The entire population of Guinea is at high risk of malaria. The annual reported number of malaria cases in 2012 was 1,233,036 with 332 deaths.
Urgent Global Fund Update
The Global Fund has announced that Guinea will receive US$ 129.9 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation under the New Funding Model. The total figure includes all existing, unspent funds from previous rounds and the Interim New Funding Model. The Global Fund has determined the total allocation amount based on Guinea's disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For Guinea this is calculated at US$ 70.7 million, including US$ 53.7 million of new resources. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Guinea is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation at a level that is sufficient to sustain the gains made in recent years.

Progress
Guinea has banned oral artemisinin-based monotherapies and has introduced a policy on Community Case Management of malaria and pneumonia. Resources have been mobilised through the Global Fund and sufficient LLINs have been distributed to achieve 100% operational coverage. Guinea has achieved a 58% reduction in under-five child mortality since 1990.

Impact
The annual reported number of malaria cases in 2012 was 1,233,036 with 332 deaths. Progress in reducing cases has been reported sub-nationally where interventions have been intensified.

Key Challenge
- Limited number of partners involved in the financing and implementation of programme activities.

Previous Key Recommended Action

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>MNCH¹: Optimise quality of care</td>
<td>Prioritise the collection of postnatal care data</td>
<td>Q1 2014</td>
<td></td>
<td>The country recommends postnatal follow up contacts by a trained provider for mother and newborn and recommends Kangaroo Mother Care for low birth weight newborns</td>
</tr>
</tbody>
</table>

¹ MNCH metrics, recommended actions and response tracked through WHO MCA/iERG
## New Key Recommended Action

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address funding</td>
<td>Ensure the NFM concept note is submitted by Q4 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years</td>
<td>Q4 2014</td>
</tr>
</tbody>
</table>

### Key

- [ ] Action achieved
- [ ] Some progress
- [ ] No progress
- [ ] Deliverable not yet due