REGIONAL COMMITTEE FOR AFRICA   ORIGINAL: ENGLISH

Fifty-ninth session
Kigali, Republic of Rwanda, 31 August–4 September 2009

Provisional agenda item 8.2

FRAMEWORK FOR THE IMPLEMENTATION OF THE OUAGADOUGOU DECLARATION ON PRIMARY HEALTH CARE AND HEALTH SYSTEMS IN AFRICA: ACHIEVING BETTER HEALTH FOR AFRICA IN THE NEW MILLENNIUM

Report of the Regional Director

Executive summary

1.   The Ouagadougou Declaration on Primary Health Care and Health Systems in Africa focuses on nine major priority areas, namely Leadership and Governance for Health; Health Services Delivery; Human Resources for Health; Health Financing; Health Information Systems; Health Technologies; Community Ownership and Participation; Partnerships for Health Development; and Research for Health. For each of these priority areas, this Implementation Framework proposes recommendations for consideration by Member States in the development of their own country frameworks, except for Health Information and Research for Health which have been taken into account in the Algiers Framework.

2.   Among the recommendations for strengthening *leadership and governance for health* are institutionalizing intersectoral action for improving health determinants; updating comprehensive national health policy in line with the Primary Health Care (PHC) approach and other regional strategies; updating the national health strategic plan to ensure integrated management; and providing comprehensive essential health services.

3.   To improve the effectiveness of *health services delivery*, countries need to provide comprehensive, integrated, appropriate and effective essential health services, design their models of delivery and estimate costs; and ensure service organization and stakeholder coordination to promote and improve efficiency and equity.

4.   To improve *human resources for health (HRH)*, countries should develop comprehensive evidence-based health workforce planning and monitoring; build health training institutions' capacity for scaling up the training of relevant cadres of health-care providers; promote strategies for motivation and retention of HRH; build HRH management and leadership capacity; and mobilize resources for HRH development.

5.   To improve *health financing*, countries should develop comprehensive health financing policies and plans; institutionalize national health accounts and efficiency monitoring; strengthen financial management skills at all levels; and implement the Paris Declaration on Aid Effectiveness.

6.   In relation to *health technologies*, countries should increase access to quality and safe health technologies; develop national policies and plans on health technologies; develop norms and standards for the selection, use and management of appropriate health technologies; and institute a transparent and reliable system for the procurement of health technologies.

7.   For effective ***community ownership and participation*** in health development, it is essential to create an enabling policy framework for community participation; build community capacity; reorient the health service delivery system to improve community access and utilization; and use health promotion strategies to empower communities to adopt healthier lifestyles.

8.   To strengthen ***partnerships for health development***, countries may use mechanisms such as the International Health Partnership Plus (IHP+) and the Harmonization for Health in Africa initiatives to promote harmonization and alignment in line with the PHC approach; and adopt intersectoral collaboration, public-private partnerships and civil society participation in policy formulation and service delivery.

9.   In conclusion, countries are advised to adapt and apply this Implementation Framework to their own specific situation, taking into account the progress made and the actions that need to be undertaken to achieve the Millennium Development Goals and related targets, for better and more equitable health outcomes.

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PREFACE

1. The Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium was adopted during the International Conference on Primary Health Care and Health Systems in Africa, held in Ouagadougou, Burkina Faso, from 28 to 30 April 2008. The objective of the Conference was to review past experiences on Primary Health Care (PHC) and redefine strategic directions for scaling up essential health interventions to achieve health-related MDGs using the PHC approach for strengthening health systems through renewed commitment of all countries in the African Region.

2. The Algiers Declaration to Strengthen Research for Health was also adopted during the Ministerial Conference on Research for Health in the African Region, held in Algiers, Algeria from 23 to 26 June 2008. The Conference, which brought together Ministers from the African Region together with researchers, nongovernmental organizations, donors, and the private sector renewed commitments to narrow the knowledge gap in order to improve health development and health equity in the Region.

3. The Ouagadougou Conference and the Algiers Conference recommended that WHO develop respectively a Framework for the Implementation of the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa and a Framework for the Implementation of the Algiers Declaration in the African Region to strengthen research for health.

4. The Fifty-eighth session of the Regional Committee for Africa, held in Yaounde, Cameroon, by its Resolution AFR/RC58/R3 endorsed the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium. During the same session, the Regional Committee also endorsed the Algiers Declaration.

5. In line with the recommendations of the Ouagadougou Conference and the Algiers Conference, the WHO Regional Office for Africa has developed two frameworks, one for the implementation of the Ouagadougou Declaration and the other for the implementation of the Algiers Declaration. The two documents address health systems issues. They share some common areas and complement one another. They are interrelated, given that improvement in health outcomes requires quality research and information for evidence-based decisions. In addition, useful research for health should translate into country policies and strategic plans in order to contribute to the attainment of the MDGs.

6. Two of the priority areas identified in the Ouagadougou Declaration are related to health information and research for health. Those two priority areas, together with the priority areas related to knowledge management, are integrated and addressed in detail in the Framework for the Implementation of the Algiers Declaration on Research for Health to minimize overlaps while maintaining complementarities.

1. BACKGROUND

1.	There is a global movement to renew Primary Health Care (PHC), a call that has been echoed at international, regional and national conferences, including WHO Regional Committee meetings. The most recent call was the resolution[1] on Primary Health Care, including health system strengthening, taken at the one-hundred-and-twenty-fourth session of the WHO Executive Board.

2.	The calls for a renewal of PHC reaffirm the commitment of Member States to the values of equity, solidarity and social justice, and the principles of multisectoral action, community participation and unconditional enjoyment of health as a human right by all. The calls represent the ambition to deal effectively with current and future challenges to health, mobilizing health professionals and lay people, government institutions and civil society around an agenda of transformation of health-system inequalities, service delivery organization, public policies and health development.

3.	As part of this global movement, thirty years since the adoption of the Alma-Ata Declaration in 1978, the World Health Organization Regional Office for Africa organized the International Conference on Primary Health Care and Health Systems in Africa, 28–30 April 2008, in Ouagadougou. The conference was organized in collaboration with the Government of Burkina Faso, UNICEF, UNFPA, UNAIDS, African Development Bank and the World Bank. Over 600 participants attended from the 46 Member States of the WHO African Region and from other continents.

4.	The objective of the conference was to review past experiences in PHC and redefine strategic recommendations for scaling up essential interventions to achieve the health-related MDGs using the PHC approach for strengthening health systems, through the renewed commitment of all countries in the African Region. The conference adopted the "Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium," which has been signed by all the African Region Member States. During its fifty-eighth session, held in Yaounde, Cameroon in September 2008, the Regional Committee endorsed the Ouagadougou Declaration through its Resolution AFR/RC58/R3.

5.	In order to facilitate concrete actions, Member States requested the development of a generic framework for implementing the Ouagadougou Declaration. This Implementation Framework seeks to meet this request while recognizing that countries have different capacities for implementing the Declaration. In this context, the recommendations herein are generic and are to be adopted and adapted depending on country-specific situations.

