

Republic of Rwanda



Ministry of Health

**FY 2023/2024 FORWARD-LOOKING JOINT
HEALTH SECTOR REVIEW REPORT**

June 2023

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List of Acronyms

ASRH	Adolescent Sexual & Reproductive Health	KAP	Knowledge, Attitudes and Practices
CHW	Community Health Worker	MEMMS	Medical Equipment Management and Maintenance
CPAP	Continuous Positive Airway Pressure	MININFRA	Ministry of Infrastructure
CSB	Corn-Soya Blend	MMR	Maternal Mortality Rate
DHIS	District Health Information Software	MOH	Ministry of Health
DHS	Demographic and Health Surveys	NCD	Non-Communicable Disease
DMPA	Depot-medroxyprogesterone acetate	NGO	Non-Governmental Organization
DP	Development Partners	NHRA	Rwanda National Health Research Registry
FY	Fiscal Year	NMR	Neonatal Mortality Rate
GBV	Gender Based Violence	NST	National Strategy for Transformation
HC	Health Center	PHC	Primary Health Care
HMIS	Health Management Information System	PLHIV	People Living With HIV
HP	Health Post	POPCAB	Population Connectivity Across Borders
HPV	Human papillomavirus	PPFP	Post-Partum Family Planning
HRH	Human Resource for Health	RBC	Rwanda Biomedical Centre
HRTT	Health Resource Tracking Tool	RHAP	Rwanda Health Analytics Platform
HSSP	Health Sector Strategic Plan	RHAS	Rwanda Hospital Accreditation Standards
HSWG	Health Sector Working Group	RMNCAH	Reproductive maternal, newborn, child and adolescent health
HTA	Hypertension	SDG	Sustainable Development Goals
ICCM	Integrated Community Case Management	STH	Soil-Transmitted Helminths
IDSR	Integrated Disease Surveillance and Response	SWG	Sector Working Group
IHR	International Health regulations	TB	Tuberculosis
IMNHC	International Maternal Newborn Health Conference	TOR	Terms of Reference
INGO	International non-governmental organization	TWG	Technical Working Group
IUD	Intrauterine device		
JSR	Joint Sector Review		

Introduction

The Joint Sector Review (JSR) forums bring together all Sector Working Group (SWG) stakeholders, including government institutions representatives and development partners, to engage in policy dialogue and to ensure ownership, accountability, and transparency of the NST 1 implementation and monitoring process.

The 2023/24 Forward Looking Joint Sector Review (FLJSR) was particular in that it was the last year of NST 1 implementation, and it takes place in the context of continued recovery from the impacts of Covid-19, the war in Ukraine, and rising prices, among other pressures.

Objectives of the Joint Sector Review

- i. To discuss and validate the 2023/24 sector targets and related policy actions.
- ii. To select policy related studies to be conducted in 2023/24 fiscal year.
- iii. To assess progress towards implementation of the fiscal year 2022/23 policy actions.
- iv. To provide the latest status on SDGs indicators already monitored by sectors and review the progress on the implementation of the plans and strategies to monitor SDG indicators that are yet to be reported on.

Methodology

Prior to the JSR meeting, a series of meetings between Health Sector Working Group (HSWG) technical team were held to prepare the working documents as per the 2023/24 FLJSR terms of reference.

On 6th June 2023, a half day FLJSR meeting was held at the Kigali Convention Center. The meeting engaged the HSWG members in a policy dialogue. It was made up of a mix of presentations and discussions, and was attended by 148 participants across government institutions, development partners, NGOs, and Civil Society Organizations.

The meeting was chaired by the Permanent Secretary of the Ministry of Health and co-chaired by the Director of Health office – USAID/Rwanda as the Lead of development partners in the health sector.

Items discussed during the FLJSR meeting.

