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

Executive summary

1. The Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium urges the international community to support Member States to translate the recommendations of the PHC Conference into concrete actions.
2. This generic implementation framework proposes concrete actions that Member States can implement to improve the following eight priority areas contained in the Declaration: leadership and governance for health; health service delivery; human resources for health; health financing; health management information systems; community ownership and participation; partnerships for health development; and research for health. For each of these priority areas, the implementation framework proposes a goal followed by objectives, interventions, potential actions and stakeholders.
3. The interventions proposed for strengthening leadership and governance for health, include institutionalizing intersectoral action for improving health determinants; updating national health policy in line with the PHC approach and regional strategies; updating national health policy and aligning the MOH organizational structure with the PHC approach and regional strategies; updating national health strategic plans to ensure integrated management and provision of comprehensive essential health services; updating or enforcing public health acts and laws in line with the PHC approach; and creating or strengthening mechanisms for transparency and accountability in the health sector.
4. The proposed interventions for improving effectiveness of health service delivery include consultation and consensus building on the elements of essential health services, mode of delivery and costs; and service organization and stakeholder incentives to ensure integration and strengthened efficiency and equity.
5. The interventions recommended for improving management of human resources for health (HRH) include comprehensive evidence-based health workforce planning; building health training institution capacity for scaling up training of relevant cadres; building HRH management and leadership capacity for better HRH management; developing and implementing retention strategies, including better management of migration; generating and using HRH evidence for informed decisions at all levels; and increasing fiscal space for HRH development.
6. In order to improve health system financing, it is proposed that countries should strengthen or develop a comprehensive health financing policy and a strategic plan; institutionalize national health accounts (NHA) and efficiency monitoring within health management information systems (HMIS); strengthen financial management skills at district/local levels and financial decentralization; respect the pledge to allocate at least 15% of the national budget to health development and allocate enough of that for implementation of the PHC approach at local level; and implement the Paris Declaration on aid effectiveness.

7. To ensure availability of timely and reliable information at all levels of the health system, countries should develop and implement a comprehensive national health information system policy and strategic plan, taking into account the International Health Regulations; and establish a functional national HMIS in line with the PHC approach and the three-one principle;

8. For effective community participation in health development, it is proposed that countries should create an enabling policy and implementation framework for community participation; build community capacity; reorient the health service delivery system; and develop and implement health promotion policies and strategies.

9. To improve harmonization and alignment towards government-led policy and strategic orientations, it is proposed that countries should institutionalize a framework for harmonization and alignment of partner support.

10. In order to improve generation and utilization of research for health in health development, the proposed interventions include review of structures and mechanisms for implementing research for health and knowledge systems; institutionalize a framework for research for health agenda and priority setting; improve South-South and North-South cooperation and collaboration; create a critical mass of national researchers for health; allocate adequate funding to research for health; and create a framework for sharing new knowledge and its applications.

11. It is expected that the implementation of this Framework by countries will contribute to accelerating the achievement of MDGs and better health in Africa in the new millennium. The Regional Committee is requested to endorse the framework and initiate the accelerated implementation of the proposed activities at country level.

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Abbreviations

| | |
|------------------|---|
| AIDS | acquired immunodeficiency syndrome |
| AU | African Union |
| CBOs | community-based organizations |
| DHMT | District Health Management Team |
| DHS | District Health System |
| DOTS | directly-observed treatment, short-course |
| GAVI | Global Alliance for Vaccines and Immunization |
| GFATM | Global Fund to Fight AIDS, Tuberculosis and Malaria |
| HFSC | Health Financing Steering Committee |
| HFTWG | Health Financing Technical Working Group |
| HHA | Harmonization for Health in Africa |
| HIS | Health Information System |
| HIV | human immunodeficiency virus |
| HMIS | Health Management Information System |
| HR | human resources |
| HRH | Human Resources for Health |
| IHP | International Health Partnership |
| IHP ⁺ | International Health Partnership Plus |
| MoH | Ministry of Health |
| MTEF | Medium-Term Expenditure Framework |
| MDG | Millennium Development Goal |
| NHA | National Health Accounts |
| NHDP | National Health Development Plan |
| NHIS | National Health Information System |
| NHP | National Health Policy |
| NHSP | National Health Strategic Plan |
| NEPAD | New Partnership for Africa's Development |
| NGO | nongovernmental organization |
| PEPFAR | The US President's Emergency Plan for AIDS Relief |
| PHC | Primary Health Care |
| PRSP | Poverty Reduction Strategy Paper |
| SHI | social health insurance |
| SWAp | sector-wide approach |
| UN | United Nations |
| UNICEF | United Nations Children's Fund |
| UNFPA | United Nations Population Fund |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| WHO | World Health Organization |

