



Republic of Rwanda
Ministry of Health



NATIONAL ACTION PLAN FOR HEALTH SECURITY



2020 - 2024

FOREWORD

Disease outbreaks always bring high costs to the lives of our communities and countries. The full costs of the COVID-19 pandemic and other epidemics such as the Ebola outbreak in Uganda, DRC and West Africa have already shown that the burden is broad in terms of short-term cost of control, patient care, hospital admissions and in the broader context, disruption of the economies. Moreover, such epidemics have also threatened national, regional, and global health security thus raising new attention on the implementation of the International Health Regulations (IHR), adopted in 2005 by member states in the WHO to establish strong health systems capable of responding to any adverse health events when they arise. The IHR 2005 constitute the essential vehicle for addressing global health security as it aims at protecting global health security while avoiding unnecessary interference with international traffic and trade. Countries, therefore, need to be prepared before any disaster or emergency strikes, and also need to be ready to protect their citizens and remain resilient in the face of these public health threats.

In line with IHR, the purpose and scope of Rwanda's Five-Year National Action Plan for Health Security (NAPHS:2020 - 2024) is to address holistically health security and emergencies capabilities within the country using a "One Health Concept" to ensure that there is timely preparedness, rapid detection and a consistent and coordinated response to health risks, both diseases and other events of public concern.

The Government of Rwanda has been and will continue to be committed to the health of its people. Moreover, the spread of infectious diseases has shown that the vast majority of epidemics arise on the interface between human and animal health. Thus, health security not only requires strong alliance among nations, but also strong partnerships, cooperation, and collaborations among the different sectors to contribute to the successful implementation of the NAPHS.

Finally, I would like to re-affirm that the Ministry of Health will continue to endeavor to protect the health of its people and work together with the national and international communities in health emergencies and other relevant line ministries in translating this strategic plan into an effective action plan.

Dr Sabin NSANZIMANA
Minister of Health





ACKNOWLEDGEMENT

The Ministry of Health would like to recognize and appreciate the commitment of the government of Rwanda for the relentless efforts exerted to prevent and protect its people from any disease outbreaks and events of public health concern, that might have occurred in-country or imported from outside of the country. At this juncture, it has created an enabling environment to develop this National Action Plan for Health Security (NAPHS) that will serve the purpose of ensuring effective national capabilities for prevention, timely detection, and response towards public health emergencies in Rwanda.

Similarly, the MOH is thankful for the commitment and hard work of the various professionals from the different line ministries, other sectors and partners that have contributed to the realization of this document. This NAPHS is one critical step to addressing health security. It also provides a roadmap as well as an opportunity for all stakeholders to engage and contribute to its implementation in line with the International Health Regulation (IHR), 2005.

I am confident that with all your support and good collaboration, we shall together move forward to achieve our common goal for a safer, healthier, and secure Rwandan nation and the global community.

Thank you all.



EXECUTIVE SUMMARY

Since the adoption of the International Health Regulations (IHR) (2005), Rwanda has been monitoring implementation of its core capacities using the “WHO Self Evaluation” tool and submitting reports to the WHO on an annual basis. As a way to spur progress towards full implementation of IHR, in May 2018, Rwanda conducted a revised method of IHR core capacity assessment using WHO based standard tools recommended by the IHR Review Committee which included a combination of four components: (i) Self-evaluation, (ii) voluntary peer review through external evaluations involving a combination of domestic and independent experts through the Joint External Evaluation (JEE), (iii) Intra Action Reviews and (v) Simulation exercises. Rwanda has been among the few countries to undergo the JEE and has assessed its capacity across 19 Technical Areas. The findings demonstrated that although there have been notable achievements in several areas, gaps still exist in key core capacities for the country to prevent, detect and respond to Public Health Emergencies. Rwanda was able to demonstrate best practices in a number of areas such as immunization and real time surveillance. Rwanda’s systems for linking public health with security authorities, and some areas of risk communication were all exemplary.

Out of the 48 indicators, Rwanda scored 13 (27%) Green (Demonstrated/sustainable Capacity), 28 (58.3%) Yellow (Limited/Developed capacity), and 7 (14.5%) red (No capacity) on the Joint External Evaluation. Except immunization which scored 5 (Sustainable capacity), majority of core capacities lie between limited to developed capacity.

As a follow up to the JEE, A national planning workshop was held to develop the Rwandan National Action Plan for Health Security together with WHO, partners and country experts. This plan aims to reduce morbidity, mortality, disability, and socio-economic disruptions due to public health threats and to contribute to the Sustainable Development Goal number 3 (“*Ensure healthy lives and promote well-being for all at all ages*”). Specifically, the plan aims at i) strengthening and sustaining the capacity of Rwanda to prevent outbreaks and other health emergencies; ii) strengthen and sustain the capacity of Rwanda to promptly detect and confirm outbreaks; iii) strengthen and sustain the capacity of Rwanda to promptly respond to and recover from the negative effects of outbreaks and health emergencies. The plan aligns all activities with the “One Health approach” and broader health system strengthening with full government and society involvement. It’s also planned to map and mobilize existing and potential domestic and external financing to support the delivery of the national action plan and strengthen institutional framework to support Health Security and One Health implementation.

The implementation of the plan will consider a set of guiding principles and core values such as country ownership and leadership, community engagement, equity in access to services, strengthening partnerships, fostering inter-sectoral collaboration, evidence-led decisions, shared responsibility, transparency, resilience and dynamism.

This 5-Year plan (2020-2024) plan covers key core component areas including Prevent, Detect, Respond as well as other IHR-related hazards and Points of Entry. The plan was developed in 2019 and its validation process was not completed due to the occurrence of public health emergencies in the region including EVD in DRC and the pandemic of COVID19. Since then, some activities were implemented, and the mid-term review to assess the progress toward the implementation was required to adjust and update the plan.

This mid-term review was conducted from 14-19 November 2022, with active involvement of relevant agencies and institutions, in collaboration with WHO and East, Central and Southern Africa Health Community (ECSA-HC).



The NAPHS 2020 – 2024 was revised and updated. Moreover, a costed Operational Plan for the next 18-months (January 2023-June 2024) with prioritized, actionable activities was developed, and aligned with the timeframe of National Strategy for Transformation One (NST1).

In fact, the existing generic activities were prioritized and reformulated into actionable activities based on the “feasibility” and “impact”. Afterward, a realistic timeline for the next 18 months was established. Some activities have been moved beyond the 18 months or removed when not relevant anymore. Based on the new International Health Regulations (IHR) State Party Annual Report (SPAR) recommendations, additional costed activities have been added where relevant.

The review indicates that, out of 404 activities planned in the 5-year NAPHS since 2020, 74.5% were not or just started, while 11.6% and 13.9% were respectively ongoing and completed. Only 11.9%, 25.0%, 10.3% and 6.3% are at advanced stage or completed for prevention, detection, and response to other hazards respectively. Whereas, out of all activities planned, 77.4% for prevention, 60.9% for detection, 74.7% for response and 89.6% for response to other hazards were not yet started or just started.

The total costs for implementation of the plan for 5 years are USD 61,449,273 with higher costs being in the “Zoonotic events and the human-animal interface” component (42.9%) followed by “Immunization” (16.1%). Other cost drivers of the National Action Plan for Health Security in Rwanda include “Real-time Surveillance” (10.8%), “Medical countermeasures and personnel deployments” (9.5%), National Laboratory systems (6.7%) among many others. The main cost drivers as per JEE thematic areas are presented below:

The total costs for implementation of the 18-month operational plan are estimated to USD 22,253,646. The highest costs being in the “Zoonotic events and the human-animal interface” capacity (34.8%) followed by “Food safety” (21.9%) due to the need of development of capacity for timely detection and effective response to potential zoonotic and food-related events in multisectoral approach. Other cost drivers of the National Action Plan for Health Security in Rwanda include “National Laboratory systems (10.4%)”, “Real-time Surveillance” (9.1%) and risk communication (8.8%).



LIST OF ABBREVIATIONS

AFENET	African Field Epidemiology Network
AMR	Antimicrobial resistance
ARIS	Animal Resources information System
ASF	African Swine Fever
CAHWS	Community based Animal Health Workers
CBRNE	Chemical, Biological, Radiological, Nuclear and High yield Explosives
CDC	Centers for Disease Control and Prevention
CMHS	College of Medicine and Health Sciences
COVID-19	Corona Virus Disease 2019
DHIS	District Health information Software
DRC	Democratic Republic of the Congo
DRRT	District Rapid Response Team
e-CEBS	Electronic-Community event- based surveillance
EICV4	Integrated Household living conditions survey
e-LDSR	Electronic integrated Disease Surveillance and Response
EOC	Emergency Operations Center
EPR	Emergency Preparedness and Response
FAO	Food and Agriculture Organisation
FETP	Field Epidemiology Training program
FMD	Foot and mouth Disease
GDP	Gross Domestic Product
GIS	Geographic Information System
GOARN	Global Outbreak Alert and Response
GOR	Government of Rwanda
H1N1	Swine flu
HCAI	Health Care Acquired Infection
HPAI	Highly Pathogenic Avian Influenza
HRH	Human Resources for Health
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
ILAC	International Laboratory Accreditation cooperation
IMS	Incident Management System
ISO	International Organisation for Standardization
JEE	Joint External Evaluation
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MINEMA	Ministry in charge of Emergency Management
MOH	Ministry of Health
MoU	Memorandum Of Understanding



MSH	Management Sciences for Health
NAPHS	National Action Plan for Health Security
NCD	New castle disease
NHPTWG	National Health Promotion Technical Working Groups
NISR	National Institute of Statistics of Rwanda
OH	One Health
OIE/WOAH	World Organisation for Animal Health
PHEIC	Public Health Emergency of International Concern
PHEOC	Public Health Emergency Operations Centre
PHEs	Public Health Emergencies
POE	Point Of Entry
PPEs	Personal Protective Equipment
PPR	Peste des petits Ruminants
PSF	Private Sector Federation
PVS	Performance of Veterinary services
RAB	Rwanda Agriculture and Animal resources development Board
RBC	Rwanda Biomedical Centre
RDB	Rwanda Development Board
RDHS	Rwanda Demographic Health Survey
REMA	Rwanda Environment Management Authority
RPHC	Rwanda Population and Housing Census
RRA	Rwanda Revenue Authority
RRT	Rapid Response Team
RVF	Rift Valley Fever
SOPs	Standard Operating Procedures
SPH	School of Public Health
UR	University of Rwanda
USD	United States Dollar
VRAM	Vulnerability Risk analysis and mapping
WHO	World Health Organisation



1. BACKGROUND / CONTEXT

1.1. Country profile

1.1.1. Geography

The Republic of Rwanda is a landlocked country situated in Central and Eastern Africa, in the Great Lakes Region. It is bordered by Uganda to the north, Tanzania to the east, the Democratic Republic of the Congo to the west, and Burundi to the south. It has a surface area of 26,338 square kilometers with a very diverse landscape, ranging from dense equatorial forest on the volcanic slopes of the north-west of the country to tropical savannah in the east, along the Kagera river. Also known as the 'Land of a thousand hills', Rwanda is situated at an altitude ranging between 1,000 m above sea level in the eastern part to 4,500 m of the Karisimbi, the country's highest mountain near the border with the Democratic Republic of the Congo. The average annual rainfall is 1,250 millimeters, occurring over two rainy seasons of differing lengths that alternate with one long and one short dry season. The climate varies from year to year, with extreme variations in rainfall sometimes resulting in flooding or, more often, drought.

Figure 1: Map of Rwanda





1.1.2. Demographic

With an estimated population of about 12 million people (NISR, 2019 estimates), 52% of which are women, Rwanda has one of the highest population densities in Africa (458.75/Km²) and is one of the countries with the most youthful populations in the continent. Over 40% of the population is under the age of 30 (RPHC, 2012). The population is largely rural: According to the RPHC4, almost 84% of the country's residents live in rural areas. Among the total urban population, 49% live in the City of Kigali, the capital of the country. The National population growth rate declined from 3.1% between 1978 and 1991 to 2.6% between 2002 and 2012. The total fertility rate declined from 6.1 in 2005 to 4.6 in 2010 (RDHS).

1.1.2. Political and Socio-economic context

The Gross Domestic Product (GDP) in Rwanda was worth 8.23 billion USD in 2014 and 11.07 billion US dollars in 2021, according to official data from the World Bank. The economy of Rwanda expanded 7.5% year-on-year in the second quarter of 2022, the smallest increase in five quarters, but above the average of 7.2% in the last 22 years.

Life expectancy has increased from 49 in 2000 to 69.1 years in 2020. According to the latest WHO data published in 2020 life expectancy in Rwanda is: Male 66.9, female 71.2 and total life expectancy is 69.1 which gives Rwanda a World Life Expectancy ranking of 127. In the fiscal year 2020-21, GDP at current market prices was estimated to be Frw 10,279 billion, up from Frw 9,402 billion in 2019-20. In the fiscal year 2021-22, GDP at current market prices was estimated at Frw 11,976 billion, up from Frw 10,266 billion in 2020-21. The Services sector contributed 48 percent of GDP, agriculture sector contributed 23 percent of GDP, Industry sector contributed 21 percent of GDP, while 8 percent was attributed to adjustment for taxes and subsidies on products.

Although the agricultural sector appears to have been overtaken by the service sector, it remains the backbone of Rwanda's economy. Agriculture is a historical mainstay of Rwanda's economy. Per the World Bank, Employment in agriculture contributes 62.3 percent of total employment in Rwanda, occupying 71 percent of all females employed and 53 percent of males. It remains a key sector in Rwanda's efforts to foster private sector development. . Poverty has reduced considerably from 60.4% in 2000 to 38.2% in 2016/2017 and extreme poverty reduced from 40% to 16% over the same period.



1.2. Situation Analysis

1.2.1. Progress towards achievement of international and national targets

Rwanda has made gains in health, placing the country as one of the few in Africa to achieve the MDGs health targets, with a steady decline in maternal mortality, from 1,071/100,000 in the year 2000 to 210 in 2014/15. The results are primarily due to the Government's concerted investments in building a comprehensive health system. According to the 2015 RDHS, first prenatal visit to antenatal care was almost universal (99%) and over 90 percent of women had skilled assistance during delivery. The total fertility rate for the 3 years preceding the survey 2019/2020 is 4.1 children per woman (3.4 in urban areas and 4.3 in rural areas). The fertility rate declined significantly, from 6.1 births per woman of childbearing age in 2005 to 4.2 in 2019-20 RDHS, with rural women having almost one child more than urban women (4.3 and 3.6, respectively).

The DHS 2019-2020 shows that the estimated maternal mortality ratio is 203 deaths per 100,000 live births during the 5-year period before the survey (with a 95% confidence interval of 125 to 281). Rwanda under-5 mortality rate was at level of 33.37 deaths per thousand live births in 2020, down from 35.01 deaths per thousand live births previous year, this is a change of 4.68%.

1.2.2. Burden of public health emergencies (PHEs)

Between the year 2008 to date, Rwanda has experienced outbreaks of cholera, measles, seasonal influenza, food poisoning, Rift Valley Fever, H1N1 and COVID-19. These outbreaks have been experienced in different parts of the country. Except for Rift Valley Fever, H1N1 and COVID-19 outbreaks that have been managed using a multisectoral approach, all the other outbreaks have been managed by RBC and the district teams in the affected area, since they have been on a lower scale. Rwanda has also experienced natural disasters such as volcanic activity, landslides, mudslides, and floods.

Cholera , Flu syndrome, Food poisoning and Measles suspected cases in Rwanda, 2012-2021





1.3. IHR and other complementary assessments

1.3.1. Joint External Evaluation

The Republic of Rwanda conducted the Joint External Evaluation (JEE) intended to assess the country's ability to prevent, detect, and promptly respond to public health threats. The JEE reviewed the country's preparedness and response-readiness for 19 technical areas. During the JEE mission, 19 technical areas under the IHR (2005) were evaluated through a peer-to-peer, collaborative process that brought Rwandan subject matter experts together with members of the JEE team for a week of collaborative discussion and field visits. This process led to consensus on scores and priority actions in those 19 technical areas. The assessment showed that there were notable achievements especially in immunization and real time surveillance. The JEE report contains detailed information of the findings and recommendations of the assessment. Table 1 shows the highlights of the status of the 19 IHR technical areas.

Tables summarizing JEE Scores for Rwanda

Technical Area	Indicator	Indicator description	Score
PREVENT			
National legislation, policy and financing	P.1.1	Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR (2005)	3
	P.1.2	The State can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with IHR (2005)	3
IHR coordination, communication and advocacy	P.2.1	A functional mechanism is established for the coordination and integration of relevant sectors in the implementation of IHR	3
Antimicrobial resistance	P.3.1	Antimicrobial resistance detection	1
	P.3.2	Surveillance of infections caused by antimicrobial-resistant pathogens	1
	P.3.3	Health care-associated infection (HCAI) prevention and control programs	1
	P.3.4	Antimicrobial stewardship activities	1
Zoonotic diseases	P.4.1	Surveillance systems in place for priority zoonotic diseases/pathogens	3
	P.4.2	Veterinary or animal health workforce	3
	P.4.3	Mechanisms for responding to infectious and potential zoonotic diseases are established and functional	3



Technical Area	Indicator	Indicator description	Score
Food safety	P.5.1	Mechanisms for multisectoral collaboration are established to ensure rapid response to food safety emergencies and outbreaks of foodborne diseases	3
Biosafety and biosecurity	P.6.1	Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities	3
	P.6.2	Biosafety and biosecurity training and practices	3
Immunization	P.7.1	Vaccine coverage (measles) as part of national program	5
	P.7.2	National vaccine access and delivery	5

Technical Area	Indicator	Indicator description	Score
DETECT			
National laboratory system	D.1.1	Laboratory testing for detection of priority diseases	4
	D.1.2	Specimen referral and transport system	3
	D.1.3	Effective modern point-of-care and laboratory-based diagnostics	3
	D.1.4	Laboratory quality system	4
Real-time surveillance	D.2.1	Indicator- and event-based surveillance systems	4
	D.2.2	Interoperable, interconnected, electronic real-time reporting system	2
	D.2.3	Integration and analysis of surveillance data	4
	D.2.4	Syndromic surveillance systems	4
Reporting	D.3.1	System for efficient reporting to FAO, OIE and WHO	3
	D.3.2	Reporting network and protocols in country	2
Workforce development	D.4.1	Human resources available to implement IHR core capacity requirements	2
	D.4.2	FETP ¹ or other applied epidemiology training program in place	3
	D.4.3	Workforce strategy	3
RESPONSE			
Preparedness	R.1.1	National multi-hazard public health emergency preparedness and response plan is developed and implemented	2
	R.1.2	Priority public health risks and resources are mapped and utilized	2



Emergency response operations	R.2.1	Capacity to activate emergency operations	2
	R.2.2	EOC operating procedures and plans	3
	R.2.3	Emergency operations program	4
	R.2.4	Case management procedures implemented for IHR relevant hazards	2

Technical Area	Indicator	Indicator description	Score
Linking public health and security authorities	R.3.1	Public health and security authorities (e.g. law enforcement, border control, customs) are linked during a suspect or confirmed biological event	5
Medical countermeasures and personnel deployment	R.4.1	System in place for sending and receiving medical countermeasures during a public health emergency	2
	R.4.2	System in place for sending and receiving health personnel during a public health emergency	1
Risk communication	R.5.1	Risk communication systems (plans, mechanisms, etc.)	1
	R.5.2	Internal and partner communication and coordination	5
	R.5.3	Public communication	5
	R.5.4	Communication engagement with affected communities	4
	R.5.5	Dynamic listening and rumor management	4
OTHER IHR HAZARDS AND POEs			
Points of entry	PoE.1	Routine capacities established at points of entry	2
	PoE.2	Effective public health response at points of entry	1
Chemical events	CE.1	Mechanisms established and functioning for detecting and responding to chemical events or emergencies	3
	CE.2	Enabling environment in place for management of chemical events	3
Radiation emergencies	RE.1	Mechanisms established and functioning for detecting and responding to radiological and nuclear emergencies	3
	RE.2	Enabling environment in place for management of radiation emergencies	3

1.3.2. Risk profiling of public health threats

Rwanda is located in a hotspot region for highly pathogenic diseases for Ebola, Marburg, and Yellow Fever and experienced the H1N1, Rift valley fever, Measles and other public health events. As many developing countries, Rwanda is at risk for concomitant epidemiological profile of communicable diseases and non-communicable diseases.



List of Public Health hazards in Rwanda

Classification of hazard	Hazard
Geological hazards	Volcanic activity
	Earthquakes and
	Geological fault activity
	Landslides, Rockslides and Mudflows
Hydrometeorological hazards	Floods and storms
	Wildfire
	Drought and Deforestation
	Lightning
Biological	Outbreak of epidemics in humans, animals and plants

Source: Health emergency contingency plan, 2010

1.3.3. Other assessments

During the process of building a strong public health system, different sectors across the country conducted assessments based on national needs and in accordance with the international requirements. These includes the PVS, the One Health, the disaster risk mapping, the IHR annual assessment, the CBRNE national assessment, the yellow fever risk assessment, etc.



2. VISION, MISSION, OBJECTIVES, GUIDING PRINCIPLES AND CORE VALUES OF THE ACTION PLAN

2.1. Vision

A Country with high living standards, high quality of livelihood, and accessible high- quality health care and resilient system to contain all potential public health threats, disasters and other IHR hazards.