Section 1: Partners Supporting Key Technical Areas

The meeting began with a brief mapping of development partners supporting key technical areas. This included listing partners across multilateral organizations, bilateral development agencies/embassies, International Non-Governmental Organizations (INGOs), Rwandan NGOs, and other DPs supporting the health sector; and highlighting key networks such as the Network of International NGOs and the Rwanda NGO Forum. It also highlighted various Technical Working Groups (TWGs) that are present in the health sector, noting that some are very active while others are dormant and need to be revitalized. It was recommended to update the list of partners operating in the health sector.

Section 2: Progress on implementation of the last JSR recommendations

In October 2022, the HSWG conducted the FY 2021/22 Backward Looking Joint Sector Review (BLJSR). During the 2023/24 FLJSR meeting, the progress of implementation of the recommendations made during the 2021/22 BLJSR was discussed.

1. Health Resource Tracking Tool

For the Human Resource Tracking Tool (HRTT), the recommendations were for all DPs to submit the HRTT data to increase reporting rates. This has been completed; as of June, 95% of all DPs have submitted the requisite budget and expenditure data and the data cleaning is ongoing. In addition, a software company has been contracted to expedite the revamping of the HRTT, and the system should be ready by the end of June 2023.

2. Sector Analytical Studies

The recommendations under this area were to share a research agenda concept note with partners for review; review the current policies to streamline research; create research collaboration thematic areas/working groups; and to collaborate with science and technology institutions. As progress: (i) a concept note for research agenda has been developed and will be shared with partners; (ii) there is now an allocated budget to operationalize the Science and Innovation platform; (iii) RBC has collaborated with key institutions to include key health topics in grants; (iv) and the development of an Internal Manual to streamline research is ongoing meanwhile, its draft has been endorsed by RBC board. The Research and Knowledge Management TWG has been created and will monitor the research agenda.

3. Technical Working Groups

For TWGs, it was recommended that the TWGs should function and follow up on JSR recommendations, that TORs for each of the TWGs be shared with partners, and that the co-chair of the Mental Health TWG be changed. As of the 2023/2024 FLJSR, TORs have been shared with DPs and some TWGs are meeting routinely to discuss key program activities and challenges, while

others will need to be revitalized. The WHO also serves as new co-chair of the Mental Health TWG. It was again recommended to establish a tracking system of the TWGs functionality and strengthen accountability of the implementation of action points/resolutions.

4. Health Sector & SDG Targets

It was recommended that HMIS data be used as a proxy for the SDG indicators tracking where applicable. This action is ongoing, and the DHIS2 is used to track some SDG indicators (e.g., family planning) and make informed decisions.

5. Sector Priority 2023/2024

The recommendations related to sector priorities in 2023/2024 were to prioritize medical equipment maintenance; integrate non-communicable disease (NCD) screening into the routine HIV program and undertake NCD prevention interventions for obesity, alcohol, and sugar intake; and hold a session with stakeholders to ensure priorities form the 2023/24 plan. All of the recommended activities have been completed: a maintenance budget has been made available for equipment in Health facilities for 2023/24; HTA/ Diabetes and cervical cancer screening are now being conducted for People Living with HIV; NCD prevention strategies are now included in the CHWs service package; an alcohol use policy has been integrated in the draft national health policy and a sugar intake, obesity, and alcohol prevention strategy is included in 23/24 budget; and action plans have been presented to all key stakeholders during Planning and Health Financing TWG meeting.

6. HRH Capacity development and medical equipment maintenance

In the areas of HRH and equipment, it was recommended to have an equipment maintenance plan for all medical equipment; and collaborate with regional centers to support the maintenance/capacity. These actions are ongoing. To date, 43 tenders are ongoing, with signing to be completed by end of June 2023; a maintenance strategy to give hospitals autonomy is being developed; a tender for the Medical Equipment Management and Maintenance System (MEMMS) system has been launched; and RBC Regional centres are being set up decentralize equipment maintenance.

