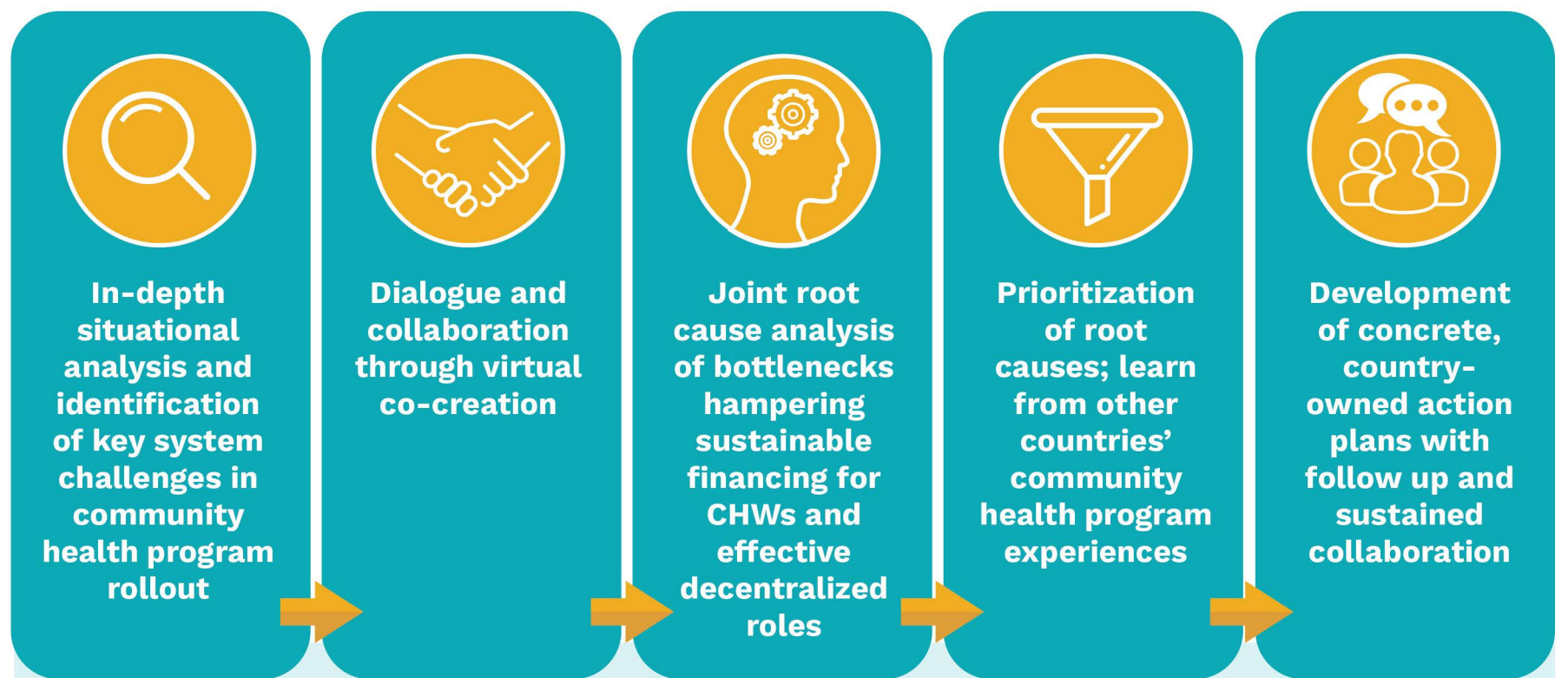


Systems Thinking and Co-creation for Addressing Community Health Challenges in Guinea

Lior Miller, Senior Program Officer, Results for Development, Washington, D.C., USA
Amy Nye, Program Officer, Results for Development, Washington, D.C., USA
Dr. Mamadou Cissé, Consultant, Results for Development, Conakry, Guinea
Dr. Facinet Yattara, Director, Directorate of Community Health and Traditional Medicine, Conakry, Guinea

Community Health Program Scale-Up Challenges

- Guinea's national community health policy launched in 2017/2018 as key strategy for achieving universal health coverage, through recruitment, training, and payment of community health workers
- Rolled out in 55% of communes (districts) to date
- Complex systems change requiring new financing, governance, and coordination mechanisms
- New domestic resource mobilization policy that 15% of local mining tax revenues be transferred to communes for development programs non-functional
- Funding gap of \$19.7M USD in 2021
- Challenges in program design, operationalization, sustainability, and community participation due to vertical implementation approach by diverse implementers and partners
- Focus on training/equipping CHWs, when community health programs require complex systems changes