2.2. Mission

To establish, strengthen and sustain effective and efficient alert, response and recovery systems to public health threats, disasters and other hazards of national and international public health concern.

2.3. Goal

To reduce morbidity, mortality and socio-economic impact due to public health threats, disasters and other IHR hazards.

2.4. General Objectives

1. To strengthen national and decentralized capacities to prevent, timely detect and effectively respond to all public health threats, disasters and other IHR hazards,
2. To align country policy, legislation, financing and coordination mechanisms to support the implementation of the IHR (2005).
3. To establish, strengthen and sustain multi-sectoral strategies for effective antimicrobial resistance containment.
4. To establish, strengthen and sustain effective port health services that align with IHR (2005) requirements.
5. To strengthen community mobilization and engagement for prevention, early detection and prompt response to all public health threats, disasters and other IHR hazards

2.5. Guiding principles and core values

Country ownership and leadership

The Government of Rwanda (GOR) will provide political, technical and operations leadership and enabling environments for all the phases of NAPHS (the planning, implementation, and monitoring and evaluation). The GoR will provide policy direction and ensure involvement of all sectors at all levels, coordinate and provide the enabling environment and resources for effective and efficient implementation of the plan and ensure that all interventions by partners are in line with relevant national guidelines.

Resilience

This plan will ensure that during emergencies, the health system will deliver event-related services but also



maintain the provision of essential health services. Resilient national, decentralized and local health systems are essential to prevent, detect, respond to and recover from public health emergencies. The capacity of health sector actors, institutions, and populations to prepare for and effectively respond to crises, to maintain core functions when a crisis hit will be informed by lessons learnt during emergencies and the reorganization of health systems will be conducted if conditions require.

Community mobilization and engagement

Appropriate steps will be taken to ensure active participation of individuals, households, communities and civil society in the implementation of this plan. It is important that individuals and communities who face health security threats are knowledgeable or are provided with the requisite information about the threats and their well-being to take the appropriate decisions to prevent or mitigate effects of the threats.

Public, private partnership and networking

The implementation of this plan will be based on partnerships between public and private sectors to ensure synergy and complementarity of the actions of partners. The partnerships will be guided by the objectives and priority interventions identified in this plan. All stakeholders including the private sector, research and academic institutions at all levels - community, sector, district, provincial and national will be involved in the implementation of this plan.

Multi-sectoral and multi-disciplinary coordination, collaboration and information sharing

Multisectoral and multidisciplinary collaboration will be fostered and strengthened through collaboration across all sectors at all levels - community, sector, district, provincial and national levels

Science, concern, integrity, efficiency, adaptation and innovation

The implementation of this plan will consider trends of emerging and reemerging diseases, risks and hazards. The innovations in the health sectors will be monitored and adapted to be used to facilitate efficient and effective response. Integrity, openness and willingness to promote and share information to facilitate rapid response and also ensuring accountability will be upheld. The implementation of the plan will be underpinned on rationalizing inputs for maximum outputs, outcomes and value for money.

Decentralization

In May 2000, the Government of Rwanda adopted a decentralization policy and a strategy for its implementation. The National Decentralization Policy is based on the Government of Rwanda's commitment to empower its people to determine their future. The policy also has its foundations in the fundamental laws of the country as well as in the political and administrative reforms the government has already implemented. The implementation of this NAPHS will be aligned with the decentralization policy at phases.



3. METHODOLOGY/PROCESS FOR THE DEVELOPMENT OF THE ACTION PLAN

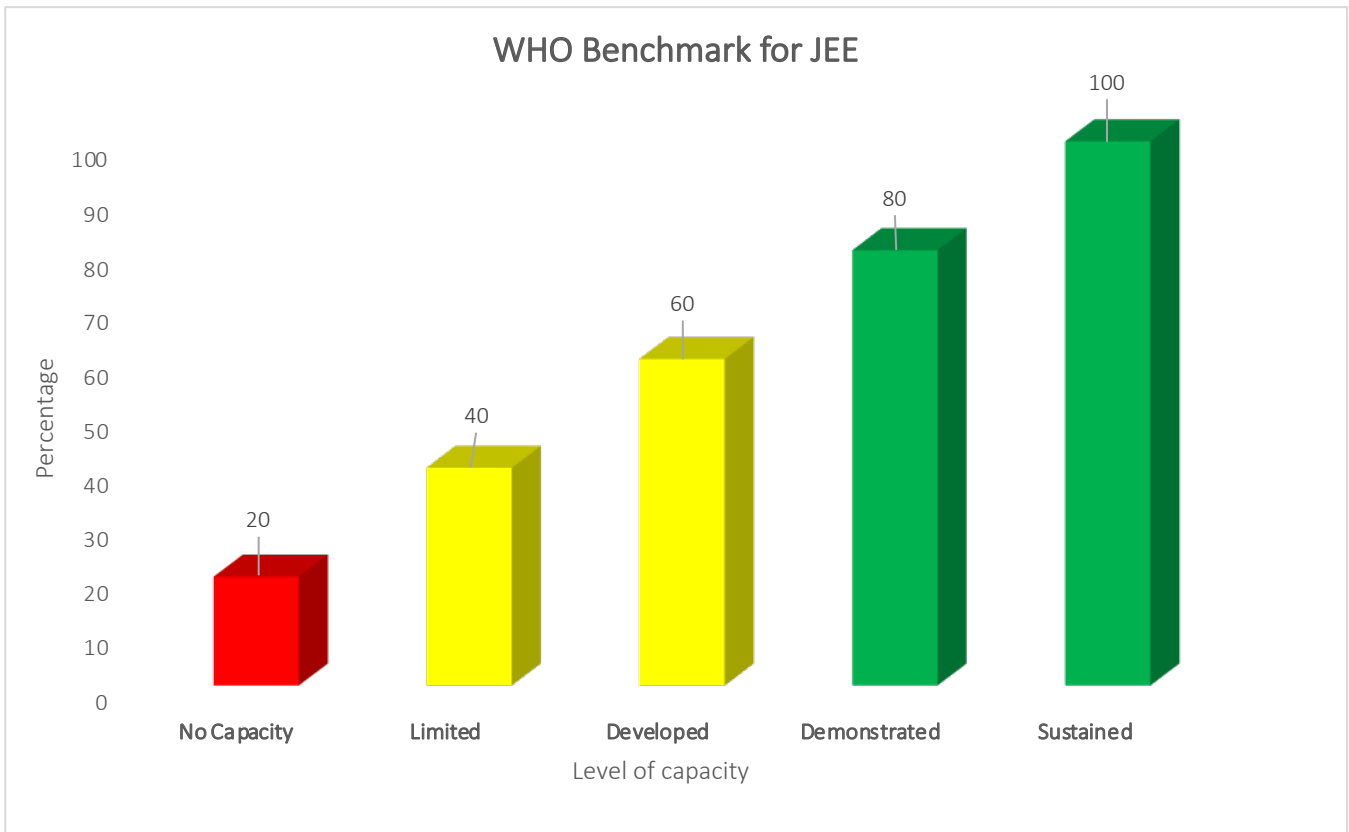
The development of the plan followed internal requirements for health security in Rwanda. It took into consideration recommendations from the IHR-JEE report while considering the sector wide approach.

The operational framework of NAPHS in Rwanda aligns with the national vision 2050, Second Economic Development for Poverty Reduction Strategy (EDPRS II), National Strategy for Transformation one (NST1), Health Sector Strategic Plan IV, technical guidelines, and relevant policies of the various sectors. The different sector specific strategic plans shall contribute to the attainment of the NAPHS that subscribes to the National Vision 2050

The NAPHS has been developed with the purpose of improvement of national capacities to improve the health security. The stakeholders shall implement all activities outlined in the NAPHS resulting from the JEE 2018 recommendations. The NAPHS operationalization intends to involve relevant sectors and affiliate agencies that contribute to the different technical areas of the plan. The different sectors are coordinated through the Office of the Prime Minister (OPM) to ensure national health security in regard to human, animal and environmental health. NAPHS implementation shall use an all-government approach drawing on the Public and Private Partnership linkages. Resources are integrated in the sector budgets and additional resources mobilized from within government and partners. Through the Health security Steering committee, the National IHR Focal Point informs all progress made in attainment of IHR capacities in addition to any major events in humans, animals and environmental respectively. Linkages with these strategic and operational plans is critical to ensuring that domestic financing is made available for health security.

3.1. Joint External Evaluation (JEE)

Since 2017, the Government of Rwanda engaged to assess the country's status in implementing the IHR and global health security capacities. All relevant sectors/ministries were engaged in the assessment. These include the ministry of health, agriculture, justice, security organs, trade and commerce, standards, economic and planning, tourism, private sectors customs, immigration and emigration, academia, emergency/disaster management, civil society, environmental, etc. From February to March 2018, relevant technicians from these institutions conducted the IHR capacities assessment process, in collaboration with external evaluators from WHO, CDC, OIE. The team had discussions and agreed on IHR technical areas ranking and provided recommendations for areas that required improvement. This national action plan for health security draws from the recommendations of the JEE report. The Rwanda JEE report identifies areas of improvement and provides elaborate recommendations that will allow the country to move from No capacity (RED) to limited/ developed capacity (YELLOW) and/or to demonstrated/ sustainable capacity (GREEN). Since NAPHS is about stepping from one level to another level toward building the IHR (2005) capacity, the prioritization considered activities that are simple, quick to implement and scalable.



3.2. Development of National Action Plan for Health Security (NAPHS)

A 5-Year national action plan for health security (2020-2024) was developed based to capacity improvement needed as highlighted by JEE recommendations. The plan covers key core component areas including Prevent, Detect, Respond as well as other IHR-related hazards and Points of Entry. The NAPHS was initially developed in 2019 where strategic and detailed specific activities to improve IHR capacities were defined. The prioritization of activities was undertaken with considering activities that need to be implemented by year and those that need to be implemented in the medium and long term 2- 5 years. High level targets/performance indicators for prioritized activities were formulated. Mapping of activities between relevant line ministries and partners was undertaken including what is potentially covered under recurrent budget and in 2020 costing of all NAPHS activities in the planning matrix was completed. Despite the availability of the costed NAPHS, the validation process was not completed due to the occurrence of public health emergencies in the region including recurrent trends EVD in DRC and the pandemic of COVID19. Since 2020, some activities were implemented, and the mid-term review to assess the progress toward the implementation was required to adjust and update the 2020-2024 NAPHS. In terms of strategic partnership for planning, key participants from government institutions, civil society, private sector and partners participated in the JEE and development of the draft of the 5-year NAPHS. The process benefited from the support of national, regional and international development partners including the WHO, RESOLVE TSL, CDC, MSH, Private Sector Roundtable.

3.3. Review of 2020-2024 NAPHS and prioritization of activities for 18 months Operational Plan

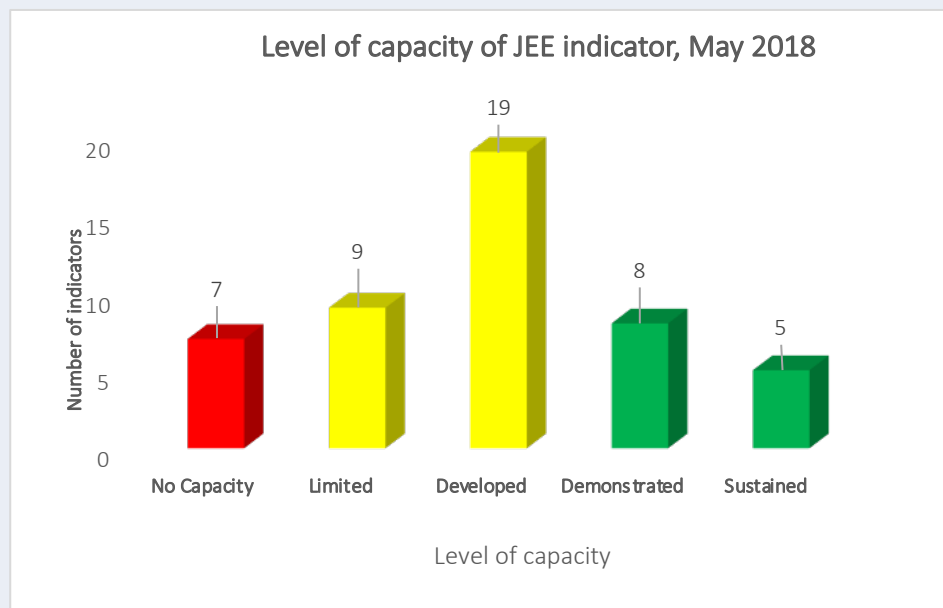
This mid-term review was conducted from 14-19 November 2022, with active involvement of relevant agencies and institutions, in collaboration with WHO and East, Central and Southern Africa Health Community (ECSA-HC).



The NAPHS 2020–2024 was revised and updated. Moreover, a costed Operational Plan for the next 18-months (January 2023-June 2024) with prioritized, actionable activities was developed, and aligned with the timeframe of National Strategy for Transformation One (NST1). In fact, the implementation status of the existing generic activities was evaluated, prioritized, and reformulated into actionable activities based on the “feasibility” and “impact”. During the workshop technical working groups identified activities that are critical for stepping up their JEE score levels. Afterward, a realistic timeline for the next 18 months was established. Some activities have been moved beyond the 18 months or removed when not relevant anymore. Based on the new International Health Regulations (IHR) State Party Annual Report (SPAR 2021) recommendations, additional costed activities have been added where relevant. Based on the successful cross-government joint prioritization process, the Government of Rwanda plans to routinely conduct a NAPHS progress check and identify priority activities every 6 months until the next JEE is conducted.

3.4. STRATEGIC INTERVENTIONS PER THEMATIC AREA

The section of the plan describes priority strategic actions by technical area from 2020 to 2024, based on the progress implementation status, prioritization process and SPAR recommendations. Each strategic action contains detailed activities along with the coordination of relevant sectors.



Out of the 48 indicators, Rwanda scored 13 (27%) Green (Demonstrated/ sustainable Capacity), 28 (58.3%) Yellow (Limited/ Developed capacity), and 7 (14.5%) red (No capacity) on the Joint External Evaluation. Except immunization which scored 5 (Sustainable capacity), majority of core capacities lie between limited to developed capacity

Figure 3. Level of capacity of JEE indicator, May 2018



3.5. Indicators score and NAPHS implementation status

Capacity	Indicators	Baseline 2018	Number of activities	Implementation status
PREVENT				
01. National legislation, policy and financing	P.1.1 Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR (2005)	3	21	13%
	P.1.2 The State can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with IHR (2005)	3	5	0%
02. IHR coordination, communication and advocacy	P.2.1 A functional mechanism is established for the coordination and integration of relevant sectors in the implementation of IHR	3	11	0%
03. Antimicrobial Resistance	P.3.1 Antimicrobial resistance detection	1	8	31%
	P.3.2 Surveillance of infections caused by antimicrobial-resistant pathogens	1	8	9%
	P.3.3 Health care-associated infection (HCAI) prevention and control programmes	1	7	25%
	P.3.4 Antimicrobial stewardship activities	1	6	0%
04. Zoonotic diseases	P.4.1 Surveillance systems in place for priority zoonotic diseases/pathogens	3	49	18%
	P.4.2 Veterinary or animal health workforce	3	1	25%
	P.4.3 Mechanisms for responding to infectious and potential zoonotic diseases are established and functional	3	6	50%
05. Food safety	P.5.1 Mechanisms for multisectoral collaboration are established to ensure rapid response to food safety emergencies and outbreaks of foodborne diseases	3	41	18%
06. Biosafety and Biosecurity	P.6.1 Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities	3	8	28%
	P.6.2 Biosafety and biosecurity training and practices	3	6	50%
07. Immunization	P.7.1 Vaccine coverage (measles) as part of national programme	5	5	0%
	P.7.2 National vaccine access and delivery	5	2	0%
DETECT				
08. National laboratory system	D.1.1 Laboratory testing for detection of priority diseases	4	12	30%
	D.1.2 Specimen referral and transport system	3	13	59%
	D.1.3 Effective modern point of care and laboratory based diagnostics	3	0	-
	D.1.4 Laboratory Quality System	4	12	11%
09. Real time surveillance	D.2.1 Indicator and event based surveillance systems	4	8	31%
	D.2.2 Inter-operable, interconnected, electronic real-time reporting system	2	10	0%
	D.2.3 Analysis of surveillance data	4	16	48%
	D.2.4 Syndromic surveillance systems	4	0	-
10. Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE	3	4	0%
	D.3.2 Reporting network and protocols in country	2	2	0%
11. Workforce development	D.4.1 Human resources are available to implement IHR core capacity requirements	2	7	0%
	D.4.2 Field Epidemiology Training Program or other applied epidemiology training program in place	3	13	60%
	D.4.3 Workforce strategy	3	2	0%



RESPOND				
12. Preparedness	R.1.1 Multi-hazard National Public Health Emergency Preparedness and Response Plan is developed and implemented	2	10	0%
	R.1.2 Priority public health risks and resources are mapped and utilized	2	8	35%
13. Emergency response operations	R.2.1 Capacity to Activate Emergency Operations	2	2	0%
	R.2.2 Emergency Operations Center Operating Procedures and Plans	3	4	0%
	R.2.3 Emergency Operations Programme	4	2	0%
	R.2.4 Case management procedures are implemented for IHR relevant hazards.	2	3	0%
14. Linking public health and security authorities	R.3.1 Public Health and Security Authorities, (e.g. Law Enforcement, Border Control, Customs) are linked during a suspect or confirmed biological event	5	4	0%
15. Medical countermeasures and personnel deployment	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency	2	12	17%
	R.4.2 System is in place for sending and receiving health personnel during a public health emergency	1	12	0%
16. Risk communication	R.5.1 Risk Communication Systems (plans, mechanisms, etc.)	1	9	33%
	R.5.2 Internal and Partner Communication and Coordination	5	5	45%
	R.5.3 Public Communication	5	5	50%
	R.5.4 Communication Engagement with Affected Communities	4	7	21%
	R.5.5 Dynamic Listening and Rumour Management	4	9	17%

National Legislation and Financing



Target: Establish/review and adopt legislation, laws, administrative requirements, or policies to support and enable the implementation of all of their obligations and rights to comply with and implement the IHR (2005) in Rwanda by 2022.

JEE recommendations:



- Conduct the assessment of legal preparedness for IHR capacity; and the 2014 OIE Veterinary Legislation Identification Assessment.
- Consolidate, review, and update decrees on hygiene and public sanitation, as well as the relevant conventions and agreements with neighbouring countries.



Current status: Rwanda has not yet conducted the mapping of relevant legal and normative instruments and policies for IHR implementation. Also, there is no assessment of gender gap done yet in IHR. However, Rwanda joins the rest of the world to mark gender balance by thinking the role of women in social, economic, cultural and political as well as continue calling for action for accelerating gender parity. There is a need for capacity building on incorporation of gender in health emergencies. Data collection tools include gender information.



