THE REPUBLIC OF RWANDA

MINISTRY OF HEALTH

Health Sector Strategic Plan V 2024–2029

Abridged version

October, 2024
Kigali, Rwanda

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Executive Summary

Health Sector Strategic Plan (HSSP) V 2024/25–2028/29 is a comprehensive blueprint aimed at advancing the Rwanda health sector's progress toward universal health coverage by 2030, in alignment with Rwanda's Vision 2050, the NST 2, and the SDGs.

The implementation of HSSP IV showed progress in advancing service utilizing and improving the health of the population with achievement of 105 maternal mortality ratio, 45 under five mortality rate, 33% prevalence of stunting among children under five and 58% prevalence of modern contraceptive. Human resources component was a high priority of the health system strengthening but with challenges on the number, skills mix, distribution and attrition rates.

The Strategic Framework of HSSP V is structured around five strategic pillars and two enablers as follow:

a. **Health Workforce** focus on quadrupling the number of health care workers with the "4x4" reform. The target is 32, 171 and 185 ratios of active licensed doctors, nurses and midwives per 100.000 of population respectively by 2029. Career development, empowerment, and welfare of the health workforce are prioritized.

b. **Health Infrastructure Modernization** targets the transformation to clean, safe, user-friendly, climate-resilient, new digital technologies user health facilities. This pillar aims to establish the Kigali Health City, construct 10 existing hospitals and 23 health centers (HCs), and renovate 30% of existing facilities countrywide.

c. **Quality of Health Care through Primary Health Care** aims to fully achieve UHC of essential health services by increasing population health literacy and healthy behaviors increase population uptake of health services and management of their own health. Achieving 60 maternal mortality rate, 20 under five mortality rate and 15% prevalence of stunting among children under five are among indicators to measure success of this pillar.

d. **Health Security and Public Health Emergency Management** Focuses on building a resilient health system to detect and respond to health emergencies, leveraging technology such as AI for early detection, integrating climate data for outbreak prediction and establishing an integrated "One Health" system.

e. **Research, Innovation, Biomanufacturing, Regulation, and Digitalization** pillar aims to enhance health care breakthroughs and technological innovations to contribute to high levels of quality and efficiency with an emphasis on local drug manufacturing and regulatory improvements.

f. **Health Financing** seeks to mobilize adequate resources through innovative financing mechanisms such as strategic purchasing through strategic allocation, cost effective analysis, informed benefits packages, and affordable and sustainable health insurance schemes.

g. **Leadership and Governance** Aims to enhance accountability, transparency, and coordination among stakeholders. Leadership capacity building mainly at health facility levels is emphasized.

1 Introduction

1.1. Purpose

Rwanda has come a long way in its national transformation journey, and it is rapidly approaching its expected achievement of the United Nation's Sustainable Development Goals (SDGs) by 2030. Realizing universal health coverage (UHC) and other health-related SDGs is a key component of Rwanda's Vision 2050 ("The Rwanda We Want") and the National Strategy for Transformation 2 (2024/25–2028/29) (NST2) which aims to ensure that Rwanda has a healthy and productive population to attain upper-middle- and high-income country status by 2035 and 2050. The HSSP V contributes to it by ensuring that all people enjoy universal access to equitable, high-quality health care according to their needs and without financial hardship.

1.2. Objective

The purpose of HSSP V is to accelerate progress toward national goal and ensure equitable improvement of health outcomes through evidence-based prioritization of high-impact interventions. The development of HSSP V was based on a deep-dive analysis of the health sector data that informed the prioritization of and built on new reforms in the health sector taking into consideration lessons learned from the COVID-19 pandemic response and the implementation of HSSP IV.

HSSP V will focus on quality of care and increasing human resources for health aiming to reduce maternal & child mortality, stunting and major communicable and non-communicable diseases. HSSP V also responds to the cross-cutting areas emerging from other sectors that are enshrined in NST2 by embedding them within the HSSP V strategic interventions, including the following: capacity development; environment and climate change; disaster management; disability and social inclusion; gender and family promotion, including teenage pregnancy reduction; nutrition; innovation, technology, and digitalization; research and development; and regional and international positioning.

1.3. Methodology of Developing HSSP V

HSSP V was developed through an inclusive, evidence-based process led by the Ministry of Health (MOH), with the active participation of civil society organizations (CSOs) and non-governmental organizations (NGOs), United Nations (UN) agencies, health facility representatives, academic institutions, development partners, and other government organizations. The process began with a deep-dive, sector-wide situational analysis using a wide range of data sources and inputs from stakeholders. The findings identified gaps and informed priorities and strategic interventions in a series of consultative workshops involving all stakeholders. These strategic interventions were further analyzed and costed, and the associated impact was modeled to generate the targets over time. The final version of HSSP V was reviewed at the wider stakeholder consultative workshop, validated by the Health Sector Working Group, and approved by the MOH.

2 Health Sector Situation Analysis

2.1. The Health Status of the Population

Rwanda's Life expectancy at birth increased by nearly 8% in a decade, rising from 64.5 in 2012 to 69.6 in 2022.[1]This is attributed to better standards of living, enhanced education, improved health care access, and healthier lifestyles. However, the 2021 Global Burden of Disease report showed an increasing trend of deaths related to non-communicable diseases, along with a reduction in communicable diseases.[2]

2.2. Performance of the Health Sector

2.2.1. Reproductive, Maternal, Neonatal, Child Health and Nutrition

Rwanda has made considerable strides in reducing maternal mortality, halving it from 210 per 100,000 live births in 2014/15 to 105 in 2023. Despite the still high maternal mortality, the Country has a very high killed birth attendance rate of 94%, although the quality of care needs improvement as the majority of maternal and neonatal deaths were either preventable or treatable. Antenatal care (ANC) coverage has also increased with 59% ANC-1 in 1st trimester, 49% ANC-4 and 86% early PNC, but infant mortality saw a marginal decline from 32 to 28.9 deaths per 1,000 live births. Immunization coverage is at 84% of children receiving all required vaccines. However, stunting remains at 33% of children affected mainly due to inadequate follow up. Teenage pregnancy rates and unmet family planning needs (14%) are challenges.

