

Background : As Guinea is in the post-Ebola recovery phase, it has implemented a new District Health Information System (DHIS2) system in all districts and health regions to collect and harmonize data across territory of Guinea. The objective of this study is to assess the integrated disease surveillance and response system and identify the causes of malfunction.

Method : We conducted a descriptive study with a mixed approach. The data were collected from the analysis of the DSVCo and EPI database, questionnaires and interviews with all those involved in surveillance at central, regional and district level. The quality of the system was assessed by analyzing the quantitative attributes defined by the CDC. The study was conducted in the health region of Conakry.

Results : The timeliness and completeness of the weekly, monthly and quarterly reports were 100. The AFP, measles and yellow fever surveillance system is responsive, representative and sensitive. The marginalization of the private sector is noted in the contribution of routine surveillance data and knowledge / attitudes of public and private professionals on RWIS.

Conclusion : To remedy this situation, efforts must be made to raise awareness and to continue training for health professionals. Co-ordination between the different actors, use of new communication techniques and supervision and support activities must also be strengthened.

Key words : Guinea, Conakry, PEV, DSVCo, DCS, Surveillance and Evaluation.