7. Strategic Purchasing (Capitation, CBHI Health Benefit Package-HBP)

The recommendations related to strategic purchasing were to speed up the approval of the capitation legal framework and develop and share a roadmap for the Capitation implementation. These have been completed: in November 2022, the Prime Minister Order on capitation implementation was approved; and a capitation roadmap has been developed that includes activities, timeline, and responsible stakeholders.

8. Quality of service delivery

In this area the recommendations were to institutionalize and enforce quality improvement/accreditation standards at all facilities. This has been completed: new standards have been included in the 3rd edition of Rwanda Hospital Accreditation Standard (RHAS) and

disseminated to all hospitals; and assessment report was disseminated in May; and 4 private hospitals, 29 polyclinics, 78 HCs added to baseline assessment.

9. Review of the policy actions related to RMNCAH and NCDs

Regarding policy actions related to RMNCAH and NCDs, recommendations included: RMNCH TWG to share a roadmap for the reduction of maternal and neonatal mortality rates to ensure alignment of interventions; mental health targets to be incorporated in health indicators; development of targeted interventions to reduce NCDs; use of Field Epidemiology Training Program to understand the issues around high maternal mortality; and implementation of recommendations from the death audits at facility level. Most of these recommendations are ongoing. A draft roadmap for the reduction of MMR and NMR was developed in October and implementation has commenced. In May 2023, the roadmap was consolidated with International Maternal Newborn Health Conference (IMNHC) resolutions. Regarding NCDs, cervical cancer screening campaigns have been conducted, NCD prevention has been included in the package of services for CHWs; and routine awareness campaigns for NCDs have been conducted. Regarding mental health, a dashboard on mental health has been developed in Rwanda Health Analytics Platform (RHAP). Studies are ongoing to understand issues around high maternal mortality, while mentors have been instructed to follow up on recommendations from the death audits at facility level during routine visits.

Section 3: Overview of the current status of the health sector, trends of key indicators, challenges, and future perspectives

The Honorable Minister of Health provided an overview of the health sector showing its organizational structure and the health system pyramid emphasizing that most (85%) of the burden of disease is addressed at Primary Health Care (PHC) level (Community, Health Posts, and Health centers). The presentation stressed on the changing composition of the Rwandan population and the shift of the disease burden whereby NCDs are becoming prevalent in Rwanda therefore calling for a need to adapt health care services including early screening to combat cancer.

Despite the many achievements in key health indicators; e.g.; antenatal care, health facility delivery, and delivery by a skilled provider, there are other indicators that are still either lagging behind or plateauing for the last two Demographic and Health Surveys (DHS) and therefore suggesting for more data and evidence on the interventions being conducted and whether they are driving improvements. In addition, a large disparity between DHS data (203 deaths/100,000) and HMIS data (~100 deaths/100,000) was noted for maternal mortality ratio indicator, showing a need for study with a larger sample size and precision, to estimate maternal mortality more accurately. Overall, it was noted that stunting, infant mortality, and maternal mortality should be the top priorities for the health sector, by focusing on the top 3-5 causes of death and intensifying interventions that prevent these. A multisectoral collaboration has been highlighted as the more efficient approach to achieve health targets. It was recommended to conduct a larger sample size study on maternal mortality to understand the disparity between MMR measured by the DHS and MMR measured using HMIS data, and to determine which of the methodologies is better for tracking Rwanda's progress on maternal Mortality.

Although COVID-19 is no longer a Public Health Emergency of International Concern a call was made for the integration of COVID-19 activities into existing programs, including vaccinations and response efforts.

In a view of the current status of the health sector summarized above and considering that Rwanda has only a density of 1.1 healthcare workers per 1,000 people, lagging behind the WHO target of 4.45 to ensure achievement of SDG 3 by 2028, doing business as usual will not help the health sector to reach the target. Therefore, reforms are needed to be implemented for a resilient Health Sector in Rwanda.

It is in this context that the Honorable Minister of State, proposed new 4 “S” reforms built on the axes of 1) **Staff**: production and retention of HCWs; 2) **Stuff**: strategic acquisition of equipment; 3) **Systems**: strengthening PHC including the community health reform; and 4) **Space**: renovations and construction of new infrastructure.