2.2.2. Major Communicable Diseases

Rwanda has made progress in tackling malaria through distribution of long-lasting insecticide-treated nets (LLINs) to all pregnant women at antenatal care visits __reducing cases in pregnant women from 7% to less than 1% by 2023__, indoor residual spraying, and improved access to diagnosis and treatment. TB treatment success rates remain below 90% with Childhood TB diagnosis and treatment at 74%, while multi-drug-resistant TB diagnosis and treatment in the overall population is at 48%. HIV testing and treatment coverage are significant, with 218,314 people on antiretroviral therapy (ART) as of June 2023, though treatment outcomes in children and adolescents require further improvement. Increased efforts are needed for HIV prevention among youth, voluntary male circumcision among old men, digitalizing health services, and development of a sustainability plan to maintain gains made.

2.2.3. Non-Communicable Diseases

The burden of NCDs is rising in Rwanda, with hypertension affecting 16% of the population , diabetes type 2 affecting 2.9% and cancer mortality rate at 23%. Mental health services are decentralized, but significant gaps in utilization and infrastructure persist. The health system needs to be more equipped for NCD management, including home-based care and better data systems.

2.2.4. Public Health Surveillance and Response

Rwanda has effectively managed outbreaks of diseases like cholera, measles, and COVID-19 through a multisectoral approach and decentralized emergency operations decentralized from

[1] 5th Rwanda Population and Housing Census 2022, Thematic Report: Mortality

[2] Rwanda | Institute for Health Metrics and Evaluation (healthdata.org)

the national to the provincial and district levels. The country's community event-based surveillance system is now fully operational across all districts, with community health workers trained to report events via mobile phones. A National Risk Communication and Community Engagement strategy has been developed and the Field Epidemiology Training Program implemented to establish a self-sustaining institutionalized capacity.

2.2.5. Health Workforce Development

The Country health workforce is still a challenge with only 1.2 health professionals per 1,000 people, far below the WHO's recommended 4.45 per 1,000. Staffing gaps and heavy workloads (average doctor workload is about 15 cases per day) persist, particularly in public hospitals, which have only 61.3% of the required staff. Training, infrastructure, and motivation for health professionals need improvement.

2.2.6. Health Infrastructure, including Laboratories

During HSSP IV, 4 new hospitals (Gatunda, Gatonde, Nyabikenke and Nyarugenge), 12 health centers, and 771 health posts were constructed. However, many existing facilities do not meet the required standard with lack of basic infrastructure. Medical equipment is fragmented, with no systematic replacement system, leading to inefficiencies in care delivery. Many specialized tests are conducted abroad due to the lack of high-containment laboratories.

2.2.7. Research, Innovation, and Digitalization

The health sector's digital infrastructure is underdeveloped, with limited system interoperability and inadequate IT resources in health facilities. Data management systems are siloed, and there is a lack of centralized health data governance.

2.2.8. Supply Chain

The availability of essential medicines and the response to stock orders increased from 85% to 95% and from 79% to 87%, respectively, between 2020 and 2023. Towards achieving WHO's Global Benchmarking Tool maturity level 3, Rwanda established initiatives to motivate local manufacturers to invest in producing pharmaceutical products health commodities, including vaccines and licensed three such manufacturers.

2.2.9. Food and Drug Regulation

The Rwanda Food and Drugs Authority (FDA) has enhanced food and drug safety standards. However, challenges remain in tracking and monitoring the rational use of medicines and research in the pharmaceutical sector.

2.2.10. Health Financing

External funding still plays a significant role (38.7%), and while community-based health insurance (CBHI) covers the majority, financial sustainability remains a concern. Rwanda's fee-for-service reimbursement system in health insurance contributes to inefficiencies and over-servicing, suggesting a need for strategic purchasing reforms, such as capitation and disease-related groupings (DRGs).

2.2.11. Leadership and Governance

The Ministry of Health has developed several strategic plans and legal frameworks over the past five years. Governance structures function both vertically and horizontally, involving multiple stakeholders. However, only 79% of health management positions are filled, highlighting the need for better leadership and management skills, especially at decentralized levels.

3 HSSP V Strategic Framework

3.1 Health Sector Vision and Mission

Vision: To have a healthy and productive population that contributes to the realization of Rwanda's development goals.

Mission: To provide and continually improve promotive, preventive, curative, rehabilitative, and palliative health care services of the highest quality equitably to enhance the well-being of the population in Rwanda.

3.2 HSSP V Pillars, Enablers, and Objectives

To realize the health sector vision and mission, HSSP V is organized into five strategic pillars and two enablers. The five pillars are as follows: health workforce; health infrastructure modernization; quality of health care through primary health care (PHC); health security and public health emergency management; and research, innovation, biomanufacturing, regulation, and digitalization (figure 1). In addition, the two enablers—health financing, along with leadership and governance—will contribute to implementing priority interventions and achieving pillar objectives.

3.3 Mainstreaming of NST2

The HSSP V integrates essential cross-cutting areas from Rwanda's National Strategy for Transformation (NST2) into health sector development. This includes strengthening capacity through training and mentorship of health workers, promoting environmentally sustainable and climate-resilient health infrastructure, enhancing disaster management via resilient health systems and early warning mechanisms, and improving access for people with disabilities and marginalized groups. Gender equity is prioritized through leadership development and adolescent-friendly services. Nutrition initiatives will strengthen community-based malnutrition screening and referral systems.

Additionally, HSSP V promotes regional integration by harmonizing health insurance policies with the East African Community (EAC) and encouraging free movement of labor. The plan emphasizes research and development, data-driven decision-making through the establishment of the Health Intelligence Centre, and investments in innovation and digital health services.

HSSP V aligns with global and regional frameworks, particularly focusing on health-related Sustainable Development Goals (SDGs) by advancing Universal Health Coverage (UHC) and adhering to the Africa Union Agenda 2063, which seeks inclusive growth and people-centered health care systems. EAC collaboration is further strengthened through joint disease surveillance, harmonized health regulations, and improved access to cross-border health services.

4 Priorities and Interventions

Pillar 1: Health Workforce

The primary focus of the Health Workforce Pillar is to fast-track workforce development in the Rwandan health sector, aiming to quadruple the number of healthcare workers over four years (the 4x4 reform) to meet the WHO-recommended target of health workforce density. The pillar key objectives are:

Objective P1.O1: Quadruple the number of skilled health workers.
Objective P1.O2: Enhance the quality of health workforce education.
Objective P1.O3: Improve health workers' fulfillment and satisfaction.

Priorities and Actions

P1.P1: Health professional career guidance and recruitment
A robust career guidance and strategic recruitment policy will be developed to increase student enrollment in health professions. The strategy will offer scholarships and support to trainees, ensuring a steady flow of talent into the health sector.