6.	The Framework builds on the priority areas highlighted in the Ouagadougou Declaration, while taking into account and building on relevant existing policies, goals, strategies, interventions and declarations previously adopted by Member States.

7.	The Framework emphasizes the values and principles of PHC which are the key to a functional health system. It indicates what should be done to achieve greater consistency, synergy, quality and efficiency in strengthening health systems within the context of PHC renewal. In particular, the Framework focuses action on expediting achievement of universal coverage of quality health care provided through people-centred health service delivery, supported by multisectoral health action in all policies and sustained through inclusive leadership and effective governance for health.[2] Furthermore, the Framework addresses the bottlenecks responsible for the gaps in implementation of known and existing interventions.

8.	To effectively implement this Framework, it will be necessary to link the health information, knowledge management and research components with the content of the Algiers Declaration on Research for Health and its implementation framework.

9.	The purpose of the Framework is to provide recommendations to countries for operationalizing the Declaration. It discusses ways and means of doing more and better with existing and additional resources, and fostering synergies between the various stakeholders involved in health development under the leadership of governments.

2. GUIDING PRINCIPLES

10.	The following guiding principles were consolidated from the Alma-Ata Declaration on Primary Health Care and other relevant policy documents and declarations, some of which are cited in the Ouagadougou Declaration:

(a)	**Country ownership:** Exercising committed leadership in the development and implementation of national development strategies through broad consultative processes;[3]

(b)	**Adequate resource allocation and reallocation:** Allocating and reallocating adequate resources and using them efficiently to provide integrated essential health services with the aim of achieving universal access to high impact interventions;[4, 5]

(c)	**Intersectoral collaboration:** Recognizing the need to institutionalize coordinated intersectoral action in order to improve health determinants;[3, 6]

(d)	**Decentralization**: Redistributing authority, responsibility and financial and other resources for providing public health services among different levels of the health system;[7]

(e)	**Equity and sustainable universal access:** Ensuring equal access to essential health services through proper planning, resources allocation and implementation processes that improve health services utilization by poor and vulnerable groups, taking into account gender;[8]

(f)	**Aid harmonization and alignment:** Ensuring that donors provide untied, predictable and coordinated aid that is aligned to national health development priorities and using country procurement and public financial management systems;

(g)	**Mutual accountability for results:** Ensuring that government and partners have transparent frameworks for assessing and monitoring progress in national health development strategies, health sector programmes and agreed commitments on aid effectiveness;

(h)	**Solidarity:** Ensuring that financial contributions made by all contributors (workers, the self-employed, enterprises and government) to the health system are pooled and that health services are provided only to those who need them;[9]

(i)	**Ethical decision-making informed by evidence:** Ensuring that the PHC approach is based on the best available scientific evidence and monitored and evaluated to continuously assess population health impact.

3. RECOMMENDATIONS BY PRIORITY AREAS

11.   Since the Alma-Ata Conference on Primary Health Care, progress has been made by countries in the African Region with regard to the eradication of smallpox, control of measles, eradication of poliomyelitis and guinea-worm disease, and elimination of leprosy and river blindness. However, accelerated progress in strengthening health systems using the PHC approach is needed in a number of countries in the African Region in order to achieve nationally- and internationally-agreed health goals, including the Millennium Development Goals.

12.   In this context, countries are encouraged to focus on the following priority areas, as outlined in the Ouagadougou Declaration:

    (a)   Leadership and Governance for Health;

    (b)   Health Services Delivery;

    (c)   Human Resources for Health;

    (d)   Health Financing;

    (e)   Health Information (refer to Framework for the Implementation of the Algiers Declaration on Research for Health);

    (f)   Health Technologies;

    (g)   Community Ownership and Participation;

    (h)   Partnerships for Health Development; and

    (i)   Research for Health (refer to Framework for the Implementation of the Algiers Declaration on Research for Health).

13.   The following subsections provide detailed recommendations for countries to consider in each of the above priority areas except the ones related to Health Information and Research for Health which are detailed in the Algiers Framework. Annex 1 gives an example of how the proposed recommendations may be implemented at country level.

3.1 Leadership and Governance for Health

14.   Governance for health is a function of government that requires vision, influence and knowledge management, primarily by the Ministry of Health which must oversee and guide the development and implementation of the nation's health-related activities on the government's behalf. Governance includes the formulation of the national health policy and health strategic plans (including defining a vision and direction) that address governance for health and health equity; exerting influence through regulation and advocacy; collecting and using information; and accountability for equitable health outcomes.[10]

15.   Provision of oversight through collaboration and coordination mechanisms across sectors within and outside government, including the civil society, is essential to influencing action on key health determinants and access to health services, while ensuring accountability. Improving leadership at national and subnational levels and building capacity will facilitate effective engagement with the private sector to ensure universal coverage.

16.   The Ouagadougou Declaration calls on Member States to update their national health policies and plans according to the Primary Health Care approach, with a view to strengthening health systems in order to achieve the Millennium Development Goals, specifically those related

to communicable and noncommunicable diseases, including HIV/AIDS, tuberculosis and malaria; child health; maternal health; trauma; and the emerging burden of chronic diseases.

17. In relation to leadership and governance, countries are encouraged to consider the following recommendations for implementing the Ouagadougou Declaration:

(a) Implement key recommendations of the WHO Commission on Social Determinants of Health relating to health governance and health equity;[11]

(b) Develop and adopt a comprehensive national health policy (NHP) that is integrated into the country's overall development strategy through a broad-based, country-driven, inclusive and participatory decision-making process;[12]

(c) Develop and implement a comprehensive and costed national health strategic plan (NHSP) that is consistent with the NHP, taking into account multiple sources of funding within a realistic resource package;[13]

(d) Develop and implement subsequent operational plans at the local (district) level of health systems, as planned for in the NHSP;[14]

(e) Ensure the functionality of the Ministry of Health's organizational structures to facilitate the implementation of the NHP and NHSP;

(f) Update and enforce public health laws in line with the NHP to facilitate the implementation of the Ouagadougou Declaration and other health-related strategies; and

(g) Reinforce the oversight of health development across sectors in consultation with civil society, professional organizations, and other stakeholders; and ensure transparency and accountability through regular audits.

3.2 Health Service Delivery

18. The ultimate goal of the health system is to improve people's health by providing comprehensive, integrated, equitable, quality and responsive essential health services. A functional health system ensures the enjoyment of health as a right by those who need it, especially vulnerable populations, when and where they need it as well as the attainment of universal coverage.

19. Health services delivery needs to be organized and managed in a way that allows effective and affordable health interventions that are people-centred and reach their beneficiary populations regardless of their ethnicity, geographical location, level of education and economic status. It is important to emphasize that consistent community actions towards health promotion and disease prevention are the most efficient and sustainable ways of ensuring better and equitable health outcomes.