Section 4: Status of Sustainable Development Goals (SDG) indicators

Looking at progress on the SDG indicators, some indicators are on track, including proportion of births attended by skilled personnel; new HIV Infections (0.08%); malaria incidence (114/1000); and vaccination rates. Indicators on watch include the Maternal Mortality ratio; under-five mortality rate; adolescent birth rate; tobacco use; and International Health Regulations (IHR) core capacity index. Rwanda is lagging behind against targets for neonatal mortality rate; Tuberculosis (TB) incidence; stunting among children under 5; and health worker density.

Table 1: Status of SDG indicators monitored by the Health Sector

Indicator	Baseline-2015	Current (2023)	HSSPIV target (2023-24)
SDG 3.1.1 Maternal mortality ratio (per 100 000 live births)	210	203	126
SDG 3.1.2 Proportion of births attended by skilled health personnel	0.91	94%	>95%
SDG 3.2.1 Under-five mortality rate (per 1000 live births)	50	45	35
SDG 3.2.2 Neonatal mortality rate (0 to 27 days) per 1000 live births	20	19	15.2
SDG 3.3.1 Number of new HIV infections per 1,000 uninfected population	2.7	0.8	2
SDG 3.3.2 Tuberculosis incidence per 100,000 population	58	56	31.8
SDG 3.3.3 Malaria incidence per 1,000 population	308	114	122
SDG 3.7.1 Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods	65.8	73.7	N/A
SDG 3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group	10-14 y: N/A 15-19 y: 7.3	10-14 y: N/A 15-19 y: 5.2	<5
SDG 3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older	12.9	7.1	6.32

SDG 3.b.1 Proportion of children 12-23 months fully immunized	93	96	>93
SDG 3.c.1 Health worker density per 10,000 population (physicians, nurses, midwives)	1.01	1.1	
SDG 3.d.1 International Health Regulations (IHR) core capacity index	76	74	100
SDG 2.2.1 Stunting prevalence among under-five children	38	33	19
SDG 2.2.2 Prevalence of wasting and overweight among under-five children	Wasting: 2.2 Overweight: 7.7	Wasting: 1.1 Overweight: 5.6	

However not all health-related SDG indicators are being tracked. The SDG indicators currently not being tracked were mapped to identify potential data sources availability. There is need to establish strong collaboration between all stakeholders, including DPs and other sectors other than health to ensure the tracking of all SDGs.

Table 2: Potential data sources for health-related SDGs not yet tracked.

	Indicator	Potential data source
1	SDG 3.3.4 Hepatitis B incidence per 100,000 population	Survey
2	SDG 3.3.5 Number of people requiring interventions against NTDs	Computation of available data (Not to be interpreted as the number of people at risk for NTDs)
3	SDG 3.4.1 Suicide mortality rate	Analysis of CRVS data
4	SDG 3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders	Survey
5	SDG 3.5.2 Alcohol per capita consumption (aged 15 years and older) within a calendar year in liters of pure alcohol	Computation of available data
6	SDG 3.6.1 Death rate due to road traffic injuries	Analysis of CRVS data
7	SDG 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income (>10%, >25% of total household expenditure or income)	Household survey
8	SDG 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)	Analysis of CRVS data

9	SDG 3.9.3 Mortality rate attributed to unintentional poisoning	Analysis of CRVS data
10	SDG 3.b.3 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis	Health facility survey
11	SDG 3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms	Survey/ National AMR surveillance system

