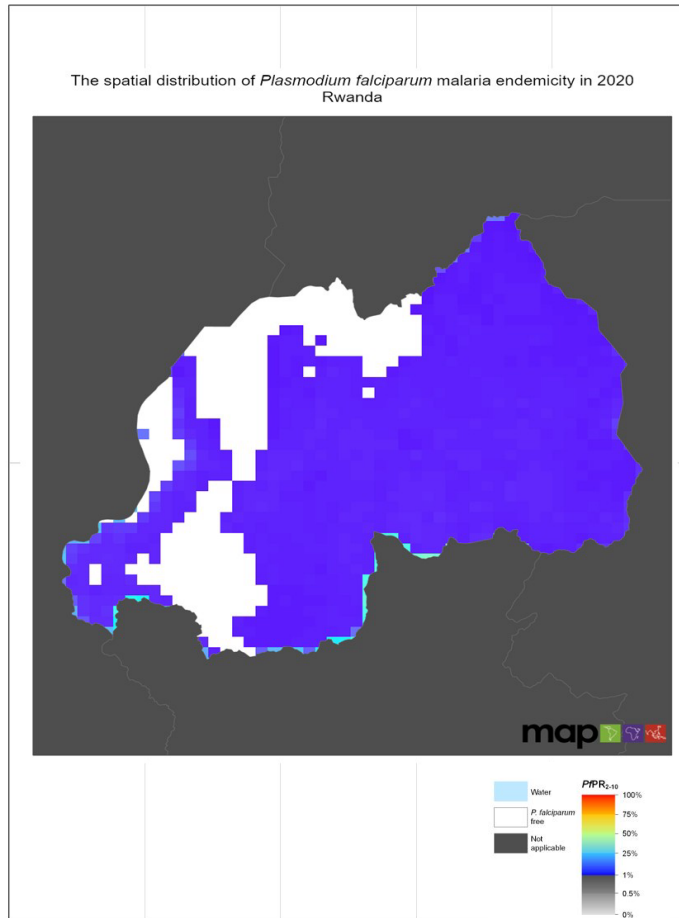


Scorecard for Accountability and Action



The annual reported number of malaria cases in 2024 was 807,113 with 88 deaths.

Metrics

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		
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010		5
Insecticide resistance monitored since 2020 and data reported to WHO		
% of vector control in the last year with next generation materials		99
ACTs in stock (>6 months stock)		
RDTs in stock (>6 months stock)		
On track to reduce malaria incidence by at least 75% by 2025 (vs 2015)		
On track to reduce malaria mortality by at least 75% by 2025 (vs 2015)		
Tracer Indicators for Maternal and Child Health and NTDs		
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2024)		100
% of Neglected Tropical Disease MDAs Achieving WHO Targets		100
National Budget Allocated to NTDs		
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2024)		70
DPT3 coverage 2024 (vaccination among 0-11 month olds)		98
Climate Change and VBDs in NDCs		

Key

	Target achieved or on track
	Progress but more effort required
	Not on track
	No data
	Not applicable

Malaria - The Big Push towards 2030

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. Countries must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, decreasing ODA, 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. To get back on track and eliminate malaria, US\$5.2 billion is needed annually to fully finance country national malaria plans, and urgently fill gaps created by the recent reductions in ODA. Extreme weather events and climate change present a significant threat. By the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Countries must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the invasive *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. 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. WHO have also recently approved the use of Spatial Repellents. 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. Malaria can serve as a pathfinder for primary health care strengthening, climate change and health, and Universal Health Coverage. Countries must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD Councils and Funds, which have raised over US\$218 million to date.

A recent report by ALMA and MNM UK, “The Price of Retreat,” highlights the expected impact of malaria between 2025-2030 on GDP, trade and key sectors for development in Africa. If Rwanda cannot sustain malaria prevention due to reductions in malaria financing, this would lead to an estimated 408,894 additional cases, 10,570 more deaths, and GDP loss of US\$814.3 million between 2025 and 2030. However, if we mobilise the necessary resources and achieve a 90% reduction in malaria, in Rwanda there will be a US\$926 million increase in GDP.

Global Fund Allocation

The Global Fund allocation for Rwanda for Grant Cycle 8 is US\$141.8 million for HIV, tuberculosis, malaria, and health systems strengthening for 2027-2029. The malaria component has been allocated US\$43.8 million. The allocations to the individual disease components are not fixed, and can be adjusted at country level. Rwanda is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation, as well as from domestic resources, to sustain coverage as much as possible.

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 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, President Advocate Duma Gideon Boko, 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 has launched its NTD **and Malaria youth corps**.

Impact

The annual reported number of malaria cases in 2024 was 807,113 with 88 deaths.

Key Challenges

- Gaps in financing to fully implement the national strategic plan, including with recent reductions in ODA
- Threat of drug and insecticide resistance.
- Increase in malaria cases

Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Impact	Work to ensure that malaria is prioritised in the America First Global Health Strategy Country Memorandum of Understanding, and that costed prioritised plans are developed	Q1 2026		Rwanda has signed the MOU with the US Government and included malaria.

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 2024, preventive chemotherapy coverage was 100% for soil-transmitted helminths and 100% for schistosomiasis. Overall, the NTD preventive chemotherapy coverage index for Rwanda in 2024 is 100, which represents an increase compared with the 2023 index value of 94. The country reached all WHO MDA targets in 2024. The country has included Vector-borne diseases in the country Nationally Determined Contributions.

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due