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EBOLA: HEALTH FUNDING IN FOCUS COUNTRIES *

*Guinea, Liberia, Nigeria, Sierra Leone



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Context

West Africa witnessed the biggest Ebola outbreak ever, and it caused thousands of deaths, collapsed the economies of some countries and revealed lapses in their fragile healthcare systems. The health system in many West African countries is next to nothing in terms of infrastructure and healthcare delivery. According to reports from World Health Organisation (WHO), 28,616 cases, giving rise to 11,312 deaths, were recorded as of September 2016 in Liberia, Sierra Leone and Guinea. There were about 17,000 survivors of the disease.

The affected countries received strong criticism due to their substandard health sectors and the lack of drugs and infrastructure — even basic healthcare needs such as sick beds and medical experts. Some countries helped by sending their medical experts to lend a hand, while others joined foreign donors to weigh in with massive financial aid.

The publication looks at the fiscal analysis of the affected West African countries, to determine how revenues were sourced and spent. Also, there was a deep analysis of the health sectors, to know how much was invested in the sector and ascertain the preparedness of the countries for emergency outbreaks in the future. We also want to look at the health per capita spending of each country, after the experience of citizens and hospitals during the Ebola crisis.

The 2001 Abuja Declaration about allocating 15% of their budget to health hasn't been observed by some West African countries, which has had effects on the sector. Despite claims that Africa is poor, citizens need to have a different mindset and begin to address the management of resources/finances, which has been a major problem on the continent. Besides managing these resources, governments need to show commitment to improving the health of their citizens.

This research paper reviews West African countries' health sector budgets for the 2017 fiscal year, encompassing budgetary allocations to the Federal Ministry of Health, and health-related disbursements intended for other federal government agencies, including: proposed spending on the Health Insurance Scheme for civil servants, allocations for the procurement of medical equipment, medication, as well as medical expenses that fall under related health expenditure which are outside the control of the Ministry of Health but accrue to agencies of the federal government.

 **11,312**

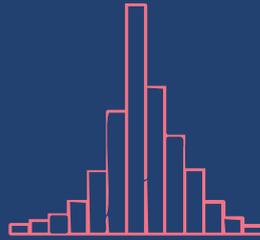
total number of deaths recorded in Liberia, Sierra Leone and Guinea.

Abuja Declaration

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Fiscal Analysis

Exchange Rate: \$1 = N361.2; \$1 = Le 7,550; \$1 = GNF 8,975



Nigeria

NIGERIA

Nigeria is the most populous black country in Africa and the 7th most populous nation in the world. Oil has been the major source of revenue for financing the budget. Oil plays a large role in the economy. The Niger Delta is the main oil-producing region of the country.

In 2017, the Federal Government (FG) of Nigeria projected a revenue of N5.08 trillion (USD 14.05bn) and hopes to spend a total of N7.44 trillion (USD 20.58bn), resulting in a deficit of N2.36tn (USD 6.53bn). FG's actual revenue and expenditure in 2014 came to N2.39tn and N4.12tn while N3.06tn and N4.72tn in 2015 respectively. This clearly shows that the current revenue projections are excessively optimistic with respect to the global drop in the prices of crude oil – the country's major revenue source.

Based on the 2016 budget implementation report (Q1-Q4), the total revenue in 2016 stood at N2.62tn while total expenditure was N4.39tn. However, as at June 2016, a total of N2.42bn was expended.

The 2014 and 2015 deficit stood at N881.11bn and N1.53tn, while 2017 has a deficit of N2.36tn, which is expected to be 47.8% of Nigeria's estimated revenue uptake. The Federal Government hopes to finance it through a net borrowing of N2.32tn and domestic borrowing of N1.25tn, while the balance of N1.06tn will be pooled from the foreign debt markets.

N5.08 tn

The Federal Government (FG) of Nigeria projected a revenue of N5.08 trillion

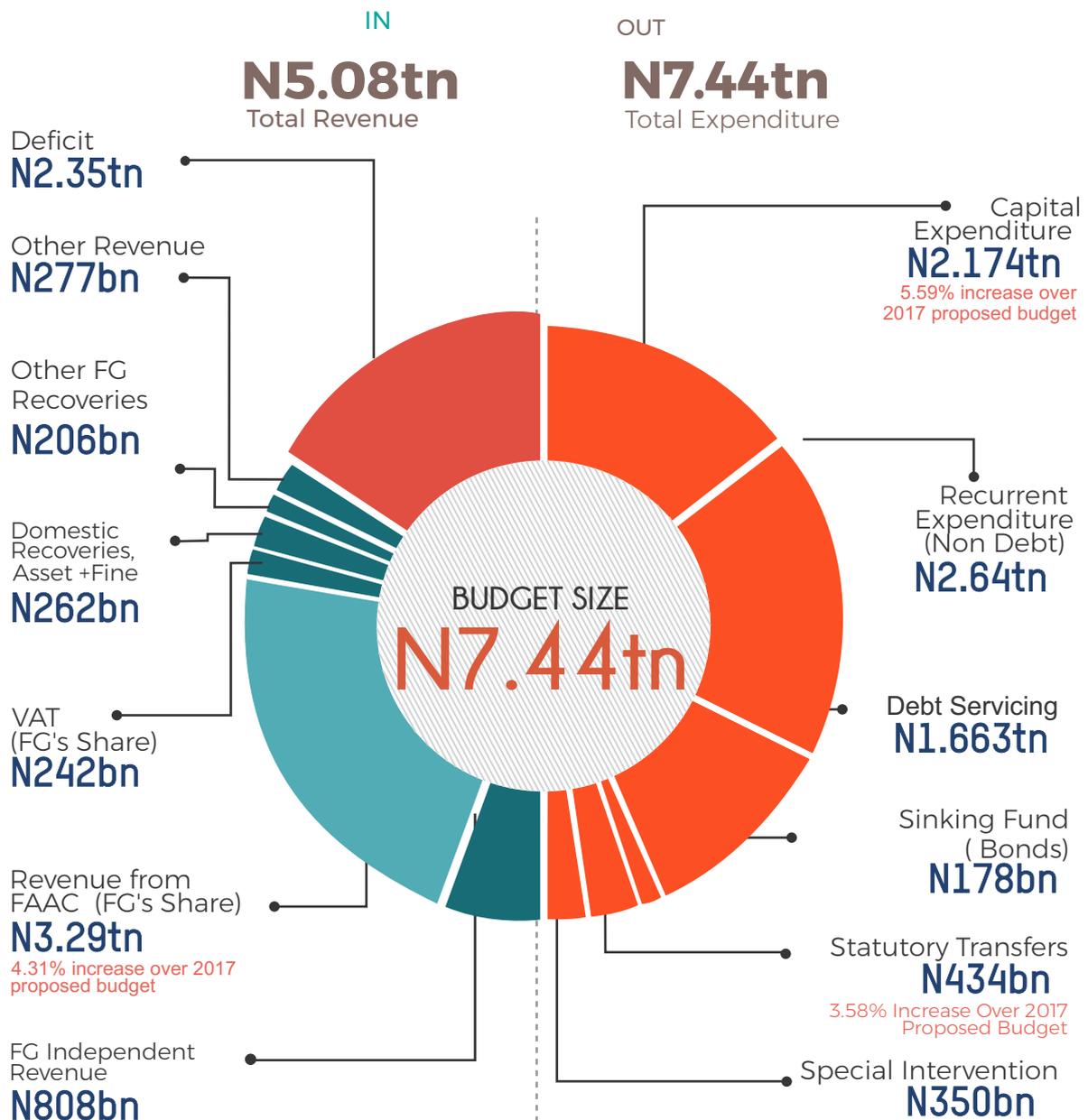
N7.44tn

Total amount to be spent by the Federal Government of Nigeria

47.8%

The total deficit of the budget stands at N2.62tn which is 47.8% of the estimated revenue

FG 2017 APPROVED BUDGET as approved by the National Assembly



Source: Budget Office

The 2017 budget shows that government has turned a blind eye to a series of campaigns to increase allocations to health and other social sectors.

The spending plan obstinately delineates a chunk of funds for the Ministry of Works, Power, Housing and Transportation. We argue that instead, huge spending on utilities such as roads, railways and power should be matched with improving health infrastructure for the use of citizens. A healthy citizen can help build and move a country forward, as this applies to education and other social sectors. Health tourism has been the alternative for the rich, even to the President, while the poor manage the poor healthcare facilities or end up falling back on traditional medicine.

We argue that instead, huge spending on utilities such as roads, railways and power should be matched with improving health infrastructure for the use of citizens.

Budget Allocations to Ministries, NGN Billions

Top Ministries	2016	2017
Power, Works & Housing	456	586.34
Interior	513	536.36
Defence	443	469.84
Education	480	455.41
Health	257	308.46

Breakdown of 2017 Budgetary Allocation to Ministries, NGN Billions

Top Ministries	Recurrent Expenditure	Capital Expenditure	Total
Power, Works & Housing	32.8	553.7	586.5
Interior	472.6	63.8	536.4
Defence	330.5	139.3	469.8
Education	398.7	56.7	455.4
Health	252.9	55.6	308.5

Source: Budget office

Health Sector Allocation

Looking at the 2017 approved health budget, the health sector will receive N380.46bn (USD1.05bn), 13% of non-debt recurrent expenditure. The breakdown shows that Ministry of Health takes the larger chunk of 79.7% of all funding for health sector. National Health Insurance Scheme (NHIS), purchase of medical equipments, medical consulting, State House Medical Centre, NACA etc all share the remaining 20.3%.

The total allocation of N380.46bn as derived from the approved health sector computation (health related expenditure, including the Federal Ministry of Health and its agencies) in 2017 represents a 7.54% increase over the 2016 level of N353.5bn in nominal terms. However, the share of the total budget in nominal terms slipped from 5.7% to 5.1%, as approved in the 2017 budget.

The allocation to the Ministry of Health (headquarters) indicated an 81% allocation of the total allocation to health sector while the remaining 19% is shared amongst other agencies listed under the sector.

Looking at the 2017 approved health budget.....The breakdown shows that Ministry of Health takes the larger chunk of 79.7% of all funding for health sector

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Health Sector Allocations Trend, NGN billion

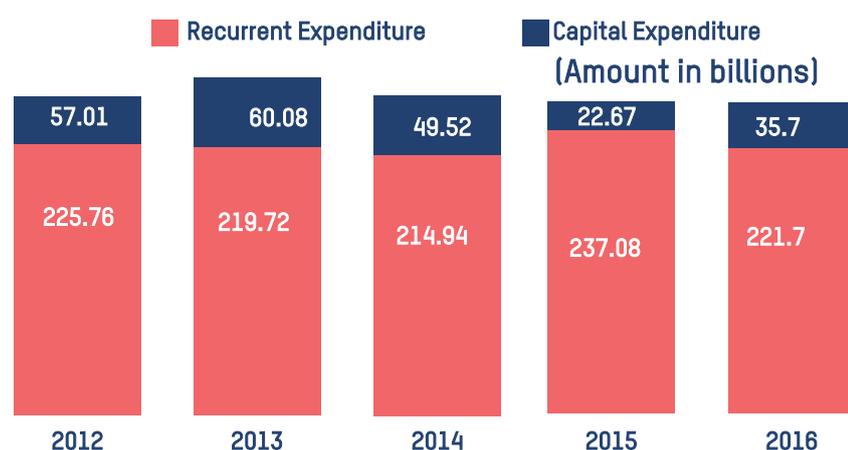
Health Sector Allocations	2015	2016	2017
Ministry of Health	259.75	250.06	308.46
NHIS FGN CONTRIBUTION (excluding Ministry of Health & NACA)	62.99	63.30	49.46
Purchase of Health/Medical Equipment (excluding Ministry of Health)	13.87	23.88	9.28
Medical Consulting(excluding NACA and Ministry of Health)	0	0	0.30
Medical Expenses	1.41	1.30	0.98
Rehabilitation/ Construction /Repairs - Hospital/ Health Centres (excluding Ministry of Health & NACA)	3.52	0.68	1.42
Procurement of Drugs and other Medical supplies (excluding Ministry of Health)	0.93	0.76	2.13
National Agency For The Control Of AIDS (NACA)	2.78	4.21	4.58
State House Medical Centre	0	2.83	0.33
Counterpart Fund GAVI	3.50	3.50	3.50
Total	347.26	353.52	380.46

Source: Budget Office

Recurrent Expenditure

It is a common trend in Nigeria that most allocation to ministries are spent on salaries, allowances and overheads, while capital expenditure suffers. The health sector is not left out though some would argue that the health practitioners are large in number; but when 82% of health allocation is budgeted for recurrent then there is reason to worry, as little or no improvement will be seen.

Since 2011, the recurrent expenditure has accounted for 88-95% of the allocation to the health ministry. Comparing the proposed 2017 budget with the approved 2017 budget, there was an increase in the capital expenditure, as it moved from N51.32bn to N55.61bn, while the recurrent remained the same at N252.85bn. This shows that recurrent expenditure will be greater than the capital expenditure



Source: Budget Office

Health Sector Allocations Trend, NGN billion

Ministry of Health	Recurrent Expenditure	Capital Expenditure	Total
2012	225.76	57.01	282.77
2013	219.72	60.08	279.80
2014	214.94	49.52	264.46
2015	237.08	22.67	259.75
2016	221.70	35.71	257.41
2017(Proposed)	252.87	51.32	304.19
2017(Approved)	252.87	55.61	308.46

Source: Budget Office

Capital Expenditure

The health ministry consists of 116 agencies, including the headquarters – making it the ministry with the second highest number of agencies. In the proposed budget, the ministry got an allocation of N51.3bn (USD141.9m) but had an increase of N4.3bn in the approved budget, thereby bringing bring the total sum to N55.6bn(USD153.8m).

The Federal Government must be applauded for taking a drastic step to increase the capital allocation in 2017, as there was approximately a 56% increase when compared with the allocation in 2016. The highest capital expenditure ever witnessed in the last decade was in 2013, when the health ministry got an allocation of N60.1bn.

Budgetary allocation is different from implementation, and Nigeria has, on the average, a 49% implementation of the health budget. This figure is worrisome, as salaries are paid while the capital projects aren't fully implemented due to poor revenue generation or delayed release of funds. The healthcare system needs a massive improvement, therefore implementation should be seen as priority.

49%

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Capital Allocations trend NGN Billion

YEAR	Capital Amount	Utilized Amount
2012	57.01	57.01
2013	60.08	60.08
2014	49.52	49.52
2015	22.68	22.68
2016	28.65	28.65

Source: Budget Office

National Primary Health Care Development Agency

The Primary Health Centres are established to provide accessible and affordable basic healthcare to citizens. Preventable diseases like malaria, typhoid, even headache, can be treated by PHCs. The wide spread of Ebola Virus Disease (EVD) in West Africa was caused by weak healthcare delivery; therefore, the PHCs need to be strengthened to tackle preventable diseases.

The National Primary Health Care Development Agency (NPHCDA) budget in 2017 is N21.5bn (USD 59.5m), although there was a percentage increase of 11.9% as the proposed budget allocation stood at N19.2bn (USD 53.1m). In January 2017, the Federal Government had a scheme to revitalise 10,000 PHCs at N3bn. Some notable projects are routine vaccines (N7.7bn), polio eradication (N4.9bn) and the midwives service scheme (N400m). The core projects of PHCs in Nigeria as related to NPHCDA can be itemised into four categories: polio eradication, immunization vaccines and devices (supplementary and routines), construction of PHCs and Midwives Service Scheme.