P1.P2: Training Capacity Development
The expansion of training capacity of both public and private institutions is a priority. Public-private partnerships (PPPs) will be leveraged to scale educational infrastructure and resources through creating conducive environment for the private sector. In addition, strengthening of a harmonized and standardized curriculum, redeployment of experienced clinicians to training institutions, expansion of level-2 teaching hospitals, are key to enhance new health workers production.

P1.P3: Regional and Global Partnerships
Rwanda will foster partnerships with medical training institutions, both regionally and globally to share knowledge, faculty, curricular innovations and best practices. Expanding these partnerships will close training gaps and raise the standard of education to meet global benchmarks.

P1.P4: Resource Mobilization for Training and Upskilling
This will focus on optimization of available resource and securing additional resources focusing on private sector investment in health education. Efficiency across other sectors will be maximized to train, license, and employ new health workers and retain senior rare-skilled health workers

P1.P5: Health Workforce Deployment Optimization
A technology-driven system will be developed for health workforce deployment optimization. The system will enable for data-driven policy decision-making regarding recruitment, deployment and performance monitoring, from pre-service training to retirement, responding to the existing workload and in linkage to relevant stakeholders such as professional councils responsible for licensing.

P1.P6: Health Workforce Retention
To tackle high attrition rates, the government will increase incentives, enhance professional development opportunities both clinically and academically and increase remuneration per grade acquired. As attraction and retention to the public sector, MOH will advocace for health workers' saving schemes to be in the Government budget, their management strengthened and borrowing terms improved.

P1.P7: Health Workforce Empowerment
Another strategy to reduce attrition is engaging health workforce in managerial and clinical practices decision making at all levels of the sector, strengthening occupational safety and staff well-being.

Pillar 2: Health Infrastructure Modernization

This pillar will transform health service provision through standardization, construction renovation, expansion, equipping and accreditation of health and health-related facilities.
The following key objectives will translate the pillar results:

Objective P2.O1: Build, upgrade, and maintain health facilities up to standards.
Objective P2.O2: Aptly equip health facilities.
Objective P2.O3: Establish a high-tech and innovation health city—"Kigali Health City"
Objective P2.O4: Maximize the readiness and operationalization of health facilities.

Priorities and Key Actions

P2.P1: Health Facility Expansion, Renovation, and Rehabilitation
To meet the current and future health needs of the population, an infrastructure plan and design, climate resilient and disability-friendly, will be developed for health facilities construction, expansion and renovation with an enforcement on quality construction standards. Existing and new health facilities will be equipped with utilities such as water, electricity, and sanitation facilities and ICT infrastructure.
During the strategic plan period, 10 existing hospitals, 23 health centers, 100 health posts, and an NRL will be constructed and operationalized. to increase access and quality of care. 420 health posts, 155 health centers, 10 district hospitals, 2 teaching hospitals, and 1 specialized hospital will be rehabilitated and/or renovated.

P2.P2: Strategic Acquisition of Medical Equipment
Undertaking regular assessments of health facilities equipments status to guide acquisition and management will address the gap in procurement efficiency, preventive and curative maintenance and effective forecast of inputs.
Strategic acquisition from manufacturers will also increase local capacity. In line with this, equipment workshop capacities will be reviewed and strengthened, strong collaboration built with the Rwanda Utility Regulatory Agency, Rwanda FDA, and Rwanda Standards Board on equipment calibration/testing and regulations, and partnerships established with academic institutions to improve biomedical engineering and health-infrastructure workforce development programs and prioritize medical device manufacturing.

P2.P3: Kigali Health City and Medical Tourism

During the HSSP V, a joint venture of Government and private sector to co-finance the Kigali Health City project as a hub for medical tourism and high-tech healthcare will be established.
For medical tourism, priorities and opportunities will be identify through the medical tourism strategy focusing on a specialty-by-specialty approach giving priority to oncology, interventional cardiology, and nephrology as starting points. For its proper design and implementation, a dedicated structure will be established in MOH to work in collaboration with other relevant sectors.

P2.P4: Optimal Use of Health Facilities

To ensure that health facilities are ready to deliver quality care, standards for facility management, staff utilization, and infection control will be developed and enforced. Facilities will be actively involved in continuous improvement processes, with regular inspections to ensure compliance with health regulations.

P2.P5: Health Facility Standardization and Accreditation

To ensure health facilities are meeting high quality standard, a rigorous accreditation process will be executed through a set off facility performance benchmarks, with regular audits and inspections to assess compliance with health regulations and standards.

Pillar 3- Quality of Care Through Primary Health Care

Pillar 3 seeks to improve health outcomes through a Primary Health Care (PHC) approach, ensuring equitable access to essential health services through community empowerment and integrating services along the health care continuum, from health promotion and disease prevention to curative, rehabilitative, and palliative care. Key objectives include:

Objective (P3.O1): Attain universal health coverage of essential health services
Objective (P3.O2): Improve level of population health literacy and healthy behaviors
Objective (P3.O3): Enhanced availability of quality health services

Priorities and Key Actions

P3.P1: Maternal, Neonatal, and Child Health; Nutrition

To ensure UHC maternal, newborn, child health services, high-impact interventions will be introduced such as calcium and multiple micronutrient supplementation for all pregnant women and intravenous iron treatment for anemic women during and after childbirth, use of post-delivery prophylactic antibiotics and strict infection prevention and control measures. Postpartum hemorrhage will be timely identified and properly managed using calibrated obstetric drapes, heat-stable uterotonics, and tranexamic acid. For newborns, the use of continuous positive airway pressure, caffeine citrate, probiotics, antenatal corticosteroids, and surfactants will be expanded. The referral system between health care facilities at all levels will be strengthened to avoid delays and to ensure that Emergency Obstetric and Newborn Care (EmONC) services are functional with general practitioners, midwives, and nurses trained essential life-saving interventions/skills.

Immunization will be integrated in primary health care for children and lifesaving vaccines will be introduced including hepatitis-B birth dose. Interpersonal Communication (IPC) channels will be used to reduce vaccine hesitancies and drop-out rates. Vaccination services will be expanded in health posts to reduce zero dose children in all districts.
Integrated management of childhood illnesses will be strengthened at all levels through a multi-sectoral collaboration and community engagement strategic interventions.
The strategy for nutrition will prioritize community-based screening and education on maternal and child malnutrition, exclusive breastfeeding, complementary feeding, micronutrients, and therapeutic feeding, revamping nutritional centers at health centers and strengthening their connections with community health services (CHS).