20. The following recommendations for improving the performance of health service delivery are proposed for countries' consideration:

(a) Review essential health packages, taking into consideration high priority conditions and high impact interventions to achieve universal coverage;

(b) Develop integrated service delivery models at all levels, taking into account the referral system regardless of the organization and nature of the services (promotive, preventive, curative and rehabilitative) so as to improve the economic efficiency and equity of health services delivery;

(c) Design health systems that provide comprehensive and integrated health care, ensure patient safety and improve accessibility, affordability and equity in service utilization;

(d) Institutionalize health services at community level using appropriate mechanisms that are fully described in the NHP and NHSP;

(e) Develop mechanisms to involve all private health providers to ensure a continuum of care among all citizens, regardless of their economic status;

(f) Ensure the availability of appropriate, relevant and functional health infrastructure; and

(g) Design service delivery models utilizing the priority health interventions as an entry point and taking into account the need to ensure universal coverage.

3.3 Human Resources for Health

21. Human resources for health (HRH), or the health workforce, refer to all persons primarily engaged in actions intended to enhance health. Health service providers are the core of every health system and are central to advancing health. Their numbers, quality and distribution correlate with positive outcomes of health service delivery.[15] The objective of HRH management is therefore to ensure that the required health workforce is available and functional (effectively planned for, managed and utilized) to deliver effective health services.[16]

22. In relation to human resources for health, the Ouagadougou Declaration calls for strengthening the capacity of training institutions, management, and staff motivation and retention in order to enhance the coverage and quality of care in countries. The following recommendations are proposed for Member States' consideration:

(a) Develop comprehensive policies and plans for health workforce development within the context of national health policies and plans;

(b) Advocate for the creation of fiscal (budgetary) space for improved production, retention and performance of the health workforce, including negotiating for a percentage of development funding;

(c) Strengthen the capacity of training institutions to scale up their production of health managers, decision-makers and health workers, including a critical mass of multipurpose and mid-level health workers who can deliver promotive, preventive, curative and rehabilitative health care based on best available evidence;

(d) Improve systems for the management and stewardship of the health workforce to improve recruitment, utilization, task-shifting and performance, including at the community level;

(e) Develop and implement health workforce motivation and retention strategies, including management of migration through the development and implementation of bilateral and multilateral agreements to reverse and contain the health worker migration crisis;

(f) Generate and use evidence through strengthened human resource information subsystems, observatories and research to inform policy, planning and implementation; and

(g) Foster partnerships and networks of stakeholders to harness the contribution of all in advancing the health workforce agenda.

3.4 Health Financing

23.   Health financing refers to the collection of funds from various sources (e.g. government, households, businesses and donors) and pooling them to pay for services from public and private health-care providers, thus sharing financial risks across larger population groups. The objectives of health financing are to make funding available, ensure rational selection and purchase of cost-effective interventions, give appropriate financial incentives to providers, and ensure that all individuals have access to effective health services.

24.   In relation to health financing, the following recommendations are proposed for consideration by Member States:

(a)   Elaborate comprehensive health financing policies and plans consistent with the National Health Policy and National Health Strategic Plan. The health financing policy should be incorporated into national development frameworks such as PRSPs and MTEFs;

(b)   Institutionalize national and district health accounts within health management information systems for better tracking of health expenditures;

(c)   Increase the efficiency of the public and private health-care sectors through efficiency analysis, capacity strengthening, rational priority setting, needs-based resource allocation, and health system organizational and management reforms to curb wastage of resources, among others;[17, 18]

(d)   Fulfil the Heads of State pledge to allocate at least 15% of the national budget to health development, as well as adequate funds to the operational plans at the local level, which include the implementation of PHC and health promotion;

(e)   Advocate with the Ministry of Finance and partners to target the US$ 34–40 per capita required to provide the essential package of health services;[19]

(f)   Strengthen financial management skills, including competencies in budgeting, planning, accounting, auditing, monitoring and evaluation at district/local levels, and then implement financial decentralization in order to promote transparency and accountability;

(g)   Develop and implement social protection mechanisms, including social health insurance and tax-funded systems, to cushion households from catastrophic (impoverishing) out-of-pocket expenditures on health services;

(h)   Improve coordination of the various financing mechanisms (including donor assistance) that reinforce efforts to implement national health policies and strategic plans; and

(i)   Advocate with health development partners to fully implement the Paris Declaration on Aid Effectiveness and its Action Plan.

3.5   Health Information (refer to Framework for the Implementation of the Algiers Declaration on Research for Health)

25.   The Ouagadougou Declaration recognises the need to strengthen health information and surveillance systems for evidence based decisions given the weaknesses in data collection, collation, analysis, interpretation and use. The Framework for the Implementation of the Algiers Declaration makes relevant recommendations for improving health information systems.[20]

3.6 Health Technologies

26.   Health technologies includes the application of organized technologies and skills in the form of devices, medicines, vaccines, biological equipment, procedures and systems developed to solve a health problem and improve quality of life. E-health applications (including electronic medical records and tele-medicine applications) and traditional medicines are included within the scope of health technologies. Health technologies are essential when they are evidence-based, cost-effective and meet essential public health needs.

27.   In relation to health technologies, the following recommendations are proposed for Member States' consideration:

(a)   Elaborate national policies and plans on health technologies within the context of overall national health policies and plans;

(b)   Increase access to appropriate health technologies, including essential medicines, traditional medicines, vaccines, equipment, devices, e-health applications, procedures and systems;

(c)   Carry out an inventory and take into account maintenance of medical equipment based on national equipment development and maintenance plans;

(d)   Promote appropriate prescribing and dispensing practices, and educate consumers on safe and optimal use of medicines;

(e)   Ensure enhanced availability and affordability of traditional medicine through measures designed to protect and preserve traditional medical knowledge and national resources for their sustainable use;

(f)   Establish or strengthen national pharmacovigilance systems for health technologies, including herbal medicines;

(g)   Undertake appropriate studies with laboratory support for monitoring the emergence of antimicrobial drug resistance and for combating production, distribution and use of substandard and counterfeit medicines;

(h)   Ensure availability and access to reliable and affordable laboratory and diagnostic services;

(i)   Develop norms and standards and strengthen country capacities to ensure the quality, safety, selection and management of appropriate health technologies based on needs and national infrastructural plans;

(j)   Package medicines and diagnostics such that they are user-friendly in the field;

(k)   Develop national medicine formularies;

(l)   Enforce national policies and regulations to ensure safety and quality of appropriate health technologies;

(m)   Build sustainable capacity in pharmaceuticals management as a fundamental component of functional and reliable health systems;

(n)   Establish a mechanism to determine national requirements and forecast needs for essential medicines, commodities, essential technologies and infrastructure;

(o)   Put in place, review or strengthen transparent and accountable procurement, supply management and distribution systems to ensure continuous availability of quality, safe and affordable health technologies; and

(p) Undertake national assessments of availability and use of information and communications technology in health technologies.