National Legislation and Financing									
INDICATOR P.1.1		Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of IHR (2005)							
OBJECTIVE P.1.1.1		Establish or review and adopt the Health Sector Policy in Rwanda by 2021							
Strategic actions	Activities	Responsible	Estimated cost (Frw)	Implementation status	Estimated % of implementation	Prioritized for 18 months AOP	Starting date	End date	Total cost for 18 months AOP
To insure that the Health sector Policy include the IHR component	Hire national consultant to conduct a mid-term review of the Health Sector Policy and align it to the IHR	Ministry of Health	8,990,100	On-going	50%	Yes	01/01/2023	01/03/2023	8,990,100
To develop a national Public Health Sector Policy	Hire national consultant to develop the National Public Health Sector Policy	Ministry of Health	17,980,200	Completed	100%	No			-
To develop a national Public Health Sector Policy	Conduct a workshop to review the draft National Public Health Policy report	Ministry of Health	34,255,000	Completed	100%	No			-



OBJECTIVE P.1.1.2	Establish a legislative and policy framework to support implementation of IHR in Rwanda by 2021								
Assess, Review and Update laws and regulations to enable IHR 2005 implementation	Conduct mapping of relevant legal and normative instruments and policies for IHR implementation	Ministry of Health	6,543,100	Not started	0%	Yes	01/01/2023	30/01/2023	6,543,100
Sensitize legal experts from relevant ministries on IHR	Conduct a sensitization meeting	Rwanda Bio-medical Centre & WHO	13,086,520	Not started	0%	Yes	17/01/2023	20/01/2023	13,086,520
Review and Update laws and regulations to enable IHR 2005 implementation	Conduct a technical review workshop of the assessment report	Ministry of Health	54,673,000	Not started	0%	No			-
Review and Update laws and regulations to enable IHR 2005 implementation	Conduct a validation workshop	Ministry of Health	15,330,000	Not started	0%	No			-
Update and Enact laws and regulations to enable IHR 2005 implementation	Conduct a consultation meeting to update and enact laws and regulations	Ministry of Health	1,949,200	Not started	0%	No			-
Assess, Review, Update and Enact laws and regulations to enable IHR 2005 implementation	Submit the draft law to the parliament	Ministry of Health		Not started	0%	No			-
Assess, Review, Update and Enact laws and regulations to enable IHR 2005 implementation	Publication of the law in the official gazette	Ministry of Health	-	Not started	0%	No			-



Review, update and enact laws and regulations to enable IHR 2005 implementation	Conduct radio talk shows	Ministry of Health	6,000,000	Not started	0%	No			-
Develop missing laws and regulations as per the gaps identified	Hire a national consultant to develop Rwanda public health law	Ministry of Health	26,970,300	Just started	25%	Yes	01/01/2023	28/02/2023	26,970,300
Develop missing laws and regulations as per the gaps identified	Conduct a consultative meeting with various stakeholders to gather inputs	Ministry of Health	11,843,020	Not started	0%	Yes	04/01/2023	06/01/2023	11,843,020
Develop missing laws and regulations as per the gaps identified	Conduct a technical review workshop of the draft laws/ regulation	Ministry of Health	4,382,020	Not started	0%	Yes	25/01/2023	27/01/2023	4,382,020
Develop missing laws and regulations as per the gaps identified	Conduct a validation workshop	Ministry of Health and partners	13,086,520	Not started	0%	Yes	01/03/2023	03/03/2023	13,086,520
Develop missing laws and regulations as per the gaps identified	Conduct consultation meeting	Ministry of Health and partners	938,500	Not started	0%	No			-
Develop missing laws and regulations as per the gaps identified	Conduct radio talk shows	Ministry of Health	500,000	Not started	0%	No			-



Develop missing laws and regulations as per the gaps identified	Transmission of the draft law to the Prime Minister's office for Cabinet approval	Ministry of Health	-	Not started	0%	Yes	02/10/2023	-	
Develop/Draft missing laws and regulations as per the gaps identified	Publication of the law in the official gazette	Ministry of Health	-	Not started	0%	No		-	
Monitor the implementation of the updated and developed laws and regulation	Conduct annual assessment on the implementation of legal framework	Ministry of Health	6,080,000	Not started	0%	No		-	
Monitor the implementation of the updated and developed laws and regulation	Conduct a workshop for data consolidation, cleaning, analysis and report writing	Ministry of Health	3,678,000	Not started	0%	No		-	
INDICATOR P.1.2	The State can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with IHR (2005)								
OBJECTIVE P.1.2.1	Strengthen the multisectoral coordination mechanism to link relevant Ministries to implement IHR								
Establish and operationalize the multisectoral coordination mechanism	Conduct a workshop to develop the scope of work and terms of reference for the platform	Ministry of Health	4,754,000	Not started	0%	No		-	
Establish and operationalize the multisectoral coordination mechanism	Hire a national consultant to develop the legal instrument	Ministry of Health	8,990,100	Not started	0%	No		-	



Establish and operationalize the multisectoral coordination mechanism	Conduct a technical review workshop of legal instrument	Ministry of Health	10,434,000	Not started	0%	No			-
Establish and operationalize the multisectoral coordination mechanism	Conduct a validation workshop	Ministry of Health	1,175,000	Not started	0%	No			-
OBJECTIVE P.1.2.2	Financing for IHR implementation								
Conduct resource mapping and impact analysis on health security investment (REMAP)	Conduct a workshop with partners and stakeholders to map resources and analyse health security investment	Rwanda Bio-medical Centre & WHO	10,599,520	Not started	0%	Yes	25/01/2023	26/01/2023	10,599,520
Total Budget			262,238,100						262,238,100



IHR Coordination



Target: Establish a functional mechanism for the coordination and integration of relevant sectors in the implementation of IHR.



JEE recommendations:

- In the context of One Health,
- Develop standard operating procedures (SOPs) for information sharing between the health, agriculture and environment sectors, and any other relevant sectors, at all levels.



Current Situation: In Rwanda, the National focal points were appointed across multisectoral IHR coordination but there is no terms of references and the role of IHR coordination mechanism is not formally integrated in policy and legal instruments. Relevant advocacy mechanisms have been developed (JEE, NAHS, SPAR, AOP) disseminated and are being implemented at national level. Some of those mechanisms are reviewed and exercised on ad hoc manner, especially during emergencies. About the financing the Internal budgets for the implementation of IHR capacities are distributed in a timely manner at the national, intermediate and local levels in all relevant sectors through the Integrated Financial Management Information System. Moreover, mechanisms for timely execution of public financing for Public Health Emergencies response are in place at all levels. However, the Government shall allocate a certain % of the budget for the national and provincial level public health emergency operation centers (PHEOCs) to strengthen capacities for prevention, preparedness and response to public health emergencies. An emergency contingency fund shall be established to enable quick initial response once an emergency has been identified. Additional emergency funding sources shall be identified or established. Expedited disbursement mechanisms shall be established to facilitate smooth response to an event of any grade.



IHR Coordination and National IHR Focal Point Functions									
INDICATOR P.2.1	A functional mechanism is established for the coordination and integration of relevant sectors in the implementation of IHR								
OBJECTIVE P.2.1.1	Strengthen the multisectoral coordination mechanism to link relevant Ministries to implement IHR								
Strategic actions	Activities	Responsible	Estimated cost (Frw)	Implementation status	Estimated % of implementation	Prioritized for 18 months AOP	Starting date	End date	Total cost for 18 months AOP
Establish the National Health Security Steering Committee as a top level of IHR multisectoral coordination mechanism	Prepare a cabinet paper for approval of the Steering Committee on National Health Security	Ministry of Health		Not started	0%	Yes	04/01/2023	06/01/2023	-
Establish the National Health Security Steering Committee as a top level of IHR multisectoral coordination mechanism	Conduct a workshop to develop Prime Minister Instruction to establishing Health Security coordination mechanism	Ministry of Health/ Rwanda Biomedical Centre	10,688,260	Not started	0%	Yes	20/02/2023	24/02/2023	10,688,260
Develop standard operating procedures (SOPs) for information sharing between relevant sectors	Conduct a technical review and validation workshop of standard operating procedures	Rwanda Biomedical Centre	9,308,000	Not started	0%	No			-
Establish and operationalize the multisectoral coordination mechanism	Conduct quarterly coordination meetings	Rwanda Biomedical Centre	1,120,000	Not started	0%	Yes	01/01/2023	30/06/2024	1,120,000
Establish and operationalize the multisectoral coordination mechanism	Hire a national consultant to develop the legal instrument	Ministry of Health	8,990,100	Not started	0%	No			-



Establish and operationalize the multisectoral coordination mechanism	Conduct a technical review workshop of legal instrument	Ministry of Health	10,434,000	Not started	0%	No			-
Establish and operationalize the multisectoral coordination mechanism	Conduct a validation workshop	Ministry of Health	1,175,000	Not started	0%	No			-
Establish and operationalize the multisectoral coordination mechanism	Hire a permanent IHR Officer	Rwanda Biomedical Centre		Not started	0%	Yes	01/01/2023	30/06/2023	-
Establish and operationalize the multisectoral coordination mechanism	Hire a permanent IHR Officer	Rwanda Biomedical Centre		Not started	0%	Yes	01/07/2023	30/11/2023	-
Establish and operationalize the multisectoral coordination mechanism	Hire a permanent IHR Officer	Rwanda Biomedical Centre		Not started	0%	Yes	01/12/2023	01/02/2023	-
Develop M&E framework to monitor NAPHS	Conduct workshop to adapt the electronic system to monitor the implementation of NAPHS	Rwanda Biomedical Centre	7,786,760	Not started	0%	Yes	01/04/2023	30/04/2023	7,786,760
Total Budget			49,502,120						19,595,020



Antimicrobial resistance (AMR)



Target: Establish an AMR detection system in Rwanda



JEE recommendation:

- Develop a National Plan for AMR, using the One Health approach.
- Designate labs and sentinel sites for detection and reporting of AMR pathogens.
- Designate centres for antimicrobial stewardship.



Current situation: Rwanda developed the National Action Plan to guide the AMR response and surveillance system is in place. The mapping of health facilities and laboratories participating in the detection and surveillance of AMR is envisaged to be conducted and to be supported on an ongoing basis. Gradual enrolment of veterinary laboratories to the surveillance network needs to be undertaken. The human health surveillance network is linked to sample transportation and isolate referral system from lower health facilities to regional and national laboratories. Infection Prevention and Control (IPC) and antimicrobial stewardship activities, including antibiotic use and consumption measurement among humans, are supported at referral hospitals. Currently Rwanda uses and implements the International standard recognized IPC guidelines (WHO, MSF, CDC), while a National IPC guideline is in a developing and finalizing phase awaiting a national and subnational dissemination. The IPC committees and IPC focal persons have been established at national and sub national levels. The national strategic plan for health care associated Infections (HCAIs) is available under the National IPC guideline draft that is being developed. There is no regular surveillance for HCAI at primary health care facilities level. Implementation of the National strategic plan and surveillance for HCAIs is limited to a selected secondary and tertiary health care facilities. About the safe environmental National standards and resources for safe built environment, e.g., WASH in health care facilities, including appropriate infrastructure, materials and equipment for IPC; as well as standards for reduction of overcrowding and optimization of staffing levels in health care facilities, according to WHO minimum requirements, are implemented at national and intermediate levels according to a national plan, however are not regularly exercised or monitored for accordingly taking improvement actions. Human Resources for Health (HRH) are in place to increase health care professionals' capacities and there is a plan of ministry of labor to optimize of staffing levels in health care facilities. Additionally, there is ongoing efforts to increase health care infrastructures (Premises, number of beds and other health related facilities).



Antimicrobial Resistance (AMR)									
INDICATOR P.2.1	P.3.1 Antimicrobial resistance detection								
OBJECTIVE P.2.1.1	To develop national AMR plan by 2022								
Strategic actions	Activities	Responsible	Estimated cost (Frw)	Implementation status	Estimated % of implementation	Prioritized for 18 months AOP	Starting date	End date	Total cost for 18 months AOP
Develop a National Plan for AMR, using the One Health approach.	Establish a national technical working group for AMR	RBC OH unit	-	Not started	0%	Yes	01/01/2023	30/06/2023	-
Develop a National Plan for AMR, using the One Health approach.	Procure services of a consultant to elaborate a national AMR plan	Ministry of Health	-	Completed	100%	No			-
Develop a National Plan for AMR, using the One Health approach.	Conduct a workshop to validate the national AMR plan for approval	RBC OH unit	-	Completed	100%	No			-
Develop a National Plan for AMR, using the One Health approach.	Conduct a workshop to develop the national AMR M&E plan	RBC OH unit	15,968,400	Not started	0%	Yes	01/01/2024	30/06/2024	17,964,450



OBJECTIVE P.2.1.1 To establish labs network for detection and reporting AMR pathogens by 2024									
Designate and strengthen labs capacity for detection and reporting of AMR pathogens.	Designate human, animal, agriculture, food and environmental laboratories for detection and reporting of all priority AMR pathogens	RBC OH unit	-	On-going	50%	Yes	01/01/2023	30/06/2023	512,000,000
Designate and strengthen labs capacity for detection and reporting of AMR pathogens.	Train lab technicians on WHO recommended surveillance and reporting system of AMR (e.g GLASS)	RBC OH unit	17,964,450	Not started	0%	Yes	01/01/2023	30/06/2023	49,997,200
Designate and strengthen labs capacity for detection and reporting of AMR pathogens.	Procure laboratory commodities needed to conduct AMR surveillance (CHUB,CHUK,KFH, RMH,NRL,Rubirizi)	RBC PHSEPR/ NRL	512,000,000	Not started	0%	Yes	01/01/2023	30/06/2024	1,625,880
Designate and strengthen labs capacity for detection and reporting of AMR pathogens.	Conduct bi-annual supervision of detection and reporting AMR pathogens	RBC OH unit	49,997,200	Not started	0%	Yes	01/01/2023	30/06/2024	-



INDICATOR P.3.2	Surveillance of infections caused by antimicrobial-resistant pathogens								
OBJECTIVE P.3.2.1	To establish surveillance system for priority AMR pathogens by 2021								
Define priority AMR pathogens in both animals and humans	Meeting to consolidate a list of priority AMR pathogens	RBC OH unit	1,625,880	Not started	0%	Yes	01/01/2023	30/06/2023	8,129,400
Designate and operationalize sentinel sites for surveillance of priority AMR pathogens	Designate sentinel sites for surveillance of priority AMR pathogens	RBC OH unit	-	Advanced Stage	75%	No			-
Designate and operationalize sentinel sites for surveillance of priority AMR pathogens	Develop AMR SOPs/Guidelines for effective surveillance .	RBC OH unit	8,129,400	Not started	0%	Yes	01/07/2023	31/12/2023	14,502,000
Designate and operationalize sentinel sites for surveillance of priority AMR pathogens	Validate SOPs for priority AMR pathogens	RBC OH unit	1,625,880	Not started	0%	Yes	01/07/2023	31/12/2023	1,625,880
Develop an integrated global package of activities to combat antimicrobial resistance in a One Health approach	Organize workshop to develop national legislation/ instructions on monitoring AMR in zoonotic and commensal bacteria in farm animals and food.	RBC OH unit		Not started	0%	Yes			



Develop an integrated global package of activities to combat antimicrobial resistance in a One Health approach	Organize workshop to identify and assess under the national Animal Health Law, resistant bacteria that cause transmissible animal diseases and, if necessary, develop harmonized rules for their surveillance.	RBC OH unit		Not started	0%	Yes			
Close knowledge gaps on AMR in the environment and on how to prevent transmission	Carry out research into knowledge gaps on the release of resistant microorganisms and antimicrobials into the environment and their spread.	RBC OH unit		Not started	0%	Yes			
Close knowledge gaps on AMR in the environment and on how to prevent transmission	Conduct workshop to explore risk assessment methodologies to evaluate the risks to human and animal health from the presence of antimicrobials in the environment.	RBC OH unit		Not started	0%	Yes			



INDICATOR P.3.3 Health care-associated infection (HCAI) prevention and control programmes									
OBJECTIVE P.3.3.1 To establish HCAI programs by 2022									
Strengthen HCAI surveillance prevention and control programs	Develop HCAI policy	Ministry of Health	14,502,000	Just started	25%	Yes	01/07/2023	31/12/2023	-
Strengthen HCAI surveillance prevention and control programs	Validate the HCAI policy	Ministry of Health	1,625,880	Not started	0%	Yes	01/07/2023	31/12/2023	15,968,400
Implement the HCAI policy	Enroll the 9 hospitals in the HCAI program	RBC PHSEPR	-	Not started	0%	Yes	01/01/2024	30/06/2024	65,449,000
Implement the HCAI policy	ToTs for members of IPC committees	RBC PHSEPR	15,968,400	Just started	25%	Yes	01/01/2024	30/06/2024	10,007,100
Implement the HCAI policy	Procure information, education and communication materials for IPC	RBC PHSEPR	65,449,000	Advanced Stage	75%	Yes	01/01/2023	30/06/2023	44,762,400
Implement the HCAI policy	Supervision of HCAI policy implementation	RBC PHSEPR	10,007,100	Not started	0%	Yes	01/07/2023	31/12/2023	120,000,000
OBJECTIVE P.3.3.1 To establish stewardship programs by 2022									
Review and implement the stewardship guidelines	Review and validate the essential medicines list and clinical guidelines that promote appropriate use in humans and animals	Rwanda FDA, MOH, MINAGRI	44,762,400	Ongoing	50%	Yes	01/01/2023	31/12/2023	3,795,760



Review and implement the stewardship guidelines	Validate the essential medicines list and clinical guidelines that promote appropriate use in humans and animals	Rwanda FDA / PV-SM	120,000,000	Not started	0%	No			
Review and implement the stewardship guidelines	Hire a consultant to develop antimicrobial stewardship guidelines.	RBC PHSEPR/ OH unit	29,004,000	Not started	0%	Yes	01/01/2023	30/06/2023	
Review and implement the stewardship guidelines	Review and Validate the AMS guidelines developed.	RBC PHSEPR/ OH unit	3,795,760	Not started	0%	Yes	01/01/2023	30/06/2023	10,007,100
Review and implement the stewardship guidelines	Printing and dissemination of AMS guidelines	RBC PHSEPR/ OH unit	81,270,000	Not started	0%	Yes	01/07/2023	31/12/2023	
Review and implement the stewardship guidelines	Implementation of AMS guidelines to the selected healthcare facilities.	RBC PHSEPR/ OH unit	81,270,000	Not started	0%	Yes	01/01/2024	30/06/2024	-
Review and implement the stewardship guidelines	Supervision of the implementation of the stewardship guidelines to all healthcare facilities	RBC PHSEPR/ OH unit	10,007,100	Not started	0%	No	01/01/2024	30/06/2024	-
Total Budget			1,084,972,850						875,834,570



4. Zoonotic events and human-animal interface



Target: Establish surveillance systems for priority zoonotic diseases/pathogens



JEE Recommendations:

- Establish a joint operational surveillance system (including public health, animal health and the environment) for brucellosis, Rift Valley fever and trypanosomiasis.
- Decentralize the One Health framework so that human, veterinarian and wildlife professionals share information and take actions at the district/subnational level.
- Strengthen laboratory capabilities (equipment, consumables and training) for detection of priority zoonotic diseases such as rabies and avian influenza.
- Develop strategies for One Health communication and community awareness and engagement.



Current situation: The animal, human and environment health sectors collaborate regularly and coordinate their activities at national and subnational level like surveillance. Eg: - There is an active track of rabies cases at health facilities level and integration IDSR system in humans and animal sectors (one health), - An avian influenza case investigation was done at the joint task force of the one health and NIRC on golden crane endangered species, - A joint investigation response to RVF. Under risk assessment a tabletop exercise simulation was carried to understand drivers of rabies spill over and assess gaps to improve joint coordination mechanism. The Rwanda One Health Policy and OH strategic plans provide guidelines for joint prevention, detection assessment/investigation and to respond to prioritized zoonoses. A Community based surveillance guidelines and SOPs are under development incorporating the one health approach. The electronic Community Based Surveillance (eCEBS) training is ongoing in high-risk regions based on exposure to Priority Diseases. The policy guides the setup of multisectoral coordination mechanism that will help coordinate collaborative agenda through the OH process.



Zoonotic events and the human-animal interface									
INDICATOR P.4.1	Surveillance systems in place for priority zoonotic diseases/pathogens								
OBJECTIVE P.4.1.1	Establish a joint surveillance system for priority zoonotic diseases/pathogens								
Strategic actions	Activities	Responsible	Estimated cost (Frw)	Implementation status	Estimated % of implementation	Prioritized for 18 months AOP	Starting date	End date	Total cost for 18 months AOP
Develop an integrated approach for the monitoring of zoonotic surveillance	Conduct a workshop for situation analysis to assess the existing disease surveillance systems (human, animal, and wildlife) and develop a joint operational plan for priority zoonotic diseases	RBC OH unit	31,369,600	Not started	0%	Yes	01/01/2023	30/06/2023	31,369,600
Develop an integrated approach for the monitoring of zoonotic surveillance	Conduct a validation meeting of operational plan for zoonotic surveillance	RBC OH unit	4,773,040	Not started	0%	Yes	01/01/2023	30/06/2023	4,773,040
Develop an integrated approach for the monitoring of zoonotic surveillance	Organize workshop for review, update and align the existing surveillance SOPs, guidelines and other technical document with the new joint surveillance system for priority zoonotic diseases	RBC OH unit	20,607,600	Not started	0%	Yes	01/01/2023	30/06/2023	20,607,600



Develop an integrated approach for the monitoring of zoonotic surveillance	Organize a validation meeting of SOPs/ guidelines and other technical documents for surveillance of priority zoonotic diseases	RBC OH unit	9,281,040	Not started	0%	Yes	01/01/2023	30/06/2023	9,281,040
Develop an integrated approach for the monitoring of zoonotic surveillance	Editing, production and dissemination of validated surveillance of zoonotic related documents	RBC OH unit	53,500,000	Not started	0%	Yes	01/07/2023	31/12/2023	53,500,000
Develop an integrated approach for the monitoring of zoonotic surveillance	Conduct training of human, animal and wildlife surveillance staff on reporting in the integrated surveillance system and new SOPs and guidelines	RBC OH unit	23,952,600	Not started	0%	Yes	01/07/2023	31/12/2023	23,952,600
Develop an integrated approach for the monitoring of zoonotic surveillance	Organize quarterly meetings for information sharing on surveillance activities in human, wild-life and livestock sectors	RBC OH unit	2,386,520	On-going	50%	Yes	01/01/2023	30/06/2024	2,386,520
Develop an integrated approach for the monitoring of zoonotic surveillance	Establish the OH Bulletin for dissemination of findings from each sectoral surveillance system through quarterly OH bulletin	RBC OH unit	112,000	Not started	0%	Yes	01/01/2023	30/06/2024	112,000



Develop an integrated approach for the monitoring of zoonotic surveillance	Participate in regional and international short courses on zoonotic diseases and other public health threats for surveillance personnel at national level.	RBC OH unit		Not started	0%	Yes			-
Prioritize at least 2 priority zoonotic diseases for active surveillance	Hire a consultant to lead the risk assessment / mapping for selected priority zoonotic diseases	RBC OH unit	483,400	Not started	0%	Yes	01/01/2023	30/03/2023	483,400
Prioritize at least 2 priority zoonotic diseases for active surveillance	Organize a workshop to validate the protocol for risk assessment/ mapping for selected priority zoonotic diseases	RBC OH unit	20,607,600	Not started	0%	Yes	01/01/2023	30/03/2023	20,607,600
Prioritize at least 2 priority zoonotic diseases for active surveillance	Conduct the field visit for data collection	RBC OH unit	49,827,000	Not started	0%	Yes	01/01/2023	30/03/2023	49,827,000
Prioritize at least 2 priority zoonotic diseases for active surveillance	Procure lab commodities	RBC NRL	40,000,000	Not started	0%	Yes	01/01/2023	31/12/2023	40,000,000
Prioritize at least 2 priority zoonotic diseases for active surveillance	Organize a workshop to review and validate the risk assessment report	RBC OH unit	20,607,600	Not started	0%	Yes	01/01/2023	30/06/2023	20,607,600
Conduct sentinel surveillance for priority zoonotic diseases in human and animal	Establish sentinel sites and identify surveillance staff	RBC OH unit	-	Just started	25%	Yes	01/01/2023	30/06/2023	-