P3.P2: Sexual and Reproductive Health and Rights; and Gender-Based Violence (GBV)
The focus will be on raising awareness of modern contraceptive methods and expanding family planning services, including integration with HIV and non-communicable disease (NCD) services. Access to comprehensive abortion services will be expanded through revising existing laws and regulations. GBV prevention and response will be strengthened through health provider capacity building and intersectoral collaboration with schools to support adolescents.

P3.P3: Adolescent and Youth Health Services
Efforts will address rising teenage pregnancies by improving access to contraception, revising legal frameworks, and providing adolescent-friendly services. Each health center will designate trained health care providers to deliver inclusive adolescent and youth-friendly health services comprehensive package. Schools will enhance health service linkages with school outreach programs offering HPV vaccination initiated. The community health program will include scaling up urinary pregnancy tests and deploying condom dispensers at community hotspots

P3.P4: Infectious Disease Prevention and Control
To maintain gain made in HIV and STIs, HIV prevention will continue through targeted and customized awareness campaigns and integration with SRHR services in all health facilities and communities. Digitalization and systems interoperability will strengthen HIV surveillance.
TB program focus will shift to community detection of TB cases using digital tools and new technologies to reach high-risk populations. Malaria control will enhance individual based digital surveillance and combat drug resistance through strict drug use monitoring. Efforts to eliminate soil-transmitted helminthiasis and schistosomiasis will include mass drug administration, integration of NTDs into the lowest level of health facilities and strengthened multisectoral water, sanitation, and hygiene (WASH) interventions.

P3.P5: Non-Communicable Disease Prevention and Control
The strategy aims to reduce the prevalence of NCDs through integrating risk factor education into school health programs, and establishing wellness programs through occupational safety and health initiatives in the workplace. Policies and regulations addressing risk factors will be established and strengthened along with ensuring immunization and early treatment of infections leading to NCD. Disability and rehabilitation services will be integrated into the health system at all levels. Health facilities will be strengthened to provide dedicated chronic disease care, with investments in infrastructure, equipment, and human resources. NCD services will include AI and

telemedicine, and home-based care will be promoted. CBHI benefits packages will be reviewed and revised to include NCD interventions.

P3.P6: Mental Health

The mental health strategy includes scaling up mental health school-based programs nationwide. Community-based mental health services and post rehabilitation services will be developed targeting high risk groups. To increase access, mental health professionals will be at all health centers and mental health screening integrated into all services. Digital tools will enhance diagnosis and monitoring, while a priority is given to ensuring the availability of essential medications and increasing the workforce.

P3.P7: Emergency Medical Services and Trauma

The strategy will improve emergency medical services (EMS) through developing an EMS policy, restructuring and updating ambulance service tariffs to enhance revenue recovery, and expanding ambulance availability by securing new ambulances to achieve a rate of one ambulance per 20,000 population. Community-level first responders trained in first aid will be introduced. Effective communication protocols between patients and primary care, ambulance diversion policies, and strategies to manage overcrowding and bed blockages will be established. A poison information center to provide vital resources for managing poison-related emergencies will be established.

P3.P8: WASH and Environmental Health

Efforts will promote proper use and storage of safe drinking water, use of improved latrines/toilets, and the safe management of generated wastes. safe water use, improved sanitation, and efficient waste management. The use of clean cooking technologies will be promoted.

P3.P9: Health Promotion and Behavioral Change Communication

This component aims to raise health literacy and promote self-reliant citizens. Multi-channel communication will help communities become more knowledgeable about health conditions, improving prevention and care.

P3.P10: Specialized Medical Services

Specialized services will be expanded, with new initiatives and services such as corneal transplants with a cornea tissues bank established, positron emission tomography, PET scans, and bone marrow transplants. Advanced surgical care will be introduced in 10 level 2 teaching hospitals. A policy and strategic plan on infection prevention and control will be developed and implemented. Different regulations and guidelines will be developed to improve quality of care services.

The new strategic focus for blood transfusion services includes the development of intra-facility Blood Bank Management Systems to reduce wastage and enhance proper use. A back-up blood bank at the Rwanda Military Hospital will be established, and emergency blood delivery within Kigali using electric bikes will be introduced to reduce turnaround time for delivery of blood and blood components to hospitals.

P3.P11: Community-Based Health Services

The strategic focus is to increase the recruitment, training, and deployment of professional community health cadres, consistent with a revised community service package to meet current and future citizens' health needs. Digitalization of CHS will be implemented for data sharing and leadership and coordination of CHS will transition from health centers to health posts, with the deployment of CHS coordinators at the cell level.

P3.P12: Availability of Medicine and Medical Consumables
A pooled procurement mechanism will lower prices for medical supplies, and storage infrastructure will be expanded. The digital eLMIS system will continue to be used for timely stock management and decision-making.

Pillar 4 - Health Security and Public Health Emergency Management

Pillar 4 emphasizes the commitment to building a resilient health system, particularly highlighted during the COVID-19 pandemic. The focus will be on developing an updated National Action Planning for Health Security (NAPHS) with the following objectives:

Objective (P4.O1): Protect the public from public health threats
Objective (P4.O2): Enhance capacity for early detection, timely notification, and rapid response
Objective (P4.O3): Strengthen local and international partnerships in health security

Priorities and Key Actions

P4.P1 AI-driven disease surveillance and outbreak prediction
Implement AI to enhance early outbreak detection and integrate climate data for outbreak prediction. This includes implementing robust public health threat monitoring systems. An innovation of AI-enabled symptom-screening systems for travelers will be in place and an AI-based data triangulation of human, animal, and climate data implemented and linked to an interactive dashboard.

P4.P2 Pioneering next generation point of entry surveillance
Strengthen testing capacity at entry points like airports and land borders for priority diseases including decentralize equipment, reagents, and other consumables to land borders and deploy and train laboratory specialists for efficient response.

P4.P3 Epidemic Intelligence Hub
An integrated One Health laboratory will be constructed and equipped, a National Epidemic Intelligence Hub implemented, and a One Health Emergency Operation Center established to improve diagnostic capacity and data management for policy-making.

P4.P4 Smart Integrated One Health System
A smart integrated One Health system will be established to prepare for and respond to zoonotic diseases, along with training for frontline epidemiologists and public health emergency management teams. Antimicrobial resistance (AMR) surveillance will be strengthened through establishment of a Center of Excellence for AMR surveillance, training, research and scaling up the number of sentinel sites from 12 to 20.

