOUNDATIONAL AND CROSSCUTTING ISSUES				
Improve maternal Health	1. % PW receiving 4 ANC standard visits	38% (HMIS 2015)	1.Build the Capacity of existing health work force to improve their knowledge and skills to provide MNCH services.	1.41 Health care providers from health centres were trained on Focused antenatal care (FANC). 2.Training of Health Care providers from 10 Hospitals on Comprehensive Emergency Obstetric and Neonatal Care(C-conducted 3.Orientation meeting of health Care Providers from 13 Districts on new PNC Protocol organized.
			2.Conduct awareness campaign through MCH week and mass media.	MCH integrated health week conducted from 13th to 18th and includes interventions like provision of FP, HPV vaccine,distribution of Vit A,MBZ,Albendazore and screening of malnutrition.
	2.% delivery in Health Facilities	91% (HMIS 2015)	3.Training of Health facilities on new Rapid SMS version 3	39 DHs were trained in New Rapid SMS version 3. The remaining district will be trained once budget available.

EDPRS2/sector outcome	Sector outcome indicators (not exceeding 10 including EDPRS2 Core indicators)	Baseline (2015/16)	2016/17 Policy Actions	Brief Description of Progress against implementation of 2016/17 Policy actions
FOUNDATIONAL AND CROSSCUTTING ISSUES				
Strengthen Family Planning Service Delivery	3. Contraceptive utilization rate for modern methods of women 15-49 years	41% (HMIS 2015)	4.Build the capacity of health care providers to provide full range of FP methods.	1.Training of providersin FP (all methods) conducted in Nyabihu district, 19 participants attended the training. 2. 13 Medical doctors were trained in vasectomy and tubal ligation under local anesthesia
Reduce Child Mortality	4. <5 mortality rate/1000 live births	50/1000 (DHS 2015)	5.Strengthen IMCI in the community and health centers.	1. 2,933 CHWs were trained in ICCM (integrated Community Case Management) including new binomes were trained on ICCM. 2. 30 Health care providers were trained in IMCI.
			6.Build the capacity of health providers in Neonatology protocol and Essential Newborn Care .	1. 9 medical doctors and 14 nurses/midwives were trained in National neonatal Protocol. 2. 189 Health care providers from health centres were trained in Neonatology protocol and Essential Newborn Care.

EDPRS2/sector outcome	Sector outcome indicators (not exceeding 10 including EDPRS2 Core indicators)	Baseline (2015/16)	2016/17 Policy Actions	Brief Description of Progress against implementation of 2016/17 Policy actions
FOUNDATIONAL AND CROSSCUTTING ISSUES				
Reduce malnutrition	5.Prevalence of underweight children under 5 (6-59 months)	9% (DHS 2015)	7.Purchase and Distribute fortified blend food	Distribution of FBF already started and 432.42 tones distributed and data are being reported in HMIS on monthly basis.
Reducing HIV infection and Aids	6. % of infants born to HIV + mothers free from HIV by 18 months.	>95% (HMIS 2015)	9. Implement test and Start Guideline by July 2016	Test and start guideline launched on 30th June 2016 and started to be implemented from 1st July 2016 in all ART sites countrywide
	7.% HIV/TB co-infected who receive both treatments	93% (HMIS 2015)	10. To implement clinical mentorship on HIV/TB co-infected patients.	1.Mentorship on treatment of HIV/TB co-infected patients organized in all the Hospitals. 2.48 MD from hospitals were trained on Fine Needle Aspirtion (FNA) to increase TB Diagnosis among People Living with HIV. 3. TB/ HIV TWG meeting updated TB Treatment guidelines according to WHO recommandation and scientific evidence based.

EDPRS2/sector outcome	Sector outcome indicators (not exceeding 10 including EDPRS2 Core indicators)	Baseline (2015/16)	2016/17 Policy Actions	Brief Description of Progress against implementation of 2016/17 Policy actions
FOUNDATIONAL AND CROSSCUTTING ISSUES				
Strengthen the Health System	8.% of GoR budget allocated to Health	0.17(2015 MTR report)	11.Prepare Rwanda Health Resource Tracker Output Report on Expenditure FY 2014/15 and budget FY 2015/16	HRTT data collection and cleaning completed, the narrative report is in progress.
	9.Number of DHs that have achieved level 1 of Accreditation	12 DHs (Hospital performance assessment April 2016)	12.Conduct Hospital Performance Progress Assessment	Hospital performance is being conducted, already 20 Hospitals assessed
	10. Number of quarterly meeting conducted between MoH, DPs and all Districts through video conference.	2	13.Conduct video conference meeting with Districts and DPs	A joint field visit conducted in 3 District (Gisenyi, Gakenke and Gatsibo) to assess the implementation of District Strategic plan