NPHCDA

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Capital Projects in NPHCDA (NGN)

CODE	ITEM	2017 PROPOSED BUDGET	2017 APPROVED BUDGET	CHANGE(+/_)	% Change
NPHCD09690528	PROCUREMENT OF ROUTINE VACCINES AND DEVICES	4,114,129,528	4,114,129,529	1	0%
NPHCD11431817	CONSTRUCTION OF PRIMARY HEALTH CARE CENTRES IN ADAMAWA, BORNO AND YOBE STATES	-	130,000,000	130,000,000	
NPHCD11557443	POLIO ERADICATION INITIATIVE (PEI)	4,859,785,272	4,859,785,272	0	0%
NPHCD41766693	PROCUREMENT OF SUPPLEMENTARY VACCINES AND DEVICES	3,537,079,970	3,537,079,970	0	0%
NPHCD44989115	REPRODUCTIVE HEALTH- TRAINING OF COMMUNITY HEALTH EXTENSION WORKERS ON FAMILY PLANNING METHODS IN 6 ZONES	40,000,000	30,000,000	-10,000,000	-25%
NPHCD50516866	MATERNAL, NEONATAL AND CHILD HEALTH/WATER SANITATION AND HYGIENE	-	200,544,581	200,544,581	-
NPHCD50516866	MATERNAL, NEONATAL AND CHILD HEALTH WEEK	477,544,580	-	477,544,580	-100%
NPHCD50516867	PROCUREMENT OF EASY STICK INSECTICIDE TREATED WINDOW AND DOOR NETS (ESITWDN) FOR MALARIA VECTOR CONTROL	0	22,079,793	22,079,793	-
NPHCD50516868	PROCUREMENT OF 800,000 RDTs TO BE DISTRIBUTED TO THE HEALTH FACILITIES	-	24,000,000	24,000,000	-

Capital Projects in NPHCDA (NGN)

CODE	ITEM	2017 PROPOSED BUDGET	2017 APPROVED	CHANGE(+/_)	% Change
NPHCD50516869	PROCUREMENT OF 350,000 DOSES OF ACTS AND TO BE DISTRIBUTED IN THE HEALTH FACILITIES AND COMMUNITIES	0	25,000,000	25,000,000	0
NPHCD50516870	PROCUREMENT OF 70,000 MEDICAL GLOVES FOR DISTRIBUTION TO ALL NBTS CENTRES NATIONWIDE	0	10,431,000	10,431,000	ITEM
NPHCD50516871	PURCHASE OF DEFIBRILLATORS TO BE DISTRIBUTED TO PRIMARY HEALTH CENTRES	0	25,491,074	25,491,074	0
NPHCD50516872	ECHITAB: PROCUREMENT OF 3,249 VIALS OF ANTI-SNAKE VENOM TO SITES, SNAKEBITE SURVEY, PROCUREMENT OF CONSUMABLES AND INO HILUX VAN	0	100,604,099	100,604,099	0
NPHCD50516873	CONSTRUCTION AND EQUIPPING OF A COTTAGE HOSPITAL BALEWA, BOGORODASSIT BAUCHI STATE	0	200,000,000	200,000,000	0
NPHCD50516874	LAST MILE DISTRIBUTION OF CONTRACEPTIVE COMMODITIES.	-	5,296,827	5,296,827	-
NPHCD70753285	MONITORING AND EVALUATION	100,485,000	70,485,000	-30,000,000	-29.86%
NPHCD82331699	REVITALIZATION OF PRIMARY HEALTH CARE (PHC) CENTRES IN SIX GEOPOLITICAL ZONES	3,083,149,983	75,000,000	3,008,149,983	-97.57%

Capital Projects in NPHCDA (NGN)

CODE	ITEM	2017 PROPOSED BUDGET	2017 APPROVED BUDGET	CHANGE(+/_)	% Change
NPHCD82331700	REHABILITATION AND EQUIPPING OF PRIMARY HEALTH CARE CENTER IN EKE VILLAGE, UKPOR, NNEWI SOUTH LGA, ANAMBRA STATE	0	20,000,000	20,000,000	-
NPHCD82331701	REHABILITATION AND EQUIPPING OF PRIMARY HEALTH CARE CENTERS IN UBOMA VILLAGE, UKPOR, NNEWI SOUTH LGA, ANAMBRA STATE	0	20,000,000	20,000,000	-
NPHCD82331702	REVITALIZATION AND EQUIPPING OF 7 NOS PRIMARY HEALTH CARE CENTERS IN EHIME MBANO LGA, IMO STATE	0	40,000,000	40,000,000	-
NPHCD82331703	REVITALIZATION AND EQUIPPING OF 5 NOS PRIMARY HEALTH CARE CENTERS IN IHITTE UBOMA LGA, IMO STATE	0	30,000,000	30,000,000	-
NPHCD82331704	REVITALIZATION AND EQUIPPING OF 8 NOS PRIMARY HEALTH CARE CENTERS IN OBOWO LGA, IMO STATE	0	45,000,000	45,000,000	-
NPHCD82331705	REVITALIZATION AND EQUIPPING OF 4 NOS PRIMARY HEALTH CARE CENTERS IN ONUIMO LGA, IMO STATE	0	20,000,000	20,000,000	-
NPHCD82331706	REVITALIZATION AND EQUIPPING OF 6 NOS PRIMARY HEALTH CARE CENTERS IN OKIGWE LGA, IMO STATE	0	30,000,000	30,000,000	-

Source: Budget Office



Sierra Leone

SIERRA LEONE

Sierra Leone has been known as a base for former slaves since 1787. The nation is overshadowed by civil war that ended in 2002 with aid from foreign countries both in Europe and Africa, especially the UN peacekeeping mission to which Nigeria belongs. Although the war had a great effect on the economy, there was substantial economic growth before the Ebola crisis.

Sierra Leone has some of the poorest health indicators in the world, with life expectancy of 47 years, an infant mortality rate of 89 per 1,000 live births, an under-five mortality rate of 140 per 1,000 live births and a maternal mortality ratio of 857 per 100,000 births (Sierra Leone Demographic Health Survey, 2008).

One of the sources of revenue of Sierra Leone is mining, such as of diamonds and other mineral resources. Two-thirds of Sierra Leoneans are into subsistence agriculture, which accounted for 58% of its GDP in 2007.

Revenues from iron ore, which averaged US\$60.0 million during 2013 and 2014, fell below US\$15.0 million in 2016 due to the closure of the two iron ore mining sites. The economy is projected to grow by 4.9% in 2016 on account of the resumption of iron ore mining and recovery in agriculture; also, inflation rose to 10.9% in September 2016 from 8.9% in December 2015.

In 2017, total expenditure and net lending is projected at Le 5.4 trillion (USD 715.3m), compared to Le 4.8 trillion (USD 635.8m) in 2016. It is important to note that about 94% of the projected additional resources of Le 780.1 billion will be utilised to finance key statutory expenditures, including activities of the National Electoral Commission (NEC) for the 2018 General Election, the National Civil Registration Authority, the Post-Ebola Presidential Recovery Priorities, and Debt Service payments.

Thus, budgetary allocations to these statutory and key priority areas are projected at Le 3.5 trillion, compared to Le 2.7 trillion in 2016 — an increase of about Le 742.5 billion. Of this amount, Le 322.0 billion is allocated to the National Electoral Commission.

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47 years

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89/1000

infant mortality rate of 89 per 1,000 live births,

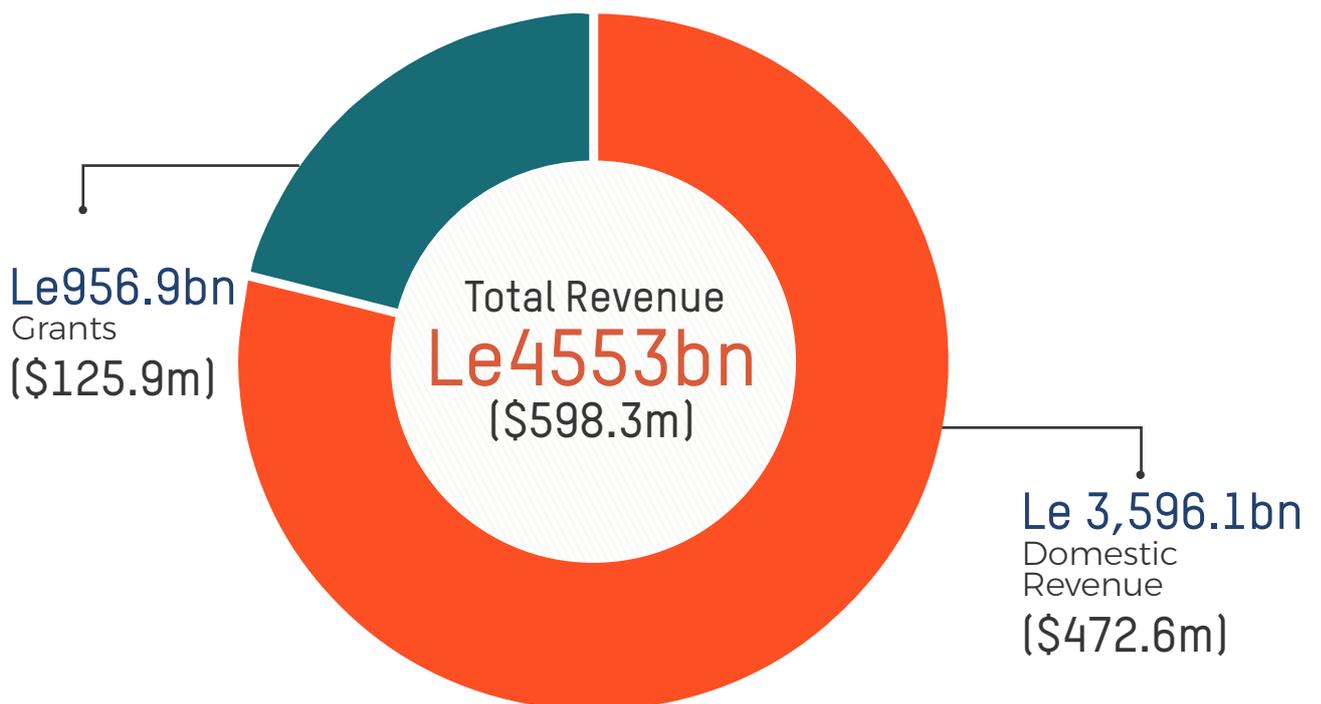
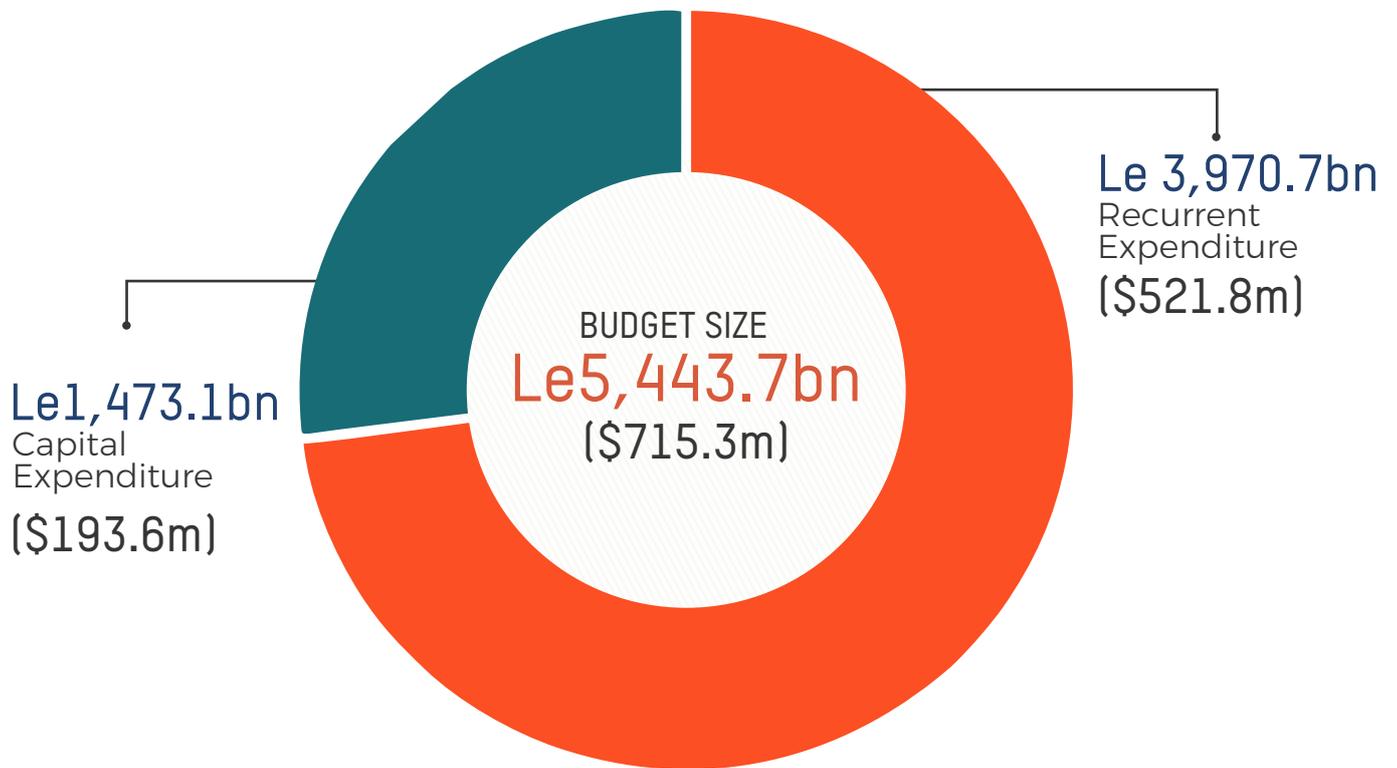
140/1000

an under-five mortality rate of 140 per 1,000 live births

857/100,000

a maternal mortality ratio of 857 per 100,000 births

2017 Budget breakdown (Expenditure and Revenue)



Source: Budget Office

Allocations to the Security Sector are: Le90.4bn (USD 11.9m) to the Military, Le87.9bn (USD11.6m) to the Sierra Leone Police, Le34.3bn (USD 4.5m) to the Sierra Leone Correctional Services, and Le 8.8bn to the National Fire Force.

Le90.4bn

Amount allocated to the security sector

For the 10 to 24 months Post-Ebola Presidential Recovery Priorities, Le94.9bn (USD12.6m) is allocated to the Ministry of Health and Sanitation, including Le 37.9bn (USD 5.02m) for the procurement of Free Healthcare and Cost Recovery Drugs, and Le10.0 billion to support Public Health Sierra Leone.

Le 94.9bn

Amount allocated to the Ministry of Health and Sanitation,

The Ministry of Education, Science and Technology is allocated an amount of Le275.3bn (USD 36.5m). The Ministry of Energy is allocated Le173.0bn (USD 22.91m) from the domestic capital budget. Le39.1 bn (USD5.2m) is allocated to the Judiciary, Law Officer's Department, Parliament, Audit Service and Anti-corruption Commission (ACC). Le63.3bn (USD 8.4m) is allocated to the Ministry of Agriculture, Forestry and Food Security, of which, Le48.6bn (USD6.4m) is for the Food Security Programme, including Le5.0 billion for the fisheries sector.

Le 275.3bn

Amount allocated to the Ministry of Education, Science and Technology

Wages and salaries are projected to increase marginally to Le1.81 trillion (5.9 percent of GDP) in 2017 from Le 1.79 trillion in 2016. The increase of Le10.0 billion will finance new authorised recruitments in the civil service. Total public debt service payments are projected at Le846.9bn (USD112.17m) in 2017 compared to Le426.5bn (USD 56.5m) in 2016.

Wages and salaries are projected to increase marginally to

Le 1.81tn

Total public debt service payments are projected at

Le 846.9bn

Health Sector Allocation

Breaking down the 2017 budget of the health sector of a total allocation of Le307.8bn (USD 40.8m), recurrent expenditure was pegged at Le156.8bn (USD 20.8m) while capital expenditure amounted to Le129.6bn (USD 17.2m), which means that 89% of the capital expenditure, Le116.3bn (USD 15.4m), will be funded by donor agencies, while Le13.3bn (USD 1.8m) of the capital expenditure will be financed by Sierra Leone government. Local councils for primary and secondary healthcare services amounted to Le21.4 billion (USD2.8m), while administration running cost and operations is pegged at Le 6.4bn (USD847,682).

The damage caused by Ebola still lingers in the hearts of citizens, as the lapses of healthcare facilities remain, even in Peripheral Health Centres (PHCs). In order to fix some of the damages, huge financing will be needed to improve access and quality basic health services in the country, targeting Primary Healthcare services (malaria control, HIV/AIDS prevention and control programme and tuberculosis control programme), reproductive and child healthcare services (National School Health Programme, family planning and immunization programme). secondary healthcare services had Le781bn (USD 103.4m) while tertiary healthcare services (national and referral hospitals) got Le24.8bn (USD 3.3m). Procurement of free healthcare drugs was pegged at Le25.9bn (USD 3.4m); procurement of cost recovery drugs and other medical supplies received Le 11.9bn (USD 1.6m).

In 2016, a total allocation to the sector is Le 334.9bn (USD 44.4m), as captured in the citizen's budget. Of the total allocation, 45.8%, which is Le 153.4bn (USD 20.3m), will be funded by the donors to improve the health system in Sierra Leone, while Le 181.5bn (USD 24.1m) will be government's contribution to the sector. More details of the allocation revealed that recurrent expenditure stood at Le 91.8bn, capital expenditure 222.1bn, and local councils for primary and secondary healthcare services Le21.0 billion. The allocation would help to (i) build a sustainable national health system that delivers safe, efficient and quality healthcare services that are accessible, equitable and affordable for all Sierra Leoneans; and (ii) build a resilient national health system that can respond robustly to a possible recurrence of Ebola or an outbreak of any other deadly disease.

In 2015, the total allocation to the health sector was pegged at Le 262.7bn (USD 34.8m), which is 9.7% of the total budget; Le 242.4bn is for the central ministry, while Le 20.3bn serves as transfer to the local councils in the country. Further breakdown reveals that the total amount for central ministry, Le 87.2bn, will be recurrent expenditure, while Le 155.3bn is capital expenditure. The capital expenditure of Le 155.3bn will be financed by the Sierra Leone government (Le 54.8bn) and foreign donor agencies (Le 100.4bn).

“ the damage caused by Ebola still lingers in the hearts of citizens, as the lapses of healthcare facilities remain, even in Peripheral Health Centres (PHCs) ”



In order to fix some of the damages, huge financing will be needed to improve access and quality basic health services in the country,

Health Sector Allocation, LE millions

Item	2015	2016	2017
Ministry of Health and Sanitation	52,006.60	91,855.80	94,936.90
Administrative and Operating Costs	5,795.70	6,453.50	6,453.50
Improving Access and Quality of Basic Health Services	20,540.40	22,871.70	22,871.70
Human Resources Management	3,438.10	3,828.30	3,828.30
Malaria Prevention and Control	7,244.60	8,066.80	8,066.80
STI/HIV/AIDS Prevention and Control Programme	2,419.00	2,693.50	2,693.50
Tuberculosis and Leprosy Control Programme	1,336.00	1,487.60	1,487.60
Reproductive and Child Health Care Services	5,724.50	6,374.20	6,374.20
Secondary Health Care Services	701.4	781	781
Tertiary Health Care Services (National & Referral Hospitals)	22,282.40	24,811.40	24,811.40
Directorate of Hospitals and Laboratory	997.1	1,110.30	1,110.30
Procurement of Free Health Care Drugs	0	22,981.10	25,981.10
Procurement of Cost Recovery Drugs and Other Medical Supplies	0	10,965.50	11,965.50
Health service commission	825.2	918.9	918.9
Donor Funding (GAVI, IDA ,Global Fund, Kuwait Fund, BEDEA, etc)	100.4	153.4	116.3

Source: Budget Office

Recurrent Expenditure

The recurrent expenditure of 2017 budget stood at Le 156.8bn, which accounted for 50.9% of the health budget. The size of the recurrent expenditure in 2017 increased by 65.8% when compared with that of 2016; the capital component decreased from Le222.1bn to Le 129.6bn.