3.7 Community Ownership and Participation

28. Community ownership in the context of health development refers to a representative mechanism that allows communities to influence the policy, planning, operation, use and enjoyment of the benefits arising from health services delivery. This results in increased responsiveness to the health needs of the community. It also refers to the community taking ownership of its health and taking actions and adopting behaviours that promote and preserve health. Community organizations, NGOs as well as intersectoral interaction play an important role in facilitating creation of an enabling environment for communities to accept their roles.

29. In general, community-based activities have been left largely to community-based and nongovernmental organizations, often without appropriate policy on community participation in health development or coordination, guidance and support by public-sector institutions. There exists a proliferation of externally-driven processes that do not promote community ownership. In addition, health services have tended to use vertical approaches rather than building on what already exists in the communities from other sectors, including local authority structures and functions.

30. In order to improve community ownership and participation, the following recommendations are proposed for Member States' consideration:

(a) Develop a policy and provide guidelines to strengthen community participation, including youth and adolescents, in health development;

(b) Promote health awareness and foster the adoption of healthier lifestyles;

(c) Consolidate and expand the use of health promotion to address determinants of health;

(d) Strengthen community management structures; link consumer activities to the health services delivery system; and enhance the community's participation in decision-making, priority-setting and planning;

(e) Provide appropriate technical backup to community health-care providers through on-the-job training, mentoring and support supervision, and provide appropriate tools and supplies as required for their duties;

(f) Empower communities and ensure their involvement in the governance of health services through appropriate capacity-building;

(g) Establish and strengthen community and health service interaction to enhance needs-based and demand-driven provision of health services, including reorienting the health service delivery system to reach out and support communities; and

(h) Strengthen coordination and collaboration with civil society organizations, particularly CBOs and NGOs, in community health development.

3.8 Partnerships for Health Development

31. Partnerships for health are relationships between two or more organizations that jointly carry out interventions for health development. Each partner is expected to make financial, technical and material contributions. An effective partnership requires government stewardship

and mutual respect between partners, as well as accountability to ensure coordinated action aimed at strengthening health systems.

32.　Intersectoral action for health among health and non-health sectors is a key strategy to achieve policy coherence and for addressing, more generally, the social determinants of health and health equity.

33.　Global momentum towards the attainment of internationally-determined health goals has led to a growing number of high-profile initiatives. These include the GFATM, GAVI, Stop TB, Roll Back Malaria, PEPFAR, and the Catalytic Initiative, among others.

34.　In order to strengthen partnerships for health development, the following recommendations are proposed for Member States' consideration:

(a)　Use mechanisms such as the International Health Partnership Plus (IHP+) and Harmonization for Health in Africa initiatives to promote harmonization and alignment with the PHC approach;

(b)　Increase the development and use of mechanisms such as sectorwide approaches, multidonor budget support and the development of national health compacts (agreements between governments and partners to fund and implement a single national health plan in a harmonized and aligned manner) to strengthen health systems;

(c)　Adopt intersectoral collaboration, public-private partnerships and civil society participation in policy formulation and service delivery;

(d)　Explore South-South cooperation within the African Region; and

(e)　Ensure community awareness and involvement in global initiatives to increase transparency and promote global accountability mechanisms in order to improve health development.

3.9　Research for Health (refer to Framework for the Implementation of the Algiers Declaration on Research for Health)

35.　The Ouagadougou Declaration highlights research for health as an important area requiring increased attention inasmuch as, globally, only 10% of health research funding is allocated to solving health problems of 90% of the population. Recommendations for improving this important area have been set out elaborately in the Framework for the Implementation of the Algiers Declaration.[20]

4.　ROLES AND RESPONSIBILITIES OF STAKEHOLDERS

4.1　Countries

36.　The Ouagadougou Declaration will be implemented through government commitment and use of the PHC approach countrywide to improve the health status of people. Country stakeholders include governments, communities and the civil society, including NGOs, professional associations and private health-care providers. Countries should recognize the pivotal role of communities and effectively involve them in health development. Existing coordination mechanisms should be reinforced including strengthening national intersectoral committees taking into account the current context of PHC renewal.

4.2 African Union Commission and Regional Economic Communities

37.   (a)   The African Union Commission can provide support by:

> (i)   facilitating wide dissemination of the Ouagadougou Declaration among political leaders and governments;

> (ii)   ensuring that public policies take into account the health dimension, in line with the AU Health Strategy 2007–2015;

> (iii)   continuing leadership and advocacy with national authorities and international health partners to mobilize additional resources for implementation of primary health care and health system strengthening.

(b)   Regional economic communities could support by also continuing advocacy with international financial institutions to contribute more resources for harmonious implementation of the Declaration in countries.

4.3 Other Stakeholders and Partners

38.   Other stakeholders include UN agencies, bilateral partners, financial institutions, international and global health initiatives and foundations. They could support national and local coordination mechanisms, and provide integrated support to countries to strengthen their national health systems. They could also support countries to build their institutional capacities for coordination.

39.   WHO country teams should incorporate the priority areas of the Ouagadougou Declaration in the development of their updated country cooperation strategies. Other UN agencies, as well as bilateral partners, could also take into account the Declaration in the development of their plans. International funding institutions could increase their financial support to facilitate the implementation of the Declaration by governments. Stakeholders could work towards effective harmonization and alignment to maximize support to countries for the implementation of the Declaration.

5. MONITORING AND EVALUATION

40.   The Ouagadougou Declaration requested WHO, in consultation with Member States and other UN Agencies, to establish a regional health observatory and other mechanisms for monitoring the implementation of the Declaration, and to share best practices.

41.   In collaboration with all the relevant partners whose roles are specified in the Declaration, WHO will set up a regional health observatory based on this Implementation Framework. To this end, WHO will develop a monitoring framework for the implementation of the Declaration; identify selected and standardized indicators to show trends in progress made by countries; and promote the sharing of best practices among countries.

42.   Countries therefore are expected to strengthen monitoring and evaluation to measure their progress; improve implementation; and provide relevant and good quality data in a timely manner to allow the processing of indicators at the regional level. To ease the processes of collecting, analysing and reporting data to the WHO Regional Office, the monitoring framework will provide guidance on types of information, possible data sources for each indicator and periodicity of reporting.

6. CONCLUSION

43.   In conclusion, countries are expected to use this Framework, adapted to their own specific situations, by taking into account the progress made and the efforts needed for better and more equitable health outcomes. The Regional Committee is requested to endorse the Framework and urge Member States to put in place monitoring frameworks that feed into the national and regional observatories. Partners are expected to support countries in a harmonized and predictable manner that reduces fragmentation during the implementation of the Ouagadougou Declaration.

44.   It is expected that the implementation of the Ouagadougou Declaration by countries will contribute in accelerating progress towards the achievement of the MDGs, and reduce the inequities and social injustices that lead to large segments of the population remaining without access to essential health services.