Conduct sentinel surveillance for priority zoonotic diseases in human and animal	Conduct training of human, animal and wildlife surveillance staff on surveillance	RBC OH unit	23,952,600	Not started	0%	Yes	01/01/2024	30/03/2024	23,952,600
Conduct sentinel surveillance for priority zoonotic diseases in human and animal	Procure lab commodities	RBC NRL	2,152,000,000	Not started	0%	Yes	01/01/2023	31/12/2023	2,152,000,000
Conduct sentinel surveillance for priority zoonotic diseases in human and animal	Sample transportation cost	RBC PHSEPR/ RAB Animal resources Dept	177,528,000	Not started	0%	Yes	01/01/2023	30/06/2023	177,528,000
Conduct sentinel surveillance for priority zoonotic diseases in human and animal		RBC PHSEPR/ RAB Animal resources Dept	175,000	Not started	0%	Yes	01/01/2023	30/06/2024	175,000
Conduct sentinel surveillance for priority zoonotic diseases in human and animal		Conduct quarterly supervision	RBC PHSEPR/ RAB Animal resources Dept	12,905,000	Not started	0%	Yes	01/01/2023	30/06/2024
Immunize animals against prioritized zoonotic diseases (rabies, brucellosis, Rift Valley fever)	Procure vaccines for priority zoonotic diseases	RAB Animal Resources Dept	4,160,000,000	Advanced Stage	75%	Yes	01/01/2023	30/06/2024	4,160,000,000
Immunize animals against prioritized zoonotic diseases (rabies, brucellosis, Rift Valley fever)	Maintain cold chain of vaccines	RAB Animal Resources Dept	35,800,000	Advanced Stage	75%	Yes	01/01/2023	30/06/2024	35,800,000



Immunize animals against prioritized zoonotic diseases (rabies, brucellosis, Rift Valley fever)	Conduct immunization of prioritized zoonotic diseases	RAB Animal Resources Dept	66,000,000	Advanced Stage	75%	Yes	01/01/2023	30/06/2024	66,000,000
Establish a comprehensive system and protocol for the surveillance of diseases in the wildlife, livestock and human interface	Conduct workshop to identify non-primate wildlife and related diseases for surveillance system within protected areas and develop a harmonized surveillance technical guideline for the related diseases.	RDB conservation Dept		Not started	0%	Yes			-
Establish a comprehensive system and protocol for the surveillance of diseases in the wildlife, livestock and human interface	Extend the existing gorilla surveillance system to other selected primates (Monkeys and chimpanzees) through searching for the next deadly virus before it ignites to the pandemic.	RDB conservation Dept		Not started	0%	Yes			-
Establish a comprehensive system and protocol for the surveillance of diseases in the wildlife, livestock and human interface	Recruit staff to support disease surveillance of wildlife within the protected areas of the country	RDB conservation Dept		Not started	0%	Yes			-
Control Vector Borne diseases	Conduct workshop to develop a mitigation plan for any human activity and/or development projects that can potentially create a larval habitat	RBC OH unit		Not started	0%	Yes			-



Control Vector Borne diseases	Conduct workshop to develop vector control guidelines and strategies	RBC OH unit		Not started	0%	Yes			-
Control Vector Borne diseases	Upgrade a laboratory for entomology and insecticide resistance monitoring	RBC OH unit		Not started	0%	Yes			-
Control Vector Borne diseases	Organize trainings on vector control and entomological monitoring	RBC OH unit		Not started	0%	Yes			-
Control Vector Borne diseases	Rehabilitate abandoned mine lands/sites (AML/S) to prevent vector breeding opportunities	RBC OH unit		Not started	0%	Yes			-
Control Vector Borne diseases	Support mine inspections to ensure progressive rehabilitation of mined sites	RBC OH unit		Not started	0%	Yes			-
OBJECTIVE P.4.1.2	Strengthen laboratory capabilities for detection of priority zoonotic diseases								
Upgrade the laboratory diagnostic capabilities	Conduct Lab capacity need assessment in respect to skills and equipments, infrastructures at national and decentralized level	RAB Animal Resources Dept/RBC NRL/RBC PHSEPR	8,923,000	Just started	25%	Yes	01/01/2024	30/06/2024	8,923,000



Upgrade the laboratory diagnostic capabilities	Procure lab equipment and commodities for Vet lab and NRL (rabies, brucellosis, Avian flu, RVF), biosafety cabinet, electronic microscope and PPEs,	RAB Animal Resources Dept/RBC NRL/RBC PHSEPR	157,700,000	Just started	25%	Yes	01/01/2023	30/06/2024	157,700,000
Upgrade the laboratory diagnostic capabilities	Train laboratory personnel on detection of priority zoonotic diseases	RAB Animal Resources Dept	11,976,300	On-going	50%	Yes	01/10/2023	31/12/2023	11,976,300
Upgrade the laboratory diagnostic capabilities	Train laboratory information officers on Human LMIS and Vet LMIS	RAB Animal Resources Dept/RBC NRL	15,968,400	Just started	25%	Yes	01/10/2023	31/12/2023	15,968,400
Upgrade the laboratory diagnostic capabilities	Procure ICT equipment (laptops)	RBC PHSEPR	38,792,000	Not started	0%	Yes	01/10/2023	31/12/2023	38,792,000
Establish linkage of laboratory networks between human and animal sectors	Conduct a workshop to develop a framework for collaboration and laboratory capacity	RBC NRL/ PHSEPR		Not started	0%	Yes			-
Establish linkage of laboratory networks between human and animal sectors	Conduct quarterly meetings to share regular updates between laboratories	RBC NRL/ PHSEPR		Not started	0%	Yes			-
OBJECTIVE P.4.1.3 Decentralize the One Health framework at peripheral level									
Develop capacities of human health, veterinarian and wildlife professionals to prevent, detect, and respond to zoonotic diseases	Establish OH committee at decentralized levels	MOH/RBC	-	Not started	0%	Yes	01/01/2023	31/12/2023	-



Develop capacities of human health, veterinarian and wildlife professionals to prevent, detect, and respond to zoonotic diseases	Conduct workshop for review and update the OH strategic plan	MOH/RBC PHSEPR	-	Advanced Stage	75%	Yes			-
Develop capacities of human health, veterinarian and wildlife professionals to prevent, detect, and respond to zoonotic diseases	Conduct workshop to develop district action plans	MOH/RBC PHSEPR		Not started	0%	Yes			-
Develop capacities of human health, veterinarian and wildlife professionals to prevent, detect, and respond to zoonotic diseases	Conduct quarterly meetings at district level	District health unit	28,082,400	On-going	50%	Yes	01/01/2023	31/12/2023	28,082,400
Develop capacities of human health, veterinarian and wildlife professionals to prevent, detect, and respond to zoonotic diseases	Conduct biannual coordination meetings	MOH/RBC PHSEPR	6,111,040	On-going	50%	Yes	01/01/2023	31/12/2023	6,111,040



Develop capacities of human health, veterinarian and wildlife professionals to prevent, detect, and respond to zoonotic diseases	Conduct training for OH decentralized level implementers on zoonotic disease surveillance	RAB Animal Resources Dept/RBC PHSEPR	315,598,400	Just started	25%	Yes	01/01/2024	30/03/2024	315,598,400
Develop capacities of human health, veterinarian and wildlife professionals to prevent, detect, and respond to zoonotic diseases	Conduct cascade training for OH decentralized level implementers on zoonotic disease surveillance	RAB Animal Resources Dept/RBC PHSEPR	346,407,000	Just started	25%	Yes	01/04/2024	30/06/2024	346,407,000
Develop capacities of human health, veterinarian and wildlife professionals to prevent, detect, and respond to zoonotic diseases	Organize workshop to develop a draft of OH policy and guidelines	RAB Animal Resources Dept/RBC PHSEPR	-	Completed	100%	Yes			-
Develop capacities of human health, veterinarian and wildlife professionals to prevent, detect, and respond to zoonotic diseases	Organize a validation workshop of draft of OH policy and guidelines	RAB Animal Resources Dept/RBC PHSEPR	-	Completed	100%	Yes			-
Develop capacities of human health, veterinarian and wildlife professionals to prevent, detect, and respond to zoonotic diseases	Conduct supervision and mentorship	RAB Animal Resources Dept/RBC PHSEPR	40,902,000	On-going	50%	Yes	01/01/2023	31/12/2023	40,902,000



INDICATOR P.4.2	Veterinary or animal health workforce								
OBJECTIVE P.4.2.1	Strengthen the capacity of human, animal and wildlife workforce								
Build the capacity of personnel dealing with zoonoses	Conduct short courses for frontline personnel dealing with zoonoses	RBC PHSEPR	30,867,600	Just started	25%	Yes	01/01/2023	30/06/2024	30,867,600
INDICATOR P.4.3	Mechanisms for responding to infectious and potential zoonotic diseases are established and functional								
OBJECTIVE P.4.3.1	Develop strategies for One Health communication and community awareness and engagement.								
Conduct public awareness on zoonotic diseases in one health approach	Conduct Radio-TV talk shows	RBC OH unit	400,000	Completed	100%	Yes	01/01/2023	30/06/2024	400,000
Conduct public awareness on zoonotic diseases in one health approach	Print OH related IEC tools (pull up banners, flyers)	RBC OH unit	11,000,000	On-going	50%	Yes	01/01/2023	30/06/2024	11,000,000
Conduct public awareness on zoonotic diseases in one health approach	Procure service for developing the radio and TV spots	RBC OH unit	750,000	Advanced Stage	75%	Yes	01/01/2023	30/06/2024	750,000
Conduct public awareness on zoonotic diseases in one health approach	Airing Radio and TV spots	RBC OH unit	31,500,000	Advanced Stage	75%	Yes	01/01/2023	30/06/2024	31,500,000



OBJECTIVE P.4.3.2 Create an effective platform to enhance policy, institutional, operational coordination and collaboration amongst different relevant stakeholders									
develop contingency plans for potential zoonotic disease and other public health threats	Organize workshops for review, elaboration and validation of contingency plans for priority zoonotic diseases (RVF, AI, Rabies and Brucellosis)	RBC OH unit	15,968,400	Not started	0%	Yes	01/01/2024	30/06/2024	15,968,400
develop contingency plans for potential zoonotic disease and other public health threats	Organize internal and cross border simulation exercises to improve operationalization of the validated contingency plans	RBC OH unit	80,000,000	Not started	0%	Yes	01/01/2024	30/06/2024	80,000,000
Total Budget			8,046,815,140						8,046,815,140



5. Food safety



- **Target:** Establish mechanisms for detecting and response to foodborne diseases and food contaminants



JEE recommendations

- Establish a surveillance system to aid in understanding the epidemiology and the risks of food-borne diseases.
 - ◇ Strengthen laboratory and field capacity for detection, diagnosis and confirmation of suspected food-borne outbreaks through:
 - ◇ Recruitment of trained staff
 - ◇ Refresher trainings of existing staff
 - ◇ Procurement of the necessary lab equipment and consumables
 - ◇ Designation and accreditation of at least one national laboratory to handle foodborne diseases.
- Strengthen the necessary operational and coordination framework by:
 - ◇ Finalizing validation of the Food Safety Policy; the Food Safety Risk Communication Strategy; the Food Safety Law; and associated regulations
 - ◇ Hastening the development of the Food Safety Contingency Plan and SOPs/guidelines.



Current Situation: A multisectoral collaboration mechanism and communication channels that includes the INFOSAN Emergency Contact Point is in place at the national, intermediate and local levels through existing structure and governance of Rwanda. This will be improved by the Food Safety policy and strategic plan that is under process at the social cluster ministries level for a national approval. There is a need that the new established government agencies Rwanda Inspectorate, Competition and Consumer Protection Authority (RICA), Ministry of Health), Ministry of agriculture and animal resources (MINAGRI) & Rwanda Food & Drug Authority (Rwanda FDA) to be part of INFOSAN Emergency Contact Points, also there is a need to establish a well-structured collaboration and communication channels in addition to informal communication channels. Additionally, there is need to set indicators for evaluation and regular monitoring of the existing food safety institutions. All sectors related to food production, distribution, consumption, regulation and inspection should be integrated in food safety risk assessment, this will allow to understand the risk profile regarding food hazard and public health events and develop a plan for response.



Food safety

Indicator P.5.1	Mechanisms for multisectoral collaboration are established to ensure rapid response to food safety emergencies and outbreaks of food-borne diseases								
Objective P.5.1.1	Timely detect and effectively respond to potential food-related events								
Strategic actions	Activities	Responsible	Estimated cost (Frw)	Implementation status	Estimated % of implementation	Prioritized for 18-month OP	Starting date	End date	Total cost for 18-month OP
Build capacities foodborne diseases/ event risk profiling team	Conduct a short course of personnel from relevant ministries and institutions on food safety risk profiling	Rwanda FDA / RBC PHSEPR	-	Completed	100%	No			-
Build capacities foodborne diseases/ event risk profiling team	Conduct cascade training of personnel from district involved in food safety enforcement at the sub-national level	RBC	50,434,000	Not started	0%	Yes	01/07/2023	31/12/2023	50,434,000
Strengthen the multisectoral coordination for food safety .	Conduct bi annual meeting of INFOSAN	RBC/RAB	56,380,000	Not started	0%	Yes	01/04/2023	30/03/2024	56,380,000
Conduct food safety risk assessment and profiling	Conduct an assessment of the existing data for food safety risk profiling	Rwanda FDA / RBC PHSEPR	-	Not started	0%	No			-
Conduct food safety risk assessment and profiling	Procure IT equipment for data collection	RBC PHSE-PR	-	Not started	0%	No			-
Conduct food safety risk assessment and profiling	Salaries of enumerators	RBC PHSE-PR	-	Not started	0%	No			-



Conduct food safety risk assessment and profiling	Procure lab commodities	RBC PHSE-PR/NRL/Rwanda FDA/RAB	-	Not started	0%	No			-
Conduct food safety risk assessment and profiling	Conduct a workshops to develop and validation of protocol, for technical review the report of risk profiling of foodborne diseases/pathogens	RBC PHSE-PR	22,094,000	Not started	0%	No			-
Develop a multisectoral management plan, based on the risk profile	Conduct a workshops to develop, to technically review and for validation of the multisectoral operational plan	MOH/RBC PHSEPR	19,676,000	Advanced Stage	75%	No			-
Develop a multisectoral management plan, based on the risk profile	Conduct field visit, workshops for technical review and validation for mid-term evaluation of the implementation of food safety operational plan,	MOH/RBC PHSEPR	8,231,000	Not started	0%	No			-
Develop a multisectoral management plan, based on the risk profile	Conduct field visit, workshops for technical review and validation for end-term evaluation of the implementation of food safety operational plan,	MOH/RBC PHSEPR	8,231,000	Not started	0%	No			-
Develop a multisectoral management plan, based on the risk profile	Conduct a workshops for review and update and validation of food safety strategic	MOH/RBC PHSEPR	8,315,000	On-going	50%	No			-



Develop the SOPs/ guidelines for food borne diseases management	Conduct a workshops to develop, to technically review and validation of SOP/guidelines for foodborne diseases outbreak management	RBC PHSE-PR	19,676,000	Not started	0%	Yes	01/01/2023	30/03/2023	11,660,000
Develop the SOPs/ guidelines for food borne diseases management	Printing of food borne diseases outbreak guidelines	RBC PHSE-PR	10,000,000	Not started	0%	Yes	01/01/2023	30/03/2023	10,000,000
Upgrade existing lab for testing foodborne diseases contaminants (pathogens, toxins, heavy metals, chemicals, radioactive materials, etc..)	Conduct bi-annually gap analysis in food testing capacities	MOH/RBC NRL/RBC PHSEPR/ Rwanda FDA/RICA	38,608,000	Not started	0%	Yes	01/01/2023	31/12/2023	38,608,000
Upgrade existing lab for testing foodborne diseases contaminants (pathogens, toxins, heavy metals, chemicals, radioactive materials, etc..)	Training of food safety lab technicians on Sample collection, packaging, transport, testing and specific equipment use and surveillance officer on surveillance of foodborne diseases surveillance	MOH/RBC NRL/RBC PHSEPR/ Rwanda FDA/RICA	7,940,000	Just started	25%	Yes	01/08/2023	31/08/2023	7,940,000
Upgrade existing lab for testing foodborne diseases contaminants (pathogens, toxins, heavy metals, chemicals, radioactive materials, etc..)	Procure equipment for testing food borne diseases	MOH/RBC NRL/RBC PHSEPR/ Rwanda FDA	3,000,000,000	On-going	50%	Yes	01/01/2023	31/12/2023	3,000,000,000



Upgrade existing lab for testing foodborne diseases contaminants (pathogens, toxins, heavy metals, chemicals, radioactive materials, etc.)	Procure laboratory commodities	MOH/RBC NRL/RBC PHSEPR/ Rwanda FDA	500,000,000	On-going	50%	Yes	01/01/2023	31/12/2023	500,000,000
Establish an active epidemiological surveillance of food-borne diseases contaminants	Procure vehicle for sample transportation	RBC NRL/ RBC PHSE- PR	244,233,270	On-going	50%	Yes	01/01/2024	30/06/2024	394,233,270
Establish an active epidemiological surveillance of food-borne diseases contaminants	Conduct field visits for every 2 years food safety situation analysis 12 personnel*20 days	RFDA, RICA, RDB, RAB RSB, RBC,MOH/ MINAGRI	39,952,000	On-going	50%	Yes	01/01/2023	30/06/2024	39,952,000
Establish an active epidemiological surveillance of food-borne diseases contaminants	Conduct food borne diseases burden assessment.	RBC PHSE- PR/RICA	224,921,000	Not started	0%	Yes	01/03/2023	30/06/2023	188,865,000
Establish an active epidemiological surveillance of food-borne diseases contaminants	Conduct food microbiology laboratory surveillance for animal product.(meat, eggs, fish, honey, milk).	RBC	292,556,000	On-going	50%	Yes	01/07/2023	30/06/2024	292,556,000
Establish an active epidemiological surveillance of food-borne diseases contaminants	Surveillance of mycotoxins exposure in human and animal .	Rwanda FDA / RICA/ RBC PHSE- PR/RAB	131,223,000	Not started	0%	No			-



Establish an active epidemiological surveillance of food-borne diseases contaminants	Assessment of safety of manufactured animal feed plants.	RAB	97,518,000	On-going	50%	No			
Total Budget			4,779,988,270						4,590,628,270



6. Biosafety and biosecurity



Target: Enhance biosafety and biosecurity capacities and practices at all laboratories



JEE recommendations:

- Establish accreditation of the National Reference Laboratory, followed by district and veterinary satellite laboratories.
- Upgrade the biosafety/biosecurity referral laboratories to biosafety level 3.
- Enhance biosafety and biosecurity capacity (infrastructure, equipment and human resources) at all laboratories as appropriate.
- Improve biological waste management in all facilities.



Current situation

Rwanda is a signatory of international conventions and protocols related to biosafety and biosecurity. At National level in Rwanda, the lab biosafety and biosecurity guideline review are done, but at lower levels it is not reviewed regularly. QMS at National level exists and the lab is ISO15189 accredited, 3 more labs have been accredited and stepwise rolling out QMS for other facilities.