It should be noted that the increase in the recurrent expenditure in the 2017 budget indicates there might be an increase in salary scale of current workers or employment of new staff to boost the numbers in the ministry.

The allocation of the capital expenditure lacks full detailed line items when compared with the Nigerian budget. There was a huge drop in the allocation in 2017, with percentage decrease of 41%, which does not translate to a budget of recovery from the country's Ebola tragedy.

Despite the drop in the capital component, the sector had 48.1% of the total allocation for capital component. Some of the projects/programmes captured in the budgets are:

1. Reducing High Infant, Under-five and Maternal Mortality — Le 40.7bn
2. Preventing and Controlling Communicable and Non Communicable Diseases — Le 54.3bn
3. Strengthening Infrastructural Development for Service Delivery such as Refurbishment of Government Hospitals Project (Mortuaries), Strengthening of Three Tertiary Hospitals in Freetown, Primary Health Care Support Project etc — Le 34.7bn.

Besides these projects, the 2017 budget captures the piloting of the newly-introduced health insurance scheme, which will help civil servants with access to quality healthcare.

41%

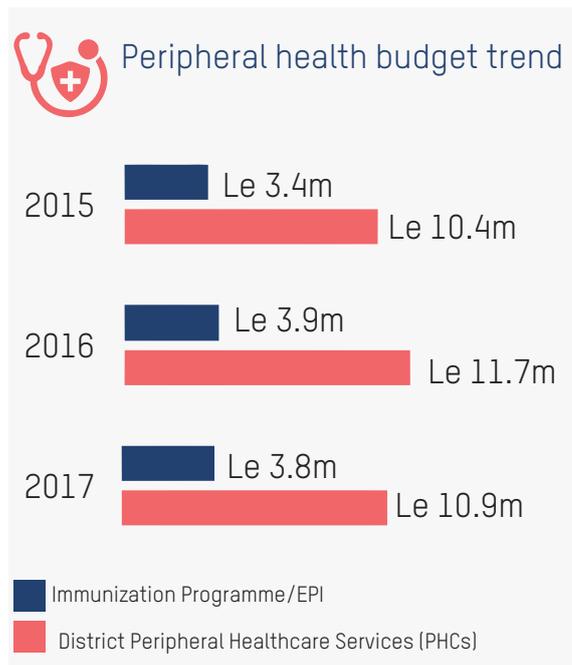
There was a huge drop in the allocation in 2017, with percentage decrease of 41%, which does not translate to a budget of recovery from the country's Ebola tragedy.

Besides these projects, the 2017 budget captures the piloting of the newly-introduced health insurance scheme, which will help civil servants with access to quality healthcare.

Key Line Highlights Across MDAs

Peripheral Health Care

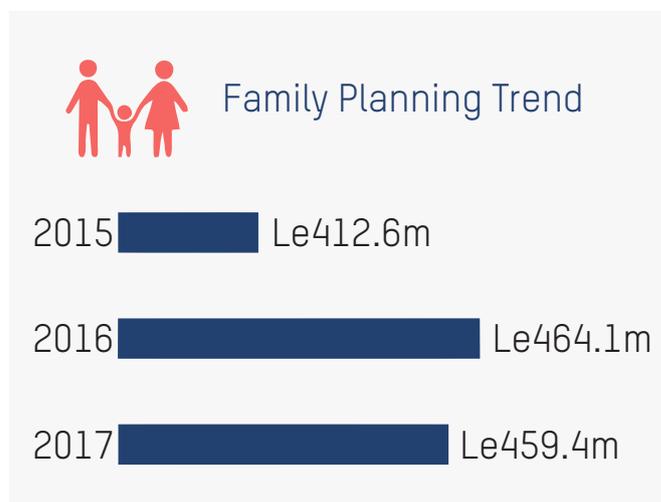
It must be noted that the Sierra Leone budget doesn't have a detailed line item of some projects. Few of the peripheral healthcare projects are provided in the table below:



Source: Budget Office

Family Planning

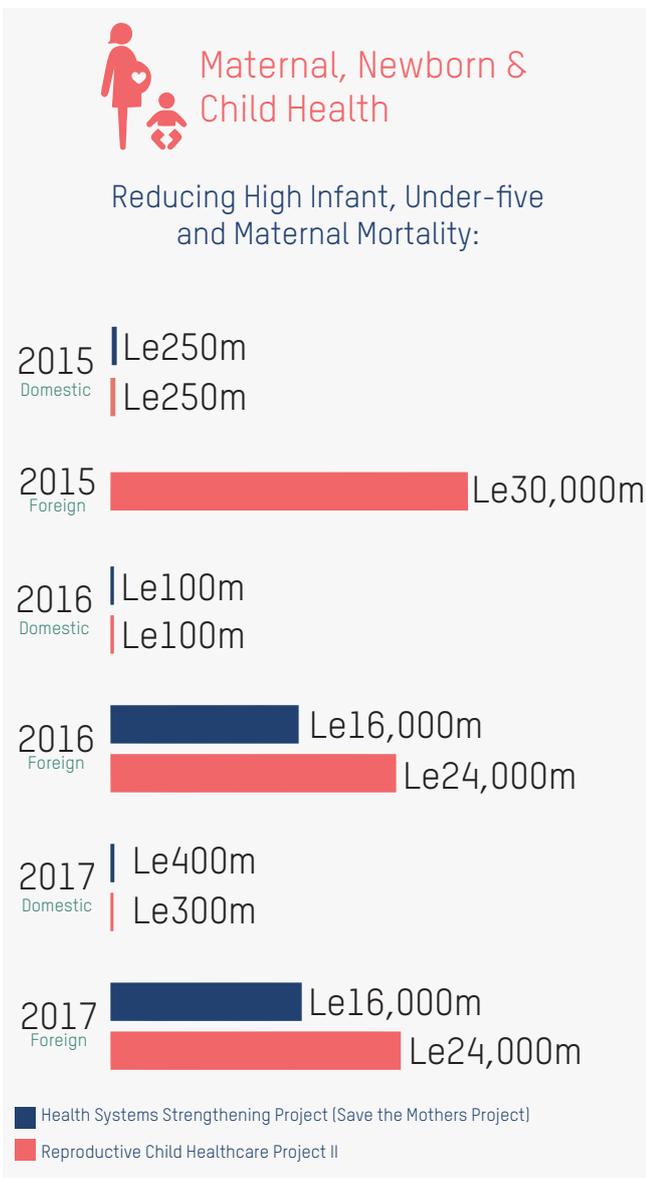
As stated above, the only line item captured in the budget does not give clear insight on the allocation and how it will be spent towards achieving the objectives of family planning. As captured in the budget, the reproductive health/family planning allocation in 2017 is Le459.4m.



Source: Budget Office

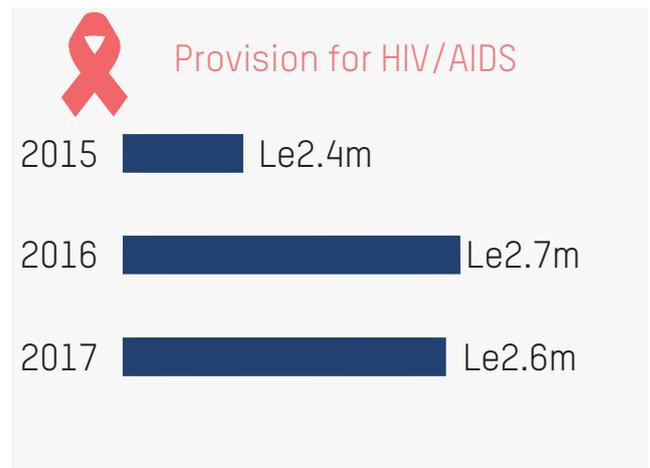
Maternal, NewBorn, Child Health (MNCH)

Looking at the budget trend on the maternal mortality and newborn, it is clear that government spends a lot on reproductive child healthcare. One of the two ways is by foreign loan, while the other is through domestic sourcing. Although the loan is huge, no amount is too much to spend on citizens' health so long it is spent judiciously.



Provision for HIV/AIDS

Projects are not well captured in the 2017 budget. The available data in the budget relating to HIV/AIDS talks about the prevention and control programme, which has an allocation of Le2.69bn.



Source: Budget Office

National Insurance Scheme

The Sierra Leonean government had ambitious plans of providing a national social health insurance scheme. The Ministry of Health and Sanitation requested assistance from the International Growth Centre in helping to structure, design and evaluate a health insurance programme as a means of expanding healthcare coverage.

The government believes that health insurance scheme is a possible way of tackling health issues and providing a better post-Ebola response, thereby providing access to good health care. This is a newly adopted scheme in Sierra Leone, and little amount of Le300m has been allocated in the pilot stage.

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Counterpart Funds

International Development Association (World Bank)

Due to the damage caused by Ebola in the region, the International Development Association (IDA) will be supporting three health projects in Sierra Leone, which are: reproductive child health, which is a second phase of the project; regional disease surveillance systems enhancement; and health service delivery & system support, with a sum of Le24bn (USD 3.17m) , Le8.5bn (USD 1.1m) and Le 8bn (USD 1m) respectively. IDA credits are public and publicly-guaranteed debt extended by the World Bank Group.

Islamic Development Bank (IDB)

IDB is giving budget support to two projects, namely: Save the Mothers Project, which involves strengthening of the health systems in Sierra Leone, and National Post Ebola Virus Disease Recovery Plan with a budgeted amount of Le16bn and Le2.25bn respectively. The later is a newly-introduced programme to tackle diseases and empower the disease control agencies.

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Global Fund

The World Health Organization's (WHO) World Malaria Report 2016 reveals that Sierra Leone has one of the world's highest burdens of malaria cases, but has experienced significant progress in reducing malaria deaths and transmission.

Le34.6bn (USD 4.6m) was earmarked in Sierra Leone's 2017 budget as funds to tackle malaria and tuberculosis. The Phase 2 Malaria programme is a Global Fund Round 10 project, which is designed to tackle Malaria – a serious public health case in the country. The sum of Le20.8bn (USD 2.8m) is allocated to tackle malaria in 2017.

Sierra Leone is among the 30 countries in the world with a severe TB burden. In 2015, 20,000 people in Sierra Leone fell ill with TB and 3,200 died from the disease; 2,500 children became ill with TB; one in

four HIV deaths were due to TB, and an estimated 480 people developed multidrug-resistant TB (MDR-TB).

Global Fund is supporting the fight against “the disease of the poor” with the sum of Le13.7bn.

Kuwait Fund & BEDEA

Kuwait Fund is the fund provided for developing agencies, and Le10bn has been provided to strengthen three tertiary hospitals in Freetown; Also, Arab Bank for Economic Development in Africa (BEDEA) is providing Le13bn These are loans to the Sierra Leonean government – not grants.

Some Key Funding in 2017 budget

Ministry of Health and Sanitation	Funding Agency	Amount (Le Millions)
Reproductive Child Health Care Project II	IDA/GoSL	24,000
Global Fund Round 10 - Phase II Malaria	Global Fund/GoSL	20,877
Health Systems Strengthening Project(Save the Mothers Project)	IDB/GoSL	16,000
Global Fund Transitional Funding Mechanism Grants to Tuberculosis	Global Fund/GoSL	13,700
Primary Health Care Support Project	BADEA/GoSL	13,000
Strengthening of Three Tertiary Hospitals in Freetown	Kuwait Fund	10,000
Regional disease Surveillance Systems Enhancement Project	IDA	8,500
Health Service Delivery and System Support Project	IDA	8,000
Supporting the National Post Ebola Virus Disease(EVD) Recovery Plan in Sierra Leone(New)	IDB	2,250

Source: Budget Office



SASS TOWN CLINIC KRAY DISTRICT

TIME BUSINESS /
MEDICAL SERVICES /
LD WATER BUSINESS /

INDIGO

INDIGO

INDIGO



Liberia

LIBERIA

According to Global Fund, Liberia is a low-income country that was struck with Ebola, leading to the death of more than 4,500 people, including health workers. Like every other West African state, the disease exposed the weak health system in the country, as it had a knock-on effect on other deadly diseases such as AIDs, tuberculosis and malaria.

The major source of revenue for Liberia is through exports of iron ore, rubber, gold and timber — although there were attempts, still unsuccessful, to revive raw timber extraction. Meanwhile, oil exploration seems like an alternative source of revenue in the future.

The Liberian economy is still considered to be poor, as Liberia has the distinction of having the highest ratio of direct foreign investment to GDP in the world. Liberia is one of 14 countries that have recorded impressive Human Development Index (HDI) gains of more than 2% annually since 2000, according to a Global Human development report released by UNDP. The government relies on foreign assistance due to the recovery plan from the Ebola devastation.

The government was highly expectant and anticipated huge relief from the austerity they had introduced in the management of public finances, but the economic recovery remains constrained as the demand and prices of passengers and cargo ships remain stagnant or in decline. Gross domestic product growth is projected at 3.9% in 2016, rising to 5.3% in 2017 with the services sector constituting the key driver of growth. Inflation peaked at 13.5% in 2014 but dropped to 6.5% in September 2015 due to persistent fall in global prices of rice and oil.

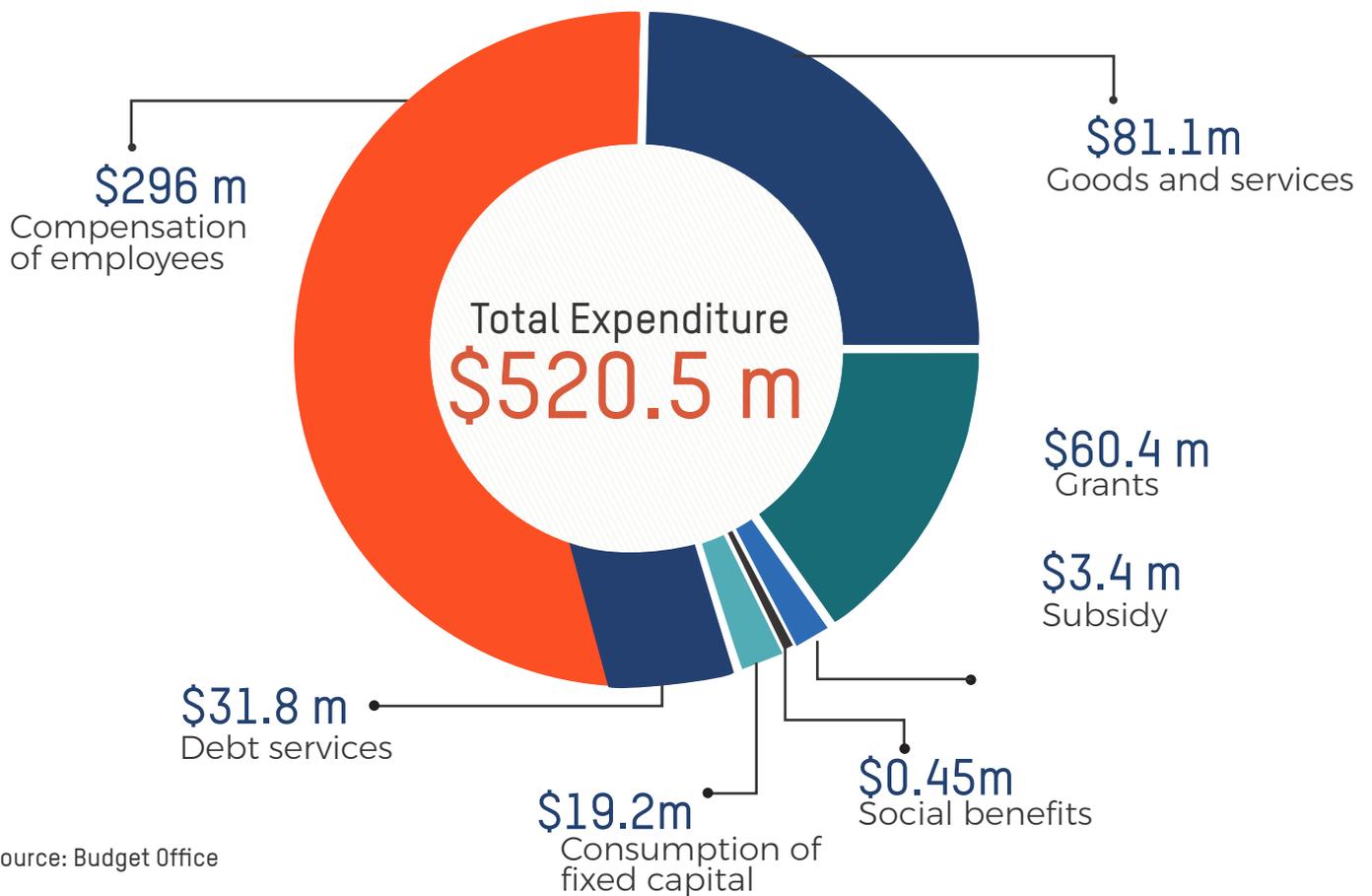
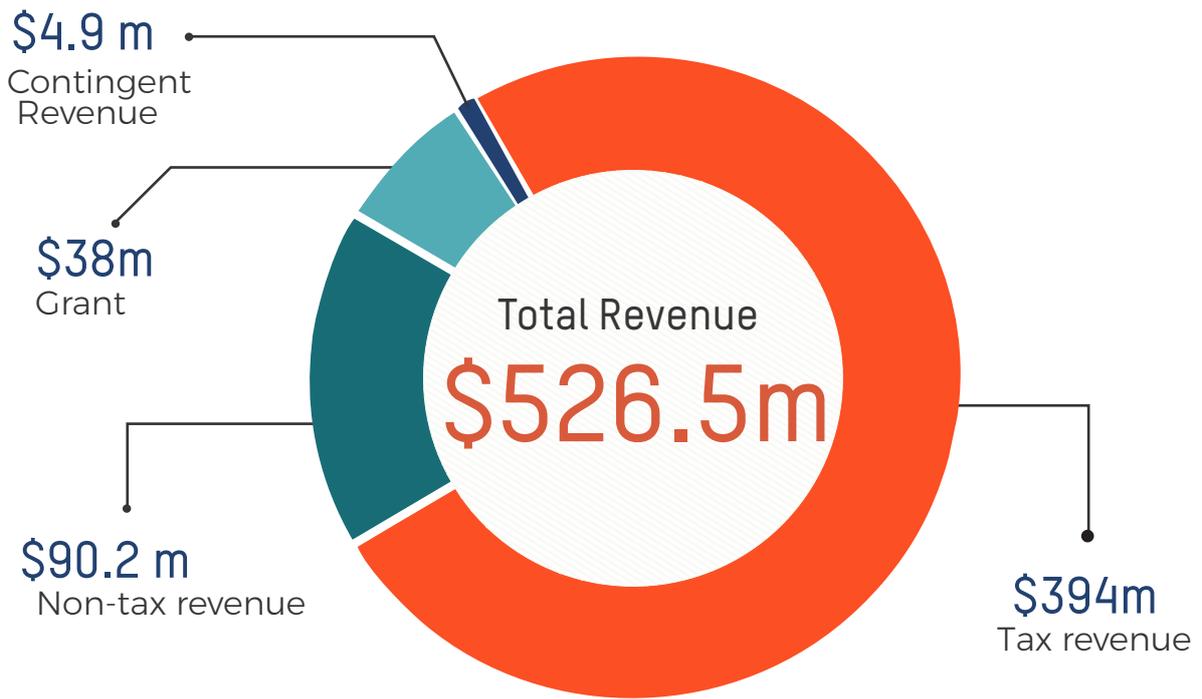
Liberia is a low-income country that was struck with Ebola,

14

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2016/ 2017 Budget Breakdown



Source: Budget Office

2016/2017 budget breakdown

The total appropriation for 2016/2017 is pegged at USD 600.2 million, an increase of 6.7% when compared with 2015/2016 appropriation of USD 559.4 million.