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20. Framework for the Implementation of the Algiers Declaration on Research for Health in the African Region

ANNEX 1:   AN EXAMPLE OF TRANSLATING THE PROPOSED RECOMMENDATIONS INTO INTERVENTIONS AND ACTIONS AT THE COUNTRY LEVEL, BY PRIORITY AREA

Priority Area 1: Leadership and Governance for Health			
Goal: Create and manage enabling environments for health development			
Objective	**Interventions**	**Potential actions**	**Actors/Stakeholders**
1.1 To provide clear strategic direction for health development	Implement those key recommendations of the WHO Commission on Social Determinants of Health relating to health governance and health equity	1.1.1.1 Adopt health equity as a measure of government performance, using appropriate indicators	Ministry of Health in collaboration with Ministry Responsible for Planning and Economic Development Parliament
		1.1.1.2 Institutionalizing the monitoring of health impact assessments of all government policies, including finance	
		1.1.1.3 Facilitating Parliamentary Public Hearings on health development with focus on accountability of all ministries active in health	
	1.1.2 Institutionalize intersectoral action for improving health determinants	1.1.2.1 Generate national, regional and local consensus on the operationalisation of the Ouagadougou Declaration	Ministry of Health in collaboration with Ministry Responsible for Planning and Economic Development
		1.1.2.2 Create intersectoral steering committees for follow up of progress on health determinants in line with the PHC approach	Cabinet of Ministers chaired by the Head of State Intersectoral steering committees at all levels
		1.1.2.3 Document progress on improvement of health determinants at all levels	Intersectoral steering committees at all levels
1.2 To strengthen national health system's leadership and governance	1.2.1 Update comprehensive national health policy in line with PHC approach and regional strategies	1.2.1.1 Set up a process for updating the National Health Policy (NHP)	Ministry of Health in collaboration with partners
		1.2.1.2 Undertake a national health system situation analysis	
		1.2.1.3 Update the NHP using an inclusive process involving all stakeholders and reflecting national priorities	
		1.2.1.4 Adopt the NHP through consensus meetings	
	1.2.2 Review to align the comprehensive MOH organizational structure with the updated policy	1.2.2.1 Re-profile the functions and job titles to reflect integration in line with PHC 1.2.2.2 Submit new structure to national authority for approval	
1.3 To enhance the performance of national health system (Africa Health Strategy 2007-2015)	1.3.1 Update comprehensive National Health Strategic Plan to ensure integrated management and provision of comprehensive essential health services	1.3.1.1 Set up a process for updating the National Health Strategic Plan (NHSP) 1.3.1.2 Update and cost National Health Strategic Plan following a situation analysis showing the gaps to address 1.3.1.3 Create an environment for effective implementation of the NHSP at all levels of the health system through rolling operational plans.	Ministry of Health in collaboration with partners
1.4 To enforce oversight and regulatory framework for health development (Africa Health Strategy 2007–2015)	1.4.1 Update/enforce the Public Health Acts/Laws in line with the PHC approach	1.4.1.1 Review health legislation to ensure that legislative gaps are filled on areas which need improvement 1.4.1.2 Update Public Health Acts/ Laws through involving legal officers to finalize the Acts/Laws 1.4.1.3 Submit to Parliament to enact into Law	Ministry of Health in collaboration with Ministry of Justice

| 1.5 To establish functional mechanisms to ensure transparency and accountability in the health sector | 1.5.1 Create/strengthen mechanisms showing evidence on transparency and accountability in the health sector | 1.5.1.1 Undertake annual audits in the health sector | Ministry of Health in collaboration with Ministries of Finance and Planning |
| | | 1.5.1.2 Publish annual audit reports in the health sector | |

Priority Area 2: Health Services Delivery

Goal: To ensure well chosen, well organized and well implemented health services which put people at the centre.

Objective	Interventions	Potential actions	Actors/Stakeholders
2.1 To provide comprehensive, integrated, appropriate and effective essential health services	2.1.1 Build consensus through broad consultations on the elements of the essential health services (focusing on high-impact health interventions), their mode of delivery and costs	2.1.1.1 Review policies and plans to include all the essential health services in line with the PHC approach	Ministry of Health in collaboration with other partners
		2.1.1.2 Develop formulae for determining requirements and forecasting for medicines, commodities, essential technologies and infrastructure.	
		2.1.1.3 Create a transparent and accountable procurement system to achieve value for money so that goods and services procured are of good quality, the right quantity and are delivered on time	
	2.1.2 Ensure availability of appropriate, relevant and functional health infrastructure.	2.1.2.1 Set up norms, standards and procedures for infrastructure prototype requirements based on the National Health Policy.	Ministry of Health, Ministry of Planning, Ministry of Public Works, Development Partners
		2.1.2.2 Strengthen capacities for maintenance of health infrastructure, including rehabilitation.	
2.2 To scale up coverage and equity of essential health services in line with the PHC approach	2.2.1 Put in place service organization and stakeholder incentives to ensure integration and strengthened allocative efficiency	2.2.1.1 Formulate integrated delivery model at all levels, taking into account the referral system and nature of the services (promotive, preventive, curative and rehabilitative).	Ministry of Health in collaboration with other partners including NGOs and the Communities
		2.2.1.2 Design health systems to provide comprehensive health care and improve accessibility, affordability and equity in service utilisation.	
		2.2.1.3 Institutionalise health services at community level using appropriate mechanisms that are fully described in the National Health Policy and Plan.	
		2.2.1.4 Develop mechanisms to involve all private health providers to ensure a continuum of care for the essential health services among all citizens regardless of economic status	
		2.2.1.5 Design service delivery models utilizing the priority health interventions as an entry point and taking into account the need to ensure universal coverage.	

Priority Area 3: Human Resources for Health (HRH)			
Goal: Have in place a well managed, skilled and motivated health workforce to deliver effective health services			
Objective	Interventions	Potential actions	Actors
3.1 To improve health workforce policy and planning	3.1.1 Provide evidence-based comprehensive health workforce planning	3.1.1.1 Establish a national multi-stakeholder and intersectoral technical working group for all relevant actors	Technical working group led by the Ministry of Health, in collaboration with the Ministries of Education, Public Service, and Finance; professional and regulatory bodies, training institutions, and other partners
		3.1.1.2 Undertake a comprehensive situation assessment of the health workforce	
		3.1.1.3 Elaborate a comprehensive, costed national strategic health workforce plan within the context of the National Health Policy and Plan	
		3.1.1.4 Adopt the plan at the highest level possible as the tool for all HRH implementation	Ministry of Health
3.2 To scale up training of appropriate health managers, decision-makers and health workers	3.2.1 Strengthen health training institutions' capacity for scaling up training of relevant cadres of healthcare workers	3.2.1.1 Evaluate/review health sciences training programmes (including medical training programmes)	Ministry of Health and Ministry of Education, in collaboration with other partners
		3.2.1.2 Develop tools for assessing training capacity for scaling up of identified health workers	
		3.2.1.3 Implement scaling up options including infrastructure, teachers, teaching and learning materials	
		3.2.1.4 Adopt education and training reforms for relevance and appropriateness at all levels	
		3.2.1.5 Strengthen regulatory and accreditation mechanisms for all health workers	
3.3 To improve health workforce management systems	3.3.1 Strengthen HRH management and leadership capacity for better HRH management	3.3.1.1 Develop assessment tools and guidelines for strengthening HR management capacity	Ministry of Health in collaboration with Public service departments and other partners
		3.3.1.2 Strengthen the HRH departments/units in ministries to function strategically and optimally	
		3.3.1.3 Create an enabling working environment with transparent management systems and practices for recruitment and utilization of health workers	
		3.3.1.4 To provide structures for career development and continuous education	
3.4.To develop and implement motivation and retention to improve coverage and quality of care	3.4.1 Develop and implement retention strategies, including better management of migration	3.4.1.1 Develop guidelines for retention of health workers	Ministry of Health in collaboration with stakeholders and partners
		3.4.1.2 Develop and implement motivation and retention strategies	
		3.4.1.3 Adapt and implement national guidelines on task shifting	