Section 5: Health sector target indicators

Table 3: The status of key health indicators, and targets for 2023/2024

Key Indicators	Health	Baseline 2016/2017	Current status	Target 22/23	Targets 23/24	Level of achievement
Prevalence of chronic malnutrition (stunting) among under 5 Children.		38	33	29.9	19	On watch
Maternal mortality		210 (134-287) (DHS 2014/15)	203 (125-281) (DHS 2019/20)	168	126	On watch
Under 5 mortality		50 (DHS 2014/15)	45 (DHS 2019/20)	42	35	On watch
Proportion of Health facilities with water (Health Centers)		84%	97.3%	100%	100%	On watch
Percentage of health facilities with electricity (Health Centers)		83%	100%	100%	100%	On track
Ratio (Doctor/ population)		1/10,055	1/6,793	1/7,342	1/7000	On track
Ratio (Nurses/ population)		1/1,094	1/1170	1/923	1/800	Lagging behind
Ratio (Midwives/women aged between 15-49)		1/4,064	1/2,272	1/2000	1/2,500	On track
Prevalence of modern contraceptive use among women in reproduction age (15-49)		48	58	60	60	On track
Percentage of NCD combined high risk factors in the		16	7.1	6.0	12	On track

population aged between 15-64 years					
International Health regulations (IHR) Core capacity index	6/13	8/13	13/13	13/13	Lagging behind
Percentage of citizen satisfaction with service delivery in Health sector	77.4%	81.9%	84%	>85%	On watch

Of the twelve health sector target indicators presented, five (42%) are on track, five (42%) are on watch, and two (16%) are lagging. It is important to leverage routine data to monitor indicators and design evidence-based interventions to ensure we are addressing gaps to achieve the targets set in the NST1, HSSP IV, and SDGs. Business as usual was found not contributing to meet expected targets.

Section 6: Achievements on policy actions FY22/23

This section highlights the progress towards implementing the 2022/23 fiscal year policy actions.

Maternal and child health:

- To improve under-5 nutrition, recommended policy actions were systematic malnutrition screening and provision of nutritional commodities through various channels of distribution (government and partners). To date, 99% of under-5 children have been screened by CHWs and corn-soya blend (CSB) has been distributed as planned.
- To reduce maternal mortality, recommended policy actions were early referral of pregnant women with danger signs from lower-level facilities to higher levels of care; and improvements to diagnostic and monitoring services. Progress includes piloting of a tracking system for women at risk; implementation of new antenatal guidelines; and new basic and advanced ultrasound equipment available in district hospitals and selected health facilities.
- To reduce under-5 mortality, recommended policy actions were reinforcement of neonatal services; Integrated Community Case Management (ICCM); and improvements to nutrition and deworming. Hospitals have been equipped with Continuous Positive Airway Pressure machines (CPAP) & incubators to improve neonatal services; user fees have been removed for Diarrhea and Pneumonia ICCM services; and Vitamin A and deworming campaigns have been implemented.
- To increase the Modern Contraceptive Prevalence Rate (MCPR), the recommended policy action was to improve Post Partum Family Planning (PPFP) uptake. PPFP uptake has increased from 50.2% to 54.9% in the last year according to data from DHIS2; while Rwanda has also rolled out the Hormonal Intra Uterine Device (IUD) and Depot-medroxyprogesterone acetate (DMPA) national wide.

Health system strengthening:

- To enhance access to utilities for health facilities, continuous advocacy and collaboration with the Ministry of Infrastructure (MININFRA) to increase the number of health centers with water and electricity was recommended. To date, water access is at 100% of Hospitals, 97.3% of Health Centers, and 46.5% of Health Posts; and electricity at 100% of Hospitals, 65% Health Centers, 35% of Health Posts.
- To increase and improve human resources for health, recommended policy actions were implementation of an e-recruitment system; career path development and dual clinical practice; strategic placement of nurses; and strengthening of associate nursing programs. The e-recruitment portal is now operational which will help expedite Human Resource for Health tracking and recruitment; health professional strategic placements are being made upon availability of budget; and development of a training program of associate nursing is ongoing with University of Rwanda.
- To improve citizen satisfaction with health service delivery, recommended policy actions were to strengthen effective and efficient health services delivery at all levels; and ensure compliance of all standards, policies and procedures in the Hospital. As a result, citizen satisfaction of health services increased from 72.4% (2020) to 73.7% (2021), but there is still room for improvement.