1. Background

1. Three decades after the adoption of the Alma-Ata Declaration in 1978, the World Health Organization Regional Office for Africa organized from 28 to 30 April 2008, in Ouagadougou, Burkina Faso, an international conference on Primary Health Care (PHC) and health systems in Africa. The Conference was held in collaboration with the Government of Burkina Faso, United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), Joint United Nations Programme on HIV/AIDS (UNAIDS), African Development Bank and World Bank.
2. The objectives of the Conference were to review past experiences in PHC and redefine strategic orientations for scaling up essential interventions to achieve the health-related Millennium Development Goals (MDGs) using the PHC approach for strengthening health systems and partnerships through renewed commitment of all countries in the African Region. The PHC approach aims to meet basic health needs through integrated health service delivery at all levels, including the community, to make an impact on the health status of the people.
3. The Conference participants comprised political decision-makers and representatives of governments such as managers of health services, representatives of training institutions, academics, researchers, socio-anthropologists, representatives of ministries operating in health (finance, community development and local government); representatives of nongovernmental organizations, communities, youth and women's associations; representatives of international organizations, bilateral cooperation institutions and the World Health Organization (WHO). Over 600 participants from the 46 Member States of the WHO African Region and from outside Africa attended the Conference.
4. There was a rich exchange of experiences and views on the main topics of the Conference which included governance, equity in access to health services, health resources (human resources for health, essential medicines and technologies, health financing), service delivery, intersectoral collaboration, community ownership and participation, and decentralization.
5. 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 was signed by all the African Member States.
6. The Declaration urges the international community to support Member States to translate the recommendations of the Conference into concrete actions. This generic implementation framework proposes concrete actions that Member States can take to implement the Declaration.

2. Rationale for the Framework

7. A key purpose of this Framework is to provide countries with a generic frame to operationalize the Declaration. It focuses on ways and means of doing more with existing and additional resources and fostering synergies between various stakeholders involved in health development under the leadership of countries.
8. The approach of this Framework is to build on the priority areas highlighted in the Declaration as well as other policies and goals related to health development and indicate what should be done for greater consistency, synergy, quality and efficiency in strengthening health systems using the PHC approach.

9. It is expected that each country will adapt and use this Framework in its specific situation, taking into account the progress made and the efforts that need to be undertaken for better health outcomes.

3. Guiding principles

10. These guiding principles were consolidated from the Alma-Ata PHC Declaration and all the relevant policy documents and declarations, some of which were recognized by the Ouagadougou Declaration. The guiding principles are:

- (a) **Country ownership:** exercising leadership in the development and implementation of national development strategies through broad consultative processes;¹
- (b) **Adequate resource allocation:** allocating adequate resources and using them efficiently to provide integrated essential health services with the aim of achieving universal access;^{2,3}
- (c) **Intersectoral collaboration:** recognizing the need to institutionalize coordinated intersectoral action in order to improve health determinants;^{3,4}
- (d) **Decentralization:** redistributing authority, responsibility and financial resources for providing public health services among different levels of the health system;⁵
- (e) **Equity and sustainable universal access:** ensuring equal access to essential health services through proper planning, resource allocation and implementation processes that improve health service utilization by the poor and vulnerable groups, taking into account gender considerations;⁶
- (f) **Aid harmonization and alignment:** ensuring that untied, predictable and coordinated aid flows are aligned to national health development priorities and using country procurement and public financial management systems;¹
- (g) **Mutual accountability for results:** ensuring that governments and partners have transparent performance assessment and monitoring frameworks to assess progress in national health development strategies, health sector programmes, and agreed commitments on aid effectiveness;¹
- (h) **Solidarity:** ensuring that health system financial contributions made by all contributors (workers, the self-employed, enterprises, and government) are pooled and that health services are provided to all who need them.⁷