		3.4.1.4 Establish mechanisms for effective management of health workforce migration recruitment	
		3.4.1.5 Participate in global initiatives to manage migration, including the global code of ethical recruitment	
3.5 To generate evidence for HRH planning and implementation	3.5.1 Generate and use HRH evidence for informed decisions at all levels	3.5.1.1 Design/review HRH information system for quality and quantity	Ministry of Health, and stakeholders, including private sector and partners
		3.5.1.2 Establish and maintain national health workforce observatory	
		3.5.1.3 Create national research agenda, conduct studies and document good HRH practices	
		3.5.1.4 Monitor and evaluate the health workforce development	
3.6 To increase investments into HRH development	3.6.1 Create fiscal space for HRH development	3.6.1.1 Use of existing resources efficiently to implement HRH plans	Ministry of Health, Ministry of Finance and other partners
		3.6.1.2 Negotiate a percentage of development support to go to priority programmes for HRH development	
		3.6.1.3 Mobilize new resources by leveraging partnerships and networks of stakeholders	

Priority Area 4: Health Financing			
Goal: To foster the development of equitable, efficient and sustainable national health financing to achieve national health goals.			
Objective	**Interventions**	**Potential actions**	**Actors/Stakeholders**
4.1 To provide clear strategic direction for health system financing development	4.1.1 Elaborate a comprehensive health financing policy and a strategic plan, and incorporate the latter into national development frameworks such as PRSP and MTEF	4.1.1.1 Create a Health Financing Technical Working Group (HFTWG)	Ministry of Health, Ministry of Planning and Economic Development, Ministry of Finance, bilateral and multilateral donors, GFATM
		4.1.1.2 Undertake a national review of health system financing	
		4.1.1.3 Elaborate health financing policy and strategic plan	HFTWG, with oversight of Health Financing Steering Committee (HFSC)
		4.1.1.4 Adoption of the health financing policy by parliament	
4.2 To ensure efficiency in the allocation and use of health sector resources	4.2.1 Institutionalize national and district health accounts (NHA) within health management information systems for better tracking of health expenditures	4.2.1.1 Sensitize health financing actors on the importance of NHA	HFSC, HFTWG
		4.2.1.2 Reinforce the capacity of HFTWG for undertaking NHA	
		4.2.1.3 Adapt NHA data collection instruments	
		4.2.1.4 Include NHA questions routine HIS and national household surveys (e.g. DHS, expenditures and utilization) and employers' health benefit surveys, in close coordination with other concerned ministries and institutions	
		4.2.1.5 Analyze and widely disseminate NHA evidence annually	
	4.2.2 Institutionalize health systems economic efficiency monitoring	4.2.2.1 Sensitize policy-makers and managers on the concepts and usefulness of economic efficiency analyses	HFSC, HFTWG
		4.2.2.2 Organize hands-on training for health system managers on economic efficiency analysis.	
		4.2.2.3 Ensure that input and output health facility data is captured in the HMIS data collection instruments	
		4.2.2.4 Establish efficiency database at MoH Headquarters and at each health district headquarters	
		4.2.2.5 Use the efficiency analysis results in developing policy interventions curbing wastage	
	4.2.3 Strengthen financial management skills (including competencies in budgeting, planning, accounting, auditing, monitoring and evaluation) at district/local levels and then implementing financial decentralization in order to promote transparency and accountability	4.2.3.1 Organize hands-on training for district health management team on budgeting, planning, bookkeeping and monitoring and evaluation	HFSC, HFTWG
		4.2.3.2 Ensure adequate accounting and auditing capacities at the district/local level	
		4.2.3.3 Make arrangements with the Ministry of Finance to disburse funds directly to district/local level (or health facility)	

		4.2.3.4 Implement a financial management system at local level	
4.3 To secure the level of funding needed to achieve desired national health development goals and objectives in a sustainable manner.	4.3.1 Fulfill the pledge to allocate at least 15% of the national budget to health development[15] and to allocate a sufficient amount from that for the implementation of the PHC approach and health promotion at the local level.	4.3.1.1 Advocate with the Ministry of Finance to allocate at least 15% of the national budget to health	HFSC
		4.3.1.2 Secure statutory protection for minimum health financing allocation to the health sector	
		4.3.1.3 Advocate with ministry of finance and partners to target the US$34–40 per capita required to provide the essential package of health services	
	4.3.2 Improve coordination of the various mechanisms (including donor assistance) that reinforce national efforts to implement national health policies and strategic plans	4.3.2.1 Establish a Sector-Wide-Approach (SWAp) for coordinating health development partners' contributions to implementation of National Health Strategic Plan (NHSP)	
	4.3.3 Fully implement the Paris Declaration on Aid Effectiveness	4.3.3.1 Advocate with health development partners for increased support, harmonization, alignment and accountability in line with the Paris Declaration on Aid Effectiveness.	
		4.3.3.2 Ensure that all partners support the implementation of the National Health Policy and NHSP .	
4.4 To ensure that people are protected from financial catastrophe and impoverishment as a result of using health services[1,2].	4.4.1 Develop social protection mechanisms, including social health insurance (SHI) or tax funded systems to cushion households from catastrophic (impoverishing) out-of-pocket expenditures on health services[1,2]	4.4.1.1 Decide whether to ensure social protection through taxation or/and social health insurance (SHI)[1,2]	HFSC
		4.4.1.2 If a country decides to implement SHI, it should evaluate the acceptability and financial feasibility of SHI; design SHI; and implement it in phases.	HFTWG

Priority Area 5: Health Information Systems **(refer to Framework for the implementation of the Algiers Declaration on Research for Health)**

Priority Area 6: Health Technologies
Goal: Increasing access to quality and safe health technologies, including medical devices, laboratories, medicines, traditional medicines, vaccines, procedures and systems.