The revenue estimate of USD 600.2 million, shows clearly that there was a 4% decrease when compared to 2015/2016 revenue of \$622.7 million. The four major revenue sources are:

- Core Revenue — USD 524.9 million, which is 87.5% of revenue estimate. The major components of core revenue are:

(i) Tax revenue of USD 429.2 million and

(ii) Non-tax revenue of USD 95.8 million

- Grants — USD 30.3 million, which is 5% of the revenue estimate.
- Contingent Revenue — USD 5 million, which is 0.8% of the revenue estimate.
- Borrowing — USD 38 million, which is 6.3% of the revenue estimate.
- Carry Forward — USD 2 million, which is 0.3%

The expenditure portfolio is pegged at USD 600.2 million and two major segments of recurrent expenditure of USD 520.5 million (87% of the expenditure) and capital expenditure (Public Sector Investment Plan) of USD 79.7 million, which is 13% of the expenditure.

The recurrent expenditure of USD 520.5 million will be used to fund government's administrative and operational costs:

- Debt services — USD 12.7m, which is 3% of the recurrent expenditure

- Compensation of employees — USD 286.9 million, which is 55.1% of the recurrent expenditure and a 12% increase over 2015/2016 allocation of USD 225.79 million
- Goods and services, including educational and essential health supplies — USD 128.9 million, which is 24.8% of the recurrent expenditure and a 6% decrease over 2015/2016 allocation of USD 137.2 million
- Grants to government and non-governmental service delivery entities — USD 79.2 million which is 15.2% of the recurrent expenditure and a 22% decrease over 2015/2016 allocation of USD 101.8 million.
- Consumption of fixed capital — USD 10.9 million, which is 2% of the recurrent expenditure and a 12% decrease over 2015/2016 allocation of USD 12.3 million
- Social benefits - USD 1.7 million which is 24.8% of the recurrent expenditure

The capital expenditure of USD 79.7 million will be used to cater to the Public Sector Investment Plan (PSIP). The amount allocated to PSIP represents one-third of the investment demand of USD 209 million for 2016/2017. The government of Liberia will explore various avenues for the balance USD 130 million. The PSIP envelope is divided into two major components:

1. Sector projects, which have an allocation of USD 25.5 million
2. National priorities, which have an allocation of USD 54.2 million

Some of the sector and national priorities

- 2017 elections preparatory activities — USD 20 million
- Ongoing roadworks — USD 13 million
- Security preparations for United Nations Mission in Liberia (UNMIL) — USD 10 million
- Construction and renovation of residential and non-residential public buildings — USD 6.4 million
- Counterpart funding to donor financed projects — USD 7.7 million
- Contribution to agriculture sector support fund — USD 5 million
- Rural development projects fund — USD 4 million
- Newly installed thermal diesel generation plants - USD 1.2 million
- Renovation of Executive mansion — USD 7 million

2016/2017 budget breakdown

The total proposed budget estimate of 2017/2018 is USD 526.5 million, which is a 12% contraction from 2016/2017 appropriation of USD 600.2 million.

The grand total revenue estimate is pegged at USD 526.5 million, which will be generated from two major categories:

- Core Revenue — USD 480.9 million, which is 91.3% of revenue estimate. The major components of core revenue are:
 - (i) Tax revenue of USD 394 million and
 - (ii) Non-tax revenue of USD 90.2 million
- Grants — USD 38 million, which is 7.2% of the revenue estimate
- Contingent Revenue — USD 4.9 million, which is 0.9% of the revenue estimate

The recurrent expenditure of USD 520.5 million will be used to fund government's administrative and operational costs:

- Debt services — USD 31.8 million, which is 6% of the recurrent expenditure
- Compensation of employees — USD 296 million which is 60% of the recurrent expenditure and a 8.8% increase over 2016/2017 allocation of USD 272.2 million.
- Goods and services, including educational and essential health supplies — USD 81.1 million, which is 17% of the recurrent expenditure and a 37% decrease over 2016/2017 allocation of USD 128.9 million.
- Grants to government and non-governmental service delivery entities — USD 60.4 million, which is 12% of the recurrent expenditure and a 24% decrease over 2016/2017 allocation of USD 79.2 million.
- Consumption of fixed capital — USD 19.2 million, which is 4% of the recurrent expenditure
- Social benefits — USD 0.45 million, which is 0.1% of the recurrent expenditure.
- Subsidy for the efforts of private sector in providing basic social services to the population in the social development, Education and Health sectors — USD 3.4 million

Some Key Funding in 2017 budget

Item	Amount (USD)
Debt services	31,800,000
Compensation of employees	296,000,000
Goods and services, including educational and essential health supplies	81,100,000
Grants to government and non-governmental service delivery entities	60,400,000
Consumption of fixed capital	19,200,000
Social benefits	450,000
Subsidy for the efforts of private sector in providing basic social services to the population in the social development, Education and Health sectors	3,400,000

Source: Budget Office

The capital projection for public investment is constrained in the recurrent budget (recruitment of civil servants). There is a belief that investment in capital projects will help grow the economy. A total sum of USD 27.5 million was proposed for PSIP, which shows a 66% decrease from the appropriated sum of 2016/2017 of USD 79.8 million. The priority projects are elections and road rehabilitation.

The top five sector with the highest allocation in 2016/2017 budget are:

Top 5 Sector with Highest Allocation ,USD Millions

Item	2017/2018	2016/2017	2015/2016
Public Administration	155	184.2	186.8
Security & Rule of Law	76.2	94.9	90.5
Education	81.7	86.2	83.9
Health	76.6	77.4	72.6
Infrastructure & Basic Services	42.5	42.2	77.1

Source: Budget Office

Health Sector Allocation

The health sector budget in 2017/2018 is USD 76.6 million showing, a 0.8% decrease from 2016/2017 of USD 77.4 million (government spending). There was an improvement in healthcare coverage, surgical services, and the training and graduation at least 67 professional health workers.

The donor spending in the health sector is projected at USD 143.9 million.

The breakdown of the health sector allocation shows that no amount is budgeted for capital investment, while compensation of employees (same as salary) is pegged at USD 41.6m, and goods and services has an allocation of USD 8m. Consumption of fixed capital gets USD 231,500 while grants is pegged at USD 25.9m, with USD 1.06m as subsidy.

2016/2017 breakdown

The total health sector allocation is USD 95.8m. This includes both recurrent and capital expenditure, the recurrent funded by the government of Liberia, and the capital by development partners. Health Sector appropriation (funded by the government) for 2016/17 is USD 77.4 million, showing a 7% increase from 2015/16 appropriation of USD 72.6 m. The rate of budget execution is 89%, as fiscal outturn is estimated at USD 64.5 million. Key achievements in the health sector for the last fiscal year include increased access to healthcare across the country, increased number of caregivers, especially surgeons at referral hospitals, and improvement in quality of maternal and child health service delivery. The allocation of USD 77.4m is the amount the Government of Liberia is bringing to the table, and this amount will be used as recurrent.

The fiscal year of 2016/2017 of the budget ended in June 2017. The breakdown of the health sector allocation shows that nothing is budgeted for capital investment, while compensation of employees (same as salary) is pegged at USD 35.2m. Goods and services has an allocation of USD 10.8m, consumption of fixed capital USD 231,500, and grants USD 31.2m.

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Recurrent Expenditure

The proposed recurrent expenditure of the 2017/2018 budget of the health sector is USD 76.8m; 2016/2017 had USD 77.4m, 2015/2016 had USD 72.5m, 2014/2015 had USD 78.7m. The budget trend shows the rise and fall of allocation to the sector, usually the composition of the recurrent expenditure, are:

Budget Breakdown (USD)

Budget Year	(FY 2014-15)	(FY 2015-16)	(FY 2016-17)	(FY 2017-18)
Health Sector	78,700,000	72,600,000	77,400,000	76,800,000
Compensation of Employees	32,676,464	33,094,554	35,219,630	41,662,790
Use of Goods and Services	29,722,612	22,796,570	10,799,700	8,019,547
Consumption of Fixed Capital	1,122,500	161,967	231,500	0
Subsidy	0	0	0	1,065,000
Grants	15,207,179	16,565,426	31,157,011	25,938,058

Source: Budget Office

Capital Expenditure

The PSIP usually goes directly to the Ministry of Health Headquarters, since most of the projects are vaccines, programmes and drugs, which is in line with the mandate of the ministry. There is no exact funding by the Sierra Leone government to support the public investment in the country, as most of the funds are from development partners. Capital expenditure is also known as Public Sector Investment Plan (PSIP).

The proposed 2017/18 budget has no funding from the donor, but the amount captured in 2016/2017 is USD 18.4m. There was an exception in 2015/2016: because of the intervention of development partners to rescue the country out of the Ebola crisis, the amount jumped up to USD 72.6m.

Classification of Expenditure by Functions of Government (2016/2017) (USD)

Item	Amount
Health	76,119,829 071
Medical products, appliances and equipment	682,279 072
Outpatient services	33,591,191 073
Public health services	18,367,980 075
Hospital services	11,300,220 074
Research & Development Health	1,028,518 076
Health N.E.C	11,149,641

Source: Budget Office

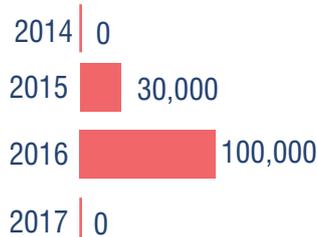
Key Line Highlights Across MDAs

The Government of Liberia has no health insurance scheme captured in the budget; the little information related to insurance are personnel and vehicle insurance, which does not translate to health for civil servants/workers in the country. Also, data on reproductive health, immunization and primary healthcare were not captured in the budget.

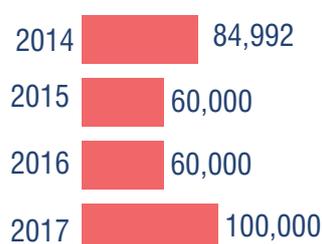
The available data seen in the budget were allocation to Maternal and Child mortality, National Aids Commission (recurrent and not capital expenditure), Family planning supplies and transfer to Family planning associations.



Family planning supplies (Amount in USD)



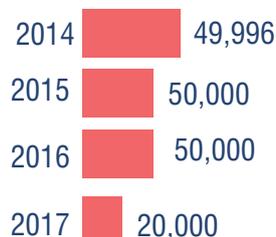
Transfer to Family Planning Association (Amount in USD)



National Aids Commission (Amount in USD)



Maternal and Child Mortality (Amount in USD)



Key Line Highlights Across MDAs (USD)

Health Sector	2014/2015	2015/2016	2016/2017
Ministry of Health	54,938,322	57,128,697	80,578,564
John F. Kennedy Medical Centre	6,097,133	6,518,784	5,318,784
Phebe Hospital and School of Nursing	2,072,940	2,250,341	2,340,341
Liberia Institute of Bio-Medical Research	569,633	509,518	509,518
Liberia Board for Nursing and Midwifery	166,548	192,944	192,944
Liberia Pharmacy Board	126,227	200,000	200,000
Liberia Medical and Dental Council	298,439	400,000	400,000
Lib College of Physicians and Surgeons	1,128,820	1,150,000	1,900,000
Liberia Medical and Health Products Regulatory Authority	460,943	432,279	482,279
National Aids Commission	678,471	869,859	939,859
Jackson F Doe Hospital	3,306,250	2,966,095	2,966,095
Total	69,843,726	72,618,517	95,828,384

Source: Budget Office

Counterpart Funds

Health financing in Liberia is sourced from development partners and government's revenue. In 2014/2015, the health sector got an allocation of USD 153.4m of the total project aid of USD 833.8m, which is 18.3%; Education got an allocation of USD 88.2m, Energy and Environment USD 139.8m. In 2015/2016, there was a 37% decrease in aid to the sector, with an allocation of USD 97.1m. In 2016/2017, the health sector got a further decrease of 9.8%, USD 87.5m, while the 2017/2018 projection was pegged at USD 143.9m, which is an increase of 64.4%.

The Aid Management & Coordination Unit (AMU) divided donor aid flows into four modalities, namely: Budget Support, Pooled Fund, Programme/Project Aid and Liberia Reconstruction Trust Fund (LRTF). Government of Liberia regards budget support as the preferred aid modality and so it continues to strengthen public institutions to allow donors utilise country systems. Some of the donors are World Bank, African Development Bank, European Union, International Monetary Fund, Government of Norway and USAID's (Fixed Amount Reimbursement Agreement), Global Fund and IDA.

Aid Projection by Agenda for Transformation (AfT) Pillar & Budget Sector (USD)

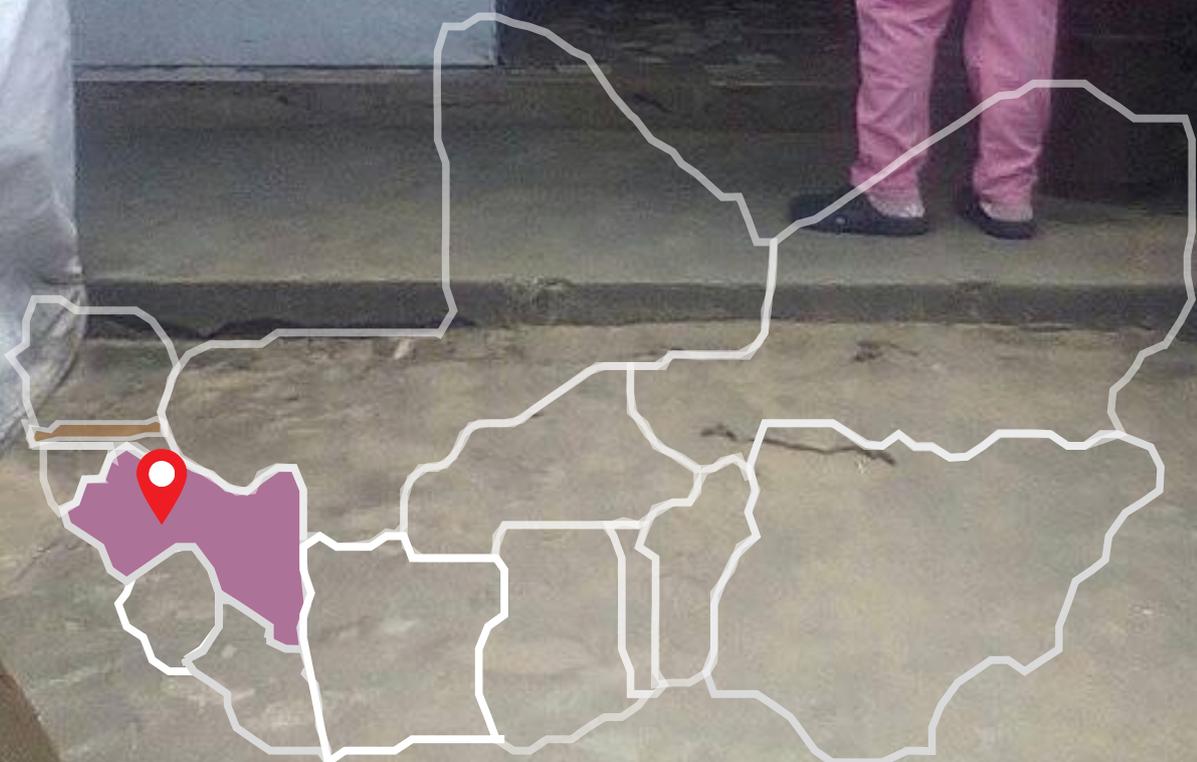
AfT Pillar & National Budget Sector	2014/2015	2015/2016	2016/2017	2017/2018
Security and Rule of Law	7,978,436	15,099,466	2,816,358	15,306,726
Agriculture	82,632,917	129,321,940	70,785,454	68,837,316
Energy and Environment	139,766,531	184,767,437	233,091,235	153,447,477
Industry and Commerce	1,112,768	7,507,873	1,650,000	4,284,906
Infrastructure and Basic Services	134,529,032	150,850,672	173,253,344	174,454,873
Education	88,157,632	84,039,338	37,443,902	30,972,038
Health	153,386,862	97,048,092	87,529,513	143,914,516
Municipal Government	10,465,850	7,389,222	8,120,094	2,149,576
Public Administration	45,726,552	103,817,063	56,226,585	56,969,726
Transparency and Accountability	15,317,878	20,870,776	19,537,811	19,135,017
Social development Services	154,810,222	98,578,172	34,233,902	46,535,848
Total	833,884,679	899,290,051	714,688,198	716,008,018

Source: Aid Projection by Agenda for Transformation (AfT) Pillar & Budget Sector

Off-budget donor-funded projects, such as Health Sector Pool Fund, Young Child Survival and Development, Maternal and Newborn Health, had no allocation in 2014/2015, 2015/2016 but had USD 5.6m, USD 9.2m and USD 3.5m.



