

Investment Case Priorities

- Service delivery:**
 - Pursue coverage of 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 posts) to contribute to increased coverage.
- Human resources:** Recruit and train primary care and community healthcare workers (midwives, nurses, technical healthcare workers, community health workers).
- Governance and health system management:** Empower central and regional managers with means to supervise the health workforce, provide water, sanitation, and hygiene services, and free primary care and community health services
- Health Financing:** Increase availability of financial resources at the lower levels of the health sector to decrease out-of-pocket payments by households.
- Make targeted investments in monitoring and evaluation activities** (for civil registration and vital statistics and for National Health Accounts).

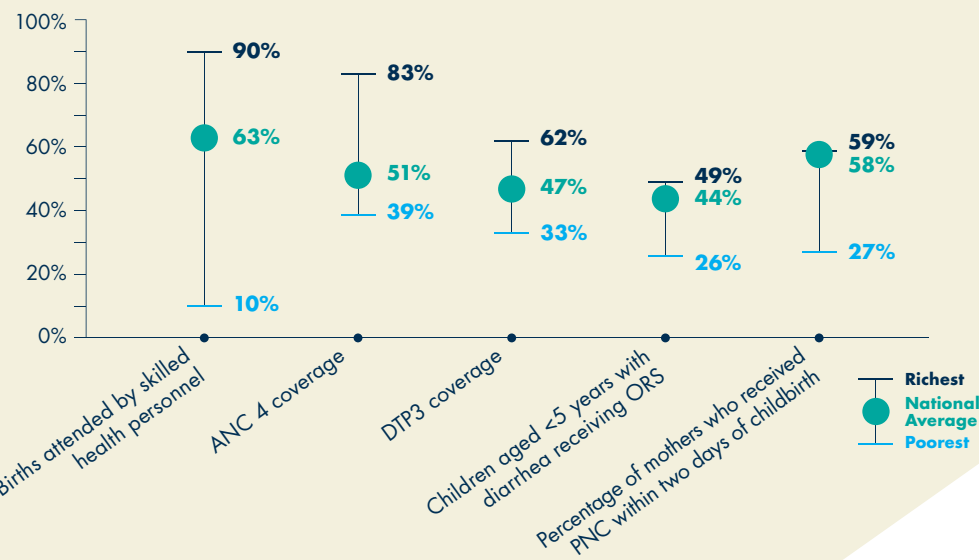
RMNCAH-N Data

CORE IMPACT INDICATORS

Maternal mortality ratio 724 per 100,000 live births	Under-five mortality ratio 123 per 1,000 live births	Percent of births <24 months after the preceding birth 12.8%	Moderate to severe wasting among children under 5 years of age 8%
Neonatal mortality ratio 33 per 1,000 live births	Adolescent birth rate 132 per 1,000 women	Stunting among children under 5 years of age 32%	

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%
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CORE HEALTH FINANCING IMPACT INDICATORS

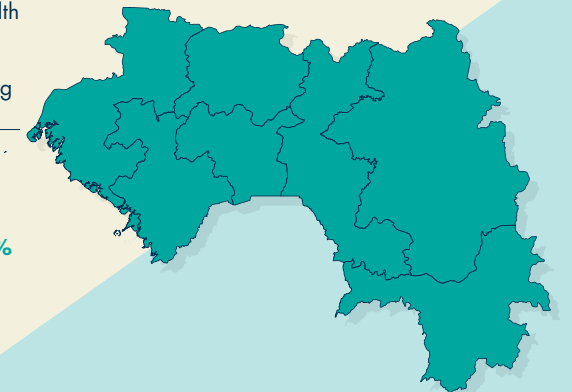
Health expenditure per capita financed from domestic sources 4.31	Ratio of government health expenditure to total government expenditures 2.73%	Percent of current health expenditures on primary/outpatient health care 26.8%	Incidence of catastrophic and impoverishing health expenditures 7% catastrophic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

Share of health in total government budget 8.2%	Identified options for strengthening domestic resource mobilization Yes	Taken actions to support domestic resource mobilization No	Share of external funding for health that is pooled or on budget 87.39%
Monitoring of catastrophic and impoverishing health expenditure with data less than three years old No	Implemented strategies to reduce key drivers of inefficiency No	Implemented reforms to address identified drivers of financial protection (especially related to RMNCAH-N) No	
Country has: implemented or updated a resource mapping exercise Yes	Identified drivers of limited financial protection (especially in relation to RMNCAH-N services) Yes		

