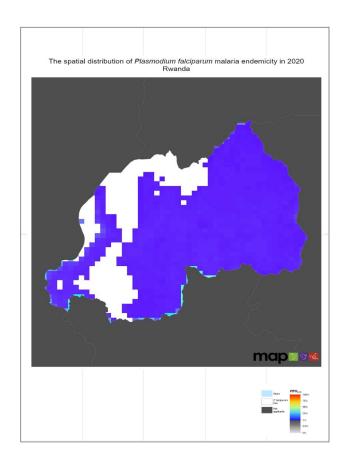
## **Rwanda ALMA Quarterly Report Quarter Three, 2024**



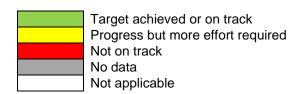
### **Scorecard for Accountability and Action**



Financing	
LLIN financing (2024-2026) projection (% of need)	1
Public sector ACTs and RTDs financing (2024-2026) projection (% of need)	1
% of National Malaria Strategic Plan Financed (2024- 2026)	
Policy	
Signed, ratified and deposited the AMA instrument at the AUC	
Malaria activities targeting refugees in Malaria Strategic Plan	
Malaria activities targeting IDPs in Malaria Strategic Plan	
Zero Malaria Starts With Me Launched	
End Malaria Council and Fund Launched	
Resistance Monitoring, Implementation and Impact	
Drug efficacy studies conducted since 2019 and data reported to WHO	
reported to WHO  Insecticide classes with mosquito resistance in	
reported to WHO  Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010  Insecticide resistance monitored since 2015 and data	
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The annual reported number of malaria cases in 2022 was 857,228 with 75 deaths.

## Key



# Rwanda ALMA Quarterly Report Quarter Three, 2024



### **Malaria**

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. We must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. AU Member States face a \$1.5 billion gap just to sustain existing, yet inadequate, levels of malaria-related services between now and 2026. To get back on track and eliminate malaria, we will need to mobilise another \$5.2 billion dollars annually to fully finance our national malaria plans. Climate change presents a significant threat to the progress that we have made. Africa is disproportionately exposed to the risks of climate change and by the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Climate disasters displace millions and destroy roads and health facilities, reducing access to health services. There is urgency to decarbonise and reduce our carbon footprint. We must implement integrated and multisectoral solutions, and adapt our health systems to the threats of both climate change and pandemics. We must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the Anopheles stephensi mosquito which spreads malaria in both urban and rural areas. The good news is that the malaria toolkit continues to expand. WHO has approved the use of dual-insecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. The scaling up of these interventions will help us achieve our goal of eliminating malaria. This will require integrated approaches with malaria as a pathfinder for pandemic preparedness, climate change and health, Primary Health Care and Universal Health Coverage. We must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD councils and Funds, which have raised over US\$75 million.

#### **Progress**

Rwanda has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO and in response to the high levels of insecticide resistance has scaled up next generation mosquito nets and insecticides. Rwanda has carried out drug resistance testing since 2018 and has reported the results to WHO. The national strategic plan includes activities targeting refugees. The country has secured sufficient resources to cover their case management and LLIN needs for the period 2024-2026. The country has launched the Zero Malaria Starts with Me campaign. Rwanda has reduced malaria incidence by more than 40% since 2015.

In line with the priority agenda of the ALMA chair, His Excellency President Umaro Sissoco Embaló, Rwanda has enhanced the tracking and accountability mechanisms for malaria with the development of the Malaria Control Scorecard and posting this scorecard to the ALMA Scorecard Hub. The country is considering the launch of a Health Fund including malaria and NTDs.

#### **Impact**

The annual reported number of malaria cases in 2022 was 857,228 with 75 deaths.

#### Key Challenges

- Gaps in financing to fully implement the national strategic plan.
- Threat of drug and insecticide resistance.

## Reproductive, Maternal, Newborn, Adolescent and Child Health

### **Progress**

Rwanda has achieved high coverage of tracer RMNCAH interventions, including DPT3 vaccination. The country has significantly enhanced the tracking and accountability mechanisms with the development of the Reproductive, Maternal, Newborn, Child and Adolescent Health Scorecard and has published the scorecard on the ALMA Scorecard Hub.

## **Neglected Tropical Diseases Progress**

Progress in addressing Neglected Tropical Diseases (NTDs) in Rwanda is measured using a composite index calculated from preventive chemotherapy coverage achieved for schistosomiasis, and soil transmitted helminths. In 2022, preventive chemotherapy coverage was 92% for soil-transmitted helminths and 100% for schistosomiasis. Overall, the NTD preventive chemotherapy coverage index for Rwanda in 2022 is 96, which represents an increase compared with the 2021 index value of 92. The country reached all WHO MDA targets in 2022. The country has signed the Kigali declaration. The country has included Vector-borne diseases in their Nationally Determined Contributions.