THANK YOU

Policy studies to be conducted in 2017/18 fiscal year

FLJSR 2017/18

Sector Priority Analytical Studies for 2017/18

EDPRS2/sector outcome	Planned Analytical Work & Duration	2017/18 Budget	Funding Source (GoR, if otherwise, specify, also state the status i.e. Secured/ Still under mobilization)
Disease Prevention and Control	Malaria indicator survey	651,692,538	PMI&WHO&GF
	Prevalence study on substance abuse and assessment of illicit narcotic and precursors in Rwanda (MH)	26,500,000	BTC
	Conduct a sero-surveillance survey on pregnant women and antenatal care (HIV)	124,390,000	CoAg
Strengthen the Health System	Rapid analysis of Staff turnover from Health facilities	20,000$	MSH

THANK YOU

Targets and Policy Actions for the Sector Indicators Matrix (For the selected 10 sector indicators)

FLJSR 2017/18

EDPRS2/sector outcome	Sector outcome indicators (not exceeding 10 including EDPRS2 Core indicators)	Baseline (2015/16)	2017/18 Targets	2017/18 Policy Actions/ priority outputs (maximum of 2 per each indicator)
FOUNDATIONAL AND CROSSCUTTING ISSUES				
Improve maternal Health	1. % PW receiving 4 ANC standard visits	38%(HMIS 2016)	40%	To strengthen Focused ANC at Health Facilities
				To reinforce sensitization by CHWs of woman at reproductive age on the importance of first ANC visit/First trimester.
	2.% delivery in Health Facilities	96 % (HMIS 2016)	> 90%	To strengthen the capacity of health care providers on PNC
Strengthen Family Planning Service Delivery	3. Contraceptive utilization rate for modern methods of women 15-49 years	44% (HMIS 2016)	45%	To reinforce the capacity of Health Posts and Health facilities to provide FP package

Targets and Policy Actions for the Sector Indicators Matrix (For the selected 10 sector indicators)

EDPRS2/sector outcome	Sector outcome indicators (not exceeding 10 including EDPRS2 Core indicators)	Baseline (2015/16)	2017/18 Targets	2017/18 Policy Actions/ priority outputs (maximum of 2 per each indicator)
FOUNDATIONAL AND CROSSCUTTING ISSUES				
Reduce Child Mortality	4. < 5 mortality rate/1000 live births	50/1000 (DHS 2015)	N/A	To strengthen the capacity of health workers for quality provision and monitoring of child survival strategies
Reduce malnutrition	5.Prevalence of underweight children under 5 (6-59 months)	9% (DHS 2015)	N/A DHS data	To strengthen early identification and management of under-nutrition, including the response to their underlying causes
Reducing HIV infection and Aids	6.% Patients in need ART + receive it(replace by Percentage of people living with HIV currently receiving antiretroviral therapy)	82.6% (HMIS, Dec 2016)	83.0%	To identify innovative testing strategies to identify people living with HIV (Finger prick, self testing)
				Continue implementation of Treat All and Differianted Service Delivery Model (DSDM)
	7.% HIV/TB co-infected who receive both treatments (replace by Proportion of HIV-positive TB cases given antiretroviral therapy during TB treatment)	93 %(HMIS 2016)	>90%	Conduct mentorship on TB/HIV collaborative, ART initiation and follow up during the TB treatment

Targets and Policy Actions for the Sector Indicators Matrix (For the selected 10 sector indicators)

EDPRS2/sector outcome	Sector outcome indicators (not exceeding 10 including EDPRS2 Core indicators)	Baseline (2015/16)	2017/18 Targets	2017/18 Policy Actions/ priority outputs (maximum of 2 per each indicator)
FOUNDATIONAL AND CROSSCUTTING ISSUES				
Strengthen the Health System	8.% of GoR budget allocated to Health	17% (2015 MTR report)	≥ 15%	11.Prepare Rwanda Health Resource Tracker Output Report on Expenditure FY 2015/16 and budget FY 2016/17
	9.Number of DHs that have achieved level 1 of Accreditation	12 DHs (Hospital performance assessment April 2016)	20 DHs	12.Conduct Hospital Performance Progress Assessment
	10. Number of Joint Field visit conducted between MoH, DPs in Districts .	0	2	13.Conduct video conference meeting with Districts and DPs