EFFICIENCY

DTP3 dropout rate 34.39%	ANC dropout rate 40%
Health budget execution rate 97%	



FOCUS AREAS

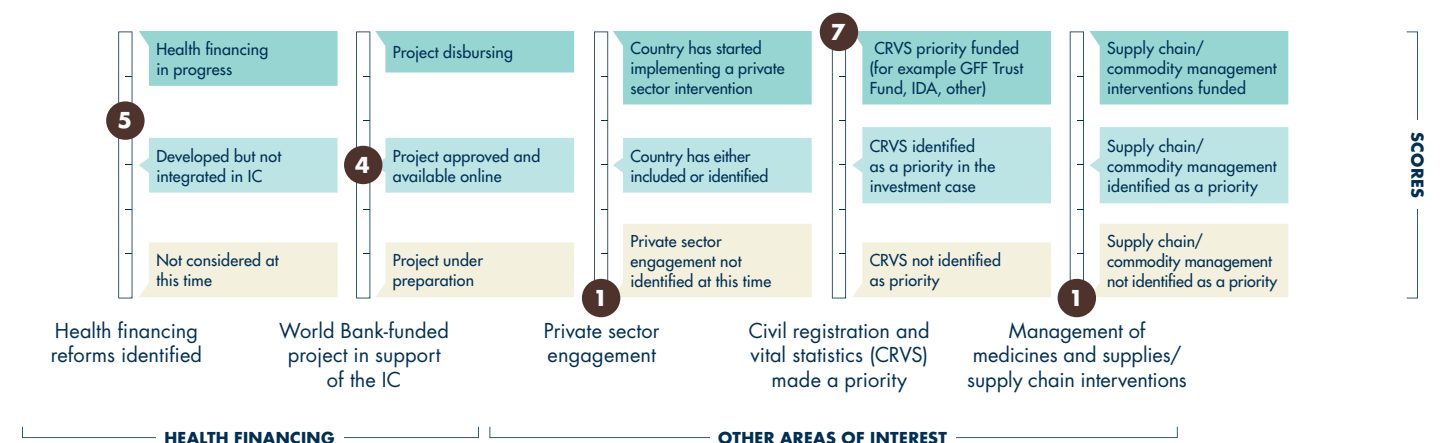
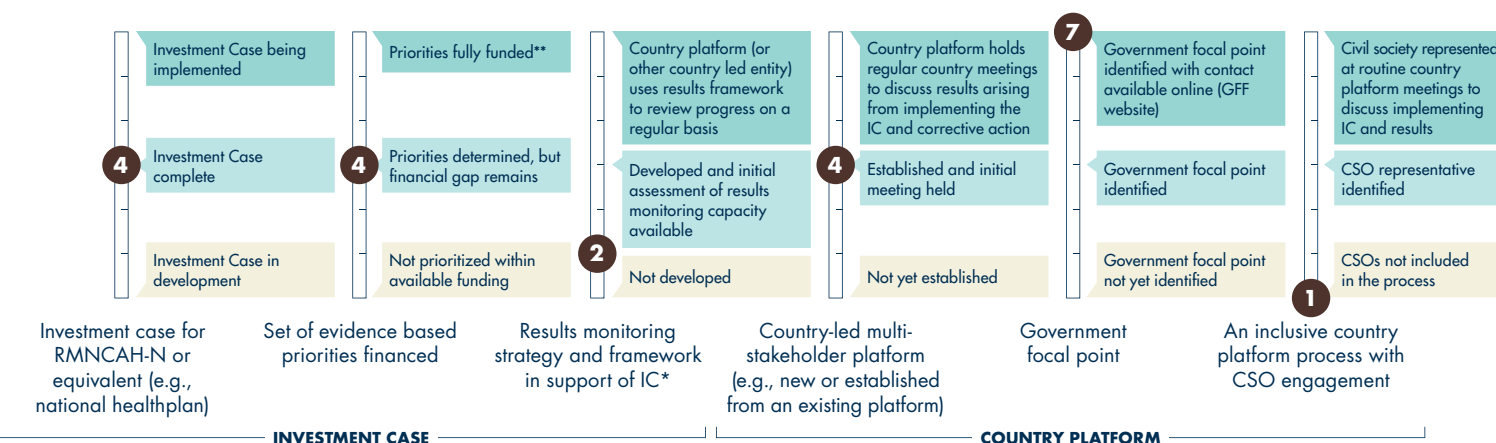
Resource Mapping

The investment case is closely linked to the Plan National de Développement Sanitaire (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\$4,733,279,667. 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\$3,021,267,767 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.

World Bank-funded Project (IDA/IBRD/GFF)

COUNTRY	Guinea
BOARD DATE	4/25/18
GFF APPROVED AMOUNT	\$10M
IDA AMOUNT	\$50M

Monitoring the Country-led Process



*Both included in the IC document or a separate document **Meaning that funding was allocated, disbursed and released – payment done ***ANC4 = four antenatal care visits; ART = antiretroviral therapy; ARV = antiretroviral; DTP3 = vaccination for Diphtheria, Tetanus, and Pertussis; ORS = oral rehydration solution; PMTCT = prevention of mother-to-child transmission; PNC = postnatal care.