HEALTH POLICIES AND SYSTEMS

Since the establishment of the Second Republic in 1984, Guinea’s health policy has experienced profound changes. In that year, the country launched an extensive reform of its health system at the instance of WHO and the World Bank. Despite a slight improvement in some health indicators and the relaunching of primary health care in 2010 in the wake of the 2008 Ouagadougou Declaration, it is to be observed that the programme and project approach remains firmly entrenched in the health system to the detriment of a comprehensive, system-wide approach.

With support from WHO and other technical and financial partners, Guinea has embarked on health sector reform through national health consultations, which culminated in a review of the National Health Policy and the preparation of a new draft National Health Development Plan for the period 2015-2024, as well as the development and imminent signing of the National Compact. The reforms announced in the Minister of Health’s engagement letter of February 2014 have been crystallized in the vision contained in the National Health Policy, which envisages “a Guinea where the entire population enjoys good health, is economically and socially productive, and has universal access to high-quality, fully inclusive health care and services.” To achieve this vision, strategies and interventions have been developed to offset the low levels of health-care coverage resulting from the inefficient and poor condition of existing health infrastructure and facilities.

To address the expectations of health service users, much remains to be done to improve the quality of care. On average, 53.7% of health-service users are dissatisfied with the care they receive. The main reasons given are the high cost of services (overpricing), the poor quality of the treatment, long waiting times and shortages of medicines.

The major challenge of the WHO Country Cooperation Strategy is to expand health coverage to the entire population by strengthening the delivery of health services and developing community health, against the backdrop of relaunching a health system badly affected in socioeconomic and health terms by the Ebola virus disease epidemic. Accordingly, WHO should help Guinea to strengthen its national health system, improve the prevention and management of diseases and emergencies, and promote the participation of all sectors, children, adolescents and the elderly in the effort to relaunch the Guinean health system in the post-Ebola period, and support implementation of the new National Health Development Plan, specifically by improving health sector governance; ensuring the availability of high-quality, motivated human resources; strengthening infrastructure and equipment; establishing suitable and equitable funding mechanisms; ensuring the availability of high-quality medicines, other health products and medical technologies; and boosting the effectiveness of the health information and research system.

COOPERATION FOR HEALTH

Development assistance through bilateral and multilateral cooperation, including agencies of the United Nations system and NGOs, represents a large proportion of health sector financing in Guinea. At 26.9% of all expenditure on health, this assistance is the second biggest source of health funding, and is concentrated in the area of investments such as infrastructure, capital assets and training.

The coordination of the various partners involved in the health sector is considered to be below standard. However, new impetus has gradually been given to coordination with the involvement of the Government in the health sector reform process. The former coordination bodies have been restructured. The Health Sector Coordination Committee, a multisectoral body, has been placed under the authority of the Prime Minister, the head of the Government. It is supported by a technical secretariat whose principal task is to implement the reform process road map.

In addition, the quarterly meeting of the technical and financial partners facilitates coordination of the various interventions and close monitoring of structural reforms currently under way, for example the organization of the national health consultations, the operation of the thematic groups, the process of revising the National Health Plan, and the preparation of the new National Health Development Plan under the auspices of WHO. Meetings of the technical and financial partners are organized around specific themes identified jointly by the Ministry of Health and the partners.
**WHO COUNTRY COOPERATION STRATEGIC AGENDA (2008-2013)**

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<th>Strategic Priorities</th>
<th>Country Cooperation Strategy Focus Areas</th>
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| **STRATEGIC PRIORITY 1:** Health system strengthening | • Health system organization: Advocacy for a higher profile for health in the Poverty Reduction Strategy, operationalization of the health component of the PRSP 4 to bolster the role of regulation, coordination, planning, monitoring and evaluation of the Ministry of Health. Implementation of the national policy on contracting, hospital reform, development of telemedicine, infrastructure maintenance and logistics at all levels of the health system and the national health accounts. New impetus to the bodies for coordinating and monitoring the National Health Development so as to establish arrangements for sustainable financing with a view to Universal Health Coverage and the establishment of national health accounts.  
• Human resources development: National capacity-building through initial and ongoing training and the development of national training institutions.  
• Management and use of health information, research and development: Capacity-building to manage the national health information system, coordination and dissemination of research findings and the capacity of the National Institute of Public Health, and development of essential research in health. |
| **STRATEGIC PRIORITY 2:** Comprehensive disease control and maternal and infant mortality | • Prevention, eradication and control/surveillance of communicable and noncommunicable diseases: Resource mobilization. Implementation of strategies to prevent, eradicate, control and ensure surveillance of communicable and noncommunicable disease. Strengthening of immunization, implementation of the Reaching Every District (RED) strategy and targeted campaigns to eliminate poliomyelitis, maternal and neonatal tetanus, leprosy and dracunculiasis control, provision of medicines linked to programmes (leprosy, tuberculosis, HAT and onchocerciasis), strengthening of laboratories involved in integrated disease surveillance, IPC and the implementation of the strategic plan for neglected tropical disease control. Implementation of integrated policies and programmes for control of the principal noncommunicable diseases.  
• Malaria: Implementation of national policies, strategies and approaches for malaria prevention, national capacity-building in integrated surveillance, monitoring and evaluation, prevention and management of malaria in pregnant women and children under 5, coordination and partnership.  
• Tuberculosis: Consolidation and extension of the DOTS strategy at community level and management of TB/HIV co-infection and MDR TB.  
• HIV/AIDS: Development and implementation of the national strategy framework for HIV/AIDS control.  
• Health of women, children, adolescents and the elderly: Scaling up of the strategy for integrated management of childhood illnesses, implementation of the strategic plan for health and development of adolescents and young people, implementation of the roadmap to accelerate the reduction of maternal, neonatal, infant and child mortality and the national policy on the health of the elderly. |
| **STRATEGIC PRIORITY 3:** An environment conducive to health | • Health and environment: Strengthening the legal and institutional framework of the health and environment component, national capacity for controlling water quality, hygiene and sanitation and implementation of the national occupational health strategy.  
• Food safety and nutrition: National capacity-building in the area of food safety, nutritional surveillance, micronutrient deficit control and promotion of essential nutrition actions.  
• Health promotion: Support implementation of the national policy on health promotion and improving health determinants. |
| **STRATEGIC PRIORITY 4:** Emergency management | • Emergency preparedness and organization of assistance: Advocacy for mobilization of the resources needed to implement the national plan on preparedness for and response to emergencies, epidemics and disasters. Action to reduce the vulnerability of refugees, displaced persons, and host populations affected by epidemics, emergencies, crises and conflicts and the victims of natural disasters. |