

# Talking points for Minister for Health Rwanda, on the opening of the RBM Partnership Case Management Working Group Meeting

Tuesday 28<sup>th</sup> June 2022

Distinguished Ladies and Gentlemen

Good morning

- I would like to take this opportunity to welcome you to Rwanda for this 11<sup>th</sup> meeting of the RBM Partnership Case Management Working Group Meeting. Special welcome to the representatives of 20 national malaria programmes from Africa here present.
- I thank the RBM Partnership to End Malaria and you all for the organizing this meeting aimed at sharing experiences, learning and collaboration to improve malaria case management. The themes for this meeting, access to quality care and mitigating antimalarial drug resistance, are both critical in ensuring no one dies from malaria.
- The RBM Case Management Working Group support national malaria programs by disseminating global guidance on malaria case management, sharing best practices and innovative approaches for implementing that global guidance, and identifying gaps in malaria case management services that would benefit from global support.
- Malaria continues to be a public health problem in Africa, with cases increasing since 2017 indicating a reversal of progress made since the year 2000.
- WHO's latest World malaria report released in December 2021, shows that there were an estimated 241 million malaria cases and 627 000 malaria deaths worldwide in 2020. This represents about 14 million more cases in 2020 compared to 2019, and 69 000 more deaths. Approximately two thirds of these additional deaths were linked to disruptions in the provision of

malaria prevention, diagnosis, and treatment during the Covid-19 pandemic. There is a need to reverse the situation and reduce the suffering.

- To address access to quality care for malaria, we will need a skilled health workforce reaching all people and all areas of our countries to detect and treat malaria cases, including testing and treatment at community level.
- Community participation, engagement, and empowerment to take control of their health cannot be overemphasized. Our people must be active participants in decisions for access to affordable prevention and treatment services and the assurance of quality services.
- Antimalarial drug resistance is one of the biological threats to malaria control in Africa. We must dedicate resources to regular surveillance for drug efficacy and implementation of recommended mitigation factors, including accelerating progress towards malaria elimination.
- We are also faced with emergence of malaria parasite genetic changes that render our rapid diagnostic tests incapable of detecting parasites, increasing false negative malaria tests. The consequence is a possible rise in severe malaria cases and deaths.
- Experiences from the COVID-19 pandemic have shown that effective intersectoral collaboration and strong leadership on health are critical to success. We must strengthen cross-border collaboration and coordinated approaches to for the implementation of interventions to mitigate these threats and achieve malaria elimination. With the required financing, strong coordination, dedicated partners and engaged communities, we can achieve our vision of a malaria free Africa.
- Let me use this opportunity to once more, thank RBM partnership and you all for the organizing this meeting and I wish you fruitful discussions.

Thank you