Investment Case Priorities

1. Service delivery:
   - Pursue interventions that cover a complete package of high impact interventions
   - Provide medications and necessary health commodities
   - Make infrastructure investments for water, sanitation, and hygiene, as well as infrastructure of basic community sanitary services (improved health centers and health points) to contribute to increased coverage.

2. Human resources: Recruit and train primary care and community healthcare workers (midwives, nurses, technical healthcare workers, community health workers).

3. Governance and health system management: Empower central and regional managers with means to supervise the health workforce, provide water, sanitation, and hygiene services, and train primary care and community health services.

4. Health Financing: Increase availability of financial resources at the lower levels of the health sector to decrease out-of-pocket payments by households.

5. Make targeted investments in monitoring and evaluation activities (for civil registration and vital statistics and for National Health Accounts).

Guinea

Investment Case for RMNCAH-N or equivalent (e.g., national health plan)

- Maternal mortality ratio 724 per 100,000 live births
- Neonatal mortality ratio 33 per 1,000 live births
- Under-five mortality ratio 123 per 1,000 live births
- Adolescent birth rate 132 per 1,000 women

Coverage Indicators:
- People living with HIV receiving ART 35%
- Coverage of pregnant women who receive ARV for PMTCT 43%
- Children aged <5 years with pneumonia symptoms taken to a healthcare provider 30%
- Modern contraceptive prevalence rate 7%

Disbursement and Release:
- Health expenditure per capita financed from domestic sources 4.31
- Ratio of government health expenditure to total government budget 2.73%
- Percent of current health expenditure on primary/ outpatient health care 26.8%
- Incidence of catastrophic and impoverishing health expenditures 7% catastrophic, 2.5% impoverishing

Resource Mapping

The investment case is closely linked to the Plan National de Développement Sain (PNDS), which covers the period 2015-24 and is costed assuming different scenarios of growth in government budget allocations to health. The scenario assumes a 10 percent increase in government budget allocations to health over this time period, estimated to require US$4,735,796.67. The Ministry of Health undertook a resource mapping exercise with support from the GFF in 2017 and estimated the total external resources available to be US$471,280,009. Taking into account the estimated government budget of US$3,205,076.70 for implementation of the PNDS, this leaves a funding gap of around 26 percent. The funding gap, however, does not take into account any new external resources coming in over this (relatively) long time period. The high-level resource mapping exercise has been useful in assessing the feasibility of the PNDS and identified areas of overlap between partners. As a next step, a more detailed mapping of external resources against the priorities in the PNDS and the related Community Health Strategy will be completed and validated to provide more concrete recommendations.