P4.P5 Multi-pathogen genome sequencing to identify public health threats:
Enhance the ability to identify unexpected microorganisms through domestic capacity for genome sequencing and clinical metagenomics to identify public health threats, especially in areas beyond COVID-19.

P4.P6 Strengthen local and international partnerships in health security
Foster multisectoral collaboration and international partnerships to improve detection and response capabilities during health emergencies.

P4.P7 Early response and adaptation to, and mitigation of, to climate change effects for the health and well-being of the community
Climate and health policy will be developed and systems established to monitor the health- and well-being-related effects of climate change on communities.

Pillar 5 - Research, Innovation, Biomanufacturing, Regulation, and Digitalization

Pillar 5 aims to integrate advanced research and health technology innovations, supported by regulation and digitalization, to enhance health sector efficiency and quality. Results of this pillar will be achieved through the following objectives:

Objective (P5.O1): Advance scientific knowledge
Objective (P5.O2): Promote research and drug discovery
Objective (P5.O3): Promote health-related innovations
Objective (P5.O4): Enhance digital health
Objective (P5.O5): Ensure strong regulatory system is in place

Priorities and Key Actions

P5.P1 Increased research and innovation capacity

A research implementation framework including the health sector research policy and regulatory framework, national health research agenda, and research strategic plan will be developed and targeted training programs conducted.

P5.P2 Collaboration between industry and academia:
Foster joint research projects and networking between health sectors and academia to enhance technological advancement and economic development through collaborative publications, processes for technology transfer, and joint funding applications

P5.P3. Genomics and precision medicine research
Clinical trials will be conducted and supported by capacity building, including the certification of at least 30 clinical trial sites at national- and subnational-level health facilities. Observational studies based on program surveillance in selected disease areas, pandemic surveillance impact evaluation, and basic research capabilities will be enhanced.

P5.P4 Data for decision-making and policymaking
The strategic focus will be to establish a health intelligence center to harness data for informed policymaking, enhance data literacy among stakeholders and policymakers through training and workshops, and implement feedback systems to assess decision effectiveness.

P5.P5. Investment in drug manufacturing and technology transfer:
Promotion of local manufacturing of health and food commodities and technologies and attract international investments in vaccine and drug production through data-driven strategies and workforce development.

P5.P6 Digitalization of the health sector
Priority will be on establishing a health insurance portal system, health intelligence room, emergency response information system, community health workers information system, enhanced electronic medical record system, citizen health app, national medical laboratory information system, and genomic surveillance information system, aiming to ensure their interoperability and capacity building on them.

P5.P7 Food and drug regulation

Establish surveillance mechanisms and expand laboratory testing capacity to monitor the quality of medical and food products to quickly identify and address product issues and ensure safety standards before products reach consumers. Capacity-building initiatives will be extended to stakeholders involved in the production, distribution, and regulation of food and drugs.

Enabler 1: Health Financing

The overall objective of this enabler is to mobilize adequate and sustainable funds to achieve UHC without financially burdening citizens, and ensuring efficient resources allocation to maximize health outputs and outcomes. It is prioritized under four major strategic objectives:

Objective (E1.O1) Resource mobilization
Objective (E1.O2) Improved efficiency
Objective (E1.O4) Financial risk protection
Objective (E1.O5) Increased private investment in health

Priorities and Key Actions

E1.P1 Increase domestic resources mobilization capacity
Enhance government resource allocation and refine more innovative financing mechanisms for mobilizing funding, particularly for community-based health insurance (CBHI). Advocacy for better alignment and harmonization to increase the share of external resources that are on-budget. Regular review and align tariffs of health services to their costs. Revenue-generating capacities of health facilities will be enhanced by revising their manuals and business plans to enable the mobilization of additional resources. Engage the private sector through developing clear policy guidelines to encourage investment in medical tourism, health promotion, disease prevention, and curative, rehabilitative, and palliative care services. Promote the use of PPPs and

other mechanisms to encourage private investment in health infrastructure, direct health commodity supply from manufacturers, and service provision for health infrastructure.

E1.P2 Enhance Efficiency
Design and Implement reforms to the provider payment mechanisms, such as capitation DRGs, and improve financial management within health facilities. Ensure functionality of the Health Resource Tracking Tool (HRTT) to monitor funding sources and improve accountability among stakeholders.

E1.P3 Improve financial protection of citizens
Regularly review and adjust the benefits package along with their premiums and copayments to reduce catastrophic health expenditures and to ensure that fair financial contribution and uniform benefits across social health insurance schemes are in place. Actuarial studies will be conducted to introduce limitations on co-payments or high-cost health services/interventions.

Enabler 2: Leadership and Governance

To support the objectives of HSSP V, a strong framework for leadership, governance, and regulation is crucial for effective communication and collaboration within Rwanda's healthcare system. This enabler is organized around two strategic objectives:

Objective (E2.O1): Improved accountability and transparency
Objective (E2.O2): Improved community satisfaction and ownership

Priorities and Key Actions

E2.P1 Enhance good governance:

Interventions will be around targeted training and skills development through master's program in hospital management, mentorship and coaching scheme. Engagement of all stakeholders in the government planning and monitoring and evaluation (M&E) processes will be strengthened, and mechanisms for active engagement of the community in decision-making defined and implemented with a digitalized patient feedback mechanism in place.

E2.P2 Well functioning coordination mechanisms at all levels

Strengthen vertical and horizontal coordination structures within the health sector, including regular meetings between key agencies and district hospitals. Foster collaboration through existing platforms to implement cross-cutting agendas and establish bilateral coordination as needed.

E2.P3 Conducive environment for private sector engagement:

The major shift is to have more flexible and attractive processes and procedures for the private sector investment in areas such as biomanufacturing, high quality health service delivery, and health workforce development. Prudent incentive mechanisms, including PPP, will be designed and implemented.

5 Monitoring and Evaluation

The M&E framework included in annex 1 guides the monitoring and evaluation of HSSS V implementation. The projected impact analysis developed through the different impact models of the One Health Tool is included there as well.

The Planning, M&E, and Health Financing Department will be responsible for the day-to-day monitoring of HSSP V implementation. This includes collecting, tracking, and analyzing data to determine what is happening where and to whom. The key elements to be monitored are as follows: resources (inputs); service statistics; service coverage/outcomes; client/patient outcomes (behavior change, service satisfaction); investment outputs; access to services; and impact assessments. Government systems will be used for data collection, triangulating data from Civil Registration and Vital Statistics (CRVS) with Health System Information System data and conducting data quality reviews using internal and external systems.