Non-Communicable Diseases:

- To integrate NCDs early detection and management in health facilities at all levels, it was recommended to strengthen CHW capacity to detect NCDs and disability; and to increase general awareness on NCDs, including sensitization on cancers and prevention. So far, CHWs in 18 districts have been trained and a community health services reform is underway. In addition, a national campaign on cancer prevention including women's cancers was implemented.

Epidemic prevention and response:

- To improve the International Health Regulations (IHR) Core capacity index, it was recommended to reinforce the Integrated Disease Surveillance and Response (IDSR) program. To date trainings have been conducted on the third edition of the IDSR guidelines.

Section 7: Proposed Policy Actions for Fiscal Year 2023/24

In order to accelerate achievements of NST1 and HSSP IV in 2023/24, a number of policy actions were proposed:

- To improve nutrition for U-5 children, proposed policy actions are:
 - Multisectoral collaboration in combatting malnutrition, to reduce this from 33% to 19% in the coming years.
 - Increase access to nutrition screening and management
- To reduce maternal mortality, proposed policy actions are to:

- Implement and monitor the “*no woman should die giving life*” programme, doing all we can to prevent death of women.
- To reduce under-5 mortality, proposed policy actions are to:
 - Improve the quality of services provided to neonates
 - Reinforce ICCM
- To enhance access to basic utilities in health facilities, it is proposed to:
 - Ensure remaining public health facilities (HCs and HPs) can access basic utilities (Water and electricity) through collaboration with MININFRA.
- To increase HRH, proposed policy actions are to:
 - Accelerate the production of quality HRH through the 4x4 strategy.
 - Motivate and retain health professionals.
- To increase modern contraceptive prevalence rate, it is proposed to:
 - Increase demand and access to appropriate FP methods to all groups in need.
- To achieve integrated NCDs early detection and management in HFs at all levels, proposed policy actions include:
 - Increase demand and access to NCDs screening and treatment at all levels starting from the community to ensure continuum of care.
 - Strengthen multi sectoral collaboration to promote healthy lifestyles and ensure that addressing NCDs becomes part of our culture.
- To improve the IHR Core capacity index, it is proposed to:
 - To strengthen multisectoral collaboration in pandemic prevention, preparedness, response and recovery for a resilient health system
- To improve citizen satisfaction with health sector service delivery, it is proposed to:
 - Improve service delivery in the health sector through a people demand driven approach.

Section 8: Perspectives of the budget FY 2023/2024

During planning phase of Health Sector priorities were selected and agreed upon during ministerial level planning consultations. The allocated budget for the priorities was based on the budget ceiling for FY 2023/24. MOH and affiliated agencies continue to work with DPs any available funds to cover the gap.

Of the total planned budget of 452.9 billion Rwf. in the health sector for 2023/24 (for just central government institutions—MoH and affiliated agencies), only 266.9 billion Rwf. were allocated. This leaves a gap of 41.1%. As such, health sector stakeholders have been reviewing and revising priorities to address gaps.

Section 9: National Health Research Agenda development process

This section provides an update on policy-related studies to be conducted in 2023/24 fiscal year and progress on 2022/23 analytical studies.

Among the 17 studies planned for 2022/2023, three were completed, while 12 are still ongoing and two are not started.

- Studies not yet started including:

- A Knowledge Attitudes and Practices (KAP) survey to support effective malaria control and reduce malaria prevalence. This has not yet been started because funds were not available. However, it will be done with the malaria indicator survey planned in September 2023.
- A National Effective Vaccine Management Assessment to regularly review performance to maintain geographic equity of immunization services. This will help target groups who are still missing vaccinations. This is planned to start at the end of 2023, to respect a recommended five-year interval.
- Studies completed include:
 - Research on the Genomic Characterization and epidemiological profile of COVID-19 in Rwanda, where multiple studies have been done and findings presented at scientific forums. Studies showed that the demographics in Rwanda (relatively young population) resulted in a lower-case fatality rate than that of countries with older population.
 - Baseline study on health determinants for major NCDs among people living with HIV in Rwanda, which showed that PLHIV have a moderate risk for NCDs. More details are expected after endline.
 - Population movement survey (POPCAB) across all points of entry, which identified the most visited locations, high mobility seasons, and clusters of people around all seven borders.