4. Policies, goals and strategies for health development

11. The implementation of the Ouagadougou Declaration should be seen as continued efforts of countries to make health systems strengthening a reality, taking into account existing policies, goals, strategies, interventions and declarations previously adopted by Member States. In attempting to operationalize the Ouagadougou Declaration, this Framework has taken into consideration previous policy and strategic documents. These include the Health-for-All Policy for the 21st Century in the African Region: Agenda 2020; Millennium Development Goals; Africa Health Strategy 2007–2015; Paris Declaration on Aid Effectiveness, Ownership, Harmonization, Alignment, Results and Mutual Accountability; Regional strategies on various health system issues; Abuja Declaration on HIV/AIDS, Tuberculosis and other related infectious diseases; Abuja Declaration and Plan of action on Roll Back Malaria; the General Programme of Work (2006–2015) and Medium-term Strategic Plan 2008–2013; the NEPAD Health Strategy; and the 2008 Algiers Declaration on Research for Health in the African Region. The idea is to

build on what is working to make a difference in the way health system issues are addressed in countries in line with the Ouagadougou Declaration.

5. Priority areas

12. Since Alma-Ata, progress has been made by countries in the African Region regarding eradication of smallpox, control of measles, eradication of poliomyelitis and guinea-worm disease, and elimination of leprosy and river blindness. However, accelerated progress is needed in a number of African countries in order to achieve national and internationally-agreed health goals, including the Millennium Development Goals, through strengthening health systems using the Primary Health Care approach. In this context, countries will have to focus on the following priority areas as outlined in the Ouagadougou Declaration:

- (a) Leadership and governance for health;
- (b) Health service delivery;
- (c) Human resources for health;
- (d) Health financing;
- (e) Health information systems;
- (f) Community ownership and participation;
- (g) Partnerships for health development;
- (h) Research for health.

5.1 Leadership and governance for health

13. Governance is defined as a function of government which requires vision, intelligence and influence, primarily by the health ministry which must oversee and guide the working and development of the nation's health actions on the government's behalf. Governance includes formulation of national health policy and health strategic plans (defining the vision and direction), exerting influence through regulation and advocacy, collecting and using information, and accountability.⁸

14. The majority of the countries in the African Region have national health policies (NHPs) and national health strategic plans (NHSPs). However, most of these are not comprehensive or costed, nor are they consistent with broader development processes and strategies such as medium-term expenditure frameworks (MTEFs). National institutional capacities to develop and implement results-based NHSPs are also weak.

15. Provision of oversight through collaboration and coordination mechanisms across sectors within and outside government, including civil society, is essential to influence action on key health determinants and access to health services while ensuring accountability.

16. The Ouagadougou Declaration calls Members States to 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 and noncommunicable diseases, including HIV/AIDS, tuberculosis and malaria; child health; maternal health; trauma; and the emerging burden of chronic diseases.

17. In this context, interventions that countries have to consider to create an enabling environment for health development in implementing the Ouagadougou Declaration as detailed in the annex are the following:

- (a) Develop or update and adopt a National Health Policy that is integrated into the country's overall development strategy taking into account multiple sources of funding within a realistic resource package;⁹
- (b) Set up an inclusive process for development of the NHP through a broad-based consultative process, country-driven approach and an official approval of the NHP at the highest political level;
- (c) Develop and implement costed National Health Strategic Plans which are consistent with the overall budget of the health sector and the NHP;¹⁰
- (d) Develop and implement subsequent operational plans at local level of health systems (districts) to support service delivery and ascertain availability of resources as planned for in the NHSP;¹¹
- (e) Review Ministry of Health organizational structures to align them with updated policy;⁹
- (f) Update and enforce public health acts and laws in line with the PHC approach in order to strengthen regulatory frameworks that will facilitate the implementation of the Ouagadougou Declaration and other health-related strategies;
- (g) Establish functional mechanisms to ensure transparency and accountability in the health sector through publishing annual audit reports.