Targets and Policy Actions for the Sector Indicators Matrix (For the selected 10 sector indicators)

EDPRS2/sector outcome	Sector outcome indicators (not exceeding 10 including EDPRS2 Core indicators)	Baseline (2015/16)	2017/18 Targets	2017/18 Policy Actions/ priority outputs (maximum of 2 per each indicator)
FOUNDATIONAL AND CROSSCUTTING ISSUES				
Strengthen the Health System	8.% of GoR budget allocated to Health	17% (2015 MTR report)	≥ 15%	11.Prepare Rwanda Health Resource Tracker Output Report on Expenditure FY 2015/16 and budget FY 2016/17
	9.Number of DHs that have achieved level 1 of Accreditation	12 DHs (Hospital performance assessment April 2016)	20 DHs	12.Conduct Hospital Performance Progress Assessment
	10. % of recommendations from field visits implemented	0	100%	13.Conduct regular field visit

THANK YOU

Priorities for HSSP 4 and Proposed Indicators for Vision 2050

Outline

- Proposed Key Priorities for HSSP 4
- Proposed Health Indicators' projections for 2050 vision

Introduction

GoR in 2000 adopted the Vision 2020 with a primary objective of transforming Rwanda into a middle-income country by the year 2020. The Vision 2020 is being implemented through the medium term planning framework that began in 2002 with the :

- Poverty Reduction Strategic Plan (PRSP I), which followed by
- EDPRS which covered the period of 2008-2012 and,
- EDPRS 2 which is being implemented from 2013/14 to 2017/18.

Introduction

- Vision 2020 is remaining with less than 4 years of implementation while EDPRS 2 is entering its final 5th year.
- Umushyikirano of 2015 resolved that Vision 2050 should be elaborated.
- The concept note of the Vision 2050 presented at the same forum in 2016 at which a target was set for Rwanda to become an upper middle income country by 2035 and a high income country by 2050.
- In the same spirit the EDPRS 3 and Sector strategic plans are going to be elaborated to cover the period 2018/19 to 2023/24.

Progress

A core team for HSSP development drafted:

- Key Priorities for the HSSP 4
- Indicators for the vision 2050

Then;

- Presented in ISMM of 15th May 2017

Areas/ Proposed Priorities

MCCH

- Improve and sustain quality of MCH services/Focus on decreasing maternal and neonatal mortality
- Increase ANC and Postnatal care uptake
- Improve community mobilization to increase facility delivery

Areas/ Proposed Priorities

FP & ASRH

- Improve access /quality to FP services with a focus on long term methods (Postpartum FP)
- Coordination of stakeholders on FP uptake awareness
- Increase outlets
- Integrated education on SRH (target groups : Young and Adolescents)

Areas/ Proposed Priorities

Nutrition

- Improve multi-sectoral collaboration
- Prevention and management of malnutrition (acute and chronic)
- Community education and awareness on dietary and complementary feeding practices

Areas/ Proposed Priorities

Community Health

- Support the Capacity Building and support of CHWs
- Ensure the sustainability of CHW Program

Ensure the availability of commodities for the program

Areas/ Proposed Priorities

GBV

Scaling up the Integrated management of GBV cases (IOSC model)

Support the social reintegration of the GBV cases

Areas/ Proposed Priorities

Infectious diseases

- Sustain universal access to HIV testing and treatment
- Improve prevention and management of blood borne diseases

Ensure the effective prevention and efficient management of malaria cases and other parasitic diseases

Ensure early detection and effective treatment of TB and other respiratory & lung diseases

Areas/ Proposed Priorities

Epidemic Surveillance and Response

- Ensure the implementation of International Health Regulation (IHR) and Global Health Security (Detect, Prevent, and Respond to the epidemic emergencies
- Strengthen laboratory capacity for detection and diagnosis of outbreaks & emerging infectious diseases

Areas/ Proposed Priorities

Mental Health	Increase Mental Health Services Coverage
	Ensure access to specialized mental health services and other services to people living with disabilities