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Guinea

GUINEA

In Guinea, also known as Guinea-Conakry — a name used to differentiate the other Guinea countries such as Guinea Bissau and Equatorial Guinea — the 2014 Ebola outbreak was not quickly managed due to ignorance of the citizens, specifically the thought that bats were carriers of the disease.

The ban of sale and consumption of bats couldn't stop the spread of the virus from rural communities to the capital city, but the borders of some neighbouring countries like Sierra Leone and Liberia were closed to prevent the further spread of the virus.

There was a huge decline in healthcare visits due to fear of being infected with the virus, and there was a mistrust in the healthcare system. The World Health Organization (WHO) reported that lack of engagements with local communities impeded the ability of health workers to trace the origins and strains of the virus.

The total revenue provided for 2017 budget amounts to GNF15,222 bn (USD 1.7bn), which is 10% increase (GNF1,425bn) when compared to 2016 budget. Guinea's revenue breakdown shows that domestic revenue is GNF12,905bn (USD 1.4bn) while grants and donations are GNF2,317bn (USD 258m).

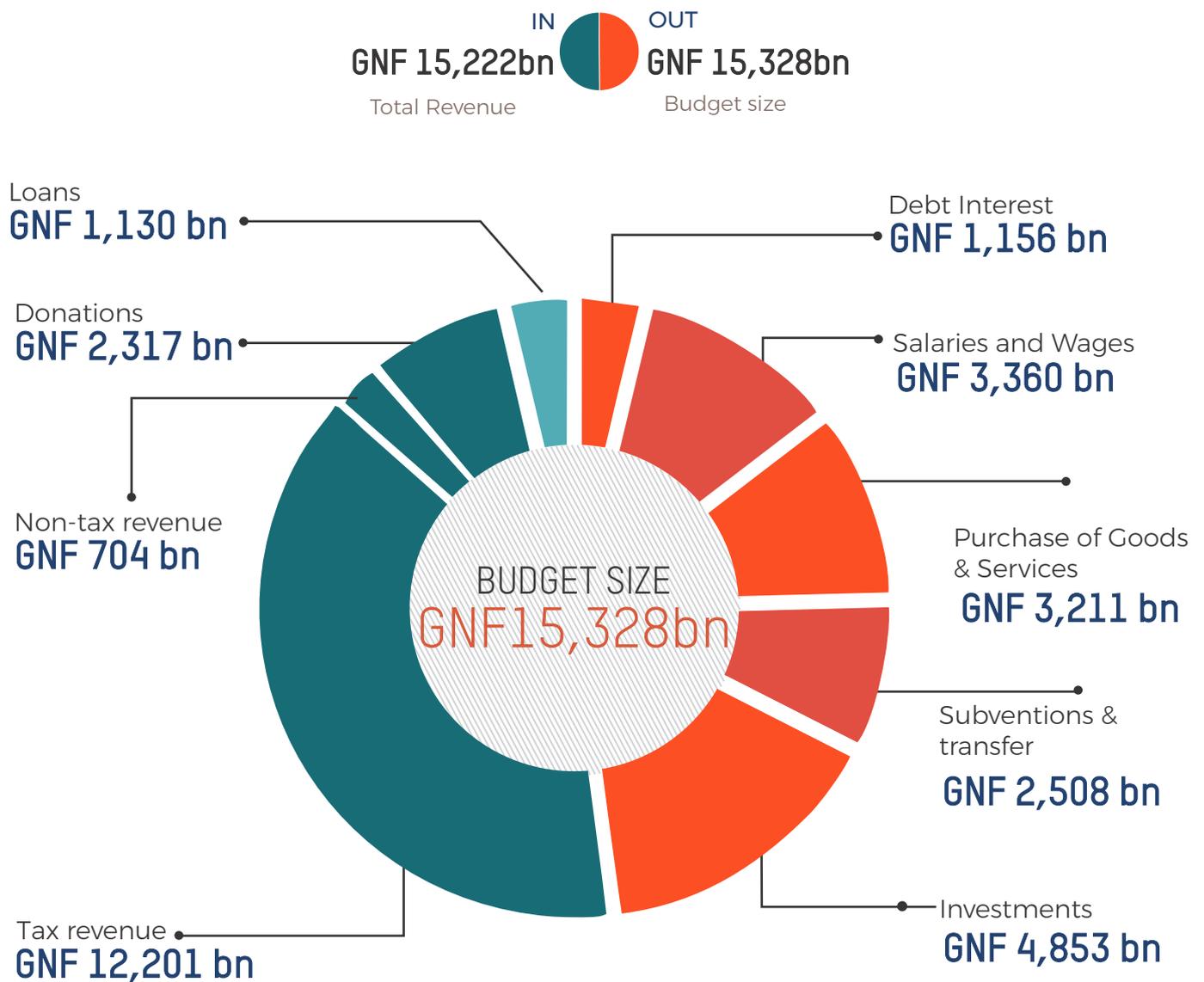
The total budget size in 2017 budget amounts to GNF15,328bn (USD 1.7bn), which increased by GNF789.73 billion (5%) compared to the year 2016. This increase is aimed at implementing the strategies and priorities contained in the Post-Ebola Recovery Strategy 2015-2017 and the Economic and Social Development 2016-2020.

The difference amount between the revenue GNF15,222 bn and budget size GNF15,328bn highlights an additional revenue requirement of GNF106 bn for financing of expenditures. The amount, GNF106 bn, shows a budget deficit that will be financed largely by external and domestic borrowing. The breakdown of the budget shows:

the 2014 Ebola outbreak was not quickly managed due to ignorance of the citizens, specifically the thought that bats were carriers of the disease.

There was a huge decline in healthcare visits due to fear of being infected with the virus, and there was a mistrust in the healthcare system.

Breakdown of Revenue and Expenditure of 2017 budget



Source: Budget Office

The projected debt interest expense represents 8% of the total expenditure. These expenditures are intended to pay the amounts due in respect of the use of loans granted to the country by domestic and foreign creditors.

Wages and salaries expenditures are for the payment of benefits to civil servants and other public officials in public services, such as teachers, doctors, police officers, military personnel, judges, administrators and secretaries. These expenditures constitute 23% of the total expenditure of the state for the year 2017.

Spending on purchases of goods and services represents 21% of expenditure total of the state budget for 2017. They are intended for the purchase of supplies, materials, furniture and other equipment and to the maintenance of buildings administrative, furniture and equipment necessary for the operation of the state.

Subsidies and transfers are intended to pay civil and military pensions, student maintenance grants, operating expenses for hospitals, community health centres, health centres, local authorities and other bodies. These expenditures account for 16% of total expenditure for 2017.

Investment expenditure represents 32% of total government expenditure. They are intended to finance the implementation of investment projects aimed at the improvement of citizens' living environment (hydroelectric dams, roads, hydro-agricultural facilities, hospitals, schools, etc.). The investment expenditure are financed from domestic resources amounting to GNF 2,408bn (USD 268m), donations of GNF 1,315 bn (USD 147m) and external borrowings for GNF 1,129 bn (USD 126m).

Health Sector Allocation

According to a report published by AllAfrica, the Guinean government's health policy focuses on strengthening the prevention and fight against priority diseases such as malaria, tuberculosis etc, as well as improving access for the poor to

essential health services.

The report also pointed out that in 2012, slightly more than six out of 10 — that is 61.4% — attended modern health centres, against 58.2% in 2007. Infant mortality rate, though, dropped from 86% per live births between 2003 and 2007 to 67% per live births between 2008 and 2012. Government spent GNF19 bn in 2012 (up from GNF2 bn in 2010) to help increase the number of clinics for the prevention of mother-child transmission from 89 to 159. It also helped reduce disease prevalence in high-risk populations: 16% in 2012 against 24% in 2005 for sex workers, 5.6% against 6.5% for men in uniform, and 5.4% against 5.5% for road workers in 2012.

Despite these achievements in 2012, Ebola came when all guard was loose. The response of government to the outbreak was slow, leading to the wide spread. The response challenge was compounded by infected persons crossing the highly porous borders of the three implicated countries, requiring intergovernmental coordination in addition to the inherent logistical challenges in remote areas with poor infrastructure and communication networks and, in this case, significant language barriers.

In 2016, the total allocation to health sector was GNF 782bn out of the budget size of GNF 14.5tn. Out of the allocation, salaries got GNF196bn, grants GNF215bn and capital projects/investments GNF205.9bn. The amount allocated to health in Guinea is relatively small when compared to other ministries; showing the priority of the government and confirming that health was among the five ministries with the highest allocation that year.

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The top six ministries with the highest allocation(2016)



Source: Budget Office

Share of ministries and institutions in the 2017 Finance Bill, GNF thousands

Ministries	LF 2016	Percentage (%)	LF 2017	Percentage (%)
Health	782,001,686	5.2	1,322,637,796	8.2
Education	1,430,437,894	9.52	1,473,782,208	9.1
National Defence	1,450,831,589	9.65	1,565,103,819	9.6
Public Works	1,743,099,562	11.6	1,079,437,107	6.7

Source: Budget Office

The budget of the Ministry of Health in relation to the National Budget has continuously decreased from 2010 to 2013, before beginning to increase in 2014 and 2015 without even reaching 5%. In 2010, it was at 3.5%, 2011 – 2.54%, 2012 – 1.98%, 2013 – 1.75%, 2014 – 2.16%, 2015 – 3.76%, 2016 - 5.2% and 2017 - 8.2%

For the health sub-sector, the main projects envisaged for 2017 budget are the rehabilitation and extension of the Donka Hospital, strengthening and reconstruction of the post-Ebola health system, which is Post Ebola Social Recovery Programme (PERSIF).

The budgetary allocation in 2017 showed more commitment from the Guinean government; the Ministry of Health had an allocation of GNF 1.3tn (USD 146.9m), which is 8.2% of the PLF 2017. This is an increase of 69.1%, as 2016 allocation was GNF 782bn (USD 88.6m). The breakdown can be found in the tables below:

the main projects envisaged for 2017 budget are the rehabilitation and extension of the Donka Hospital, strengthening and reconstruction of the post-Ebola health system, which is Post Ebola Social Recovery Programme (PERSIF).

Breakdown of Ministry of Health Allocations in 2016 and 2017 GNF Thousands

Ministries	LF 2016	LF 2017
Wages and Salaries	196,038,955	217,505,610
Operation/Goods and Services	215,398,838	256,526,117
Grants and Transfer	51,728,682	80,431,109
Investment/Capital	164,619,000	256,965,600
Expenditure on Projects	154,216,211	511,135,900
Total	782,001,686	1,322,564,336

Source: Budget Office

The further breakdown of current expenses show that the allocation in 2017 has an increase of 19.7%. The investment expenditure in 2017 is GNF 768.1m – an increase of 140.9% when compared to the 2016 allocation

Summary of Current Expenses by department and Institution GNF Thousands

Ministries	LF 2016	LF 2017
Health	463,166,475	554,462,835
Education	1,150,099,118	1,267,350,225
Defence	1,420,831,589	1,544,668,006
Public Works	22,588,095	24,727,575

Source: Budget Office

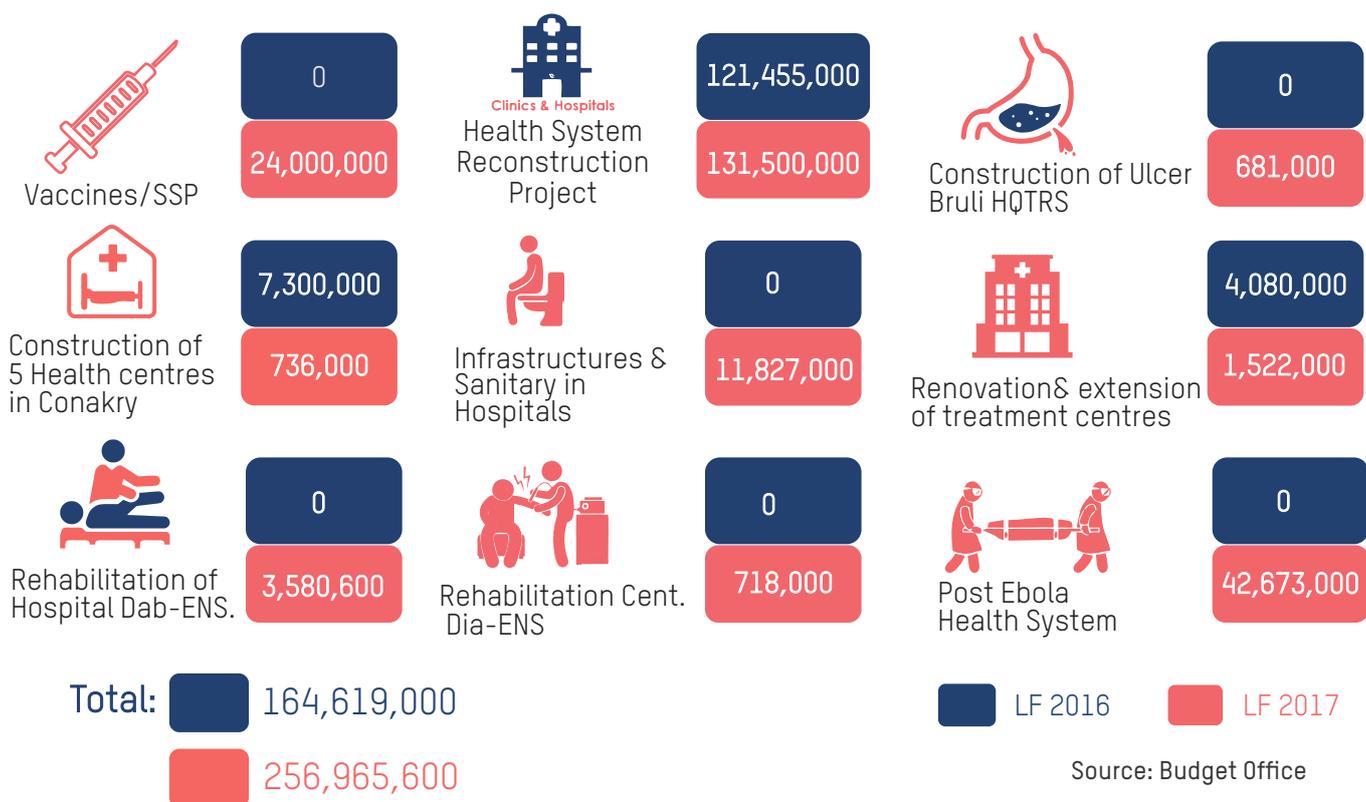
Summary of Investment Expenditures by Department and Institution GNF Thousands

Ministries	LF 2016	LF 2017
Health	318,835,211	768,101,500
Education	280,338,777	205,857,800
Defence	30,000,000	20,000,000
Public Works	1,720,511,466	1,054,706,400

Source: Budget Office

LF 2016 LF 2017

Breakdown of Investment Expenditures on BND by Department and by Projects



Source: Budget Office

Breakdown of Investment Expenditures on FINEX by department and Projects

Ministries	LF 2016	LF 2017
Reconstruction of Health System Project	32,015,696	0
Project SS Prim. (Labé, Mamou, Faranah	35,402,825	0
Rehabilitation and Equipping Donka Hospital	86,797,690	332,959,700
Post Ebola Health System	0	170,692,200
Création Institut Pasteur Guinée	0	7,484,000
Total	154,216,211	511,135,900

Source: Budget Office

POST-EBOLA RECOVERY AND SOCIO-ECONOMIC STRATEGY

Based on the issues and challenges posed by the Ebola Virus Disease and development goals of its Poverty Reduction Strategy Paper (2013-2015), the Government has developed its strategy to allow Guinea recover from the consequences of the crisis, rebuilding its economic and social development, and resilience.

This strategy has resulted in a Post-Ebola Priority Action Plan (PAPP) built around programmes and investment projects, and relevant support measures for recovery and resilience. The following orientations and priorities have been set in the social domain:

- (i) Upgrading and developing the health system (structures, human resources, drugs, etc.) to meet both immediate needs as well as challenges related to the Ebola-like pandemics;
- (ii) providing universal access to water, sanitation and hygiene (WASH) for schools and health facilities, and improving and strengthening the general access to WASH in the country, particularly for vulnerable people;
- (iii) accelerating the spread of literacy for better resilience;
- (iv) strengthening the advancement of women and the gender approach; and
- (v) improving child protection.

Similarly, directions and priorities selected in the economic domain are:

- (i) improving the business environment;
- (ii) increasing production systems;
- (iii) recovering and accelerating the diversification of economic activities;
- (iv) renewing support for agricultural intensification;
- (v) recovery investment in economic infrastructure;
- (vi) revitalizing import and export trade circuits;
- (vii) supporting the processing and storage of agricultural products; and
- (viii) revitalising and rationalising advisory support, the organisation of producers, and research.