5.2 Health service delivery

18. The ultimate goal of the health system is to improve people's health through provision of essential, equitable and good quality health services. The level of health service delivery creates the true image of responsiveness to people's health expectations. It ensures the enjoyment of health as a right by those who need it at the time they need it and where they need it. The health service delivery needs to be organized and managed in such a way that effective and affordable health interventions can reach the populations that would benefit from them.⁸

19. In the African Region, health service delivery has major challenges. For example, health providers may be insufficient in number or have inadequate skills. There are frequent stock-outs of essential medicines, potential beneficiaries are denied services due to price barriers and there is inadequate equipment. These challenges could be summarized as weaknesses in training of health providers, investment, purchasing and financial strategies of health services.

20. Organizational failure usually results from wrong arrangements among different parties involved in service delivery, which in turn leads to mistaken choices about what services to provide to whom or how to ration when it is not possible to meet everyone's needs. It is essential, therefore, to know how to choose the services to be provided, how to organize service provision and how to involve the private sector using the right incentives.⁸

21. Countries in the African Region are at different stages of choosing interventions with a large potential impact on health outcomes from the available resources. They are trying to adapt policies to local needs and contexts in a dynamic manner through an organized decentralization process. Countries are also attempting with considerable difficulty to minimize fragmentation so

as to improve economic efficiency and the equity of health service delivery, including referral systems.⁷

22. Actions that may be considered by Member States to increase performance of the health service delivery function of the health system as outlined in the annex are as follows:

- (a) Review the high impact interventions that form part of the essential health services in line with the PHC approach. This process should be part of the policy and strategic plans review as outlined in Section 5;¹¹
- (b) Formulate integrated delivery modes at all levels, taking into account the referral system and nature of the services (promotive, preventive, curative and rehabilitative);⁸
- (c) Develop and implement a health delivery decentralization acceleration plan to improve accessibility, affordability and equity in service utilization;³
- (d) Develop formulae for determining the requirements and forecasting for medicines, commodities, essential technologies and infrastructure;
- (e) Create a transparent and accountable procurement system to achieve value for money so that goods and services procured are of good quality, the correct quantity and delivered on time;
- (f) Expand services to communities through the utilization of government-employed community health workers;
- (g) Develop service agreements with private health providers to ensure continuum of care of the essential health services among all citizens regardless of economic status.⁸

5.3 Human resources for health

23. Human resources for health (HRH) or the health workforce refers to all people primarily engaged in actions intended to enhance health. Health service providers are the core of each health system and are central to advancing health. There is ample evidence that numbers, quality and distribution of health workers correlate with positive outcomes of service delivery.¹² The objective of HRH, therefore, is to ensure that the required health workforce is available and functional (effectively planned for, managed and utilized) to deliver effective health services in countries.¹³

24. The fact that 36 of the 57 countries in the world experiencing health human resource crises are in Africa poses a major challenge to health development. This situation is compounded by challenges of incomprehensive HRH policies and plans, insufficient production and inconsistent supply of health workers, weak human resource management systems, migration and brain-drain of skilled health workers, inadequate retention mechanisms, inadequate human resource evidence and overall underinvestment in health workforce development.¹²

25. Countries in the Region are at different stages of addressing these challenges. In the context of the Ouagadougou Declaration (which calls for strengthening the capacity of training institutions, management, motivation and retention in order to enhance the coverage and quality of care), Member States may consider including the following interventions (detailed in the annex) to improve the quantity, quality and performance of the workforce:

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

- (b) Advocate for creation of fiscal (budgetary) space for improved production, retention and performance of the workforce, including negotiating for a percentage of development funding;
- (c) Strengthen the capacity of training institutions to scale up the production of the health workforce who will include training a critical mass of multipurpose and midlevel health workers who will deliver promotive, preventive and curative health care;
- (d) Improve systems for management and stewardship of the health workforce to improve recruitment, utilization, task-shifting and performance;
- (e) Develop and implement retention strategies, including management of migration, development and implementation of bilateral and multilateral agreements to reverse and contain the crisis;
- (f) Generate evidence through strengthened HRH information subsystems, observatories and research to inform planning and implementation;
- (g) Foster partnerships and networks of stakeholders for joint ownership and harnessing contributions of all for the health workforce agenda.¹²