Areas/ Proposed Priorities

NCDs and Injuries	- Ensure early detection of NCDs - Increase access to specialized NCDs treatment
	- Reduce premature death - Ensure prevention and management of unintentional injuries

Areas/ Proposed Priorities

Health Promotion & Environmental Health	- Ensure BCC for better health promotion and prevention - Educate population on Hygiene and sanitation - Improve Health care waste management

Areas/ Proposed Priorities

Service Delivery and Quality Improvement	- Ensure geographical and financial access to health care services - Establish and institutionalize quality improvement (accreditation) mechanism/framework - Ensure access to safe surgical care in HFs at secondary and tertiary levels - Strengthen the management of health care technology
	- Ensure availability of IT infrastructure to improve health services delivery - Support and sustain the cost of care for constant improvement of the health system(ex. access to quality treatment of cancer, kidney, CVD, drug addiction & abuse etc.) - Improve the pre hospital and emergency services

Areas/ Proposed Priorities

Medical products and commodities

- Development of pharmaceutical industry plants for production of medical products, devices and commodities and also research (clinical trial & drugs development) on emerging superbugs
- Ensure and sustain the availability of essential medicines (vital and non-vital), vaccines and blood components
- Reinforce food and medicines regulations

Areas/ Proposed Priorities

Information Systems

- Synchronize all HIS systems together and link them with EMR to improve the patient management and data use for decision making
- Promote new health care technologies to improve quality of health services (E-health initiatives)

Areas/ Proposed Priorities

Health Financing	Ensure financial sustainability of Health sector (increase domestic budget, optimization, efficiency, PPP..)
	- Promote new innovative financing mechanisms for high impact interventions and emerging diseases - Ensure periodic revision of health insurance package

Areas/ Proposed Priorities

HRH	Improve quantity and quality of HRH to respond to health needs
	Strengthen HRH management at central and decentralized level (focus on retention strategies)

Areas/ Proposed Priorities

Leadership and Governance	- Reinforce the compliance with policies, laws and regulations - Improve the coordination of key stakeholders of the health sector
	Strengthen management of decentralized health systems by district leaders and HF managers
	Improve the coordination of health professional bodies for efficiency (e.g. Establish an umbrella)

Proposed Health Indicators' projections of Vision 2050

Proposed Indicators for 2035 and 2050 Vision

Proposed indicators	Baseline	Target 2024	SDG Target/2030	Target 2035	Target 2050	Source of Data
Maternal Mortality Ratio/100,000	210	126	70	50	20	DHS
Mortality rate, infant (per 1,000 live births)	32	22.5	16.25	13	10	DHS
Neonatal Mortality Rate/1000	20	15.2	12	10	5	DHS
Under Five Mortality Rate/1000	50	35	25	20	16.3	DHS
Prevalence of stunting, height for age	38	28	12	10	8	DHS
Fertility rate, total (births per woman)	4.2	3.3	-	2.4	2	DHS
Contraceptive Prevalence Rate (CPR)	48	52	60	60	70	DHS

Proposed Indicators for 2035 and 2050 Vision

New and existing indicators	Baseline	Target 2024	Target 2035	Target 2050	Source of Data
HIV Prevalence	3	3	2	<1	DHS
Number of new infections per 1000 uninfected population (by sex, age and key populations)SDG	2.7/1000	2	< 1	< 1	Incidence survey
TB Treatment coverage rate	84	87	>90	>90	HMIS

Proposed Indicators for 2035 and 2050 Vision

New and existing indicators	Baseline	Target 2024	Target 2035	Target 2050	Source of Data
Mortality rate attributed to NCD (cardio vascular diseases, cancers, diabetes and chronic respiratory diseases)	N/A	TBD	TBD	TBD	Vital Statistics
% GOR budget allocated to health	16.5%	>15%	>15%	>15%	HRTT Report
% of people covered by a health insurance	91%	>95%	>95%	>95%	Health Insurance Council Report

Proposed Indicators for 2035 and 2050 Vision

Proposed indicators	Baseline	Target 2035	Target 2050	Source of Data
Doctor/pop ratio	1/10,055	1/2,500	1/1,000	MOH Annual statistical Booklet
Nurse/pop ratio	1 / 1.142	1/750	1/500	MOH Annual statistical Booklet
Midwives/pop ratio	1 / 4.037	1/2000	1/1000	MOH Annual statistical Booklet
Pharmacist/population ratio	1/16,171	1/1,583	1/853	MOH Annual statistical Booklet
Lab technician /population ratio	1/7,653	1/5,000	1/3,000	MOH Annual statistical Booklet