Objective	Interventions	Potential actions	Actors
6.1 To elaborate national comprehensive policy and plan on health technologies within the context of national health policies and plans.	6.1.1 Elaborate an integrated national health technologies policy (NHTP) and plan covering medicines, traditional medicines, medical equipment and devices, vaccines, procedures and systems.	6.1.1.1 Set up a process for elaborating a comprehensive national health technology policy (NHTP) and plan.	Ministry of Health (essential medicines, blood safety, clinical technologies, traditional medicines, vaccines development), Central Procurement Agency, Blood Banks, National Health Laboratory Services
		6.1.1.2 Define a national health technology package and undertake a national situation analysis of health technologies, including health infrastructure, medical equipment, devices and e-health applications.	
		6.1.1.3 Elaborate NHTP and plan using an inclusive process involving all stakeholders and consistent with national health policies and plans	
		6.1.1.4 Monitor and evaluate access and availability of appropriate and affordable health technologies at all levels of the health system.	

		6.1.1.5 Adapt the existing tools and guidelines for institutionalizing traditional medicine in health systems	
6.2 To improve access to quality, safe and affordable health technologies.	6.2.1 Implement quality assurance mechanisms in health technologies.	6.2.1.1 Adapt the existing global and regional norms and standards for all components of health technologies in the national context including user-friendly packaging of medicines and diagnostics.	Ministry of Health (essential medicines, blood safety, clinical technologies, National Health Laboratory Services, diagnostic imaging services, traditional medicines, vaccines development), Central Procurement Agencies, Blood Banks, Professional bodies, Regional Economic Communities and partners, including Regional Organizations
		6.2.1.2 Establish national and international External Quality Assessment schemes in laboratory services, including the private sector	
		6.2.1.3 Combat production, distribution and use of substandard/ counterfeit medicines and health technologies	
		6.2.1.4 Encourage South-South and North-South collaboration to strengthen capacity for the production of appropriate health technologies	
		6.2.1.5 Design measures to protect and preserve traditional medical knowledge and national resources for their sustainable use.	
	6.2.2 Strengthen capacities for selection, procurement and appropriate use of health technologies	6.2.2.1 Review the existing systems for selection and use of appropriate health technologies	
		6.2.2.2 Develop appropriate methodologies for determining the requirements and forecasting of medicines, commodities, medical equipment/devices and health infrastructure	
		6.2.2.3 Put in place, review or strengthen a transparent and reliable health technologies procurement supply, distribution and maintenance systems to ensure continuous availability of quality, safe and affordable health technologies	
		6.2.2.4 Use laboratory services and conduct specific studies to monitor the emergence of antimicrobial resistance	
		6.2.2.5 Monitor the price, availability and affordability of health technologies	
	6.2.3 Strengthen sustainable management capacity in health technologies.	6.2.3.1 Conduct a situation analysis of the existing management capacities of all health technologies	

| | | 6.2.3.2 Develop mechanisms and strategies for strengthening management capacities for health technologies at all levels of the health system. | |

Priority Area 7: Community Ownership and Participation

Goal: Attain effective community participation in health development

Objective	Interventions	Potential actions	Actors
7.1 To strengthen community participation in health development	7.1.1 Provide an enabling policy/ implementation framework for community participation	7.1.1.1 Elaborate a policy/implementation framework for community participation	Ministries of Health in liaison with other relevant sectors
		7.1.1.2 Develop guidelines for establishment and functioning of community structures	Ministries of Health and Community Development and district authorities
		7.1.1.3 Develop a clear institutional framework for intersectoral support to community programs/interventions	Ministry of Health working with other relevant sectors
		7.1.1.4 Develop participatory tools for community involvement in planning and management	Ministries of Health with support from other Partner organizations including WHO, and NGOs
		7.1.1.5 Develop coordination mechanisms for community initiatives	Ministry of Health; Local Authorities; NGOs and CBOs
		7.1.1.6 Establish community stakeholder committees to enhance collaboration	District / local authorities with guidance from Ministry of Health
7.2 To empower communities to play their role	7.2.1 Strengthen community capacity	7.2.1.1 Identify and map out the key community stakeholders	Local authorities with support of Ministry of Health and NGO/CBO associations
		7.2.1.2 Create an environment for empowering communities in the governance of health services through appropriate capacity building.	Ministry of Health; local authorities; NGOs/CBOs
		7.2.1.3 Establish the key roles and functions of the community stakeholders and community structures	Ministry of Health; local authorities; NGOs/CBOs
		7.2.1.4 Provide appropriate funding for community activities	Ministry of Health; Local Authorities
		7.2.1.5 Strengthen community and health services interaction to enhance needs-based and demand-driven provision of health services.	Local Authorities; Ministry of Health; Local Authorities Associations; NGO Associations
7.3 To strengthen the community–health services interface	7.3.1 Re-orientate the health service delivery system	7.3.1.1 Review the existing health delivery structures and assess their support to community participation	Ministry of Health in collaboration with Local Authorities
		7.3.1.2 Restructure the health service delivery structures to ensure adequate promotion of community participation in health development	Ministry of Health

		7.3.1.3 Strengthen coordination of and collaboration with community-based organizations and NGOs involved in community health development	Ministry of Health with support from partner organizations, including WHO
		7.3.1.4 Provide appropriate technical back-up through on-the-job training, mentoring, and support supervision with appropriate tools and supplies	Ministry of Health and other relevant sectors in liaison with Local Authorities
7.4 To increase national capacity for integrated, multi-sectoral health promotion.	7.4.1 Develop and implement multisectoral policies and actions that facilitate community involvement in health development	7.4.1.1 Undertake advocacy to increase awareness and support for the use of health promotion to facilitate integrated and systematic community involvement in health development to address social and economic determinants of health	Ministry of Health in collaboration with education, information and partners such as WHO
		7.4.1.2 Develop or adjust national health promotion policies/strategies that underscore the participation of communities in health actions	Ministry of Health, other public departments, academic institutions and partners and civil society
		7.4.1.3 Formulate action plans to facilitate the development of health promotion capacity and support at various levels linking health with other sectors	Ministry of Health and planning/ national coordination agency, partners
		7.4.1.4 Strengthen the health promotion component in priority health and health related programs	Ministry of Health and partners
		7.4.1.5 Measure the impact of specific community approaches, methods initiatives and share experiences	Ministry of Health, academic institutions and partners especially WHO
		7.4.1.6 Develop or adopt health promotion guidelines and or frameworks on community involvement	Ministry of Health, WHO and partners/ actors
7.5 To promote adoption of healthier lifestyles	7.5.1 Develop and implement a campaign for adoption of healthy lifestyles in communities	7.5.1.1 Undertake participatory community lifestyle surveys	Ministry of Health, NGOs, CBOs, relevant sectors (Agriculture, Community Development, Education, Local Government)
		7.5.1.2 Support community dialogue and awareness campaigns on lifestyles and health outcomes	
		7.5.1.3 Develop and use IEC materials on healthy lifestyles	

Priority Area 8: Partnership for health development
Goal: Improve harmonization and alignment towards government led policy and strategic recommendations.