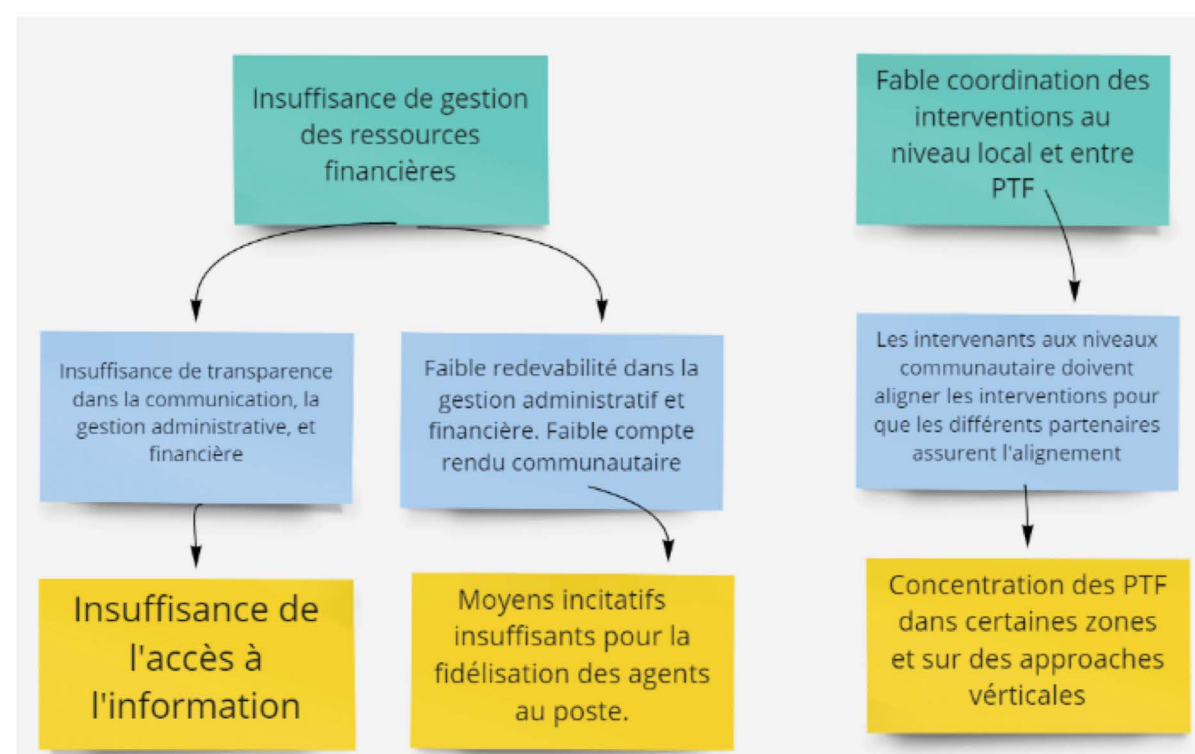


Systems Thinking and Co-creation Approach

- Situational analysis including document review and stakeholder consultation led to identification of three key systems challenges in rollout of the community health program:
 - Gaps in sustainable financing and funding flows
 - Ineffective decentralization of roles and responsibilities for actors at lower levels of health system
 - Lack of a learning and adaptation plan and implementation research to promote iterative program improvements and feedback loops
 - Three-part co-creation series conceptualized to address each challenge
- Strong cross-sectoral awareness, participation, and buy-in through engagement with multi-sectoral platform for community health, comprised of national and regional government authorities, civil society, implementers, and funders

GUINEA HEALTH PROFILE

Population	12.7 million (2017)
Maternal mortality ratio (per 100,000 live births)	576 (2017)
Under-five mortality rate (per 1,000 live births)	98.8
Multiple concurrent outbreaks	COVID-19, Ebola, measles, yellow fever



Root Cause Analysis in Action:
 Limited social accountability and citizen engagement as root causes of community health implementation challenges

ELEMENTS OF COUNTRY-LED SYSTEMS THINKING AND INNOVATION FOR COMMUNITY HEALTH

- Co-creation**: Concrete, country-owned solutions and action plans aimed at achieving domestic resource mobilization, improving funding flows, promoting decentralized decision-making powers, and increasing social accountability and citizen engagement for community health
- Peer-peer learning and knowledge translation**: Exchanges with Liberian Directorate of Community Health to share experiences, success factors, and key lessons from rollout of the Liberian community health program through collaboration with Exemplars in Global Health
- Application of decision space lens**: Mapping of decisional authority and capacity at decentralized levels
- Strong country leadership**: New action plans prioritized and integrated into community health program's annual operational plan of the Directorate of Community Health
- Cross-sectoral, multi-stakeholder engagement**: Effective virtual participation including Ministry of Health, Ministry of Decentralization, regional authorities, donors, partners, and civil society
- Advocacy**: Ongoing advocacy with donors and government officials to identify additional support and leverage existing funding mechanisms to achieve objectives

LESSONS LEARNED

- Using a systems lens to diagnose and address complex obstacles to rollout of the Guinean community health policy is a promising approach to generate contextually-grounded, sustainable solutions – beyond training and equipping CHWs
- Possible to carry out co-creation virtually, despite COVID-19 constraints
- Early evidence shows that co-creation and systems thinking is leading to improved implementation of the community health policy and enhancing systems performance, leadership, and governance