Biosafety & Biosecurity									
Indicator P.6.1	P.6.1 Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities								
Objective P.6.1.1	Ensure quality of laboratory services is monitored and is in compliance with international standards								
Strategic actions	Activities	Responsible	Estimated cost (FRW)	Implementation status	Estimated % of implementation	Prioritized for 18-month OP	Starting date	End date	Total cost for 18-month OP
Establish accreditation of the National Reference Laboratories, followed by district and veterinary satellite laboratories.	Hire 2 technical consultants to conduct a baseline assessment to identify gaps in compliance to international standards of biosafety	RBC	15,000,000	Not started	0%	Yes	01-Jul-23	30-Oct-23	15,000,000
	Conduct preparatory training for 20 human satellite labs and 4 veterinary labs on the accreditation process	RBC,RAB	100,000,000	Just started	25%	Yes	09-Jan-23	13-Jan-23	100,000,000
	Conduct a workshop to develop different accreditation related tools (Policy, Manuals, SOPs, guidelines)	RBC	10,497,000	Advanced Stage	75%	Yes	24-Jul-23	28-Jul-23	10,497,000
	Conduct laboratory audit assessment	RBC		On-going	50%	No	18-Dec-23	23-Dec-23	-



	Develop National Biosafety & Biosecurity Multisectoral Strategic Plan	RBC,RAB	227,600	Just started	25%	Yes	12-Feb-24	16-Feb-24	227,600
Upgrade the biosafety/ biosecurity of National Referral Laboratory	Establish a national technical committee to follow up the upgrading process	RBC	9,908,000	Just started	25%	Yes	25-Jan-23	25-Jan-23	9,908,000
	Hire expert to provide technical assistance for BSL3 upgrading	RBC	10,560,000	Just started	25%	Yes	05-Mar-23	17-May-23	10,560,000
	Upgrade the biosafety/ biosecurity for national referral laboratory to biosafety level 3 (Design, construct and validation)	RBC	7,500,680	Not started	0%	Yes	01-Jul-23	30-Oct-23	7,500,680
Indicator P.6.1	Biosafety and biosecurity training and practices								
Objective P.6.1.2	Enhance biosafety and biosecurity human resources capacity at all laboratories and improve biological waste management in all facilities								
Provide biosafety and biosecurity training to all concerned staff	Conduct training of trainers for 20 human satellite labs and 4 veterinary labs on biosafety and biosecurity, and lab waste management	RBC	25,000,000	Advanced Stage	75%	Yes	06-Feb-23	10-Feb-23	25,000,000
	Conduct annual simulation exercises on biological risk protocols (on site)	RBC	7,500,680	Not started	0%	Yes	20-Oct-23	20-Oct-23	7,500,680



	Conduct bi-annual assessment to review training needs	RBC,RAB	9,908,000	On-going	50%	Yes	17-Apr-23	28-Apr-23	227,600
	Conduct bi-annual refresher cascade training on emergency response procedures for biosafety and biosecurity	RBC,RAB	10,560,000	Advanced Stage	75%	Yes	17-Jul-23	21-Jul-23	9,908,000
	Conduct training of trainers on simulation exercise	RBC	10,560,000	Not started	0%	Yes	11-Sep-23	15-Sep-23	10,560,000
	Update the national biosafety-biosecurity guideline	RBC,RAB	7,500,680	Not started	0%	Yes	14-Feb-23	17-Feb-23	7,500,680
	Disseminate and distribute biosafety and biosecurity guideline	RBC,RAB	25,000,000	Not started	0%	Yes	13-Mar-23	17-Mar-23	25,000,000
Total Budget			249,722,640						239,390,240



7. Immunization



Target: Ensure that all children are fully vaccinated and the coverage >95% by 2030



JEE recommendations:

- Continue sensitization activities to sustain community awareness of, and demand for, immunization.
- Sustain advocacy around national financial commitments and obligations for procurement of traditional and new vaccines.
- Expand immunization closer to communities by decentralizing vaccination services down to health posts.



Current situation: The Expanded Program on Immunization (EPI) in Rwanda is comprised of three principal components: routine vaccination (fixed-location and outreach activities); supplemental immunization activities; and surveillance for EPI-targeted diseases. Immunization activities in Rwanda are coordinated at national level by the national Interagency Coordinating Committee (ICC), which includes all immunization technical partners and donors. Rwanda has a functioning national vaccine delivery system – with nationwide reach, effective distribution, easy access for marginalized populations, adequate cold chain and ongoing quality control – that is able to respond to new disease threats. There is a need to sustain delivery and community demand for immunization services, with a focus on groups at risk of being missed out.



Immunization									
Indicator P.7.1	Vaccine coverage (measles) as part of national programme								
Objective P.7.1.1	Ensure that all children are fully vaccinated and the coverage >95% by 2024								
Strategic actions	Activities	Responsible	Estimated cost (Frw)	Implementation status	Estimated % of implementation	Prioritized for 18-month OP	Starting date	End date	Total cost for 18-month OP
Sustain advocacy around national financial commitments and obligations for procurement of traditional, and new vaccines	Hire national consultant to develop national immunization policy	RBC- MCCH division	20,598,552	Not started	0%	Yes	Jul-23	Sep-23	20,598,552
Sustain advocacy around national financial commitments and obligations for procurement of traditional, and new vaccines	Hold a workshop to validate the national immunization policy	RBC- MCCH division	9,975,000	Not started	0%	Yes	Sep-23	Sep-23	9,975,000
Sustain advocacy around national financial commitments and obligations for procurement of traditional, and new vaccines	Hire national consultant to develop financial sustainability plan for immunization program	RBC- MCCH division	20,598,552	Not started	0%	Yes	Jul-23	Sep-23	20,598,552



Sustain advocacy around national financial commitments and obligations for procurement of traditional, and new vaccines	Hold a workshop to validate the financial sustainability plan for immunization program	RBC- MCCH division	9,975,000	Not started	0%	Yes	Sep-23	Sep-23	9,975,000
Sustain advocacy around national financial commitments and obligations for procurement of traditional, and new vaccines	Disseminate the financial sustainability plan for immunization program for its implementation	Ministry of Health	3,883,500	Not started	0%	Yes	Dec-23	Dec-23	3,883,500
Indicator P.7.2	National vaccine access and delivery display								
Objective P.7.2.1	Ensure that all children are fully vaccinated and the coverage >95% by 2030								
Expand immunization closer to communities by decentralizing vaccination services down to health posts	Expand vaccines storage capacity by providing cold chain equipment to health posts	RBC- MCCH division	1,600,000,000	Not started	0%	No			-
Continue sensitization activities to sustain community awareness of, and demand for, immunization.	Conduct sensitization meeting with CHWs	RBC- MCCH division	92,876,000	Not started	0%	Yes	Jan-24	Jun-24	92,876,000
Total Budget			1,757,906,604						157,906,604



National Laboratory System



Target: Strengthen laboratory capacity for detection of priority diseases



JEE recommendations:

- Establish a national body in charge of certification and accreditation and implement the accreditation of the National Reference Laboratory.
- Develop clinical toxicology laboratory capacity in terms of infrastructure, equipment and personnel.
- Strengthen human resources capacity in zoonotic disease laboratories.
- Assess how to facilitate and expedite sample transportation from local level to intermediate and central levels.
- Strengthen on-site mentorship and training in the laboratories network.



Current situation

Rwanda does perform all testing however we are still planning to handle high consequences pathogens and access to viral culture. At national level specific diagnostic strategies are in place, however, there is a need to strengthen the specific diagnostic system. The country has initiated a plan to consolidate the location of dangerous pathogens and toxins into a minimal number of facilities. Health laboratories conform with national and international quality standards. There is a need to strengthen the supply chain for detection of priority diseases, the decentralization of availability of special tests and the national laboratory capacity for zoonotic diseases .



National laboratory system									
Indicator D.1.1 D.1.1 Laboratory testing for detection of priority diseases									
Objective D.1.1.1 Strengthen laboratory capacity for detection of priority diseases									
Strategic actions	Activities	Responsible	Estimated cost (Frw)	Implementation status	Estimated % of implementation	Prioritized for 18-month OP	Starting date	End date	Total cost for 18-month OP
Upgrade the national laboratory infrastructure to detect level 3 and 4 pathogens (including human, livestock and wildlife)	Conduct a meeting to nominate technical working group members (including human, livestock and wildlife health experts) to determine requirements for BSL3 labs & develop their TORs	Ministry of Health, RB-C&WHO	1,199,000	Not started	0%	Yes	25-Jan-23	25/01/2023	1,199,000
Upgrade the national laboratory infrastructure to detect level 3 and 4 pathogens (including human, livestock and wildlife)	Conduct workshop to develop methodology and assessment tools (guidelines and requirements) which will be used to identify status of labs to be upgraded to BSL3 and BSL4	RBC	8,340,000	On-going	50%	No	13-Feb-23	17/02/2023	-



Upgrade the national laboratory infrastructure to detect level 3 and 4 pathogens (including human, livestock and wildlife)	Conduct field visits to assess current status of national lab infrastructure for capacity to detect level 3 and 4 pathogens	RBC/ RAB	592,548	On-going	50%	No	08-May-23	12/05/2023	-
Upgrade the national laboratory infrastructure to detect level 3 and 4 pathogens (including human, livestock and wildlife)	Conduct workshop to develop action plan for implementing recommendations from lab assessment	RBC	8,340,000	Not started	0%	No	06-Nov-23	10/11/2023	-
Strengthen human resources capacity for detection of zoonotic disease in laboratories.	Workshop of One Health TWG to develop assessment tool of gaps in human resource capacity to detect zoonotic diseases in labs	RBC & RAB and RDB	20,100,000	Not started	0%	Yes	29-May-23	02/06/2023	20,100,000
Strengthen human resources capacity for detection of zoonotic disease in laboratories.	Conduct assessment via field visits and identify gaps	RBC	227,600	On-going	50%	Yes	10-Jul-23	14/07/2023	227,600
Strengthen human resources capacity for detection of zoonotic disease in laboratories.	Workshop to develop training materials, SOPs, job aids, and a learning plan	RBC	17,502,000	Just started	25%	Yes	17-Jul-23	21/07/2023	17,502,000
Strengthen human resources capacity for detection of zoonotic disease in laboratories.	Workshop to validate training materials and create a training plan to conduct trainings	RBC	4,420,000	Not started	0%	Yes	24-Jul-23	28/07/2023	4,420,000



Strengthen human resources capacity for detection of zoonotic disease in laboratories.	Conduct training of trainers (lab and Vet) workshop	RBC&RAB	4,989,000	Completed	100%	Yes	13-Nov-23	17/11/2023	4,989,000
Strengthen human resources capacity for detection of zoonotic disease in laboratories.	Hire international consultant to facilitate training of trainers workshop	RBC	9,767,600	Not started	0%	No			-
Strengthen human resources capacity for detection of zoonotic disease in laboratories.	Follow-up field assessment to determine impact of training on technical capacity of HR trained	RBC	227,600	On-going	50%	Yes	21-Aug-23	25/08/2023	227,600
Indicator D.1.2 Specimen referral and transport system									
Objective D.1.2.1 Decrease transportation times and between point of care to intermediate and central level									
Strengthen the existing sample transportation system from local level to intermediate and central levels (both human and animal)	Hire local consultant to explore innovative specimen transport systems (including utilization of drones) needed for Vet	RBC&RAB	8,340,000	Completed	100%	No			-
Strengthen the existing sample transportation system from local level to intermediate and central levels (both human and animal)	Conduct workshop to explore potential solutions for sample transportation and tracking. Create and validate quality assurance protocols and standards and design evaluation tool	RBC	8,340,000	Completed	100%	No			-



Strengthen the existing sample transportation system from local level to intermediate and central levels (both human and animal)	Procure required vehicles/ motorcycles and other materials for sample transportation from lower level to intermediate and central levels	MoH, RBC&R-AB	371,700,000	On-going	50%	Yes	01-Jul-23	30/10/2023	371,700,000
Strengthen the existing sample transportation system from local level to intermediate and central levels (both human and animal)	Hire drivers to bolster the specimen transportation system (to district and provincial hospitals)	RBC&RAB	42,000,000	Advanced Stage	75%	Yes	01-Jul-23	30/10/2023	42,000,000
Strengthen the existing sample transportation system from local level to intermediate and central levels (both human and animal)	Conduct evaluation to assess quality of decentralization of specimen transport system	RBC	341,400	Advanced Stage	75%	Yes	20-Feb-23	24/02/2023	341,400
Strengthen the existing sample transportation system from local level to intermediate and central levels (both human and animal)	Procure required equipment for sample tracking system.	RBC	25,000,000	Advanced Stage	75%	Yes	01-Jul-23	30/10/2023	25,000,000
Integrate veterinary laboratories into LIS and Lab Network systems	Conduct workshop to evaluate component requirements needed to customize existing software/database for use in vet labs	Ministry of Health&RBC	6,380,000	Advanced Stage	75%	Yes	04-Sep-23	08/09/2023	6,380,000



Integrate veterinary laboratories into LIS and Lab Network systems	Tender from software provider to customize LIS software to meet requirements of vet labs and embed it in relevant facilities.	Ministry of Health, RBC &RAB	270,000,000	Not started	0%	Yes	01-Jul-23	30/10/2023	270,000,000
Integrate veterinary laboratories into LIS and Lab Network systems	LIS software license for 606 additional facilities	Ministry of Health,RBC &RAB	27,000,000	On-going	50%	Yes	01-Jul-23	30/10/2023	27,000,000
Integrate veterinary laboratories into LIS and Lab Network systems	Conduct ToT for vet lab techs and IT staff	RAB	5,204,000	On-going	50%	Yes	18-Sep-23	22/09/2023	5,204,000
Develop guidelines and SOPs for current BSL2 and vet labs to refer specimens to BSL3	Conduct workshop to develop guidelines and SOPs for specimen referral from BSL2 and vet labs to BSL3	MoH &RBC	6,380,000	Not started	0%	Yes	02-Oct-23	06/10/2023	6,380,000
Indicator D.1.3 Laboratory quality system									
Objective D.1.3.1 Strengthen laboratory quality system by establishing a national body in charge of certification and accreditation									
Develop national policy document for accreditation and certification of human and veterinary laboratories	Conduct workshop to develop national laboratory accreditation policy document (Guidelines, SOPs, TORs)	RBC	22,452,000	On-going	50%	Yes	16-Jan-23	20/01/2023	22,452,000
Develop national policy document for accreditation and certification of human and veterinary laboratories	Hire consultants to help facilitate the process of developing national accreditation policy	WHO &RBC	17,502,000	On-going	50%	No	01-Jul-23	30/10/2023	-



Register national body with relevant ministries and international accreditation body	Submit policy for approval by Ministries of Health, Environment and Agriculture	MoH &RBC		Not started	0%	No	20-Nov-23	20/11/2023	-
Register national body with relevant ministries and international accreditation body	Submit policy for legislation and register national accreditation body to the concerned institution	WHO,MoH& RBC		Not started	0%	No	30-Dec-23	30/12/2023	-
Register national body with relevant ministries and international accreditation body	Submit application for registration with ILAC	MoH&RBC		Not started	0%	No	30-Dec-23	30/12/2023	-
Hire required staff and procure infrastructure	Hire qualified staff to man different positions in national accreditation body	RBC /MoH	704,283,000	Not started	0%	Yes	14-Aug-23	20/10/2023	704,283,000
Develop guidelines and tools	Equip office for certification/ accreditation national body	RBC /MoH	11,600,000	Not started	0%	Yes	01-Mar-24	31/03/2024	11,600,000
Develop guidelines and tools	Train certification/ accreditation officers per required standards	RBC		Not started	0%	No	11-Dec-23	15/12/2023	-
Develop guidelines and tools	Enroll veterinary and food laboratories into accreditation process	RAB		Not started	0%	No	18-Dec-23	22/12/2023	-



Develop guidelines and tools	Procure vehicles for sample transportation	MoH, RBC&R-AB	560,000,000	Not started	0%	Yes	01-Jul-23	30/07/2023	560,000,000
Develop guidelines and tools	Procure motorcycles for vet RAB stations	RAB	24,000,000	Not started	0%	Yes	01-Jul-23	30/10/2023	24,000,000
Update National Laboratory Quality Standard (Human & Vet)	Conduct workshop to update national laboratory quality standard (Vet and Human)	RAB&RAB	20,568,000	Not started	0%	Yes	15-May-23	26/05/2023	20,568,000
Disseminate & Distribute a National Laboratory Quality Standard	Conduct workshop to disseminate and distribute a national laboratory quality standard (Vet and Human)	RBC&RAB	153,200,000	Not started	0%	Yes	05-Jun-23	09/06/2023	153,200,000
Conduct laboratory audit for quality compliance	Laboratory quality assessment for vet and human	RBC&RAB	4,280,000	Not started	0%	Yes	04-Dec-23	08/12/2023	4,280,000
Indicator D.1.3 D.1.1 Laboratory testing for detection of priority diseases									
Objective D. 1.3 Procure reagents for molecular testing of priority diseases									
	Procure reagents for molecular testing of priority diseases	RBC	100,050,000			Yes	01-Jul-23	30/10/2023	100,050,000
Total Budget			2,464,325,748						2,403,103,600



Real time surveillance



Target: To strengthen the national public health surveillance system capable of identifying potential events of public health concern by 2023



JEE recommendations:

- Establish community event-based surveillance based on the One Health approach.
- Develop an electronic surveillance system for domestic animal health.
- Strengthen human resource capacity building for disease surveillance in the One Health context.



Current situation

Surveillance is achieved at national and intermediate level but not at community level. Community-based surveillance implementation is ongoing; currently training of trainers are being conducted in 12 out of 30 districts. Due to the One health approach, there is challenge in the workforce; in fact, the community health animal workers (CHAWs) are only available in some districts. Event management is achieved at national and intermediate levels but not yet community levels. The Hotline and media EBS are functioning, Indicator Based Surveillance is implemented at all levels and Event Based Surveillance trainings are ongoing. The main gap is the event management system (EMS) that is not yet adapted to country context.



Real-time surveillance									
INDICATOR D.2.1	Indicator and event based surveillance systems								
OBJECTIVE D.2.1.1	To strengthen the national public health surveillance system capable of identifying potential events of public health concern by 2023								
Strategic actions	Activities	Responsible	Estimated cost (Frw)	Implementation status	Estimated % of implementation	Prioritized for 18 months AOP	Starting date	End date	Total cost for 18 months AOP
Establish community event-based surveillance based within the One Health approach	Recruit a permanent IT staff to ensure upgrade and maintenance of e-CEBS system	RBC/PHS&EPR Division/Surveillance Unit	36,000,000	Not started	0%	Yes	01/07/2023	31/10/2023	36,000,000
Establish community event-based surveillance based within the One Health approach	Field visit to support the identification and nomination of community animal health workers (CAHWs)	RAB/Veterinary services	6,875,000	Advanced Stage	75%	Yes	01/03/2024	06/05/2024	6,875,000
Establish community event-based surveillance based within the One Health approach	Conduct a workshop to develop CEBS Training Materials	Other	3,235,000	Completed	100%	No			-
Establish community event-based surveillance based within the One Health approach	Conduct ToT for CEBS	RBC/PHS&EPR Division/Surveillance Unit	79,626,200	Just started	25%	Yes	01/02/2023	28/02/2023	79,626,200
Establish community event-based surveillance based within the One Health approach	Conduct cascade CEBS trainings	RBC/PHS&EPR Division/Surveillance Unit	312,500,000	Just started	25%	Yes	01/03/2023	28/03/2023	312,500,000



Establish community event-based surveillance based within the One Health approach	Procure kits material for the CAHWs	RAB/Veterinary services	1,331,200,000	Just started	25%	Yes	01/01/2024	31/03/2024	1,331,200,000
Establish community event-based surveillance based within the One Health approach	Conduct routine supervision to ensure standards quality of CEBS	RBC/PHS&EPR Division/Surveillance Unit	60,174,000	Not started	0%	Yes	01/04/2023	01/06/2024	60,174,000
Establish community event-based surveillance based within the One Health approach	Organise meetings at district level to create One Health collaboration mechanism at decentralised levels	RBC/PHS&EPR Division/One Health Unit	6,727,400	Not started	0%	No			-
INDICATOR D.2.2	Inter-operable, interconnected, electronic real-time reporting system								
Adapt and decentralize e-IDSR to electronic surveillance system for domestic animal health	Adapt e-IDSR to electronic surveillance system for domestic animal health	RBC/PHS&EPR Division/Surveillance Unit	6,925,000	Not started	0%	Yes	01/08/2023	15/08/2023	6,925,000
Adapt and decentralize e-IDSR to electronic surveillance system for domestic animal health	Develop technical guidelines for surveillance of animal diseases,	RAB/Veterinary services	6,925,000	Not started	0%	Yes	01/01/2024	30/01/2024	6,925,000
Decentralize an electronic surveillance system for domestic animal health	Train Vet District Officers and Sector Vet Officers on eIDSR system In animal health	RAB/Veterinary services	39,187,500	Not started	0%	Yes	01/03/2024	31/03/2024	39,187,500
Decentralize an electronic surveillance system for domestic animal health	Accomodate the AU-IBAR Technical assistant who will support RAB in ARIS training	RAB/Veterinary services	9,547,515	Not started	0%	No			-



Build capacity of central level personnel in maintenance of electronic systems used in diseases surveillance	Train System administrators (eIDSR/ CEBS) in DHIS-2 Academy Tracker training and Database administration	RBC/PHS&EPR Division/Surveillance Unit	9,795,990	Not started	0%	Yes	01/05/2024	31/05/2024	9,795,990
Build capacity of central level personnel in maintenance of electronic systems used in diseases surveillance	Train the end-users on the eIDSR Lab and Outbreak Modules	RBC/PHS&EPR Division/Surveillance Unit	18,356,000	Not started	0%	Yes	01/05/2023	15/05/2023	18,356,000
Build capacity of central level personnel in maintenance of electronic systems used in diseases surveillance	Evaluate the electronic diseases surveillance systems (e-IDSR)	RBC/PHS&EPR Division/Surveillance Unit	18,000,000	Not started	0%	Yes	01/01/2024	31/01/2024	18,000,000
Build capacity of central level personnel in maintenance of electronic systems used in diseases surveillance	Coduct a workshop to validate protocols and assessment tools for e-IDSR	RBC/PHS&EPR Division/Surveillance Unit	1,340,000	Not started	0%	Yes	01/02/2024	05/02/2024	1,340,000
Build capacity of central level personnel in maintenance of electronic systems used in diseases surveillance	Conduct the evaluation of eIDSR	RBC/PHS&EPR Division/Surveillance Unit	46,974,000	Not started	0%	Yes	15/02/2024	15/03/2024	46,974,000
Build capacity of central level personnel in maintenance of electronic systems used in diseases surveillance	Organise a dissemination workshop for eIDSR	RBC/PHS&EPR Division/Surveillance Unit	6,750,000	Not started	0%	Yes	20/04/2023	30/04/2024	6,750,000
INDICATOR D.2.3	Analysis of surveillance data								
Build national capacity in data quality audit and data analysis	Train central level staff on GIS	RBC/PHS&EPR Division/Surveillance Unit	2,238,000	Not started	0%	Yes	01/12/2023	31/12/2023	2,238,000
Build national capacity in data quality audit and data analysis	Train Ditricth level staff on Data quality and data analysis	RBC/PHS&EPR Division/Surveillance Unit	35,840,000	Completed	100%	No			-