Thank you

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Targets and Policy Actions for the Sector Indicators Matrix (For the selected 10 sector indicators)

FLJSR 2017/18

EDPRS2/sector outcome	Sector outcome indicators (not exceeding 10 including EDPRS2 Core indicators)	Baseline (2015/16)	2017/18 Targets	2017/18 Policy Actions/ priority outputs (maximum of 2 per each indicator)
FOUNDATIONAL AND CROSSCUTTING ISSUES				
Improve maternal Health	1. % PW receiving 4 ANC standard visits	38%(HMIS 2016)	40%	To strengthen Focused ANC at Health Facilities
				To reinforce sensitization by CHWs of woman at reproductive age on the importance of first ANC visit/First trimester.
	2.% delivery in Health Facilities	96 % (HMIS 2016)	>90%	To strengthen the capacity of health care providers on PNC
Strengthen Family Planning Service Delivery	3. Contraceptive utilization rate for modern methods of women 15-49 years	44% (HMIS 2016)	45%	To reinforce the capacity of Health Posts and Health facilities to provide FP package

Targets and Policy Actions for the Sector Indicators Matrix (For the selected 10 sector indicators)

EDPRS2/sector outcome	Sector outcome indicators (not exceeding 10 including EDPRS2 Core indicators)	Baseline (2015/16)	2017/18 Targets	2017/18 Policy Actions/ priority outputs (maximum of 2 per each indicator)
FOUNDATIONAL AND CROSSCUTTING ISSUES				
Reduce Child Mortality	4. < 5 mortality rate/1000 live births	50/1000 (DHS 2015)	N/A	To strengthen the capacity of health workers for quality provision and monitoring of child survival strategies
Reduce malnutrition	5.Prevalence of underweight children under 5 (6-59 months)	9% (DHS 2015)	N/A DHS data	To strengthen early identification and management of under-nutrition, including the response to their underlying causes
Reducing HIV infection and Aids	6.% Patients in need ART + receive it(replace by Percentage of people living with HIV currently receiving antiretroviral therapy)	82.6% (HMIS, Dec 2016)	83.0%	To identify innovative testing strategies to identify people living with HIV (Finger prick, self testing)
				Continue implementation of Treat All and Differianted Service Delivery Model (DSDM)
	7.% HIV/TB co-infected who receive both treatments (replace by Proportion of HIV-positive TB cases given antiretroviral therapy during TB treatment)	93 %(HMIS 2016)	>90%	Conduct mentorship on TB/HIV collaborative, ART initiation and follow up during the TB treatment

Targets and Policy Actions for the Sector Indicators Matrix (For the selected 10 sector indicators)

EDPRS2/sector outcome	Sector outcome indicators (not exceeding 10 including EDPRS2 Core indicators)	Baseline (2015/16)	2017/18 Targets	2017/18 Policy Actions/ priority outputs (maximum of 2 per each indicator)
FOUNDATIONAL AND CROSSCUTTING ISSUES				
Strengthen the Health System	8.% of GoR budget allocated to Health	17% (2015 MTR report)	≥ 15%	11.Prepare Rwanda Health Resource Tracker Output Report on Expenditure FY 2015/16 and budget FY 2016/17
	9.Number of DHs that have achieved level 1 of Accreditation	12 DHs (Hospital performance assessment April 2016)	20 DHs	12.Conduct Hospital Performance Progress Assessment
	10. Number of Joint Field visit conducted between MoH, DPs in Districts .	0	2	13.Conduct video conference meeting with Districts and DPs

THANK YOU

REPUBLIC OF RWANDA

MINISTRY OF HEALTH

BTC RWANDA

Knowledge management
A good practice example

Experience from Minisanté IV project:

From action research to publication

Minisanté IV Programme

- **GENERAL OBJECTIVE**

  Rwanda has put in place a health system capable to respond in an appropriate way the needs of its population

- **Five expected results among which:**

  Systematic development and management of knowledge at central level,
  by performing action research at local level
  that would generate evidences to feed the development of national policies