HSSP V has identified indicators (table 2) for monitoring and evaluating implementation of this strategic plan (annex 1). Inclusive and transparent mechanisms will be in place to monitor progress annually through backward- and forward-looking joint performance reviews as well as to evaluate performance at mid-term to inform progress and recommend necessary changes at central and decentralized levels.

The decentralized use of dashboards for the identification of errors and gaps as well as data-driven planning at district and community levels will be strengthened and supported by both central and subnational level leadership.

Joint assessments will be used at all levels to undertake regular reviews of Imihigo to assess performance against targets and determine priorities, action plans, and spending for the subsequent period. The Joint Sector Review Meetings (backward- and forward-looking) that will bring together all HSWG stakeholders, including representatives from government institutions and development partners, will be the main platform through which results of performance evaluations are deliberated upon by all stakeholders, including with respect to agreement on priorities for the next implementation period. The monitoring process includes a system for keeping track of the implementation status of the strategy, ensuring that agreed-upon follow-up actions are put into effect.

The midterm review will be used to determine the extent to which the objectives of this strategic plan have been met using the different indicator domains (inputs/processes, outputs, outcomes, and impact). Focus will be placed on high-quality research, mathematical/statistical modeling, and skills development for key officers to ensure effective interventions.

6. Annexes

Annex 1. NST2 Theory of Change: Priority Areas; Outcomes; and Major Interventions

Social Transformation Pillar		
5.2 Enhanced quality of health, strengthened health systems, and reduced stunting [Sector: Health (including nutrition)]		
Goal 1: Reduce Maternal Mortality Ratio from 105 per 100,000 live births in 2023 to 60 per 100,000 live births by 2029 **Goal 2: Reduce Under-five mortality rate from 39.4 per 1,000 live births in 2023 to 30 per 1,000 live births by 2029** **Goal 3: Reduce the prevalence of stunting among under five children from 33% in 2024 to below 15 % in 2029** **Goal 4: Quadruple skilled health workforce**		
PA-1: Continuously Improving the Access to and Quality of Health Services through Primary Health Care		
	Outcome 1: Attained universal health coverage of essential health services	
		Improve coverage and quality of Antenatal care (by introducing Calcium and multiple micronutrient supplementation, and intravenous iron treatment for anemic women)
		Implement nationwide rollout of maternal health bundles (including calibrated obstetric drapes, heat-stable uterotonics, and tranexamic acid) to timely identify and properly manage postpartum hemorrhage (PPH)
		Introduce and strengthen antibiotics post-delivery and strict infection prevention and control (to curb the rising number of post-cesarean infections)
		Implement appropriate task shifting and capacity building to enhance the quality of maternal, newborn and child health service provided
		Strengthen the use of postpartum family planning and introduction of new contraceptives
		Conduct targeted and customized HIV Prevention awareness campaigns among Youth and Key Populations
		Integrate surveillance of vectors and cases, while monitoring the effects of climate change regarding mosquito breeding
		Conduct community early detection of TB cases using digital tools and new technologies to reach high-risk population
		Strengthen community-based mental health services and post-rehabilitation programs
		Raise awareness and educate the public using innovative and targeted strategies on major Non-Communicable Diseases (NCD) risk factors
		Review/Expand benefit package under CBHI and other insurance schemes (to include high-impact/ high-cost health interventions/services)
		Increase access to adolescent and youth-focused sexual and reproductive health services to reduce teenage pregnancies
PA-2: Improving Child Nutrition		
	Outcome 2: Reduced stunting in under five children	
		Reinforce a multisectoral approach to eliminate all forms of malnutrition
		Enhance community-based screening of nutritional status (to allow early identification and timely management of malnutrition in children and pregnant women)
		Revamp nutritional centers at health centers and improve coordination with community health services (to facilitate easier referral and follow-up.)
		Ensure availability of nutrition commodities
		Increase standardized Early Childhood Development (ECD) Facilities across the country (3 community based ECD facilities at cell level and 1 Model ECD facility at sector level)
PA-3: Strengthening Health Systems and Preparedness for Public Health Emergencies		

	Outcome 3: The public protected from any public health threats	
		Develop, reinforce, and roll out robust event monitoring and early warning systems
		Establish National One Health Emergency Operation Center
		Strengthen Antimicrobial resistance (AMR) surveillance (through the establishment of a Centre of Excellence for AMR surveillance, training, and research as well as through scaling up the number of sentinel sites from 12 to 20)
		Operationalize the Centre of Excellence for Isolation (in order to conduct countrywide training and simulation exercises)
		Expand multi-pathogen, clinical metagenomics, and sequencing capacities
		Strengthen multisectoral collaboration and international partnership in health security
PA-4: Expanding the Health Workforce		
	Outcome 4: A robust health workforce that is well-trained, adequately supported, and optimally deployed to meet the population's health needs	
		Design and implement a robust career guidance and strategic recruitment guideline
		Active support to eligible trainees across priority cadres, including scholarship support
		Expand the number of level 2 teaching hospitals
		Increase incentives, continuous professional development, skills development, in-service training and improve remuneration per grade
		Recruit, train, and deploy certified professional community health cadres at community level, (consistent with the community health program health service package)
PA-5: Continuing to Expand Health Infrastructure and Equip Health Facilities		
	Outcome 5: Maximized readiness and operationalization of health facilities through modernized health infrastructure	
		Rehabilitate and renovate the existing health facilities (420 health Posts,155 health centers, 10 district hospitals, 2 teaching hospitals, and 1 specialized hospital)
		Implement strategic acquisitions of medical equipment
		Establish partnerships with academic institutions to improve biomedical engineering and health-infrastructure programs, (to prioritize medical device manufacturing)
		Develop and implement rigorous accreditation processes and standards for health facilities (to ensure high-quality health care services)
PA-6: Promoting Medical Tourism and Positioning Rwanda as a Hub for Specialized Healthcare Services		
	Outcome 6: A high-tech and innovative health city – "Kigali Health City" established and Specialized Healthcare Services Expanded	
		Develop Kigali Health City (a zone reserved for high-tech healthcare provision and a green, clean, and healthy environment for professionals, patients, caregivers, and others who need health-related services)
		Create enabling environment that incentivizes private sector players to invest in health
		Create an enabling environment for health facilities to specialize the healthcare suitable for medical tourism
	Outcome 7: Promoted Drug discovery Research and attracted investment in local manufacturing pharmaceuticals	
		Create an enabling environment by putting in place adequate legal framework facilitating investment in local manufacturing pharmaceuticals.
		Create clinical trial sites for drugs in Rwanda