Build national capacity in data quality audit and data analysis	Conduct a workshop to review the eIDSR reporting user-guide and develop a eIDSR data quality user-guide	RBC/PHS&EPR Division/Surveillance Unit	7,940,000	Completed	100%	No				-
Build national capacity in data quality audit and data analysis	Develop ARIS data quality/data analysis user-guide	Ministry of Agriculture	6,080,000	Not started	0%	No				-
Build national capacity in data quality audit and data analysis	Conduct bi-annual routine supportive supervision to Health Facilities to maintain the data quality of disease surveillance	RBC/PHS&EPR Division/Surveillance Unit	60,174,000	Advanced Stage	75%	Yes	01/07/2023	30/06/2024	60,174,000	
Build national capacity in data quality audit and data analysis	Organise annual meeting with HFs for restitution and supervision feedback	RBC/PHS&EPR Division/Surveillance Unit	-	Not started	0%	Yes	01/01/2023	30/06/2024		-
Build national capacity in data quality audit and data analysis	Conduct bi-annual epidemio-surveillance for the main animal diseases (FMD, RVF, ASF, PPR, NCD/HPAI, CBPP)	RAB/Veterinary services	24,372,800	Completed	100%	Yes	01/01/2024	30/06/2024	24,372,800	
Build national capacity in data quality audit and data analysis	Meeting for restitution and feedback on epidemio-surveillance findings	Ministry of Agriculture	-	Completed	100%	Yes	01/01/2024	30/06/2024		-
Build national capacity in data quality audit and data analysis	Accommodate WHO Experts who will be facilitating the TOT on IDSR new guideline	RBC/PHS&EPR Division/Surveillance Unit	87,510,000	Completed	100%	No				-
Build national capacity in data quality audit and data analysis	Conduct TOT Training of Surveillance Officers from DHs, RHs, PHs on IDSR new guideline	RBC/PHS&EPR Division/Surveillance Unit	19,100,000	Completed	100%	No				-



Build national capacity in data quality audit and data analysis	Cascade training of IDSR new guideline to Health Centre Surveillance Officers	RBC/PHS&EPR Division/Surveillance Unit	744,500,000	Completed	100%	No			
Build national capacity in data quality audit and data analysis	Print IDSR new guideline, reporting forms and other technical job aids (SCD) for End-Users	RBC/PHS&EPR Division/Surveillance Unit	10,400,000	Not started	0%	Yes	01/01/2023	15/02/2023	10,400,000
Build capacity in scientific writing to document best practices in surveillance and response of Public Health Emergencies of national and international concerns	Hiring consultants (preferably UR/SOPH) to guide participants in scientific writing, and publication	RBC/PHS&EPR Division/Surveillance Unit	8,701,200	Not started	0%	Yes	01/05/2024	30/06/2024	8,701,200
Build capacity in scientific writing to document best practices in surveillance and response of Public Health Emergencies of national and international concerns	Organise a training about scientific writing and data analysis tool (Stata or R)	RBC/PHS&EPR Division/Surveillance Unit	6,080,000	Not started	0%	Yes	01/05/2024	30/06/2024	6,080,000
Build capacity in scientific writing to document best practices in surveillance and response of Public Health Emergencies of national and international concerns	Conduct a data analysis and writing workshop about selected surveillance topics	RBC/PHS&EPR Division/Surveillance Unit	6,080,000	Not started	0%	Yes	01/05/2024	30/06/2024	6,080,000
Build capacity in scientific writing to document best practices in surveillance and response of Public Health Emergencies of national and international concerns	Conduct a workshop to write abstract and finalise scientific articles to be published in peer review journals and scientific conferences	RBC/PHS&EPR Division/Surveillance Unit	3,678,000	Not started	0%	Yes	01/05/2024	30/06/2024	3,678,000
Total Budget			3,022,832,605						2,102,352,690



Reporting



Target: Establish a collaborative multidisciplinary reporting system on the health of humans, animals' interface that comply with WHO requirement and is consistent with FAO and OIE standards by 2022



JEE recommendations

- Additional personnel should be designated and trained on IHR National Focal Point roles and responsibilities.
- Establish a policy to govern reporting, encompassing protocols, processes and regulations.



Current situation: Rwanda is a Member State of both WHO and OIE and has appointed a National Focal Person for the IHR OIE and INFOSAN. The person functioning as the IHR NFP has not yet been trained in reporting public health emergencies of international concern (PHEICs). More than one person was assigned to the IHR NFP function, in order to facilitate the uninterrupted availability of the NFP in one health approach (MOH/RBC, MINAGRI/RAB and RDB. There is need of protocols and tools for reporting to WHO .



Reporting									
INDICATOR D.3.1	System for efficient reporting to WHO, FAO and OIE								
OBJECTIVE D.3.1.1	Establish a collaborative multidisciplinary reporting system on the health of humans, animals interface that comply with WHO requirement and is consistent with FAO and OIE standards by 2022								
Strategic actions	Activities	Responsible	Estimated cost (Frw)	Implementation status	Estimated % of implementation	Prioritized for 18 months AOP	Starting date	End date	Total cost for 18 months AOP
Designate and train IHR National Focal Persons	Build capacity of IHR National Focal Persons (NFP) on IHR reporting and IHR Focal Point functions	WHO	5,292,500	Not started	0%	Yes	01/01/2024	31/01/2024	5,292,500
Designate and train IHR National Focal Persons	Hire international consultant to train NFP on IHR reporting requirements	WHO	6,383,800	Not started	0%	No			-
Designate and train IHR National Focal Persons	Build capacity of health security working group	RBC/PHS&EPR Division	4,050,000	Not started	0%	Yes	01/03/2024	31/03/2024	4,050,000
Maintain the mechanism of communication between the IHR NFP, OIE delegates, and WAHIS national focal points.	Conduct bi-annual meetings of IHR technical working group	RBC/PHS&EPR Division	-	Not started	0%	No			-



Elaborate IHR reporting protocols and SOP	Organize a workshop to develop IHR reporting protocols and SOP	RBC/PHS&EPR Division	8,027,500	Not started	0%	Yes	01/04/2024	30/04/2024	8,027,500
Elaborate IHR reporting protocols and SOP	Conduct a workshop to validate the developed IHR protocols, SOPs	Example: Ministry of Health	4,858,500	Not started	0%	Yes	01/04/2024	30/04/2024	4,858,500
Total Budget			28,612,300						22,228,500



Human resources/workforce development



Target: To have sufficient and effective health workforce to implement IHR core capacities by 2026



JEE recommendation:

- Identify opportunities to increase the financial sustainability of Rwanda's FETP programme (including through new donor partners and increased collaboration with neighbouring countries).
- Determine the requirement for epidemiologists and other personnel needed to implement IHR core capacities at district level and include it in the HRH strategic plan or the HSSP4 implementation plan.
- Ensure that the HRH plan is updated and in alignment with HSSP4.
- Develop a robust frontline FETP programme in order to train a multidisciplinary workforce in each district.
- Increase the number of Masters students in FETP and take action to increase the participation of veterinarians in the cohorts.



Current situation

Rwanda's Health System Strategic Plan IV (HSSP4) (2018-2024) addresses building health security as a priority. It seeks to ensure that Rwanda is free of epidemic-prone diseases and public health threats, through building a sustainable, effective and efficient national surveillance, response and recovery system. One of the strategies to achieve this objective is to strengthen national workforce capacity to detect and respond to national public health threats. A multisectoral platform is in place for human and animal health professionals (One Health). Different training institutions, public and private, are available throughout the country, and are able to produce skilled and competent health personnel in quantity. Multi-disciplinary committees and rapid response teams are in place at national and district level. A field epidemiology and laboratory training programme (FELTP) are available. The number of FETP graduates should be increased, and measures should be taken to ensure they are included in the workforce strategies and more veterinarians and environmental have be enrolled in the FETP. There is both a policy and a strategic plan for human resources for health through One approach. A human resource for health has been established in Ministry of health. The PHEOC is operational at the national level: The Public Health Surveillance & Emergency Preparedness and Response (PHS&EPR) division is the National PHEOC. Establishment of PHEOCs at intermediate (provincial) level is in process. The National PHEOC supports the sub national levels when necessary.



Human resources/Workforce development									
INDICATOR D.4.1	Human resources are available to implement IHR core capacity requirements								
OBJECTIVE D.4.1.1	To have sufficient and effective health workforce to implement IHR core capacities by 2025								
Strategic actions	Activities	Responsible	Estimated cost (Frw)	Implementation status	Estimated % of implementation	Prioritized for 18 months AOP	Starting date	End date	Total cost for 18 months AOP
Conduct a baseline assessment of the existing HR capacities across all levels	Recruit a national consultant to support with conducting a baseline assessment for two months	Ministry of Health	20,534,820	Not started	0%	Yes	01/03/2023	30/04/2023	20,534,820
Conduct a baseline assessment of the existing HR capacities across all levels	Conduct a workshop for dissemination of the finding to the key stake holders to ensure we agree on a common position	Ministry of Health	4,754,000	Not started	0%	Yes	08/05/2023	09/05/2023	4,754,000
Map the multisectoral HR available for IHR implementation	Conduct a workshop for mapping of the main actors with key stakeholders	Ministry of Health	2,452,000	Not started	0%	Yes	15/05/2023	15/05/2023	2,452,000
Develop a robust multisectoral framework for retaining key cadres and health work force at both national and subnational levels	Recruit an international consultant to develop HR retention strategy and implementation plan	Ministry of Health	20,534,820	Not started	0%	Yes	15/04/2023	15/06/2023	20,534,820



Develop a robust multisectoral framework for retaining key cadres and health work force at both national and subnational levels	Conduct validation workshop for the HR retention strategy in Kigali	Ministry of Health	6,272,000	Not started	0%	Yes	19/06/2023	20/06/2023	6,272,000
Develop a robust multisectoral framework for retaining key cadres and health work force at both national and subnational levels	Recruit staff according to the recruitment strategy	MIFOTRA		Not started	0%	Yes	01/07/2023	30/07/2023	-
Develop a robust multisectoral framework for retaining key cadres and health work force at both national and subnational levels	Conduct training of new recruited and existing staff	MOH, REMA, RAB, RD-B, RFDA, MIFOTRA		Not started	0%	Yes	01/09/2023	30/09/2023	-
INDICATOR D.4.2	Field Epidemiology Training Program or other applied epidemiology training program in place								
OBJECTIVE D.4.2.1	To advocate for the recognition and establishment of Field Epidemiologists in the Human Resource Structure by 2025								
Develop a policy and position paper on the staffing establishment and recognition of the cadre of FETP within the HR strategy	Conduct workshop to review HRH Strategy and include Field Epidemiologists	Ministry of Health	2,970,000		0%	Yes	01/02/2023	30/04/2023	2,970,000
Develop a policy and position paper on the staffing establishment and recognition of the cadre of FELTP within the HR strategy	Conduct a one day meeting for discussion and dissemination of the policy brief to the top management of Minister of Health, Ministry of Agriculture and Ministry of Public Service and UR	Ministry of Health	1,248,000	Not started	0%	Yes	03/05/2023	03/05/2023	1,248,000



OBJECTIVE D.4.2.2 Expand the FELTP program to be able to increas the intake of Epidemiologists,Veterinerians in FETP and establish a robust frontline FETP programe in the program by 2025										
Expand the intake of epidemiologists and veterinarians in the FELTP at an advanced level	Enroll 15 residents per year in the FETP	Ministry of Health	180,000	Advanced Stage	75%	Yes	01/01/2023	30/06/2023	180,000	
OBJECTIVE D.4.2.3 Develop a robust frontline FETP programme in order to train a multidisciplinary workforce in each district										
Develop a robust frontline FETP programme in order to train a multidisciplinary workforce in each district	Recruit One international Consultant to support the development of the short term curricula for frontline FETP programme in order to train a multidisciplinary workforce in each district	Ministry of Health	17,502,000	Completed	100%	Yes	01/03/2023	30/04/2023	17,502,000	
Develop a robust frontline FETP programme in order to train a multidisciplinary workforce in each district	One national Consultant to support the development of the short term curricula for frontline FETP programme in order to train a multidisciplinary workforce in each district	Ministry of Health	10,267,410	Completed	100%	Yes	01/03/2023	30/04/2023	10,267,410	
Develop a robust frontline FETP programme in order to train a multidisciplinary workforce in each district	Conduct Curriculum development workshop with multiple stakeholders to consolidate inputs	Ministry of Health	4,205,000	Completed	100%	Yes	08/05/2023	12/05/2023	4,205,000	
Develop a robust frontline FETP programme in order to train a multidisciplinary workforce in each district	Validation workshop and adoption of the curriculum	Ministry of Health	2,296,000	Completed	100%	Yes	15/05/2023	16/05/2023	2,296,000	
Develop a robust frontline FETP programme in order to train a multidisciplinary workforce in each district	Enroll 30 residents every 3 months for FETP frontline year for the next five years	RBC	450,000	On-going	50%	Yes	01/01/2023	30/06/2023	450,000	
Develop a robust frontline FETP programme in order to train a multidisciplinary workforce in each district	Enroll 30 residents every 9 months for FETP intermediate for the next five years		400,000	On-going	50%	Yes	01/01/2023	30/06/2023	400,000	



OBJECTIVE D.4.2.4	To ensure financial sustainability of the FELTP in Rwanda								
Develop a FETP sustainability plan to increase the financial sustainability of Rwanda's FETP programme(e.g , incorporating FETP in education program, national budget support, organize regional intervention)	Hire an International consultant to develop an FETP financial sustainability plan.	Example: Ministry of Health	17,502,000	Not started	0%	Yes	01/03/2023	31/03/2023	17,502,000
Organise an FETP Scientific conference to showcase FELTP achievements with public health experts and researchers through abstract presentations from FELTP alumni or current Residents.	Conduct the FELTP scientific conference in Kigali.	Ministry of Health	100,000	On-going	50%	Yes	11/09/2023	12/09/2023	100,000
Organise an FETP Scientific conference to showcase FELTP achievements with public health experts and researchers through abstract presentations from FELTP alumni or current Residents.	Purchase of FELTP scientific conference materials	RBC		On-going	50%	Yes	01/07/2023	30/07/2023	-
Organise an FETP Scientific conference to showcase FELTP achievements with public health experts and researchers through abstract presentations from FELTP alumni or current Residents.	Hire national consultants to review FELTP scientific conference abstracts	RBC	-	Completed	100%	Yes	01/06/2023	30/07/2023	-



INDICATOR D.4.3	Workforce strategy								
OBJECTIVE D.4.2.5	Ensure that the HRH plan is updated and in alignment with HSSP4								
Ensure that UR/CMHS/SPH is involved in the elaboration of HRH plan	Hire one national Consultant to support in the review of HRH plan.	Ministry of Health	10,267,410	Not started	0%	Yes	01/10/2023	30/11/2023	10,267,410
Ensure that UR/CMHS/SPH is involved in the elaboration of HRH plan	Validation workshop of the HRH Plan	Ministry of Health	7,910,000	Not started	0%	Yes	11/12/2023	15/12/2023	7,910,000
Total Budget			129,845,460						129,845,460



Preparedness



Target: Strengthen the existing mechanism of effective Emergency Preparedness and Response to PH emergencies by 2022.



JEE Recommendations:

- Update the EPR plan to include points of entry and finalize the CBRN preparedness and response plan.
- Finalize district preparedness and response plans.
- Conduct resource mapping for responses to public health threats.
- Conduct vulnerability risk analysis and mapping (VRAM) in the health sector.
- Increase human resources and logistics capacities to respond to public health threats, including other hazards under the IHR (2005).



Current situation: The National Disaster Risk Management Plan is the guiding document that enables the Rwandan government to address disaster risk management. The plan is used by all government and non-government sectors (e.g., health, transport, agriculture, public works, etc.) as the basis for developing and maintaining their own sub-plans, systems and arrangements. The plan needs a revision to include points of entry, emergency response plans at border posts include contingencies for epidemic diseases. A chemical, biological, radiological, nuclear and explosives (CBRNE) plan has been drafted but is not yet finalized. A CBRNE risk assessment should be completed in order to determine the level of risk from these threats and the need for stockpiles to address them if they occur. There is currently no district-level response plan.



Preparedness

INDICATOR R.1.1 Multi-hazard National Public Health Emergency Preparedness and Response Plan is developed and implemented

OBJECTIVE R.1.1.1 Strengthen the existing mechanism of effective Emergency Preparedness and Response to PH emergencies by 2020

Strategic actions	Activities	Responsible	Estimated cost (Frw)	Implementation status	Estimated % of implementation	Prioritized for 18 months AOP	Starting date	End date	Total cost for 18 months AOP
Review the existing Emergency Preparedness and Response plan by including POEs and CBRN component	Conduct a workshop to develop a multihazard plan	Ministry of Health	23,175,800	Not started	0%	Yes	Apr-23	Sep-23	23,175,800
Review the existing Emergency Preparedness and Response plan by including POEs and CBRN component	Conduct a meeting of National steering committee members to validate the EPR Plan	RBC/ PHS&EPR/ OPR Unit	2,452,000	Not started	0%	No			-
Roll out the new EPR plan at decentralized levels	Conduct National TOT for national trainers	RBC/ PHS&EPR/ OPR Unit	15,108,000	Not started	0%	No			-
Roll out the new EPR plan at decentralized levels	Conduct decentralized training for health centers staff and members of RRT	RBC/ PHS&EPR/ OPR Unit	185,851,000	Not started	0%	Yes	Jun-23	Dec-23	185,851,000
Roll out the new EPR plan at decentralized levels	Conduct a workshop to develop SOPs to operationalize the EPR plan at decentralized level	RBC/ PHS&EPR/ OPR Unit	1,390,000	Not started	0%	No			-
Roll out the new EPR plan at decentralized levels	Print and disseminate of SOPs	RBC/ PHS&EPR/ OPR Unit	3,616,140	Not started	0%	No			-



Roll out the new EPR plan at decentralized levels	Conduct simulation exercises in each district	RBC/ PHS&EPR/ OPR Unit	6,064,000	Not started	0%	Yes			6,064,000
Finalize district preparedness and response plans	Conduct workshop to develop district preparedness and response plans	RBC/ PHS&EPR/ OPR Unit	5,525,848	Not started	0%	Yes	Jan-24	Jun-24	5,525,848
Finalize district preparedness and response plans	Conduct workshop to validate district preparedness and response plans	RBC/ PHS&EPR/ OPR Unit	8,374,748	Not started	0%	Yes	Jan-24	Jun-24	8,374,748
Conduct resource mapping for response to public health threats	Conduct stakeholders meeting	RBC/ PHS&EPR/ OPR Unit	1,820,000	Not started	0%	Yes	Mar-23	Jun-23	1,820,000
Increase human resources and logistics capacities to respond to public health threats, including other hazards under the IHR (2005).	Salaries of 4 Epidemiologists, 2 statisticians,	RBC/ PHS&EPR/ OPR Unit	56,037,312	Advanced Stage	75%	Yes	Jan-23	Jun-24	56,037,312
Increase human resources and logistics capacities to respond to public health threats, including other hazards under the IHR (2005).	Conduct training on public health threats, including other hazards under the IHR (2005)	RBC/ PHS&EPR/ OPR Unit	22,644,000	Not started	0%	Yes			-
Increase human resources and logistics capacities to respond to public health threats, including other hazards under the IHR (2005).	Conduct training on public health threats, including other hazards under the IHR (2005)	RBC/ PHS&EPR/ OPR Unit	25,942,348	Not started	0%	Yes			25,942,348
Increase human resources and logistics capacities to respond to public health threats, including other hazards under the IHR (2005).	Procure logistic material to respond to PHEIC, as per prior resource mapping findings: Thermo scan machin, Infrared thermometers, IPAD, Tablets, Instrument for culture, instrument for antibiogram	RBC/ PHS&EPR/ OPR Unit	212,800,000	Completed	100%	No			-



Conduct risk mapping for response to public health threats	Conduct a National all hazards risk assessment using STAR	RBC/ PHS&EPR/ OPR Unit	19,560,800	Not started	0%	Yes	Jan-23	Jan-23	19,560,800
Conduct risk mapping for response to public health threats	Organise a workshop to develop specific contingency plans for high and very high threats	RBC/ PHS&EPR/ OPR Unit	21,900,800	Not started	0%	Yes	Jun-23	Dec-23	21,900,800
Conduct risk mapping for response to public health threats	Organise simulation exercises to test hazards plans	RBC/ PHS&EPR/ OPR Unit	13,140,480	Not started	0%	Yes	Jan-24	Jun-24	13,140,480
Conduct risk mapping for response to public health threats	Conduct workshop to develop guidelines and SOPs for outbreak investigation	RBC/ PHS&EPR/ OPR Unit	15,825,800	Not started	0%	Yes	Dec-23	Mar-24	15,825,800
Total Budget			641,229,076						383,218,936



Emergency Response Operations



Target: By 2022 strengthen national coordination mechanisms for public health emergencies



JEE recommendations:

- Establish a public health emergency operations centre (PHEOC) with appropriate equipment and dedicated staff.
- Adapt the WHO PHEOC manual, procedures and plan.
- Conduct multisectoral simulation exercises to test the functionality of the PHEOC and the associated Incident Management System (IMS).
- Update case management guidelines for priority diseases and develop case management guidelines for other relevant hazards under the IHR (2005), including chemical events and radiological emergencies.