- **Generating lessons from program implementation:**

  and translating them into concrete actions at managerial and technical levels for increased ownership, evidence-based policy development and sharing of good practices

1

Research is: Using the evidence to build a case that convinces a jury of your peers beyond reasonable doubt

To assist managers in **evidence based decision making**

2

Action research Process during Minisante IV (1 of 3)

STAKEHOLDERS:
Gakenke DHMT
Bugesera DHMT
Rulindo DHMT
MOH Planning HIS
MOH Clin Serv
MHD RBC
MTI RBC
MOH/SPIU
MSIV Team

UR/SPH

3

Process (2 of 3)
Identification and implementation of action research (UR – SPH)

1. **Training workshop # 1: Identification of OR topic**
   - Audience: team of 3-5 people (made of DH medical director, DH data manager, District M&E) per district supported by BTC
   - Topics covered: OR, research methods, research proposal development, literature review
   - Output: Identified topics based district specific priorities
   - Assign SPH researcher per team for mentorship
2. **District-led data collection and/or data entry**
3. **Training workshop # 2: Analyzing the data**
4. **Continuous support (distance and writing workshop)**
5. **Finalize data analysis**
6. **Report writing**
7. **Dissemination at closure of MS4 program and publication of booklet**

4

Process (3 of 3)
Writing of publication (UR/SPH – KIT)

- **Workshop 1: general introduction and tools for knowledge sharing and capitalization – nov 2014**
- **Write-shop to develop writing skills and write the booklet -**
  - All stakeholders
  - Agreement on case studies and outlines
  - KIT support until publication
- **Final editing and proof reading with validation by MOH**

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Part one
Towards a good quality of care for women and children

1. First antenatal care visit as a prerequisite to reduce maternal and child health mortality: a case study from Rulindo District, Rwanda
2. Prevalence and causes of neonatal death in Gakenke District: lessons learned and the way forward
3. A strategy to reduce postnatal deaths: the case of Bugesera District

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Part two
specific interventions to strengthening health systems

1. Decentralization and integration of mental health care into primary health care: A case study of Rwanda
2. Improved Health Care Waste Management: Successes and Challenges from Rural Health Facilities in Gakenke District
3. Assessment of Technical Units in District Hospitals
4. Improving financial accessibility to health care: lessons learned from community-based health insurance in Bugesera District
5. Medicalization of Urban Health Centres: Coping with Emerging Health Challenges in the City of Kigali


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Part three
strengthening health system management

- Strengthening district health systems through health data management: The case of Rulindo District
- The role of the administrative district in the governance and management of decentralized health systems in Rwanda
- An Innovative Approach for Effective Project Management in the Ministry of Health: Case Study of the Institutional Support Program to the Ministry of Health Phase IV (Minisanté IV)


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Lessons learned

- Identification, implementation, documentation of action research is possible at central and district level and can lead to evidence based decision making
- **High level of ownership and leadership of MOH and RBC**
- Use of local data can generate a variety of papers and publication for evidence based decision making at local and central levels
- **Actors and implementers can be assisted to write and be authors of case studies and other publications**
- It is a long process but commitment of all actors and MOH leadership with support of Minisante IV have culminated in the publication of the booklet

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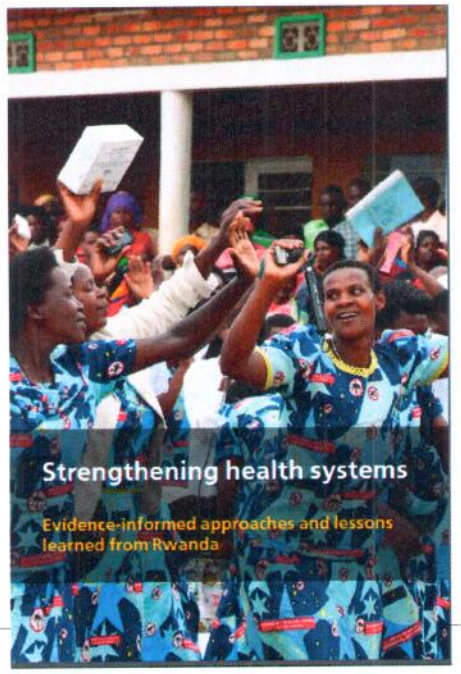
MOH-BTC partnership

With the support of:
- UR/SPH
- KIT



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Congratulations to all!

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