5.4 Health financing

26. Health financing refers to the collection of funds from various sources (e.g. government, households, businesses, and donors), pooling them to share financial risks across larger population groups, and using them to pay for services from public and private health-care providers. The objectives of health financing are to make funding available, ensure choice and purchase of cost-effective interventions, give appropriate financial incentives to providers, and ensure that all individuals have access to effective health services.²

27. The health financing systems in the African Region are not adequately meeting their objectives because of challenges related to absence of comprehensive health financing policies and strategic plans; non-institutionalization of national health accounts to track health expenditures; inefficient use of available resources; low amount of national budgets allocated to health, and especially to district/local level health services; limited financial decentralization to local level, partly due to insufficient capacities for planning, budgeting and financial management; over-reliance on out-of-pocket payments amidst a dearth of social protection mechanisms, e.g. social health insurance and targeted subsidies; ineffectiveness of foreign aid due to limited harmonization and alignment with national priorities, financial management and reporting systems; and weak mechanisms for coordinating partner support in the health sector.¹⁴

28. The annex details strategies that may be considered by Member States to increase performance of health financing systems. The strategies are based on the following actions:

- (a) Strengthen or develop a comprehensive health financing policy and a strategic plan and incorporate the latter into national development frameworks such as PRSP and MTEF;²
- (b) Institutionalize national and district health accounts within health management information systems for better tracking of health expenditures;^{2, 3}
- (c) Increase the efficiency of public and private health care sectors;^{14, 15}
- (d) Respect the pledge to allocate at least 15% of the national budget to health development and allocate a sufficient amount of that for implementation of the PHC approach at local level;

- (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;^{3,16}
- (f) Strengthen financial management skills (including competencies in budgeting, planning, accounting, auditing, monitoring and evaluation) at district/local levels and then implement financial decentralization;²
- (g) Develop social protection mechanisms, including social health insurance, to cushion households from catastrophic (impoverishing) out-of-pocket expenditures on health services;^{2,3}
- (h) Improve coordination of the various mechanisms (including donor assistance) that reinforce national efforts to implement national health policies and strategic plans;^{2,3}
- (i) Advocate with health development partners to fully implement the Paris Declaration on aid effectiveness.¹

5.5 Health information systems

29. A national health information system (NHIS) is defined as a set of interrelated components and procedures organized with the objective of generating health information and intelligence to monitor the health status and health services of a nation and to improve public health leadership and management at all levels.¹⁷ The objective of a health information system is to increase the availability of timely, reliable information at all levels of the health system.

30. Health information systems have evolved in a haphazard way following administrative, economic, legal or donor pressures and have been fragmented by the demands of disease-focused programmes and the diversity of donor requirements and international initiatives. The capacity of country systems may easily be overwhelmed by these multiple parallel demands for information. Data are often collected without being analysed critically or turned into information for day-to-day management or longer-term planning. Meanwhile, health workers are overburdened by excessive, poorly coordinated reporting demands.

31. Major challenges in carrying out these responsibilities in implementing functional national health information systems include investing in information systems in spite of the meagre resources available; sustainability of NHISs, including in emergency situations; ensuring integration of information subsystems and maintaining linkages with other information sources; providing adequate staffing and strengthening technical capacity; and developing and maintaining cultures that regularly use available information for both operations and strategic management.

32. There is need to develop a simple, timely health information system that is suitable to monitor progress, inform decision-making and assure quality in the delivery of health care. Interventions that may be considered by Member States, as detailed in the annex to improve the performance of national health information systems are the following:

- (a) Set up appropriate institutional and managerial structures at all levels based on updated health information system policy and strategic plan;
- (b) Improve health statistics staffing, including their technical capacity and performance;
- (c) Integrate various health information subsystems and strengthen the linkages between ministries of health and other ministries generating health-related information;
- (d) Strengthen the use of information and communication technology;
- (e) Operationalize and maintain the performance of national health information systems;

- (f) Produce and use annual health statistics for both operations and strategic management;
- (g) Assess continuously the performance of NHIS;
- (h) Allocate and mobilize more resources for NHIS.

