Strategic NCDs framework and targets settings in Rwanda

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The NCDs NSP of Rwanda has been build in alignment with the priorities of the health sector strategic plan

**HSSP III priorities for NCDS**

1. Develop protocols and guidelines for NCD prevention and control;
2. Strengthen capacity for NCD prevention and control;
3. Enact and publish laws and regulations regarding NCD risk factors;
4. Conduct NCD situation analysis and risk factors surveys (e.g., tobacco use);
5. Strengthen NCD surveillance system integrated in HMIS;
6. Increase stakeholders’ involvement in NCD prevention and control;
7. Identify priority areas of research in NCDs

**NCDS NSP Outcomes**

- Improved access and quality of care
- Improved general knowledge about prevention of risk factors and early detection
- Development of a reliable M&E system, coordination and fund rising
The NCDs strategic log-frame of Rwanda focus on an integrated approach to reduce mortality of NCDs

Target

80% reduction in deaths from Non Communicable diseases (NCDs) and injuries among those 40 years old and younger by 2020

Outcomes

Improved access and quality of care

Improved general knowledge about prevention of risk factors and early detection

Development of a reliable M&E system, coordination and fund rising

Clusters

CVD, Asthma, Diabetes, other
Cancer
Injuries and disabilities
Oral and eye health
Palliative care
Rwanda set initial targets according to the available M&E indicators available and defined a clear goal to establish a reliable monitoring system for NCDs

### Outcomes

- Improved access and quality of care
- Improved general knowledge about prevention of risk factors and early detection
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### Indicators/Target

- **Outcomes**
  - 100% of DHs are offering NCDs services according to defined package
  - 100% of villages have CHWs trained in home based care
  - Reduce prevalence of indoor cook smoking
  - Reduce harmful use of alcohol by 35%
  - Increase fruit and vegetable servings per day
  - Reduce prevalence of current smokers of 30%
  - Reduce salt/sodium intake by 30%
  - Reduction of 10% of physical inactivity
  - Build in 2 years a reliable M&E system to monitor morbidity and mortality
The goal of the M&E system in Rwanda consider also the monitoring of the Universal Health Coverage.

Conduct Quarterly Integrated and Supportive Supervision
- Availability, quality and readiness of service

1. Inputs
   - Policies & strategies
   - Financing
   - Health workforce
   - Medicines etc.

2. Outputs
   - Service delivery
   - Pooled financial resources

3. Outcome
   - Health financing pooling indicators
   - Interventions coverage
   - Risk factor reduction
   - Coverage with financial protection

4. Impact
   - Better health
   - Improved household wealth and protection against poverty
   - Responsiveness

Source: “Monitoring Intervention Coverage in the Context of Universal Health Coverage”
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