Population Consultations: The Experience in Guinea

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Abstract
Dr. Yansané is the senior policy advisor to the Minister of Health in Guinea and the former Head of the Minister’s Office and former Secretary General, Health. He has been instrumental in advocating for and co-organizing the États Généraux de la Santé in Guinea in 2014. His perspective is clearly one of a policy and decision-maker who has a particular interest in bringing population views, needs and expertise into the policy-making process in the hope that it will lead to improved buy-in of the policy and better implementation. Dr. Yansané was requested to provide input on the utility value of population consultations in his country and the added value from his perspective of more international debate on deliberative democracy in the health sector.

1. Tell us How the National Health Consultations in Guinea have Particularly Benefited the National Health Planning Process
The National Health Development Plan (PNDS)’s term was coming to an end at the time so the Ministry of Health (MoH) and all the technical and financial partners embarked on a review of the National Health Policy in view of drafting a new PNDS covering the period 2015–2024, using the health policy dialogue approach.

In this context, the authorities decided to organize the National Health Consultations.
The National Health Consultations were not meant to be technical but rather popular and participatory with broad consultation of the population. They were based on the following two major principles: ensuring consensus and ownership of the sectoral vision and future sectoral policy and identifying the absolute priorities for the new PNDS in a systemic vision.

The National Health Consultations were held from Monday 23 to Thursday 26 June 2014 at the Novotel Conakry.

The purpose of organizing the National Health Consultations was to arrive at a shared diagnosis of the health system in Guinea and reach a consensus or achieve an appropriation by the stakeholders of the new health policy vision and the actionable priorities of the National Health Development Plan for the period 2015–2024.

The National Health Consultations were attended by approximately 300 participants from all walks of life, including representatives of associations of health system beneficiaries, mayors of urban and rural communes, national institutions, government, former ministers and general secretaries of health, trade unions, the MoH and other ministries, technical and financial partners, health centre management committees, non-governmental organizations, societies and associations of health professionals and beneficiaries of the health service.

The method of work of the National Health Consultations consisted in the preparation of basic documents, which were developed at a series of workshops attended by officials from the MoH and other ministerial departments and development partners.

The actual work of the National Health Consultations consisted in the organization of (1) plenary sessions: presentations by national and international experts followed by discussions and clarifications; (2) group work covering three themes, namely, health status, healthcare provision and technology and health resources; (3) daily evaluation meetings of the organizers, moderators, chairpersons and rapporteurs of the different working committees; (4) communication activities to gather opinions of users and communities before and during the National Health Consultations through spots, reports, interactive programmes, provision of a toll-free number and a front-line SMS system.

The results of the reflections and analysis of each working group were referred back to the plenary. The debates and consensus on the main issues and the outcome of the pooling of grassroots opinions served as a basis for adding detail and emphasis to the analysis of the sectoral situation and for priority-setting. The findings and recommendations of the National Health Consultations served as a basis for drawing up the new health policy and preparing the Health Development Plan for the next 10 years.

In conclusion, the National Health Consultations provided a salutary opportunity to identify the dysfunctions, challenges and obstacles faced by the Guinean health system and to identify opportunities to mitigate these as much as possible. The focus of this important forum enabled all the participants to reach consensus on a vision and necessary recommendations for the development of a national health policy and a national plan for health development.

The presence of the Head of State, His Excellency the President of the Republic, at the opening ceremony, and that of the Head of the Government, the Prime Minister, at the closing ceremony, is eloquent testimony to the government’s commitment to organizing this event.

2. Why do you Think it is Important and Necessary to have more evidence regarding Consultations with the Population on the Health Sector, at the International Level?

Comparing the process of developing the current PNDS with the previous one, we can see that the public has been consulted
through a political dialogue on the whole process, from the evaluation of the current PNDS to the setting of priorities. As a result, ownership of the measures to be implemented can be fostered through better use of services and proactive participation in implementation.

Consulting the population through the National Health Consultations has enabled all social stakeholders to highlight health issues. As a result, it has been possible to understand the reasons for the poor performance of the system, many of which lie outside the control of the MoH. To provide solutions, an integrated approach was favoured. Some benefits of this consultation included the following:

- An increase in the proportion of the national budget spent on health from 2.5% in 2014 to 8.4% in 2017.
- The recruitment of almost 4,000 new health workers to plug the enormous human resources gap noted during the consultations.
- Establishment of multi-sectoral consultation bodies at all levels of the health system, namely, the Health Sector Coordinating Committee, the Regional Health Sector Coordination Committee, the Prefecture Health Sector Coordination Committee and the Prefecture Committee for the Coordination of the Health Sector. These bodies are responsible, inter alia, for validating and evaluating annual work plans.

3. Specifically, how Would More Factual Data Regarding Consultations with the Population at the International Level be Beneficial to Guinea?

Guinea has begun a process of policy dialogue to develop strategic documents through consultation with the population at all stages of the development of the PNDS. It is useful to have more evidence from other experiences to help better implement and monitor the new plan so that the role of the population is not limited to priority-setting.

The public consultation process should continue through a better functioning of the coordination and consultation bodies that have been set up, to ensure public accountability on the progress made and to flag any obstacles to the implementation of the PNDS.

Today, there are major challenges in moving towards universal health coverage in terms of availability of and access to health services in Guinea, despite the ongoing reforms. Some countries that have initiated a public consultation process have developed new strategies to identify solutions to these problems. We believe that by drawing inspiration from some of these experiences and from the dynamics created through the National Health Consultations in Guinea, the country can move quickly towards universal health coverage.

Popular participation should be pursued within the framework of the decentralization of health management through effective participation of communes, especially in managing basic human resources and overseeing the management of other resources.

References