5.6 Community ownership and participation

33. Community ownership in the context of health development refers to some representative mechanism that allows a community to influence the operation, use and enjoyment of the benefits arising from health services delivery. This results in increased responsiveness to the health needs of the community which in turn values and protects the operations of the entire health system. It also refers to the community taking ownership of its health and taking the actions and adopting the behaviours required to promote and preserve health.

34. In the African Region, efforts have been made to improve community participation, for example with the Bamako Initiative; the disease-related community approaches for onchocerciasis and guinea-worm disease control programmes; the Reaching Every District approach in immunization; community-based care programmes for HIV/AIDS; the directly-observed treatment short-course for tuberculosis; and community medicines distribution.

35. However, in general the community-based activities have largely been left to community-based and nongovernmental organizations, often without appropriate policy on community participation in health development as well as coordination, guidance and support by public sector institutions. Another common phenomenon is that communities have tended to be actively involved in externally-driven processes that do not promote community ownership. Few community approaches have deliberately addressed capacity issues of the communities involved. 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.

36. Other challenges include weak linkages between health service delivery structures and the communities they serve and inadequate involvement of communities in decision-making processes (assessment, planning, implementation and evaluation of health related programs/activities).

37. Countries can improve community ownership and participation in order to implement the Ouagadougou Declaration by adopting the following interventions also detailed in the annex:

- (a) Develop a policy and provide guidelines to strengthen community participation in health development;
- (b) Develop and implement policies and programmes for health promotion, to address the determinants of health, promote health awareness among the people and build the capacity of communities to adopt healthier lifestyles;
- (c) Strengthen community management structures, consumer activities and linkages to health service delivery structures;
- (d) Empower communities through assessing community capacity needs and providing appropriate capacity-building;

- (e) 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;
- (f) Strengthen coordination of and collaboration with the civil society organizations, particularly the community-based organizations and NGOs in community health development.

5.7 Partnerships for health development

38. Partnership for health could be defined as the relationship existing between two or more organizations that join to 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 and accountability to ensure coordinated action aimed at strengthening health systems.

39. Global momentum towards the attainment of internationally-determined health goals has led to a growing number of high-profile initiatives. These initiatives include the Global Fund to Fight Aids, Tuberculosis and Malaria; GAVI Alliance; Stop TB; Roll Back Malaria; President's Emergency Plan for Aids Relief (United States), and the Catalytic Initiative, among others. International aid for health almost doubled from about US\$ 6.5 billion in 2000 to about US\$ 12.8 billion in 2005.

40. However, the significant resource flow and the participation of civil society organizations have not led to desired health outcomes in the African Region. As a result, it has generated new debate around the usefulness of global initiatives. The concerns raised point to increased fragmentation and its effect on weakening health systems. Many international aid initiatives are unpredictable and focus on a limited number of diseases. Even where governance is stable, parallel systems have inevitably been developed outside government health systems in order to fulfill the requirements of the partners in a donor-driven manner.

41. Given the existing situation, there is need to advocate for and support mechanisms for strengthening the link between aid effectiveness and health system development while strengthening global accountability mechanisms. The Ouagadougou Declaration welcomes the commitments made by the Paris Declaration which affirmed the importance of a concerted partnership involving, in particular, civil society, private sector and development partners with a view to addressing health system challenges in countries.

42. Based on the Ouagadougou Declaration, interventions that countries may consider as outlined in the annex are the following:

- (a) Use mechanisms such as the International Health Partnership Plus (IHP+) and Harmonization for Health in Africa initiatives to promote harmonization and alignment in line with the PHC approach;
- (b) Increase development and use of mechanisms such as SWAs, multi-donor budget and the development of compacts to strengthen national 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;

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

5.8 Research for health

43. Research for health is defined as the generation of knowledge that can be used to promote, restore, maintain, protect, monitor or conduct surveillance of the health of populations.¹⁸

44. Supporting policies and institutions to formulate the research for health agenda do not exist in many countries in the Region. In most countries, research projects are designed and executed without involving all the stakeholders, particularly policy-makers, decision-makers and practitioners. The link between research, policy-making and decision-making is very weak. Research aimed at improving the health system is under-funded.¹⁹