Finally, at a cross-cutting level, state governance will be consolidated and reinforced through a reformed public service in terms of quality and towards an administration governed by the demands of its professional agents and transparency of its decisions and actions.

This will result in an overall scheme expressing the choices that were selected for the strategies for recovery and resilience, and guiding the definition of sector-specific intervention priorities. This scheme is not intended to replace current development documents (PRSP III Five-Year Plan) or succeed them; however, it will strengthen and complement them, and complete the 'Ebola zero strategy' of Guinea. It will serve as basis for the preparation of the successor planning document for the emergence and development of the country.

The total estimated cost of the PAPP over the 2015-2017 period will amount to USD 2.577 billion and is broken down as follows:

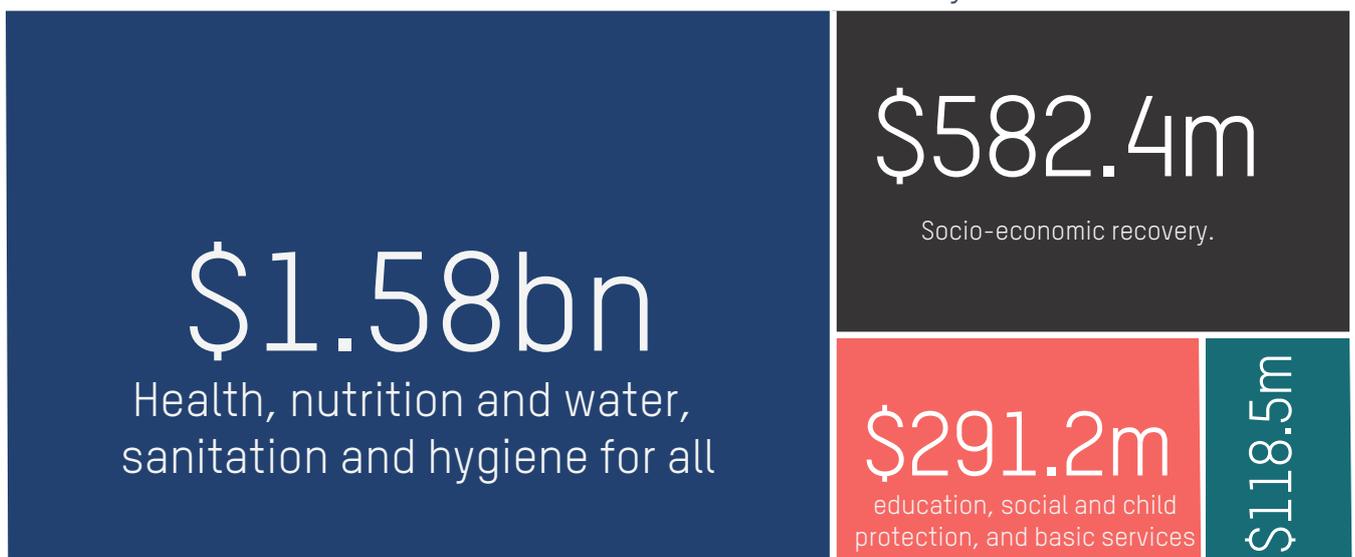
1. 61.5 percent for health, nutrition and water, sanitation and hygiene for all;
2. 4.6 percent for governance peace and social cohesion;
3. 11.3 percent for education, social and child protection, and basic services;
4. 22.6 percent for socio-economic recovery.

The new Government guidelines for the post-Ebola recovery and resilience result in a significant increase in the weight of social services in development priorities, increasing from 22 percent in the basic Public Investment Plan (PIP) to 72.8 percent in the PAPP.

Based on the project financing in place (USD 811.96m) and the government's contribution (USD 231.71m), the remaining funding needed under the PAPP financing plan totals USD 1.534bn for 2015-2017, including USD 385.08m in 2016, USD 682.93m in 2016, and USD 465.56m in 2017. In addition, the macroeconomic framework shows a need for USD 120m in budget support.

USD 2.577 billion

The total estimated cost of the Post-Ebola Priority Action Plan



governance peace and social cohesion

COST AND FUNDING OF THE PAPP (POST-EBOLA PRIORITY ACTION PLAN) BY SECTOR

	COSTS					FUNDING OBTAINED			
	2015	2016	2017	Total	% of Total	2015	2016	2017	Total
Health, Nutrition & Water, Sanitation & Hygiene For All	443.23	655.28	485.87	1,584.37	61.5	209.52	260.67	213.47	783.66
Health	440.55	387.83	347.64	1,176.02	45.6	209.52	260.67	213.47	783.66
Hydraulics	2.67	267.45	138.23	408.35	15.8	0	0	0	0
Government, Peace Consolidation & Social Cohesion	59.2	38.78	21.32	119.3	4.6	0	0	0	0
Civil Service	2.86	2.86	1.78	7.5	0.3	0	0	0	0
Land Administration	23.4	23.27	19.49	66.16	2.6	0	0	0	0
Civil Protection	0.46	0.14	0	0.6	2.6	0	0	0	0
Communication	0.43	0.04	0.04	0.52	0	0	0	0	0
Public Funding	32.05	12.46	0	44.51	1.7	0	0	0	0
Education, Social and Child Protection and Basic Services	102.66	112.99	74.56	290.22	11.3	0	0	0	0
Education	45.57	75.77	41.99	163.33	6.3	0	0	0	0
Social Action	57.09	37.22	32.57	126.88	4.9	8.35	8.36	7.58	24.3
Socio-economic Revitalisation	157.34	238.4	187.61	583.35	22.6	4	0	0	4
Agriculture	44.78	52.58	61.22	158.58	6.2	4	0	0	4
Livestock Farming	4.06	2.21	7.26	13.52	0.5	0	0	0	0

COST AND FUNDING OF THE PAPP (POST-EBOLA PRIORITY ACTION PLAN) BY SECTOR

	COSTS					FUNDING OBTAINED			
	2015	2016	2017	Total	% of Total	2015	2016	2017	Total
Fisheries	1.61	5.15	5.3	12.07	0.5	0	0	0	0
Trade	16.05	11.86	6.82	34.74	1.3	0	0	0	0
Industry	89.4	44.51	0	133.91	5.2	0	0	0	0
Transportation	0	1.91	2.54	-	0.2	0	0	0	0
The Environment	1.44	0.89	0.51	2.84	0.1	0	0	0	0
ICT	0	30.27	15.13	45.4	1.8	0	0	0	0
Public Works	0	89.02	88.82	177.84	6.9	0	0	0	0
Total Costs	762.43	1,045.45	769.36	2,577.23	100	321.88	269.03	221.05	811.96

BREAKDOWN OF FUNDING (POST-EBOLA PRIORITY ACTION PLAN)

Total Funding Obtained	321.88	269.03	221.05	811.96	100
Government Contribution Fund	55.47	93.49	82.75	231.71	100
Funding To be Sought	385.08	682.93	465.56	1,533.57	100



Clinics & Hospitals



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RANKING HEALTH SPENDING IN AFRICA



RANKING HEALTH SPENDING IN AFRICA

Few African countries have the capacity to fund health without the assistance of development partners, mainly due to their low GDPs. Nigeria's Minister of Health, Prof. Isaac Adewole, said that Nigeria has the lowest budget allocation to the health sector in Africa, but the claim is debatable.

According to Africa Check, the a government's financial investments in health can be compared in several ways, such as health spending as a share of GDP and spending per person adjusted for the purchasing power parity (PPP) etc.

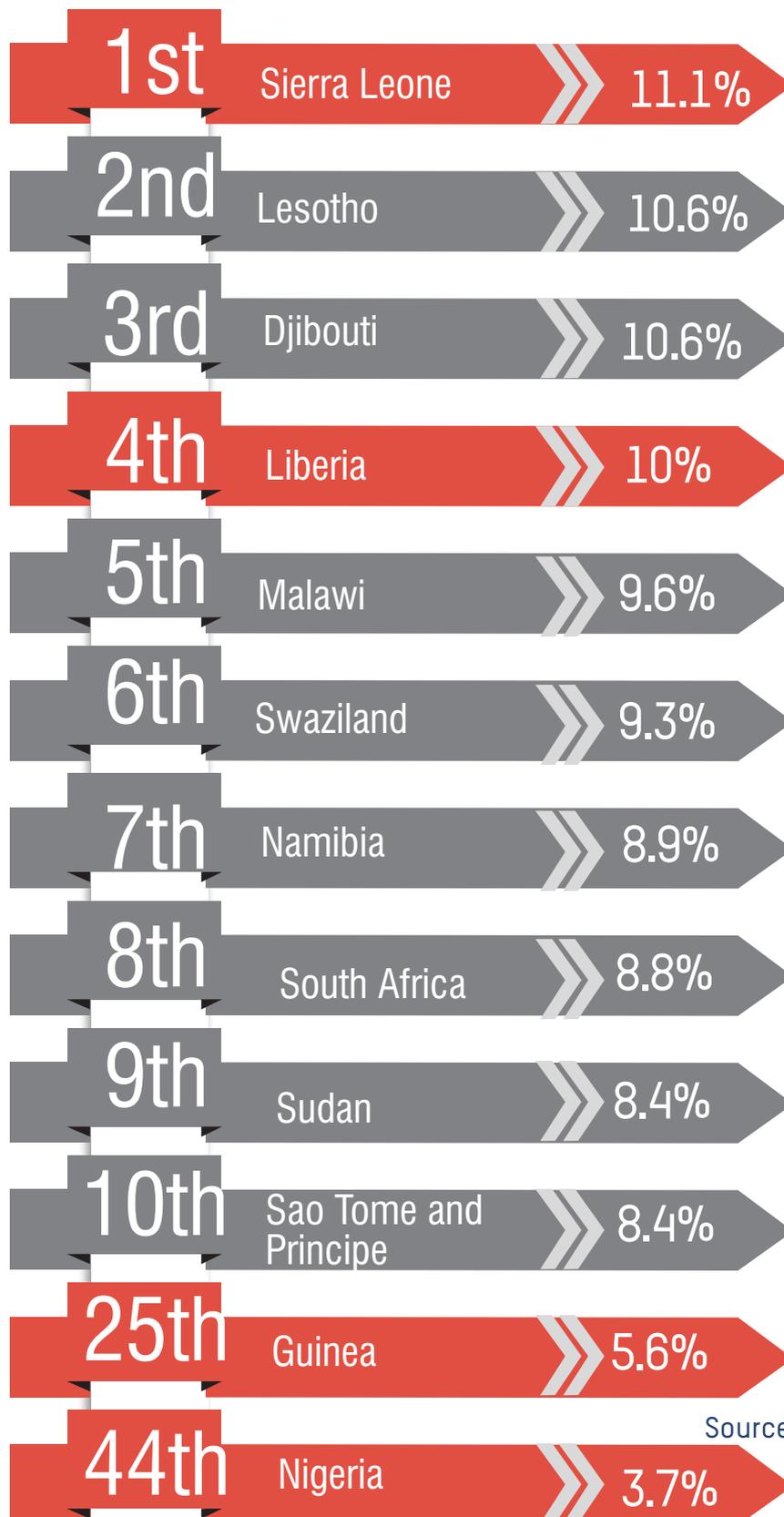
Total Health Spending (% of GDP)

We will be using 2014 World Bank data to rank health budget allocation/spendings in Africa with countries like Nigeria, Liberia, Sierra Leone and Guinea as references. The data for health spending as a share of GDP showed that in 2014, Sierra Leone outperformed South Africa, Nigeria and Guinea.

Few African countries have the capacity to fund health without the assistance of development partners, mainly due to their low GDPs



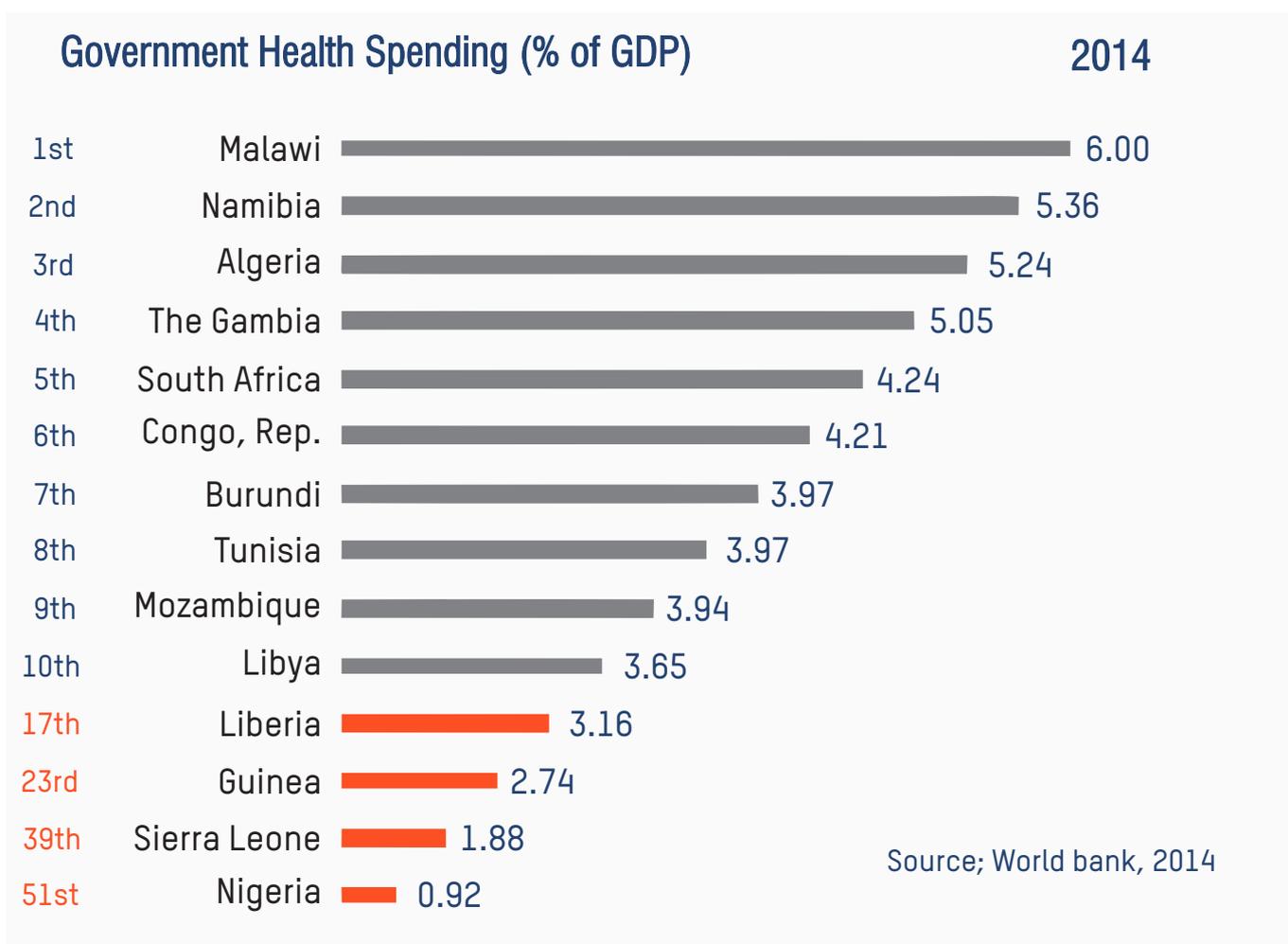
2014 Total Health Spending (% of GDP)



Source: World bank, 2014

Government Health Spending (% of GDP)

Breaking it further, we can know how much government spends personally (from public purse) and not “out of pocket”/private sector. Of the 9.6% Malawi spent on health, 6% was publicly funded by the government. Nigeria’s health spending stood at 0.9%, while that of Liberia, Guinea and Sierra Leone stood at 3.16%,2.74% and 1.88% respectively.



Health Expenditure per Capita (USD)

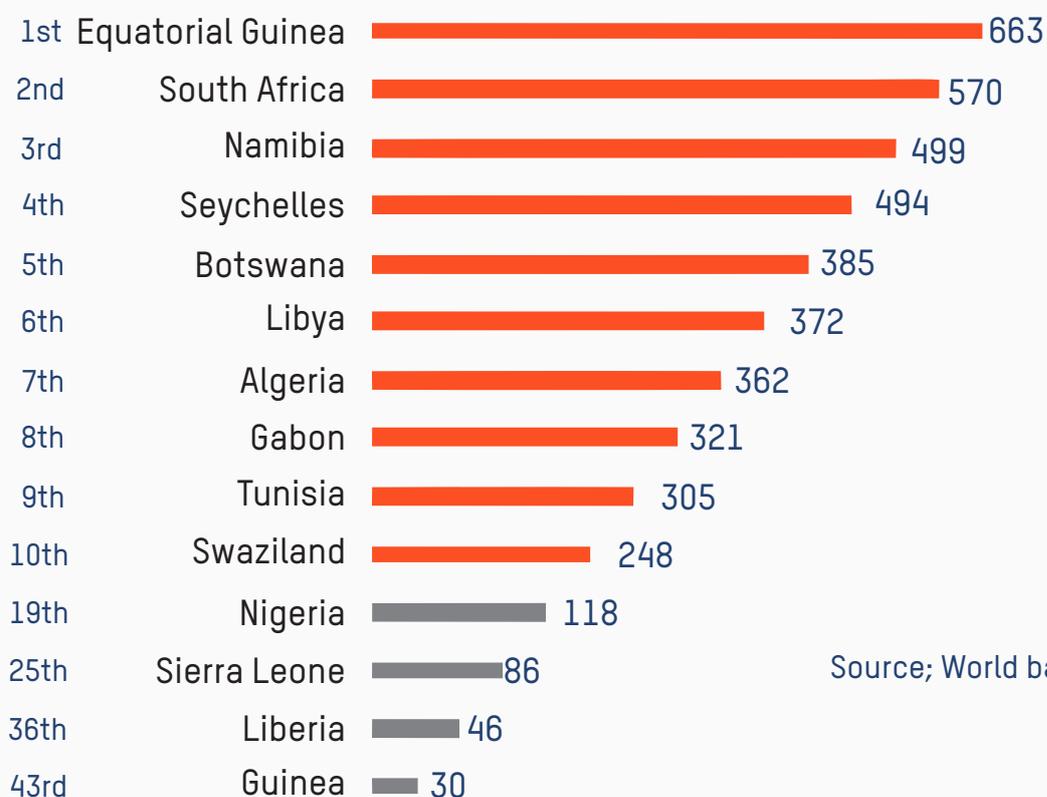
When divided with the number of citizens in the country, the health budget allocation shows how much government is spending on each citizen. Equatorial Guinea spent \$663 per citizen in 2014 The health budget allocation — the highest in Africa — while South Africa, Namibia, Nigeria, Sierra Leone, Liberia and Guinea spent \$570, \$499, \$118, \$86, \$46 and \$30 respectively.