Annex 2. HSSP V Monitoring and Evaluation Matrix

Indicator	Units	Baseline	Annual Targets					Data Sources
			2024/25	2025/26	2026/27	2027/28	2028/29	
Outcome 1: Quadruple Skilled Health Workforce								
Ratio of active licensed doctors (number per 100.000 of population)	Ratio	15.2	18.9	22.4	25.8	29.0	32.0	HR health facility records/ Annual Health Workforce Report/Council Reports
Ratio of active licensed nurses (number per 100.000 of population)	Ratio	97.4	118.2	115.6	135.0	153.4	171.0	HR health facility records/ Annual Health Workforce Report/Council Reports
Ratio of active licensed midwives (number per 100.000 of population)	Ratio	58.1	85.8	112.4	137.7	161.9	185.0	HR health facility records/ Annual Health Workforce Report/Council Reports
Number of certified professional community health cadres deployed	Number	0	2540	5080	7620	10160	12,700	Annual Performance Report
Outcome 2: Health Workers' Fulfillment and Satisfaction								
Turnover rate among health care workers (doctors, nurses, midwives, pharmacists)	Percent	Doctors 44%; Nurses 26%; Midwives 14%; Pharmacists 85%	Doctors 35%; Nurses 15%; Midwives 12%; Pharmacists 75%	Doctors 25%; Nurses 10%; Midwives 10%; Pharmacists 60%	Doctors 20%; Nurses 10%; Midwives 8%; Pharmacists 50%	Doctors 15%; Nurses 8%; Midwives 7%; Pharmacists 30%	Doctors 10%; Nurses 5%; Midwives 5%; Pharmacists 20%	Annual Health Workforce Report
Outcome 3: Aptly equip health facilities								
Health facilities fully equipped	Percent	65%	69%	73%	77%	81%	85%	Medical Equipment Management and Maintenance System Report
Health facilities with international accreditation (University Teaching Hospitals)	Number	2	2	3	3	4	5	Accreditation report
Health facilities with national level-3 accreditation	Percent	0	5%	15%	25%	35%	50%	Accreditation report
Outcome 4: Attain universal health care coverage of essential health services								
Maternal mortality ratio (maternal deaths per 100,000 live births)	Ratio	105	95.0	86	78	71	60.0	HMIS/CRVS
Neonatal mortality rate (neonatal deaths per 1,000 live births)	Rate	11.3	10.38	9.76	9.19	8.6	8.19	HMIS/CRVS
Under-five mortality rate (deaths per 1,000 live births)	Rate	45	40.6	36.2	31.8	27.4	20.0	HMIS/CRVS
% of women attending ANC1 in first Trimester	Rate	50	52	54	56	58	60	HMIS
% of pregnant women attending at least four ANC visits.	Rate	47	49	51	53	55	57	HMIS
Delivery at health facility	Percent	93	94.2	95.4	96.6	97.8	99.0	HMIS
Teenage pregnancy rate (per 1000 teens)	Rate	29.3	28.62	25.45	18.85	15.68	15	HMIS/DHS
Unmet need for family planning	Percent	14.0%	13.8%	12.6%	11.4%	10.2%	8.0%	Unmet need for family planning
Children fully immunized	Percent	96	96.6	97.2	97.8	98.4	99.0	HMIS
Prevalence of stunting among children 6–24 months	Percent	24.30%	23%	22%	20%	18%	15%	MCH Week data
Prevalence of stunting among under five children	Percent	33	29.4	25.8	22.2	18.6	15	DHS