Objective	Interventions	Potential actions	Actors/Stakeholders
8.1 To ensure harmonization of implementation of essential health services	8.1.1 Institutionalize a framework for harmonization and alignment of partner support	8.1.1.1 Use mechanisms such as the International Health Partnership plus (IHP+) and Harmonization for Health in Africa (HHA) initiatives to promote harmonization and alignment in line with PHC approach	Ministry of Health in collaboration with partners

		8.1.1.2 Increase the development and use of mechanisms such as Sector-Wide Approaches, Multi-Donor Budget Support and the development of National Health Compacts to strengthen health systems	
		8.1.1.3 Adopt intersectoral collaboration, public-private partnership and civil society participation in policy formulation and service delivery	
		8.1.1.4 Ensure community awareness and involvement in global initiatives to increase transparency, and promote global accountability mechanisms in order to improve health development	
		8.1.1.5 Explore South–South cooperation within the African Region	
Priority Area 9: Research for Health (refer to Framework for the implementation of the Algiers Declaration on Research for Health)			

**ANNEX 2:   OUAGADOUGOU DECLARATION ON PRIMARY HEALTH CARE AND
HEALTH SYSTEMS IN AFRICA: ACHIEVING BETTER HEALTH FOR
AFRICA IN THE NEW MILLENNIUM**

The International Conference on Primary Health Care and Health Systems in Africa, meeting in Ouagadougou, Burkina Faso, from 28 to 30 April 2008, reaffirms the principles of the Declaration of Alma-Ata of September 1978, particularly in regard to health as a fundamental human right and the responsibility that governments have for the health of their people. Having analysed the experience of Primary Health Care implementation in the countries of Africa in the last 30 years, the Conference expresses the need for accelerated action by African governments, partners and communities to improve health; the Conference, also reaffirming the importance of the involvement, participation and empowerment of communities in health development in order to improve their well-being; and recognizing the importance of a concerted partnership, in particular, civil society, private sector and development partners to translate commitments into action; hereby makes the following Declaration:

I

The strong interrelationship among health determinants such as economic development, governance, education, gender, food security and nutrition, environment, peace, and security underscores the need to address health determinants in Africa, especially in resource-poor settings where health inequalities and limited access to health care are more critical.

II

Progress has been made by countries since Alma-Ata such as eradication of smallpox and control of measles, and there are encouraging achievements in eradication of poliomyelitis and guinea-worm disease and elimination of leprosy and river blindness notwithstanding the several constraints to the achievement of the goal of Health for All, including man-made disasters, economic and financial crises, and the emergence of HIV/AIDS in the early 1980s. However, accelerated progress is needed in a number of African countries in order to achieve internationally-agreed health goals, including the Millennium Development Goals by 2015. The Primary Health Care approach has the potential to accelerate the achievement of the Millennium Development Goals.

III

The Conference welcomes the commitment by the African Heads of State and Government to create an enabling environment, including incremental funding of health services reaching at least 15% of the overall national budget and also welcomes the commitments made in the 2005 Paris Declaration on Aid Effectiveness, Ownership, Harmonization, Alignment, Results and Mutual Accountability; however the Conference expresses concern about the 10/90 gap, referring to the fact that only 10% of the worldwide expenditures on health research and development is devoted to the health problems that affect 90% of the world's population. The Conference further expresses concern about the current unfavourable terms of trade that have a negative impact on health and development in Africa.

IV

The Conference is encouraged by the important successes in health, the renewed political commitment as evidenced by the adoption of the Africa Health Strategy 2007–2015 of the

African Union, and the existing environment that is conducive to health development such as improved peace, security, economic growth in some countries and the increasing involvement of regional economic communities in health. The Conference is further encouraged by the new opportunities in international health financing and the United Nations Secretary-General's initiative on the Millennium Development Goals in Africa.

V

The Conference urges Member States to:

1. Update their national health policies and plans according to the Primary Health Care approach with a view to strengthening health systems to achieve the Millennium Development Goals, specifically regarding communicable diseases, including HIV/AIDS, tuberculosis and malaria; child health; maternal health; trauma; and the emerging burden of chronic diseases;

2. Use priority health interventions as an entry point to strengthen national health systems, based on the Primary Health Care approach, including referral systems; expedite the process of decentralization by focusing on local health system development to improve access, equity and quality of health services in order to better meet the health needs of the populations;

3. Promote intersectoral collaboration and public-private partnership including civil society and communities with a view to improving the use of health services and taking appropriate action on the economic, social, demographic, nutritional, cultural and environmental determinants of health including climate change;

4. Implement strategies to address the human resources for health needs and aimed at better planning, strengthening of the capacity of health training institutions, management, motivation and retention in order to enhance the coverage and quality of health care;

5. Set up sustainable mechanisms for increasing availability, affordability and accessibility of essential medicines, commodities, supplies, appropriate technologies and infrastructure through provision of adequate resources, technology transfer, South-South cooperation, the use of community-directed approaches and African traditional medicines;

6. Strengthen health information and surveillance systems and promote operational research on health systems for evidence-based decisions;

7. Develop and implement strategic health financing policies and plans, integrated into the overall national development framework, that protect the poor and vulnerable, in particular women and children, while ensuring equitable and sustainable allocation of resources by level of care and the right balance between promotive, preventive, curative and rehabilitative care; develop and implement national health insurance schemes that prevent catastrophic health expenditures and ensure solidarity and social protection; implement the Abuja Declaration to incrementally allocate at least 15% of the overall national budget to health; allocate at least 2% of the health budget to reinforce national health research systems and create centres of excellence in Africa;

8. Promote health awareness among the people, particularly adolescents and youth; build the capacity of communities to change behaviours, adopt healthier lifestyles, take ownership of their health and be more involved in health-related activities; and create an environment to empower communities in the governance of health care services in accordance with the Primary Health Care approach.

VI

Communities, including civil society, should seek recognition of their role in governance of health services, particularly in what relates to community-based, public health and other health-related interventions; and explore with governments the possibility of undertaking awareness campaigns among the African diaspora in order to facilitate their effective involvement in development activities.

VII

The international community should:

1.   Provide coordinated and cohesive long-term technical and financial support to countries for the development and implementation of health policies and national health development plans consistent with internationally-agreed health goals including the Millennium Development Goals; and support Member States to translate the recommendations of this Conference into concrete actions;

2.   Increase investments in national health systems, with particular attention to the production of health workforces by ensuring that donor countries deliver on their commitments to allocate 0.7% of their Gross Domestic Products to Official Development Assistance; reaffirm their commitment to the implementation of the principles of the 2005 Paris Declaration; and support existing related mechanisms such as the International Health Partnership and Harmonization for Health in Africa.

VIII

The African Union and the regional economic communities should sustain political leadership; strengthen advocacy, resource mobilization and funding for the health sector; and further explore South-South cooperation within the Region.

IX

WHO, in consultation with Member States and other UN agencies, should establish a regional health observatory and other mechanisms for monitoring the implementation of this Declaration, and to share best practices.

X

The United Nations agencies, UNAIDS, UNFPA, UNICEF, WHO, and international financing institutions, in particular the World Bank and the African Development Bank, and other international health partners should provide support for the implementation of this Declaration according to their comparative advantages.

Ouagadougou, 30 April 2008