Investment Case Priorities

1. Strengthen health systems for effective provision of RMNCAH-N services (adequate, skilled and motivated Human Resources for Health, strengthened leadership and governance at all levels; availability of essential RMNCAH-N drugs, supplies and equipment; infrastructure development; availability of a functioning emergency referral system; and availability of safe blood at all CEmONC facilities).

2. Improve the quality of RMNCAH-N services at all levels of service delivery: Support implementation of a national RMNCAH-N quality improvement program and systematic quality improvement procedures, approaches and practices, with a special focus on Emergency Triage Assessment and Treatment, respectful procedures, approaches and practices, with a special focus on Emergency Triage Assessment and Treatment, respectful

3. Strengthen community systems for effective delivery of RMNCAH-N services. (Address accessibility, geographical and financial barriers. Implement Integrated Community Case Management plus. Promote implementation of RMNCAH interventions at the community level, including social accountability. Address other sector determinants.)

4. Strengthen health information systems, monitoring, evaluation, and research for effective RMNCAH-N service delivery, and strengthen civil registration and vital statistics systems.

Monitoring the Country-led Process

Investment Case

- Country platform or other country-led entity
- Resource Mapping
- Identified options for strengthening health expenditure with data less than three years old
- CMOPDR
- Identified drivers of limited financial protection (especially related to RMNCAH-N)

Output Indicators

- Share of health in total government budget Not available
- Monitoring and strengthening of RMNCAH expenditure with data less than three years old
- No
- Not developed
- Implemented reforms to address identified drivers of financial protection

Efficiency

- DTP3 dropout rate 16.69%
- ANC coverage rate 22%
- Health budget execution rate 64%

Health Financing Indicators

- Health expenditure per capita financed from domestic sources 9.56%
- Ratio of government health expenditure to total government expenditure 7.86%
- Percent of current health expenditure on primary/ outpatient care 44.69%
- Incidence of catastrophic and impoverishing health expenditures
- 45% catastrophic
- 9.2% impoverishing

Resource Mapping

The process to develop the RMNCAH-N strategy brought together all partners working in RMNCAH in Sierra Leone. The Government of Sierra Leone took a lead role, and with contributions from the World Bank, the United Kingdom (DFID, WHO, UNICEF, UNFPA, and USAID), as well as many implementing nongovernmental organizations, including CIUAMM and Partners in Health, decided on the priorities for the country. The financial requirement assessed under the “strategy scenario” in the RMNCAH strategy amounts to US$545 million over five years. An initial resource mapping exercise has been conducted; however, complete information on financial commitments from all partners was not available as of the time of writing. Nonetheless, it is anticipated that there will be a large gap between the total commitments made and the requirement.