It must be said that budgetary allocation is still very low despite Africa's enormous mineral resources and huge wealth. Developed countries spend way more, for example Australia \$6,031, Belgium \$4,884, Canada \$5,292 and USA \$9,403 — 10 times more than their Africa counterparts.

10X

Developed countries spend way more, for example Australia \$6,031, Belgium \$4,884, Canada \$5,292 and USA \$9,403 — 10 times more than their Africa counterparts.

Health expenditure per Capita (\$) 2014



Source; World bank, 2014

RESOURCE ADEQUACY

Health sector funding can be argued to have received low allocation, but with the little that African countries have received from donors and taxpayers, healthcare systems should have significantly improved. The Ebola outbreak exposed the weaknesses of Guinea, Liberia and Sierra Leone, while Nigeria managed to halt the spread of the virus through proper enlightenment and orientation programmes for citizens.

Clearly, citizens have a major role to play in ensuring the resources are well managed to cater to their needs, although it is still important for government to make health a top priority by adequately funding the sector. For example, Nigeria can improve its healthcare system by removing some frivolous spending on cars, generators, computers, photocopiers and even fueling of the generators, which could be channelled to health and education sectors. In the 2016 budget, generators and fueling cost millions of naira; if electricity was stable in the country, there wouldn't be a need to buy generators or fuel them.

We could argue that Guinea, Sierra Leone and Liberia solely depend on donor funding due to the low GDP, but they also need to find other means of funding their budget, for example by increasing their tax net. If the tax net is increased and revenue is generated, then inefficiencies should be reduced and accountability should be their watchword.

Standards Compliance

A brief look at the standard compliance for health provisions in each country:

National Health Act Review

The National Health Act (NHA) was signed into law in 2014 and it was assumed that the 2015 and 2016 budgets would capture the provision of 1% of the Consolidated Revenue Fund (CRF), which will be used by National Health Insurance Scheme, National HealthCare Development Agency and Federal Ministry of Health. Fifty percent of the fund was for basic minimum package for health Insurance Scheme for workers, 45% was disbursed to each state's PHC Development Board for provision of essential drugs, vaccines etc. and 5% of the fund went to the Federal Ministry of Health for basic

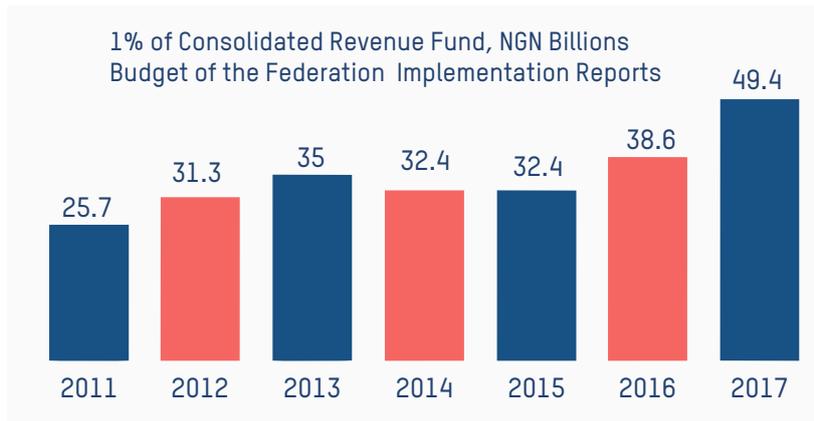
The Ebola outbreak exposed the weaknesses of Guinea, Liberia and Sierra Leone, while Nigeria managed to halt the spread of the virus through proper enlightenment and orientation programmes for citizens

We could argue that Guinea, Sierra Leone and Liberia solely depend on donor funding due to the low GDP,

minimum package for health facilities.

Despite the increase of the statutory transfers from N351bn to N434.4bn, the 2017 budget didn't consider the condition in the 2014 National Health Act. If the proviso had been met, then the estimation of N49bn should have been mandatorily taken into account in the 2017 budget to provide basic healthcare as stated in the National Health Act 2014, provided the projected revenue of N4.94tn is achieved.

Yet, the 1% CRF funding for health, as provided for through statutory transfers, did not make it into the 2017 budget, just like the 2015 and 2016 budgets. Adding this 1% into the pot will enable total allocations to the health sector rise to N431bn — a far more desirable 6% share of 2017 budget.



Source: BudgIT Research

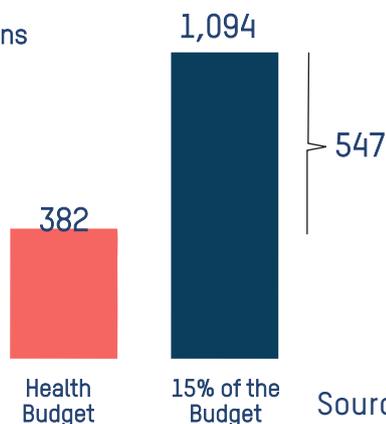
The African Union Standard

In 2001, African heads of state committed to the following pledge: “To set a target of allocating at least 15% of our annual budget to the improvement of the health sector” (Organisation of African Unity 2001). The pledge was made in the context of meeting the challenges of communicable diseases, but the target has taken on a life of its own since, being used to assess the extent to which governments are meeting their commitment to the health sector (WHO 2011). According to World Health Organisation, Tanzania reached the benchmark of 15% in 2012 while The Gambia, Malawi, Swaziland and Ethiopia surpassed the benchmark in 2014.

Nigeria

Using current figures, if the health budget is made to attain at least 7.5% of the national budget, allocations would come to N547bn, and Nigeria can achieve more tangible investments in the sector — more so when it is evident that the nation's achievements regarding healthcare are increasingly insufficient. As shown in the chart below, Nigeria lags behind key economies in Africa in terms of health expenditure.

Health Budget Hypothesis, NGN Billions



Source: BudgIT Research

Sierra Leone

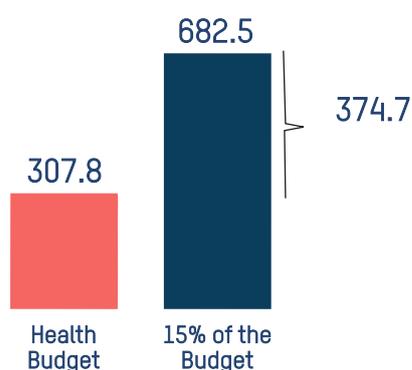
The healthcare system is largely financed from three main sources: consolidated fund, donor finance and direct funding by patients through purchase of medicines/drugs. The Health Act in Sierra Leone didn't suggest how health should be financed. However, in Nigeria, the National Health Act provides for 1% of the Consolidated Revenue Fund (CRF) to be budgeted to health, with 2% of CRF going into Basic Education. The financing of health in Sierra Leone lies on the discretion of the government and the funding power of development partners.

There are other schools of thought that suggest that when calculating the compliance of the declarations, external source of funding, such as grants from development partners, should not be added; rather, the domestic source of funding all related health projects should be divided by total domestic revenue, excluding grants. Locally-funded health projects will show commitment from African heads of state to improve healthcare delivery in their respective countries.

In this publication, we look at government's funding as well as contributions from development partners that don't meet the Abuja declaration's benchmark. The budget allocation in 2015, 2016 and 2017 stood at 7.5%, 9.4% and 6.8% respectively. For the 2017 health budget to meet the Abuja declaration, a sum of Le 374.7bn must be added to the budgeted amount of Le 307.8bn, which will give a total sum of Le 682.5bn.

Using current figures, if the health budget is made to attain 15% of the national budget, allocations would come to Le 682.5bn, and Sierra Leone can achieve more tangible investments in the sector more so when it is evident that the nation's healthcare achievements are increasingly insufficient.

Health Budget Hypothesis, Le Billions



Health Budget Hypothesis, Le Billions

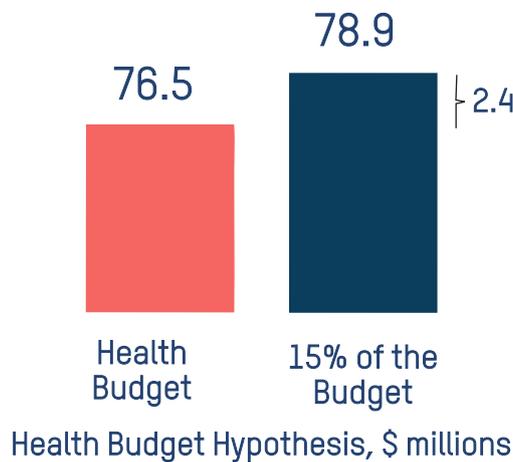
Source; BudgIT Research

Liberia

The Government of Liberia is committed to financing healthcare at the highest level compatible with its revenues, taking into consideration competing priorities. The major sources of funding are the donors — development partners and government.

Looking at the Abuja declaration as a major standard compliance in Africa, Liberia has been consistent in meeting the benchmark of 15% budgetary allocation to the sector. The analysis shows that if the donor funds are added to the health spending in the country, Liberia had 19.37% in 2014/2015, 23.32% in 2015/2016, 15.96% in 2016/2017 and 14.56% in 2017/2018.

Health Budget Hypothesis, \$ millions

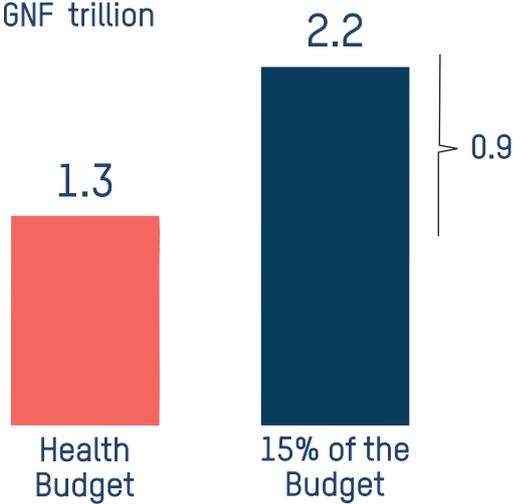


Source: BudgIT Research

Guinea

Guinea's health budgetary allocation in 2017 is pegged at GNF 1.3 trillion, which is 8.2% but to meet the Abuja declaration, GNF 2.2 trillion (USD 254m) if the health budget should meet the African Union declaration, the sum of GNF 960.7 bn (USD 107.1m) will be needed to cater for the health needs of citizens.

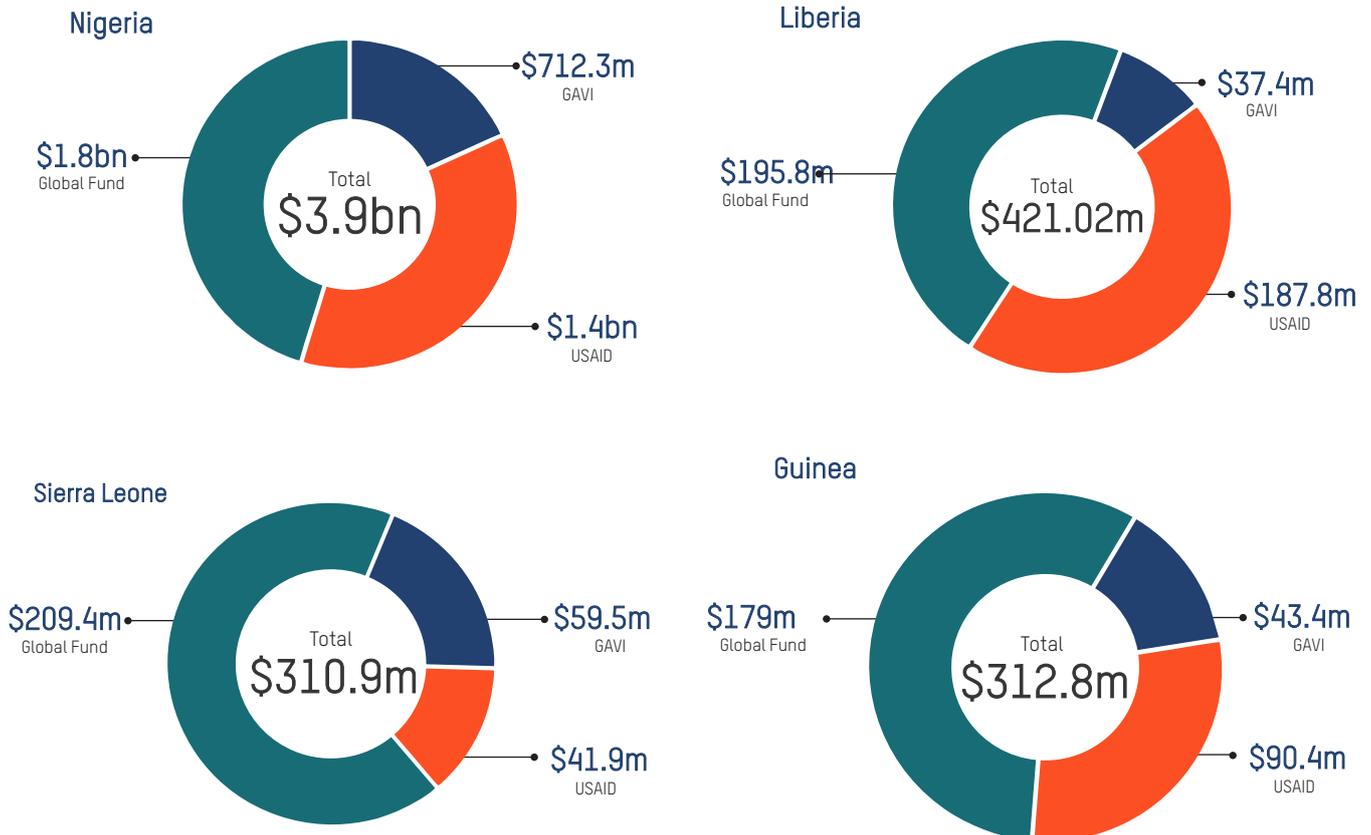
Health Budget Hypothesis, GNF trillion



Health Budget Hypothesis, GNF trillion

Source: BudgIT Research

Selected Donor Funding in Focus Countries



Source: BudGIT Research

The data gathered as of July 2017. The amount disbursed may have increased as website is updated monthly.

GAVI

Gavi was established in 2000 with a vision of bringing both the private and the public sector within a shared goal of creating equal access to new and underused vaccines for children living in the poorest countries. Nigeria, Liberia, Guinea and Sierra Leone have all benefitted from the alliance since 2001.

GAVI's commitment to Liberia was \$46.1m but so far it has received a total sum of \$37.3m; commitment to Guinea is \$84.4m but it has received \$43.4m, while commitment to Nigeria is \$980m although it has only received \$712.3m. Sierra Leone has received a sum of \$59.5m from GAVI despite the commitment of \$57.9m. The charts below show GAVI's commitment, approval and disbursements to Nigeria, Guinea, Sierra Leone and Liberia.