Current situation: Multidisciplinary mechanisms to respond to emergencies are in place at central and decentralized levels. Mechanisms and a platform to activate emergency operations are operational 24/7 and Strategic plans are in place to guide responses to potential public health emergencies. Rwanda has an effective referral and emergency transportation mechanism. An all-hazard risk informed health emergency plan is not available or under development, an all-Hazard assessment is planned to be conducted in January 2023. However there is a need of development management guidelines for some hazards under the IHR such as CBRNE events. The PHEOC is operational at the national level: The Public Health Surveillance & Emergency Preparedness and Response (PHS&EPR) division is the National PHEOC. The establishment of PHEOCs at intermediate (provincial) level is in process and the National PHEOC supports the sub national levels when necessary.



Emergency Response Operations									
INDICATOR R.2.1	Capacity to Activate Emergency Operations								
OBJECTIVE R.2.1.1	By 2020 strengthen national coordination mechanisms for public health emergencies								
Strategic actions	Activities	Responsible	Estimated cost (Frw)	Implementation status	Estimated % of implementation	Prioritized for 18 months AOP	Starting date	End date	Total cost for 18 months AOP
Strengthen the PHEOC to fully support the coordination of public health emergencies at both national and local levels	Hire a consultant fees to draft the PHEOC strategic plan and SoPs and to customize tools to WHO standards	RBC/ PHS&EPR/ OPR	15,800,000	Not started	0%	Yes	Jun-23	Dec-23	15,800,000
Strengthen the PHEOC to fully support the coordination of public health emergencies at both national and local levels	Conduct a workshop of National level staff, Partners, Stakeholders to validate the PHEOC strategic plan and SoPs	RBC/ PHS&EPR/ OPR	8,392,980	Not started	0%	Yes	Jun-23	Dec-23	8,392,980
INDICATOR R.2.2	Emergency Operations Center Operating Procedures and Plans								
OBJECTIVE R.2.2.1	strengthen national coordination mechanisms for public health emergencies								
Strengthen the PHEOC to fully support the coordination of public health emergencies at both national and local levels	Hire a consultant to conduct PHEOC systems capacity assessment	MoH	3,261,741	Not started	0%	No			-
Strengthen the PHEOC to fully support the coordination of public health emergencies at both national and local levels	Organize a validation workshop for PHEOC systems capacity assessment	MoH	1,314,500	Not started	0%	No			-



Strengthen the PHEOC to fully support the coordination of public health emergencies at both national and local levels	Conduct a training of staff from Districts on PHEOC strategic plan and SOPs	RBC/ PHS&EPR/ OPR	21,900,800		0%	Yes	Dec-23	Jun-24	21,900,800
Strengthen the PHEOC to fully support the coordination of public health emergencies at both national and local levels	Conduct a workshop to adapt the training materials of the surge team	RBC/ PHS&EPR	5,131,740		0%	Yes	Jan-23	Mar-23	5,131,740
Strengthen the PHEOC to fully support the coordination of public health emergencies at both national and local levels	Conduct a training of surge team	RBC/ PHS&EPR	26,055,800		0%	Yes	Jan-23	Mar-23	26,055,800
Strengthen the PHEOC to fully support the coordination of public health emergencies at both national and local levels	Organise a training of persons from relevant sectors on emergency response under one health approach	RBC/ PHS&EPR			0%	Yes	Jun-23	Dec-23	-
Strengthen the PHEOC to fully support the coordination of public health emergencies at both national and local levels	Organize SIMEX on emergency response under one health approach	RBC/ PHS&EPR			0%	Yes			-
INDICATOR R.2.3	Emergency operations programme								
OBJECTIVE R.2.3.1	By 2021 all responding institutions familiar with preparedness and response plan and ready to effectively respond								
emergency Response Operations	Conduct multisectoral simulation exercises to test the functionality of the PHEOC and the associated Incident Management System (IMS).	RBC/ PHS&EPR/ OPR	20,960,000	Not started	0%	Yes	Mar-24	Jun-24	20,960,000
Conduct multisectoral simulation exercises to test the functionality of the PHEOC and the associated Incident Management System (IMS).	Conduct after action review sessions to review the preparedness and response plans	RBC/ PHS&EPR/ OPR	10,368,000	Not started	0%	Yes	Mar-24	Jun-24	10,368,000
INDICATOR R.2.4	Case management procedures are implemented for IHR relevant hazards.								



Conduct multisectoral simulation exercises to test the functionality of the PHEOC and the associated Incident Management System (IMS).	Upgrade case management guidelines for priority diseases and develop case management guidelines for other relevant hazards under the IHR (2005), including chemical events and radiological emergencies	RBC/ PHS&EPR/ OPR	20,656,000	Not started	0%	Yes	Jun-23	Dec-23	20,656,000
Conduct multisectoral simulation exercises to test the functionality of the PHEOC and the associated Incident Management System (IMS).	Hire a consultant to draft the case management guidelines	RBC/ PHS&EPR/ OPR	10,251,000	Not started	0%	No			-
Conduct multisectoral simulation exercises to test the functionality of the PHEOC and the associated Incident Management System (IMS).	Organize a workshop to validate the case management guidelines for priority diseases	RBC/ PHS&EPR/ OPR	5,469,480	Not started	0%	Yes	Jun-23	Dec-23	5,469,480
Total Budget			149,562,041						134,734,800



Linking Public health and security authorities



Target: Public Health and Security Authorities, (e.g. Law Enforcement, Border Control, Customs,) are linked during a suspect or confirmed health event.



JEE recommendations:

- Sustain current levels of capacity through a regular schedule of joint training and exercises.
- Conduct after action reviews of emergency events with the aim of improving multi-sector response.
- Conduct pre-service training for the security sector on its role in health emergencies.



Current situation: Rwanda demonstrates a high level of collaboration between public health and security authorities in responding to emergencies. These collaborations are covered in the National Contingency Matrix Plan and the Emergency Preparedness and Response Plan, with police and defense included in rapid response teams at national and district levels. There is a need institutionalize the link between, public health and security authorities and capacity building for public health emergencies response.



Linking public health and security authorities									
INDICATOR R.3.1	Public Health and Security Authorities, (e.g. Law Enforcement, Border Control, Customs) are linked during a suspect or confirmed biological event								
OBJECTIVE R.3.1.1	Develop the memorandum of understanding (MOU) between public health sectors and security organs for sharing information prior ,during and post public health events by 2020								
Strategic actions	Activities	Responsible	Estimated cost (Frw)	Implementation status	Estimated % of implementation	Prioritized for 18 months AOP	Starting date	End date	Total cost for 18 months AOP
develop a preliminary draft of MoU	Conduct workshop for Institutional legal and communications officers to develop the MOU for signing and adoption.	RBC/ PHS&EPR	11,560,000	Not started	0%	Yes	Jan-24	Mar-24	11,560,000
Conduct pre-service training for the security sector on its role in health emergencies	Develop a training material on public health emergencies/events and PH information sharing. This requires hiring 1 national consultant for the training material development for 7days	RBC/ PHS&EPR	4,060,560	Not started	0%	Yes			-
Sustain current levels of capacity through a regular schedule of joint training and exercises	Conduct a training annually of persons from relevant sectors on public health emergencies/events ; this requires: meeting room, transports, trainers allowances, trainees per diem, stationary,	RBC/ PHS&EPR	9,308,000	Not started	0%	Yes			-



Conduct after action reviews of emergency events with the aim of improving multi-sector response	Conduct an after action review meetings and simulation exercise for people from relevant sector aiming to improve multi-sector response to public health events	RBC/ PHS&EPR	15,380,000	Not started	0%	Yes			-
Total Budget			40,308,560						11,560,000



Medical countermeasures and personnel deployment



Target:

Establish an effective mechanism that will support activation and coordination during public health emergencies by 2022



JEE recommendations

- Develop plans for sending and receiving medical countermeasures and medical personnel, in line with any plans that are being developed by the East African Community and/or the African Union.
- Join regional and/or international partnerships for procurement, sharing and distribution of medical countermeasures and sharing of personnel during emergencies (e.g. GOARN).
- Include sending and receiving personnel and medical countermeasures in planned simulations and tabletop exercises



Current situation

Rwanda's medical countermeasures capacities are limited, primarily due to the lack of formal plans and procedures for sending and receiving medical countermeasures during a public health emergency. Although these formal plans are absent, Rwanda does have experience of receiving medical countermeasures—such as vaccines and personal protective equipment—during emergencies. Within the country, there is no capacity to produce antibiotics, vaccines, and other countermeasures, but there are existing contracts with local and international suppliers, including UNICEF (the UN Children's Fund), that can be used for procurement of countermeasures during emergencies. Domestically, there are dedicated facilities and staff for tracking and distribution of both human and animal countermeasures, and there are stockpiles of medical countermeasures available for national use. There are no regional agreements for procuring, sharing and distributing countermeasures during public health emergencies. However, Rwanda is part of the East African Community and the African Union, both of which are developing agreements to be used within the region.



Medical countermeasures and personnel deployment									
INDICATOR R.4.1	System is in place for sending and receiving medical countermeasures during a public health emergency								
OBJECTIVE R.4.1.1	Establish an effective mechanism that will support activation and coordination during public health emergencies by 2021								
Strategic actions	Activities	Responsible	Estimated cost (Frw)	Implementation status	Estimated % of implementation	Prioritized for 18 months AOP	Starting date	End date	Total cost for 18 months AOP
Develop plans for sending and receiving medical countermeasures during public health emergencies	Hire a consultant to conduct needs assessment on potentials and gaps in sending and receiving of medical countermeasures and health personnel during public health emergencies	RBC, RMS	10,267,410	Not started	0%	Yes	Mar-24	Jun-24	10,267,410
Develop plans for sending and receiving medical countermeasures during public health emergencies	According to the assessment report, organize a workshop to develop a plan for sending and receiving medical countermeasures and health personnel during public health emergencies	RBC, RMS	3,422,470	Not started	0%	Yes	Mar-24	Jun-24	3,422,470
Develop plans for sending and receiving medical countermeasures during public health emergencies	According to the assessment report, organize a workshop to develop a plan for sending and receiving medical countermeasures during public health emergencies		23,454,000	Not started	0%	No			-
Develop plans for sending and receiving medical countermeasures during public health emergencies	Organize a meeting to validate the MCMs plan	RBC, RMS	961,000	Not started	0%	Yes	Mar-24	Jun-24	961,000



Establish stockpile of medical countermeasures for national use during a public health emergency	Put in place needed infrastructures, medical products and consumables and sign agreements with manufacturers or distributors to procure medical countermeasures during a public health emergency	RBC, RMS	600,000,000	Not started	0%	Yes				-
Establish stockpile of medical countermeasures for national use during a public health emergency	Put in place needed infrastructures, medical products and consumables and sign agreements with manufacturers or distributors to procure medical countermeasures during a public health emergency		1,984,000,000	Advanced Stage	75%	No				-
Establish stockpile of medical countermeasures for national use during a public health emergency	Identify and recruit resources/staffing for logistics, tracking and distribution of MCMs	RBC, RMS	19,995,768	On-going	50%	Yes				-
Join regional and/or international partnerships for procurement, sharing and distribution of medical countermeasures during health emergencies	Organize a meeting to identify and agree on potential regional and/or international partners in MCMs	Example: Ministry of Health	674,000	Not started	0%	No				-
Join regional and/or international partnerships for procurement, sharing and distribution of medical countermeasures during health emergencies	Organize a workshop with identified MCMs regional/ international partners to prepare MoUs between Rwanda and other countries on MCMs	Example: Ministry of Health	7,340,000	Not started	0%	Yes				-



Include sending and receiving medical countermeasures in planned simulations and tabletop exercises	With regional or international partners, organize table-top and simulation exercises to test the established mechanism of sending and receiving MCMs and health personnel once a year	Example: Ministry of Health	12,128,000	Not started	0%	Yes				-
Include sending and receiving medical countermeasures in planned simulations and tabletop exercises	Support health personnel on a study tour in countries conducting simulation and table-top exercises on MCMs	Example: Ministry of Health	43,641,000	Not started	0%	Yes				-
Establish stockpile of medical countermeasures for national use during a public health emergency	Put in place needed infrastructures, medical products and consumables and sign agreements with manufacturers or distributors to procure medical countermeasures during a public health emergency	Example: Ministry of Health	1,984,000,000	Advanced Stage	75%	Yes				-
INDICATOR R.4.2	System is in place for sending and receiving health personnel during a public health emergency									
OBJECTIVE R.4.2.1	Establish the necessary legal and regulatory mechanisms to allow for the rapid cross-border deployment and receipt of public health and medical personnel during emergencies by 2021.									
Develop plans for sending and receiving health personnel during public health emergencies	Hire a consultant to conduct needs assessment on potentials and gaps in sending and receiving of health personnel	Example: Ministry of Health	10,267,410	Not started	0%	No				-
Develop plans for sending and receiving health personnel during public health emergencies	According to the needs assessment report, organize a workshop to develop a plan for sending and receiving health personnel during health emergencies		3,422,470	Not started	0%	No				-



Develop plans for sending and receiving health personnel during public health emergencies	According to the needs assessment report, organize a workshop to develop a plan for sending and receiving health personnel during health emergencies		23,454,000	Not started	0%	No				-
Develop plans for sending and receiving health personnel during public health emergencies	Organize a meeting to validate the health personnel deployment plan		961,000	Not started	0%	No				-
Put in place training procedures and materials for predeployment of health personnel & orientation of arriving personnel into the country	Organize trainings for predeployment of health personnel out of the country and arriving personnel in the country	Example: Ministry of Health	10,270,400	Not started	0%	Yes				-
Put in place training procedures and materials for predeployment of health personnel & orientation of arriving personnel into the country	Organize trainings for predeployment of health personnel out of the country and arriving personnel in the country	Example: Ministry of Health	62,000,000	Not started	0%	Yes				-
Put in place training procedures and materials for predeployment of health personnel & orientation of arriving personnel into the country	Organize livelihood of received foreign health personnel into the the country	Example: Ministry of Health	9,339,552	Not started	0%	Yes				-
Join regional and/or international partnerships for sending and receiving health personnel during emergencies	Organize a meeting to identify and agree on potential regional and/or international partners in health personnel deployment during health emergencies	Example: Ministry of Health	674,000	Not started	0%	Yes				-



Join regional and/or international partnerships for sending and receiving health personnel during emergencies	Organize a workshop with identified regional/ international partners to prepare an agreement between Rwanda and other countries on health personnel deployment during health emergencies	Example: Ministry of Health	7,340,000	Not started	0%	Yes				-
Join regional and/or international partnerships for sending and receiving health personnel during emergencies	Organize a workshop with regional /international partners on health personnel deployment to present and validate the final document	Example: Ministry of Health	961,000	Not started	0%	Yes				-
Include sending and receiving health personnel in planned simulations and tabletop exercises	With regional or international partners, organize table-top and simulation exercises to test the established mechanism of sending and receiving health personnel once a year	Example: Ministry of Health	7,340,000	Not started	0%	Yes				-
Include sending and receiving health personnel in planned simulations and tabletop exercises	Once a year, support health personnel on a study tour in countries conducting simulation and table-top exercises on health personnel deployment	Example: Ministry of Health	43,641,000	Not started	0%	Yes				-
Total Budget			4,869,554,480							14,650,880



Risk communication



Target: Put in place a functional multi-hazard risk communication plan by 2022.



JEE recommendations:

- Develop a multi-hazard risk communication plan and test it annually.
- Involve other identified stakeholders (MINEMA, Rwanda Red Cross, etc.) in the existing technical working group.
- Develop and implement monitoring and evaluation of dynamic listening and rumour management.
- Provide regular training for the risk communication team.



Current situation

Mechanism for Coordinating RCCE function are implemented at all levels but there is need to organize simulation exercises at least once per year. Therefore, monitoring and evaluation of RCCE activities are not done on regular basis. The mechanism for public Communication is already developed and activities are being done from National to Districts level but there are some challenges such as the monitoring and evaluation of activities not done on regular basis due to lack of budget. Community engagement activities are done according to developed guidelines, and it is decentralized to intermediate levels (District and Sector level). However, simulation exercises and community engagement activities are not done regularly due to lack of budget and limited staff.



Risk communication									
INDICATOR R.5.1	Risk communication systems (plans, mechanisms, etc.)								
OBJECTIVE R.5.1.1	Update the Rwanda Multi-hazard Risk annual Communication Plan								
Strategic actions	Activities	Responsible	Estimated cost (Frw)	Implementation status	Estimated % of implementation	Prioritized for 18 months AOP	Starting date	End date	Total cost for 18 months AOP
Workshop to update the multi-hazard risk communication plan and test it annually	Organize a workshop for members of RCCE TWG to review and validate the updated multi-hazard risk communication plan and key messages on different outbreak issues	RBC	11,934,000	Completed	100%	Yes	16/01/2023	20/01/2023	11,934,000
Workshop to update the multi-hazard risk communication plan and test it annually	Hire International consultant to develop the multi-hazard risk communication plan and SOPs on multi-hazard risk communication and on dynamic listening and rumour management	RBC	32,004,000	Not started	0%	Yes	16/02/2023	16/02/2024	32,004,000
Workshop to update the multi-hazard risk communication plan and test it annually	Conduct field visits in district by the expert consultant	RBC/RHCC	2,259,465	Completed	100%	Yes	13/02/2023	28/02/2023	2,259,465



Workshop to update the multi-hazard risk communication plan and test it annually	Organize a workshop for members of RCCE TWG to review and validate the multi-hazard risk communication plan (with the consultant support)	RBC/RHCC	12,182,500	Completed	100%	Yes	05/06/2023	09/06/2023	12,182,500
Workshop to update the multi-hazard risk communication plan and test it annually	Organize a simulation exercise for to test the multi-hazard risk communication plan	RBC/RHCC	5,265,500	Not started	0%	Yes	03/07/2023	07/07/2023	5,265,500
Workshop to update the multi-hazard risk communication plan and test it annually	Organize a workshop for focal points to disseminate and conduct simulation exercises the updated multi-hazard risk communication plan	RBC/RHCC	30,785,500	Not started	0%	Yes	24/07/2023	28/07/2023	30,785,500
Conduct regular capacity building for the risk communication team at National level on new/ongoing health issues/risk/outbreak.	Organize a training for members of the RCCE TWG (TOTs) on risk communication and community engagement (with external experts support)	RBC/RHCC	11,585,000	Not started	0%	Yes	17/07/2023	21/07/2023	11,585,000



Conduct regular KAP surveys	Organize a workshop for members of RCCE TWG to review and validate the KAP survey and adopt the new risk communication plan (with the consultant support)	RBC/RHCC	11,230,000	Not started	0%	Yes	10/07/2023	14/07/2023	11,230,000
Meetings, community dialogues and public announcements	Conduct capacity buildings,	Other	13,999,000	Not started	0%	Yes	10/06/2023	30/04/2024	13,999,000
INDICATOR R.5.2	Internal and partner communication and coordination								
OBJECTIVE R.5.2.1	Strengthen coordination for risk communication								
Involve other identified stakeholders (MIDIMAR, Rwanda Red Cross, PSF, interfaith organs, etc.) in the existing NHP,SD&EH TWG.	Request the appointment for 12 new members in the existing RCCE TWG: MINAGRI, RDB, DGIE, RSB, MoD, RNP, MIDIMAR, REMA, MINALOC, OGS, Rwanda Red Cross, PSF.	RBC/RHCC	2,968,000	Advanced Stage	75%	Yes	16/01/2023	17/01/2023	2,968,000
Regular partners' mapping and coordination meetings.	Organize quartely meetings for members of the RCCE TWG	RBC/RHCC	2,580,000	On-going	50%	Yes	01/02/2023	02/02/2023	2,580,000
Regular partners' mapping and coordination meetings.	Conduct workshop to establish District RCCE TWG	RBC/RHCC	-	Completed	100%	Yes	23/03/2023	24/03/2023	-



Regular partners' mapping and coordination meetings.	Organize quarterly meetings for members of the DRCCE TWGS for 300 participants	RBC/RHCC	51,300,000	Not started	0%	Yes	06/02/2023	10/02/2023	51,300,000
Regular partners' mapping and coordination meetings.	Organize a workshop for RCCE TWG members to review and validate SOPs on multi-hazard risk communication (with the International consultant support).	RBC/RHCC	12,395,000	Not started	0%	Yes	19/06/2023	23/06/2023	12,395,000
INDICATOR R.5.3	Public Communication								
OBJECTIVE R.5.3.1	Raise awareness and community engagement for behavior change								
Produce and the disseminate communication tools/ materials	IEC materials designed and printed, including audio spots, video spots, posters, banners, posters, leaflets, job aids for the general public and dissemination through different channels.	RBC/RHCC	300,430,000	On-going	50%	Yes	02/01/2023	30/06/2024	300,430,000
Produce and the disseminate communication tools/ materials	Public service announcement of different materials	RBC/RHCC	518,400,000	On-going	50%	Yes	02/01/2023	30/06/2024	518,400,000
Produce and the disseminate communication tools/ materials	Outdoor communication for public users	RBC/RHCC	126,000,000	On-going	50%	Yes	02/01/2023	30/06/2024	126,000,000