Studies planned for FY 23/24 with the support of various funding sources will focus on:

- COVID-19: Improving COVID-19 management and control.
- HIV-TB-Malaria: Improving (drug-resistant) TB management and control; HIV surveillance; and malaria management and control.
- Immunization: Ensuring geographic equity of immunization services is maintained
- NCDs: Reducing household air pollution, preventing NCDs among PLHIV in Rwanda, and improving breast cancer management.
- NTDs: STH elimination
- Epidemics: Improving zoonotic disease control

National Health Research Agenda (NHRA) development

The 2023-2034 research agenda responds to dual priorities of maintaining decreases in infectious diseases but also dealing with new threats like NCDs. TORs have been developed and approved for the development of the research agenda that will help to bring on board the right team members. For the next five months, the aim is to have the national health research agenda approved and ready to be implemented, with support and collaboration across DPs and government. This will include: 1) conducting a situation analysis considering the current global, regional and country commitments; 2) identifying and developing research priority areas; 3) preparing implementation arrangements for the identified research priority areas; and 4) revising and approving the NHRA by HSWG and MOH leadership. The aim is to complete these activities by the end of November 2023.

Section 10: Key recommendations from the 2023/24 FLJSR

The 2023/24 FLJSR concluded with key recommendations which are presented in the table below.

Table 4: Key recommendations from the 2023/24 FLJSR

No	Resolutions	Specific recommendation	Responsible	Timeline
1	Complete a comprehensive mapping of all DPs	All DPs activities including financing captured in one document	Chair and co-chair of health sector working group	July 2023
2	Revitalize all technical working groups (TWGs)	All TWGs to meet as per ToRs and report deliberations/ recommendations to MoH/M&E Unit		
3	Establish a tracking system of the TWGs functionality and strengthen accountability of the implementation of action points/resolutions	All recommendations from TWGs are tracked and implemented by responsible persons through a newly created tracking system.		
4	Conduct a larger sample size study on maternal mortality to understand the disparity between MMR measured by the DHS and MMR measured using HMIS data, and to determine which of the methodologies is better for tracking Rwanda's progress on maternal Mortality.	Ensure the study is completed	DG RBC	September 2023
5	To link the digital office with other TWGs to fast track the implementation of their activities	Each TWG to have a representation from chief Digital Officer team during each meeting.	PS MOH	Continuous
6	To maximize data use for the existing systems for better decision making	HRiS/MEMMS/ELMIS/ HMIS (including ANC at risk tracker) are fully operational and there is evidence of data use (including HMIS) in each TWG meeting to inform progress against	CDO/HRH/MTD /Chairs and co-chairs of TWGs	Continuous

		targets/decision making for implementation.		
7	Implement targeted interventions and prioritize investments on causes of maternal and neonatal mortality and GBV	priority investments on causes of maternal and neonatal mortality and GBV are well reflected in the RBC and DPs action plans	DG RBC	Continuous
8	Ensure interoperability between information systems including HRH	HRH/MEMMS/ELMIS information systems are fully operational and quality data to monitor GBV is available	CDO/MOH	Continuous
9	To share the progress of the implementation of the “No Mother Should Die While Giving Life “strategy/roadmap	A progress report is submitted to the Chair/Co-chair on a quarterly basis	DM MCCH/DG RBC	30 th June 2023

Chair of the HSWG

Co-chair of the HSWG

**Zachee Iyakaremye
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Annexes

1. 2023/24 FLJSR Presentations
2. MOH_2023-24 FL JSR Annexes Final Version