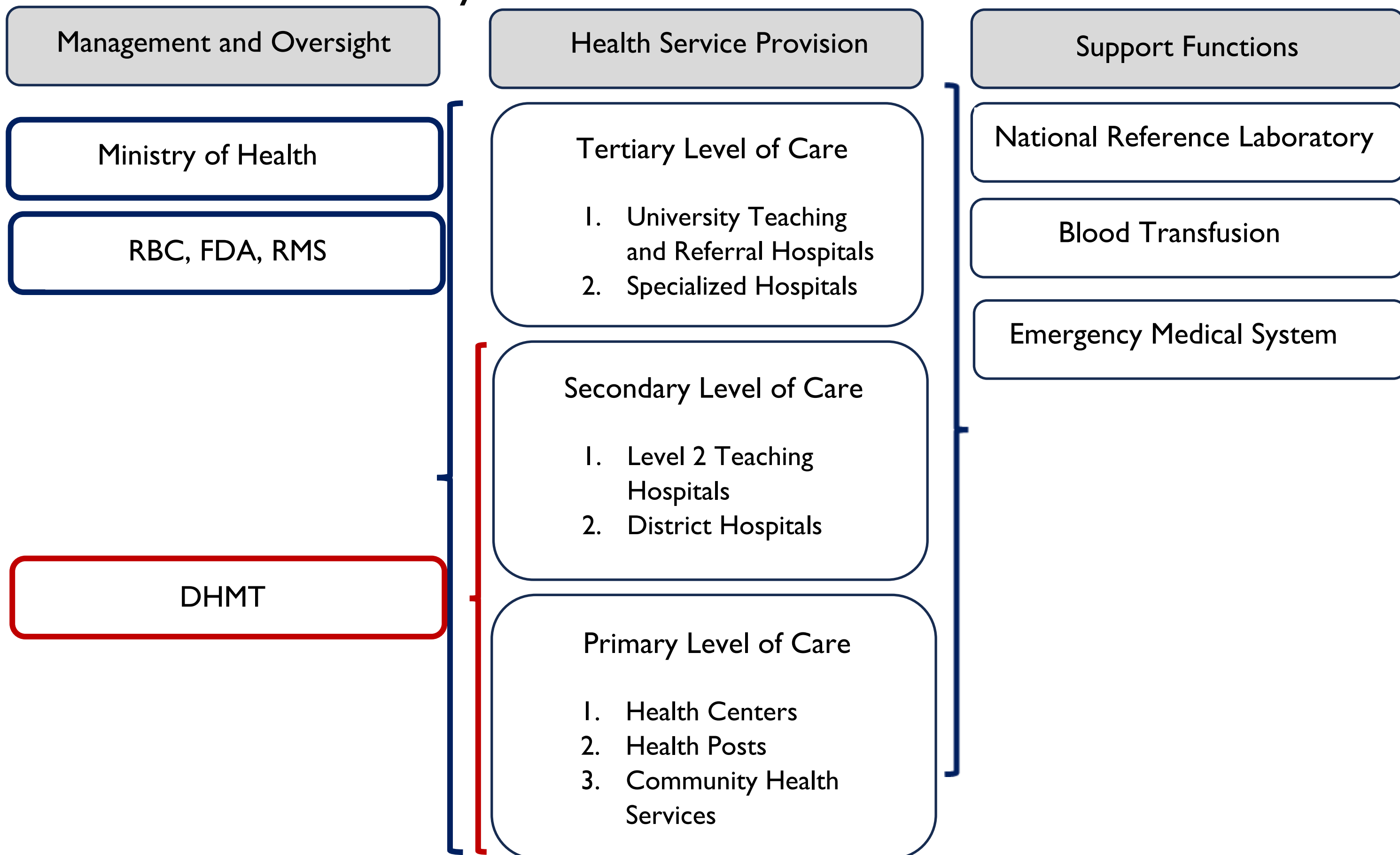
Indicator	Units	Baseline	Annual Targets					Data Sources
			2024/25	2025/26	2026/27	2027/28	2028/29	
Proportion of Children under 6years with access to quality integrated ECD services.	Percent	70	72	74	76	78	80	NCDA reports
Annual incidence rate for malaria (cases per 1,000 population)	Rate	76.00	52	44.4	43.2	42.6	41.4	HMIS and Program Report
Annual Incidence rate for HIV (cases per 1,000 population)	Rate	0.243	0.241	0.24	0.239	0.238	0.238	HMIS and Program Report
People living with HIV who know their HIV status (goal is at least 95%)	Percent	95	96	97	98	99	100	HMIS and Program Report
People who know their HIV status who are on treatment (goal is at least 95%)	Percent	97	97.6	98.2	98.8	99.4	100	HMIS and Program Report
People who are on treatment who have a suppressed viral load (goal is at least 95%)	Percent	98	98.4	98.8	99.2	99.6	100	HMIS and Program Report
Incidence of tuberculosis (cases per 100,000 population)	Rate	69	50	40	35	35	30	HMIS and Program Report
Percentage of people with disabilities who use assistive devices and/or disability-related products	Rate	30	36	42	48	54	60	HMIS and Program Report
Probability of dying between age 30 and 70 from any of cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases	Percent	20%	18%	15%	13%	10%	8%	HMIS and Program Report
Proportion of eligible population with severe mental and neurological disorders who received mental health services (psychosis, depression, bipolar disorder and epilepsy)	Percent	5%	10%	15%	20%	25%	30%	HMIS and Program Report
Percentage of currently married women with unmet need of family planning	Percent	14%	13.80%	12.60%	11.40%	10.20%	8%	HMIS and Program Report
Teenage pregnancy rate (per 1,000 teens)	Rate	29.30	28.62	25.45	18.85	15.68	15.00	HMIS and Program Report
Outcome 5: Enhanced availability of quality health services								
Population served by one ambulance	Ratio	53,000	46,400	39,800	33,200	26,600	20,000	Ambulance monitoring system
Ambulance response time in Kigali	Minutes	15	14	13	12	11	10	Ambulance monitoring system
Proportion of health facilities with available tracer health products among essential according to level of care	Percent	89%	90%	91%	92%	93%	95%	RMS Ltd report
Outcome 6: Enhanced capacity for early detection, notification and response								
International Health Regulation (IHR) index score	Percent	68%	70.4%	72.8%	75.2%	77.6%	80.0%	Annual Programmatic Report
Case fatality rate during outbreak	Rate	5.67	4.80	4.00	3.10	2.30	1.50	Health Facility Records
Outcome 7: Advanced scientific knowledge								
Proportion of research translated into policy and practices	Percent	N/A	10%	20%	30%	60%	80%	Programmatical Report
Outcome 8: Enhanced digital health								

Indicator	Units	Baseline	Annual Targets					Data Sources
			2024/25	2025/26	2026/27	2027/28	2028/29	
Proportion of health facilities using combined platforms to provide data for decision making	Percent	0	10%	20%	30%	40%	50%	Annual Performance Report
Proportion of health facilities (hospitals and health centers) with fully functioning Electronic Medical Record (EMR) system	Percent	12%	24%	35%	47%	58%	70%	Annual Sector Performance Report
Outcome 9: Strong regulatory system in place								
% of human and veterinary medicines registered	Percent	20%	36%	52%	68%	84%	100%	FDA Report
% of food, feed, and food supplements registered	Percent	55%	64%	73%	82%	91%	100%	FDA Report
Outcome 10: Resource mobilization								
Proportion of domestic contribution to the total health expenditure	Percent	61.3	61.90%	63.80%	66.20%	68.56%	70.80%	HRTT
Outcome 11: Financial risk protection								
Proportion of population that experience catastrophic health expenditure	Percent	1.15%	1.08%	1.05%	1.02%	0.97%	0.92%	Integrated Household Living Conditions Survey
Outcome 12: Improved community satisfaction and ownership								
Level of citizen satisfaction with service delivery in health sector	Percent	85%	87%	88%	89%	90%	92%	RGB Governance scorecard

Annex 3. Implementation Plan (Refer on attached excel)

The implementation of HSSP V will be a collaborative effort spearheaded by the MOH in partnership with various stakeholders, including socio-economic sectors, academia, the private sector, development partners, NGOs, faith-based organizations, and CSOs.

The Health Service Delivery Tier



Health care services are provided via three delivery levels: the primary, secondary, and tertiary levels of care.

The primary level of care is a mechanism for ensuring access to comprehensive and essential health services and is the first point of care. It comprises CHS, health posts, and health centers, including medicalized health centers. CHS will be staffed with new certified professionals working together with the more than 60,000 volunteer community health workers. The volunteer community health workers are the backbone for community empowerment.

The second level of care comprises services at district hospitals. Among those hospitals, some will be selected to be teaching facilities (level-2 teaching hospitals) that will be provided with special support to integrate teaching and service provision.

The tertiary level of care comprises services provided at the highest referral level. Referrals can be vertical or horizontal, depending on the area of specialization.

The supportive functions (NRL, blood transfusion, and EMS) will be provided across all levels of service delivery by the respective units.