Produce and the disseminate communication tools/ materials	Communication to the clouded and public places	RBC/RHCC	54,000,000	On-going	50%	Yes	02/01/2023	30/06/2024	54,000,000
Produce and the disseminate communication tools/ materials	Online communication	RBC/RHCC	90,000,000	On-going	50%	Yes	02/01/2023	30/06/2024	90,000,000
INDICATOR R.5.4	Communication Engagement with Affected Communities								
OBJECTIVE R.5.4.1	Ensure community engagement at national and decentralised level to take action on preparedness/response/recovery								
Conduct regular capacity building for the risk communication team at National level on new/ongoing health issues/risk/outbreak.	Organize a training members of the RCCE TWG (TOTs) on risk communication and community engagement (with external experts support)	RBC/RHCC	12,395,000	Not started	0%	Yes	09/01/2023	11/01/2023	12,395,000
Conduct regular capacity building for the risk communication teams at decentralized level (With NHPTWG members trained)	Organize trainings for participants from DRCCE TWGS	RBC/RHCC	32,284,200	Not started	0%	Yes	06/02/2023	10/02/2023	32,284,200
Conduct regular capacity building for the risk communication teams at decentralized level (With NHPTWG members trained)	Organize trainings for participants each from local authorities and DHPTWG	RBC/RHCC	10,928,200	Not started	0%	Yes	27/03/2023	29/03/2023	10,928,200



Conduct regular capacity building for the risk communication teams at decentralized level (With NHPTWG members trained)	Conduct workshops to establish Community Mobilization Teams (CMTs) in all sectors	RBC/RHCC	83,401,000	Not started	0%	Yes	20/03/2023	24/03/2023	83,401,000
INDICATOR R.5.5	Dynamic listening and rumour management								
OBJECTIVE R.5.5.1	Develop and implement monitoring and evaluation of dynamic listening and rumour management								
capacity building, active listening and feedback mechanisms, monitoring systems strengthened and regular evaluation	Conduct a workshop for people from RCCE TWG to develop the monitoring evaluation of dynamic listening and rumour management plan (with external experts support)	RBC/RHCC	12,414,000	Not started	0%	Yes	14/08/2023	18/08/2023	12,414,000
capacity building, active listening and feedback mechanisms, monitoring systems strengthened and regular evaluation	Conduct an online workshop for people from RCCE TWG to review and validate SOPs on dynamic listening and rumour management with the external expert.	RBC/RHCC	-	Not started	0%	Yes	13/02/2023	15/02/2023	-
capacity building, active listening and feedback mechanisms, monitoring systems strengthened and regular evaluation	Conduct an online workshop for people from RCCE TWG to review and validate SOPs on dynamic listening and rumour management with the external expert.	RBC/RHCC	-	Not started	0%	Yes	29/05/2023	31/05/2023	-



capacity building, active listening and feedback mechanisms, monitoring systems strengthened and regular evaluation	Training of Hotline officers on dynamic listening and rumour management	Example: Ministry of Health	5,927,200	Not started	0%	Yes	09/01/2023	12/01/2023	5,927,200
capacity building, active listening and feedback mechanisms, monitoring systems strengthened and regular evaluation	Buy new equipment for RBC hotline service to be able to improve service delivery.	RHC/RHCC	80,000,000	On-going	50%	Yes	23/01/2023	27/01/2023	80,000,000
capacity building, active listening and feedback mechanisms, monitoring systems strengthened and regular evaluation	Installation and maintenance costs of the hotline	RBC/RHCC	8,000,000	On-going	50%	Yes	20/03/2023	11/11/2023	8,000,000
capacity building, active listening and feedback mechanisms, monitoring systems strengthened and regular evaluation	Recruit 20 permanent operators for hotline.	RBC/RHCC	180,000,000	On-going	50%	Yes	14/08/2023	18/08/2023	180,000,000
Conduct regular KAP surveys	Recruit a consultant to conduct a KAP survey and propose a communication plan	RBC/RHCC	-	Not started	0%	Yes	06/02/2023	30/04/2023	-
Conduct regular KAP surveys	Conduct the KAP to provide evidences which inform the communication plans	RBC/RHCC	-	Not started	0%	Yes	15/05/2023	15/06/2023	-
Live streaming of roadshows, facilitation and other mobilization events	Community mobilization campaign to raise awareness and community engagement.	RBC/RHCC	265,500,000	On-going	50%	Yes	02/01/2023	30/06/2024	265,500,000
Total Budget			1,980,167,565						1,980,167,565



Points of entry



Target:



JEE recommendation:

- Develop a public health emergency contingency plan for POE that is linked to the national all hazards public health EPR plan, and which involves all relevant sectors (human, environmental, agriculture, wildlife, etc.)
- Develop standards for infrastructure capacity building at POE, especially newly designated POE.
- Establish fully functional national and sub-national port health services, preferably within the Environmental Health Division.
- Strengthen technical capacity for port health services through pre-service and in-service training.



Current situation

Some designated PoE are implementing routine core capacities AND These are integrated into the national surveillance system for biological hazards/all hazards (e.g., event-based and early warning surveillance). All designated PoE are not implementing routine core capacities with an all-hazard and multisectoral approach integrated into the national surveillance system. Precisely, Designated airports implement routine core capacities as required by IATA and ICAO. Land border and ports implement capacities related to case detection and the remaining capacities are done by the hospital. Only the airport has developed airport public health emergency plan while public health emergency contingency plan development is planned for other PoEs. Measures at PoE for prevention, detection/investigation, IPC and response are implemented at designated airports and main land crossing borders. However, guidelines and SOPs were developed for only emergencies including COVID-19 and Ebola Virus Diseases. Most of ports and ground crossings POEs are not fulfilling all IHR requirements of core capacities and capacities to respond to emergencies.



Points of entry (PoE)

INDICATOR PoE.1 Routine capacities established at points of entry

OBJECTIVE PoE.1.1 To establish fully functional health services to all 19 designated national POE by 2023.

Strategic actions	Activities	Responsible	Estimated cost (Frw)	Implementation status	Estimated % of implementation	Prioritized for 18 months AOP	Starting date	End date	Total cost for 18 months AOP
Develop a public health emergency contingency plan for POE that is linked to the national all hazards public health EPR(emergency, preparedness and response) plan, and which involves all relevant sectors (human, environmental, agriculture, wildlife, etc.).	Conduct two workshops for stakeholders to develop public health emergency contingency plan for POE	PHS &EPR Division/SU	16,136,300	Not started	0%	Yes	Jan-01-2023	Feb-28-2023	32,272,600
Develop a public health emergency contingency plan for POE that is linked to the national all hazards public health EPR(emergency, preparedness and response) plan, and which involves all relevant sectors (human, environmental, agriculture, wildlife, etc.).	Conduct a meeting to validate the public health emergency contingency plan for POE	PHS &EPR Division/SU	9,918,800	Not started	0%	Yes	Jan-01-2023	Feb-28-2023	9,918,800



Develop standards operating procedures for capacity building at POE (Human and animal), especially newly-designated POE.	Conduct a field risk assessment at POEs (Airport,Rusumo,Kagitumba,la corniche;Gatuna;Poids lourds, Ruhwa, Bugarama, Ruganda, Kagitumba, Cyanika, etc.)	PHS &EPR Division/ SU	5,545,600	Not started	0%	Yes	Mar-01-2023	Mar-31-2023	11,091,200
Develop standards operating procedures for capacity building at POE (Human and animal), especially newly-designated POE.	Conduct a workshop of stakeholders to develop SOPs for infrastructure and human resource capacity building at POE	PHS &EPR Division/ SU	15,159,020	Not started	0%	Yes	Mar-01-2023	Mar-31-2023	15,159,020
Strengthen technical capacity for port health services through pre-service and in-service training	Conduct a workshop to develop guideline for prevention and response of public health emergency for POE which involves all relevant stakeholders (human, environmental, agriculture, wildlife, etc.).	PHS &EPR Division/ SU	16,136,300	Not started	0%	Yes	Apr-01-2023	Apr-30-2023	16,136,300
Strengthen technical capacity for port health services through pre-service and in-service training	Print guidelines for prevention and response of public health emergency for POE which involves all relevant stakeholders (human, environmental, agriculture, wildlife, etc.).	PHS &EPR Division/ SU	5,000,000	Not started	0%	Yes	May-01-2023	May-31-2023	5,000,000
Strengthen technical capacity for port health services through pre-service and in-service training	Disseminate guidelines for prevention and response of public health emergency for POE which involves all relevant stakeholders (human, environmental, agriculture, wildlife, etc.).	PHS &EPR Division/ SU	3,349,600	Not started	0%	Yes	May-01-2023	May-31-2023	3,349,600



Strengthen technical capacity for port health services through pre-service and in-service training	Conduct a training workshop on prevention and response of public health emergency for POE which involves all relevant stakeholders (human, environmental, agriculture, wildlife, etc.).	PHS &EPR Division/ SU	14,833,260	Not started	0%	Yes	Jul-01-2023	Aug-31-2023	44,499,780
Strengthen technical capacity for port health services through pre-service and in-service training	Conduct a workshop to integrate the prevention and response of public health emergency for POE curriculum in pre-service training	Ministry of Health	8,615,600	Not started	0%	Yes	Feb-01-2024	Feb-29-2024	8,615,600
Strengthen technical capacity for port health services through pre-service and in-service training	Equip 19 designated POE with port health services (isolation rooms, quarantine, personnel, equipments, surveillance systems etc...)	Ministry of Health	909,865,104	just started	25%	Yes	Oct-01-2023	Jun-30-2024	909,865,104
Strengthen technical capacity for port health services through pre-service and in-service training	Conduct a training workshop (RDF and RNP) on prevention and response of public health emergency for POE which involves all relevantsectors (medical,intelligence, community policing, etc.).	PHS &EPR Division/ SU	14,833,260	Not started	0%	Yes	Mar-31-2024	Apr-30-2024	44,499,780
Total Budget			1,019,392,844						1,100,407,784



Chemical events



Target: To establish functional mechanism for detecting and responding against chemical events or emergencies by 2023



JEE recommendations:

- Strengthen surveillance of banned and controlled chemicals at frontiers.
- Identify and train first responders for chemical emergency response.
- Streamline CBRNE capacity, including for importation, traceability, management and disposal of chemicals.
- Establish a legal framework for implementing the ratified international conventions.
- Promote mainstreaming of emergency response to chemical incidents in relevant sector plans.
- Promote capacity building of competent bodies (regarding infrastructure, technical capabilities and trained human resources) for surveillance and enforcement of chemicals management regulations.
- Review the need to establish a national poison information Centre and related medical and analytical facilities, operating 24/7.



Current Situation

Access to laboratory that conforms to national quality standard for identifying and quantifying chemical exposures to key chemicals of concern is in place. A laboratory (Rwanda Forensic Laboratory) at the National level is able to identify and quantify chemical exposures to key chemicals of concern.



Chemical events									
INDICATOR CE.1	Mechanisms established and functioning for detecting and responding to chemical events or emergencies and nuclear emergencies								
OBJECTIVE CE.1.1	To establish functional mechanism for detecting and responding against chemical events or emergencies by 2023								
Strategic actions	Activities	Responsible	Estimated cost (Frw)	Implementation status	Estimated % of implementation	Prioritized for 18 months AOP	Starting date	End date	Total cost for 18 months AOP
Establish a legal framework for implementing the ratified international conventions on hazardous chemical materials.	Conduct 3 days workshop in Musanze of 30 stakeholders to identify existing ratified international conventions for domestication purpose	REMA	7,908,000	Completed	100%	Yes	06/11/2023	08/11/2023	7,908,000
Establish a legal framework for implementing the ratified international conventions on hazardous chemical materials.	Conduct 3 days meetings of 20 people to domesticate ratified international conventions	REMA	3,804,000	Completed	100%	Yes	14/11/2023	16/11/2023	3,804,000
Establish a legal framework for implementing the ratified international conventions on hazardous chemical materials.	Conduct a 2 days workshop of 30 to validate national legislation for Chemical substances	REMA	5,322,000	Completed	100%	Yes	21/11/2023	22/11/2023	5,322,000



Establish a legal framework for implementing the ratified international conventions on hazardous chemical materials.	Hire a national consultant for 20 days to elaborate SOPs/ guidelines on roles and responsibilities of responsible institutions	REMA	5,800,800	Not started	0%	Yes	01/12/2023	31/01/2024	5,800,800
Establish a legal framework for implementing the ratified international conventions on hazardous chemical materials.	Organize 2 days workshop of 50 people in Kigali to validate SOPs/guidelines on roles and responsibilities of relevant institutions	REMA	8,790,000	Not started	0%	Yes	06/02/2024	07/02/2024	8,790,000
Establish a legal framework for implementing the ratified international conventions on hazardous chemical materials.	Conduct 5 days countrywide mapping activity by 20 people to update inventory of chemicals and their potential hazardous incidents	REMA	11,956,000	On-going	50%	Yes	04/03/2024	08/03/2024	11,956,000
Establish a legal framework for implementing the ratified international conventions on hazardous chemical materials.	Conduct 5 days workshop of 20 people in Musanze to compile and validate the report of existing inventory of chemicals and their potential incidents	REMA	9,360,000	Not started	0%	Yes	25/03/2024	29/03/2024	9,360,000
Establish a legal framework for implementing the ratified international conventions on hazardous chemical materials.	Procure equipment in 6 designated POE for detection of banned chemicals at frontiers(Electrochemical sensors)	REMA	120,000,000	Not started	0%	Yes	01/04/2024	31/05/2024	120,000,000



Establish a legal framework for implementing the ratified international conventions on hazardous chemical materials.	Conduct 2 days onsite training of staff at 6 designated POE on detection of banned and controlled chemicals at frontier (by 20 people)	REMA	20,688,000	On-going	50%	Yes	03/06/2024	04/06/2024	20,688,000
Build capacity of responsible bodies in respect to infrastructure, technical capabilities and human resources for surveillance and enforcement of chemicals management regulations.	Hire national consultant for 20 days to Develop common manuals / SOPs on chemical management (importation, transportation, storage, handling, disposal)	REMA	5,800,800	Just started	25%	Yes	01/05/2024	31/05/2024	5,800,800
Build capacity of responsible bodies in respect to infrastructure, technical capabilities and human resources for surveillance and enforcement of chemicals management regulations.	Conduct 2 days workshop of 50 people to validate SOP on chemical management in Kigali	REMA	8,910,000	Not started	0%	Yes	10/06/2024	11/06/2024	8,910,000



Build capacity of responsible bodies in respect to infrastructure, technical capabilities and human resources for surveillance and enforcement of chemicals management regulations.	Print 100 common manuals / SOPs on chemical management (importation, transportation, storage, handling, disposal)	REMA	1,000,000	Not started	0%	Yes	15/06/2024	30/06/2024	1,000,000
Build capacity of responsible bodies in respect to infrastructure, technical capabilities and human resources for surveillance and enforcement of chemicals management regulations.	Conduct 5 days training 30 officials from institutions of chemical supply chain on surveillance and regulations of chemical management	REMA	11,660,000	Not started	0%	Yes	22/04/2024	26/04/2024	11,660,000
Build capacity of responsible bodies in respect to infrastructure, technical capabilities and human resources for surveillance and enforcement of chemicals management regulations.	Hire international consultant for 30 days to develop chemical information management system (traceability)	REMA	17,502,000	Just started	25%	Yes	01/03/2024	31/05/2024	17,502,000
Build capacity of responsible bodies in respect to infrastructure, technical capabilities and human resources for surveillance and enforcement of chemicals management regulations.	Conduct 2 days validation and dissemination conference workshop of 100 people to validate chemical information management system	REMA	8,210,000	Not started	0%	Yes	03/06/2024	04/06/2024	8,210,000



Build capacity of responsible bodies in respect to infrastructure, technical capabilities and human resources for surveillance and enforcement of chemicals management regulations.	Conduct 2 days training of 50 end-users per session in 6 sessions (Schools,Hospitals,Industries) on the system	REMA	8,790,000	Not started	0%	Yes	13/06/2024	14/06/2024	8,790,000
Build capacity of responsible bodies in respect to infrastructure, technical capabilities and human resources for surveillance and enforcement of chemicals management regulations.	Hire a national consultant for 20 days to develop guideline for effective chemical waste management	REMA	6,844,940	Just started	25%	Yes			-
Build capacity of responsible bodies in respect to infrastructure, technical capabilities and human resources for surveillance and enforcement of chemicals management regulations.	Conduct 4 sessions for 5 days public awareness campaign through media on chemical materials incidents and waste management	REMA	10,027,600	Not started	0%	Yes			-



INDICATOR CE.2	Enabling environment in place for management of chemical events								
OBJECTIVE CE.2.1	To establish functional mechanism for detecting and responding against chemical events or emergencies by 2023								
Identify and train first responders for chemical emergency response	Conduct a workshop to develop training manuals on chemical emergency response	RBC	13,080,000	Not started	0%	Yes			-
Identify and train first responders for chemical emergency response	Hire National consultants to train trainers on chemical emergency response	RBC	3,922,470	Not started	0%	Yes			-
Identify and train first responders for chemical emergency response	Conduct a training on chemical emergency response	RBC	2,460,000	Not started	0%	Yes			-
Identify and train first responders for chemical emergency response	Conduct a training workshop of first responders for chemical emergency response;	RBC	13,060,000	Not started	0%	Yes			-
Put in place emergency response plan to chemical incidents in relevant sector plans.	Organize a workshop of stakeholders relevant sectors on the integration of chemical emergency response plan in their respective sectors	RBC	9,340,000	Not started	0%	Yes			-
Total Budget			314,236,610						255,501,600



Radiation emergencies



Target: To establish functional mechanism for detecting and responding against Radiological events or emergencies by 2023



JEE recommendations:

- Strengthen the capacity of the CBRNE National Team to respond to radiation emergencies.
- Develop guidelines and standards/SOPs on the use of radiological materials.
- Build human resources and equipment capacity for detecting and managing radiological events.



Current situation

Access to technical expertise for managing radiation emergencies, including guidelines, protocols and regularly trained experts, is in place AND access to stockpile to support radiation emergency preparedness and response is in place. Regulations and guidelines on major radiation activities are available ,experts are regularly trained on managing radiation emergencies, radiological and nuclear emergency preparedness and response regulation is approved and implemented 4. Radiation emergency preparedness and response plan available.



Radiation emergencies

INDICATOR RE.1 Mechanisms established and functioning for detecting and responding to radiological and nuclear emergencies

OBJECTIVE RE.1.1 To establish functional mechanism for detecting and responding against Radiological events or emergencies by 2023

Strategic actions	Activities	Responsible	Estimated cost (Frw)	Implementation status	Estimated % of implementation	Prioritized for 18 months AOP	Starting date	End date	Total cost for 18 months AOP
Build capacity of the CBRNE National Team to respond to radiation emergencies	Hire international consultant to conduct onsite training on radiation emergencies	REMA	10,251,000	Not started	0%				-
Build capacity of the CBRNE National Team to respond to radiation emergencies	Hire international consultant to develop national E learning platform with training modules on CBRNE.	REMA	10,251,000	Not started	0%				-
Build capacity of the CBRNE National Team to respond to radiation emergencies	Conduct a training workshop of CBRNE on E learning platform	REMA	9,360,000	Not started	0%				-
Develop guidelines and standards/SOPs on the use of radiological materials.	Hire a national consultant to develop guidelines and SOPs on the use of radiological materials	REMA	5,133,705	Not started	0%				-
Develop guidelines and standards/SOPs on the use of radiological materials.	Conduct workshops to validate guidelines and SOPs on the use of RN materials	REMA	9,358,000	Not started	0%				-
Build human and equipment capacity for detecting and managing radiological events.	Conduct a field activity to assess risk at RN facilities.	REMA	16,141,800	Not started	0%				-
Build human and equipment capacity for detecting and managing radiological events.	Conduct a workshop to validate the risk assessment results report.	REMA	7,908,000	Not started	0%				-



Build human and equipment capacity for detecting and managing radiological events.	Hire international consultant to assess capabilities of specialized laboratories for more specific analysis and/or identification of Radiological and Nuclear materials.	REMA	5,133,705	Not started	0%					-
INDICATOR RE.2	Enabling environment in place for management of radiation emergencies									
Build human and equipment capacity for detecting and managing radiological events.	Hire a national consultant to develop training manuals in radiological equipment handling	REMA	5,133,705	Not started	0%					-
Build human and equipment capacity for detecting and managing radiological events.	Conduct a training of staff working in hospitals on safety of RN materials	REMA	21,196,000	Not started	0%					-
Build human and equipment capacity for detecting and managing radiological events.	Procure equipments to detect radiation doses(dosimetry) in all hospitals.	REMA	11,040,000	Not started	0%					-
Build human and equipment capacity for detecting and managing radiological events.	Procure equipments for detection of radiological materials at 6 disegnated POE.	REMA	24,000,000	Not started	0%					-
Total Budget			134,906,915							-

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