Vaccine and Non-vaccine USD (millions) 2000-2017

Country	Non-Vaccine	%	Vaccine	%
Sierra Leone	9.35	16%	50.18	84%
Liberia	13.01	35%	24.35	65%
Nigeria	203.77	29%	508.53	71%
Guinea	14.35	33%	29.05	67%

Source: GAVI

LIBERIA (USD) 2000-2017

High Level Category	Sub-category	Commitments	Approval	Disbursement
Cash Support	HPV Demo -cash support	223,500	198,500	198,500
Health System Strengthening	HSS	6,929,254	6,929,254	6,929,254
Injection Safety Support	INS	360,500	360,500	266,500
Immunization Support Service	ISS	2,188,750	2,188,750	2,188,750
New Vaccine Support	HPV Demo	299,607	299,607	234,348
	Penta	13,261,808	70,568	11,448,794
	Pneumo	12,683,935	10,700,808	8,784,365
	Rotavirus	3,807,941	6,985,935	1,596,852
	Yellow Fever	2,636,556	1,628,941	2,156,769
	IPV	70,568	2,068,056	67,212
	Injection Safety Devices	246,000	51,500	63,362
Vaccine Introduction Grant	Vaccine Introduction Grant	619,000	619,000	619,000
Ebola EPI Recovery Plan	Ebola EPI Recovery Plan	2,811,269	2,811,269	v
TOTAL		46,138,689	34,912,689	37,364,975

Source: GAVI

GUINEA (USD) 2000-2017

High Level Category	Sub-category	Commitments	Approval	Disbursement
Health System Strengthening	HSS	28,634,478	21,040,307	2,134,500
Injection Safety Support	INS	347,460	347,460	347,460
Immunization Support Service	ISS	2,918,901	2,918,901	2,918,901
New Vaccine Support	HepB mono	665,106	665,106	665,106
	Meningitis A - campaign	2,522,744	1,126,000	2,522,744
	Penta	24,702,228	2,522,744	20,829,884
	Yellow Fever	5,399,847	20,935,228	4,143,189
	IPV	1,126,000	4,020,847	787,999
	Injection Safety Devices	353,500	79,000	100,471
Operational Support	Meningitis A - operational costs	2,321,536	2,321,536	2,321,536
Vaccine Introduction Grant	Vaccine Introduction Grant	577,000	577,000	577,000
Ebola EPI Recovery Plan	Ebola EPI Recovery Plan	6,050,152	6,050,152	6,050,152
Cold Chain Equipment Optimization Platform	CCEOP	8,749,076	8,749,076	0
TOTAL		84,368,028	71,353,356	43,398,940

Source: GAVI

NIGERIA (USD)2000-2017

High Level Category	Sub-category	Commitments	Approval	Disbursement
Health System Strengthening	HSS	42,504,000	42,504,000	40,238,758
Injection Safety Support	INS	12,630,270	12,630,270	12,610,218
Immunization Support Service	ISS	47,324,000	47,324,000	47,324,000
New Vaccine Support	Measles SIA	22,491,870	28,432,078	22,604,288
	Meningitis A - campaign	55,966,777	22,491,870	56,057,711
	Penta	189,536,711	55,966,777	140,102,218
	Pneumo	322,573,378	149,981,711	195,591,042
	Rotavirus	50,788,000	192,832,878	0
	Yellow Fever	39,012,946	0	39,711,793
	Yellow Fever - campaign	32,627,883	39,012,946	27,600,556
	IPV	28,432,078	32,627,883	24,658,891
	Meningitis A	14,040,500	4,863,000	0
	Injection Safety Devices	4,743,000	1,766,000	2,206,852
Operational Support	Measles SIA - Operational costs	39,423,500	39,423,500	39,423,500
	Meningitis A - operational costs	43,505,648	43,505,648	43,505,648
	YF - Operational costs	18,571,500	18,571,500	6,495,000
Vaccine Introduction Grant	Vaccine Introduction Grant	15,861,921	15,861,921	14,176,839
TOTAL		980,033,982	747,795,982	712,307,314

Source: GAVI

SIERRA LEONE (USD) 2000-2017

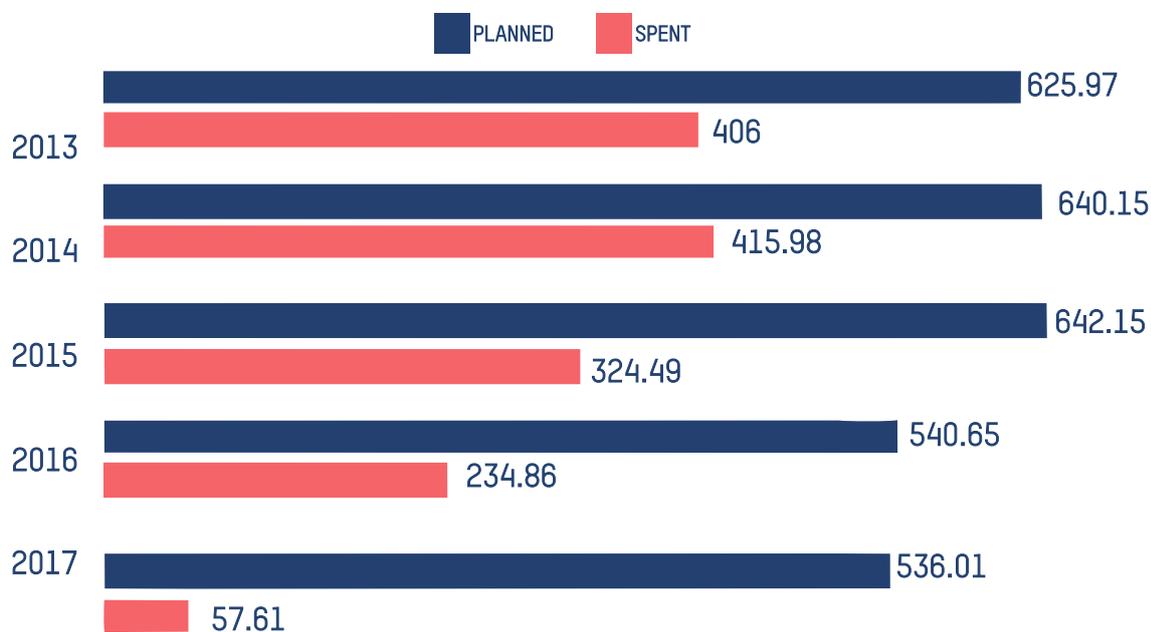
High Level Category	Sub-category	Commitments	Approval	Disbursement
Cash Support	HPV Demo - cash support	195,000	195,000	170,000
Health System Strengthening	HSS	1,161,447	1,161,447	1,161,447
Injection Safety Support	INS	272,660	272,660	272,660
Immunization Support Service	ISS	2,655,440	2,655,440	2,655,440
New Vaccine Support	HPV Demo	180,664	180,664	180,664
	Measles	280,500	17,061	300,188
	Penta	17,104,449	280,500	16,978,354
	Pneumo	23,970,527	17,104,449	26,056,166
	Rotavirus	4,085,725	23,970,527	3,610,224
	Yellow Fever	2,812,560	4,085,725	2,912,407
	IPV	17,061	2,812,560	17,061
	Injection Safety Devices	102,500	102,500	128,546
Vaccine Introduction Grant	Vaccine Introduction Grant	782,500	782,500	782,500
Ebola EPI Recovery Plan	Ebola EPI Recovery Plan	4,310,199	4,310,199	4,310,199
TOTAL		57,931,232	57,931,232	59,536,721

USAID

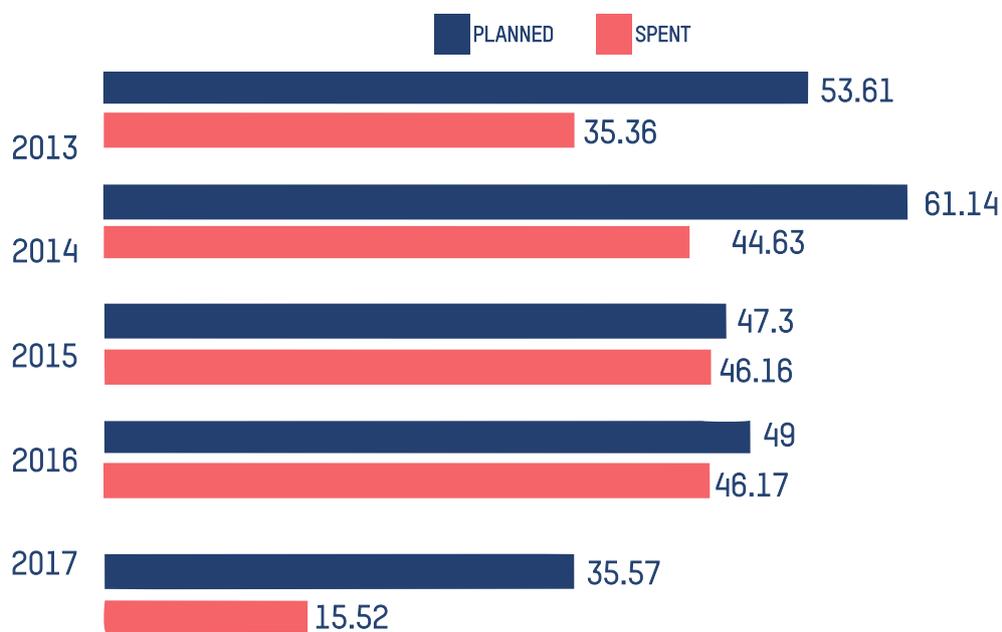
USAID's global health programmes has three strategic priorities that build on our success and focus our work, while building sustainable and resilient health systems in the poorest regions of the world. USAID's commitment is to prevent child and maternal deaths, controlling the HIV/AIDS epidemic, combating infectious diseases by strengthening health systems in the poorest countries through collaborative engagements with the private and public sectors.

Looking at the financial support that USAID has provided to Nigeria, Guinea, Sierra Leone and Liberia, the disbursements between 2013 and 2016, when these countries were in dire need of funds to tackle the deadly disease, were impressive.

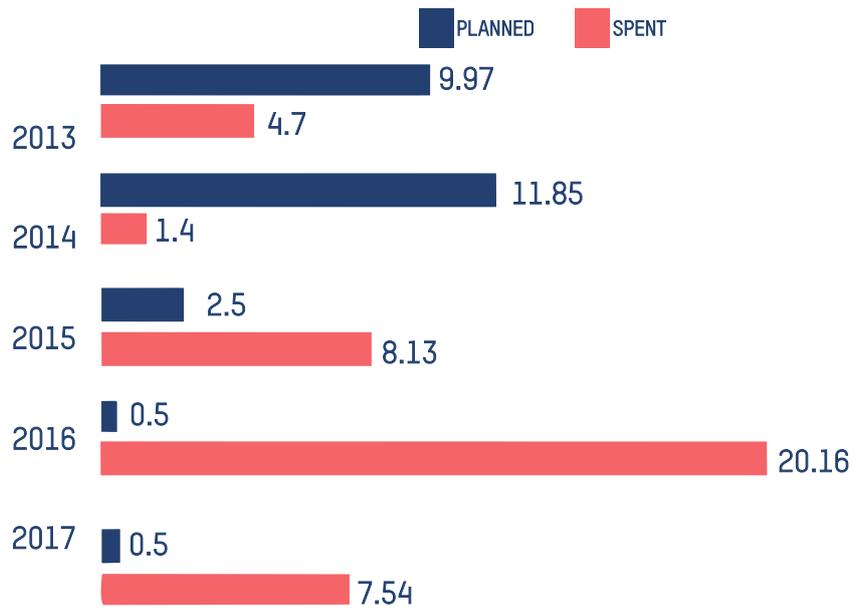
Nigeria, USD (million)



Liberia, USD (million)

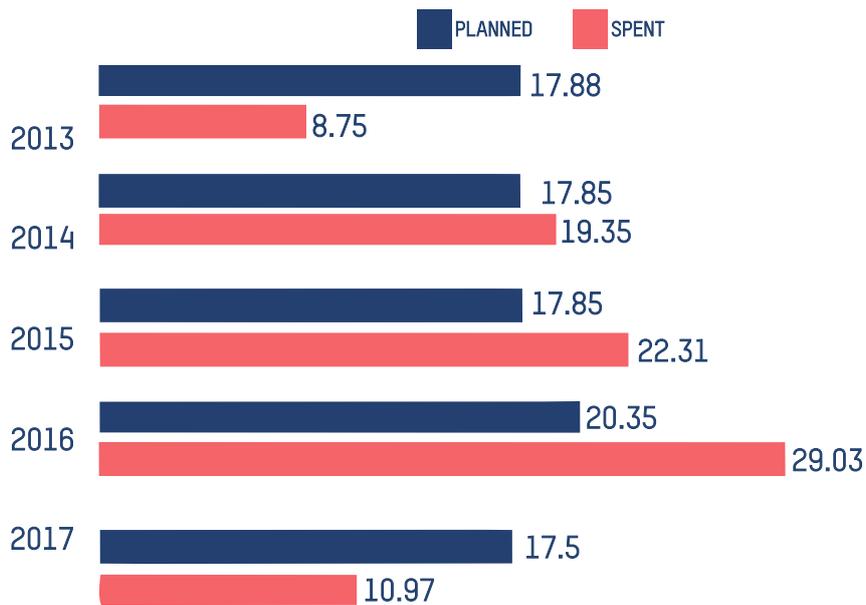


Sierra Leone, USD (million)



Source: USAID

Guinea, USD (million)



Source: USAID

GLOBAL FUND

The Global Fund is a financing institution providing support to countries responding to the three diseases: Tuberculosis, Malaria and HIV/AIDS. We look at the commitment and disbursement of funds to the Sub-saharan African countries to tackle the public health diseases.

Nigeria

Component	Signed	Committed	Disbursed
HIV/AIDS	US\$839,064,080	US\$753,604,382	US\$670,746,223
TUBERCULOSIS	US\$301,044,116	US\$247,976,279	US\$216,078,536
MALARIA	US\$1,031,559,681	US\$976,814,406	US\$875,226,547
OTHER	US\$20,975,288	US\$20,975,288	US\$20,975,288
TOTAL	US\$2,192,643,165	US\$1,999,370,356	US\$1,783,026,594

Liberia

Component	Signed	Committed	Disbursed
HIV/AIDS	US\$84,156,486	US\$81,849,090	US\$79,996,559
TUBERCULOSIS	US\$22,583,624	US\$22,583,624	US\$22,583,624
MALARIA	US\$111,459,747	US\$88,726,102	US\$81,557,688
OTHER	US\$27,343,287	US\$16,186,336	US\$11,679,960
TOTAL	US\$245,543,145	US\$209,345,153	US\$195,817,832

Sierra Leone

Component	Signed	Committed	Disbursed
HIV/AIDS	US\$121,803,337	US\$116,742,246	US\$104,857,794
TUBERCULOSIS	US\$15,214,215	US\$15,214,215	US\$15,214,215
MALARIA	US\$66,683,576	US\$65,803,190	US\$64,950,110
OTHER	US\$70,223,713	US\$45,832,276	US\$24,386,098
TOTAL	US\$273,924,842	US\$243,591,927	US\$209,408,218

Guinea

Component	Signed	Committed	Disbursed
HIV/AIDS	US\$93,632,521	US\$81,849,090	US\$69,744,692
TUBERCULOSIS	US\$17,865,633	US\$22,583,624	US\$14,739,687
MALARIA	US\$116,068,835	US\$88,726,102	US\$94,532,149
OTHER	US\$0	US\$0	US\$0
TOTAL	US\$227,566,990	US\$209,274,286	US\$179,016,529

Source: Global fund



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Recommendations



Nigeria

1. The budgetary allocation to health should be increased to cater to the needs of Nigerians, as the health per capita is relatively low when compared to other African countries. If Equatorial Guinea could do \$663 per citizen, then Nigeria can improve from \$118 to at least \$300.
2. If the health budget is made to attain at least 15% of the national budget, as declared by the African Union, an additional sum of N712bn (USD 1.9bn) will be needed to give a total sum of N1.09tn (USD 3.03bn), and Nigeria can achieve more tangible investments in the sector.
3. The Federal Government should spend more on capital expenditure, as the difference between recurrent and capital is wide. If Nigeria seeks to fund the health sector through borrowing, then transparency and accountability should be adopted.
4. Primary Health Centres should be adequately equipped, as these centres are often visited by citizens in rural communities. This will also help to reduce congestion in the tertiary health institutions.
5. The National Assembly should put an end to the power play by unreservedly activating the law stipulating that 1% of the Consolidated Revenue Fund must be allocated to the health sector. The political will to end health tourism will help the nation grow.
6. The teaching hospitals should be equipped with modern equipments to meet the needs of medical practitioners to tackle diseases.

Sierra Leone

1. Using current figures, if the health budget is made to attain 15% of the national budget, allocations would come to Le 810bn (USD 107.3m) when Le 502.2bn (USD 66.5m) is added to the budget allocation of Le 307.8bn (USD 40.8m).
2. The government, through the Ministry of Health, should establish a dialysis centre to combat infectious diseases. These centres should also seek to run the health facility in partnership with private investors.
3. Government must make access to healthcare a priority by providing statutory transfers to the health sector. This would help improve access to healthcare in the country. The Sierra Leonean Parliament should enact a law that will improve allocation to the sector.
4. Abuja Declaration seems like a mirage. Government must show more commitment in improving the lives of the citizens through access to quality healthcare and education. The health expenditure per Capita stands at \$86, a very small amount if compared to other countries'.
5. The Sierra Leonean government must deepen its existing transparency and accountability frameworks through public inclusion in projects and open contracting. Since grants and loans are one of the major sources of funding the health sector in Sierra Leone, transparency and accountability should be the watchword.

Liberia

1. The Liberian government must strengthen the Primary Health Centres with medical equipments and medical staff. The early victims of Ebola were healthcare workers; therefore, staffing the health centres with trained professionals will restore public confidence.
2. The Ebola Treatment Units (ETU) should function as learning and training centres for healthcare workers. The centres should be well managed, so that they will help in providing education on health-related topics such as public health and child care.
3. A detailed budget with comprehensive line item should be adopted. This will help the citizens and researchers track health capital projects in the country. The era of opacity should end, and an open budget system should be embraced.
4. Government must prioritise health spending for women and children by increasing their budget allocations. This will reduce common public diseases such as malaria and typhoid, and child and maternal mortality.
5. The 2017 health budget needs USD 2.4m to meet the stipulations of the Abuja Declaration. If it is met, the allocation would move to USD 78.9m.
6. Despite the difference of \$2.4m to achieve compliance with the Abuja Declaration, Liberia also needs to increase the budget allocation to health to cover health expenditure per capita, as the health spending on each citizens based on 2014 world bank data shows that Liberia spends \$46 on each citizen, which is very low when compared with South Africa's \$570.

Guinea

1. Government should adopt policy that will guarantee statutory transfers to the health sector. This will help improve the healthcare delivery in Guinea after the outbreak.
2. Though Ebola has come and gone, measures to contain further outbreaks should be developed in the interest of the citizens.
3. The budget line items should be comprehensive, especially for the capital projects that will benefit the citizens. The CSOs can track the budget to be sure that it is comprehensive and unambiguous.
4. Guinea and other affected countries pledged to the Abuja Declaration, to abide by the need to increase budgetary allocation to 15% of the budget size. Therefore, this should be made priority.
5. A citizen's mutual health insurance systems should be developed in local communities to fight exclusion relating to low-income earners. The insurance will improve Guinea's healthcare delivery.
6. Guinea's health expenditure per Capita at \$30 can't cover the needs of the people. An increase in health budget should be a priority.



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