45. The Ouagadougou Declaration highlights research for health as an area of great concern where globally only 10% of health research funds are allocated to solve the health problems of 90% of the population.²¹

46. Member States may consider improving the performance of research for health by adopting the following interventions as detailed in the annex:

- (a) Establish and strengthen health research, information and knowledge management units within ministries of health that will serve as secretariats to national task forces to coordinate research activities, inform priority setting, improve knowledge management and facilitate the use of evidence to inform policies, strategies and actions;
- (b) Develop or strengthen coordination within the health sector and among other sectors contributing to the development of science and technology, including health, and establish governance structures to promote ethics and appropriate mechanisms to increase public trust in research;²⁰
- (c) Develop or strengthen comprehensive national health research policies and strategic frameworks that are based on systematic and standardized assessments of existing health research and knowledge systems;
- (d) Establish norms and standards, including ethical ones, taking into account new technologies and approaches to knowledge management;
- (e) Allocate at least 2% of national health expenditures and at least 5% of external aid for health projects and programmes to research and research capacity building; and invest more on research aimed at improving health systems;¹⁹
- (f) Create and strengthen an environment that attracts the best minds, for example, by providing attractive career structures and incentives, by facilitating access to information and by offering the persons concerned opportunities to teach, do research and participate in communities of practice;²¹
- (g) Support the development of human resources for research through initial and further training and facilitated access to scientific information;
- (h) Support the translation of research results into policy and action by creating appropriate mechanisms and structures, including promoting networks of researchers, decision-makers and policy-makers for evidence-based public health action;

- (i) Promote equitable South-South and North-South cooperation, technology transfer and collaboration for health research, and the establishment and strengthening of knowledge management capacities and practices.

6. Strengthening health systems

47. A district health system (DHS) aims at providing comprehensive care in an integrated manner to the population of the district. It undertakes core activities at the household and community level, provides basic care through a network of primary care facilities up to and including first-line referral services at the district hospital or equivalent. The DHS has many functions, including planning, implementation and monitoring, financing, coordination, management of health services as well as community services. The DHS should have appropriate structures and mechanisms to fulfil these functions.

6.1 Planning for delivery of health services

48. The District Health Management Team (DHMT) should prepare operational plans annually in line with the national health strategic plan and based on the health situation analysis in the district, including the communities. This health situation analysis should address issues related to the operationality of the district health system; the availability and utilization of health services; the gaps in access to and quality of care; and the availability of human and financial resources as well as technology and equipment. Targets should be set in line with the national health strategic plan. The availability of targets provides a basis for regular monitoring to assess the level of the implementation of plans.

6.2 Mobilizing required resources to operationalize district plans

49. The financial resources that are needed to make district health services functional should come from various stakeholders, namely central and local governments, development partners, district-based organizations such as NGOs and other actors, including the private sector, in a harmonized manner.

50. High priority should be given to financing health at the local level by increasing the allocation to the district from the national health budget (at least 70%). A balance in distribution of resources (personnel, equipment and financial) between primary, secondary and tertiary care levels should be institutionalized. Districts should estimate the level of required resources to provide essential health services and allocate and equitably distribute resources in health facilities and communities within the district in line with set targets.

6.3 Management of district health systems to improve performance of health services

51. Implementation of the operational plans at district level calls for strengthening health provision and management structures; building capacity for planning, monitoring, evaluation and reporting at all levels; providing technical and management support from higher to lower levels; building partnerships and improved coordination; and mobilizing, allocating and using resources to attain desired goals and targets.

52. Integrated financial management capacity at district level is critical to justify fiscal decentralization in line with administrative devolution of the health sector. Districts should ensure availability and use of proper functional accounting procedures and preparation of monthly returns for matching utilization of funds with budget allocation.

53. In terms of human resources for health, there is need to focus on availability and competence of managers, improving the work environment for staff, and ensuring integrated in-service training.

54. Another fundamental requirement is stock management of medicines to ensure uninterrupted availability, rational use and prevention of shortages of medicines and other commodities in all health facilities and communities.

55. Districts should establish a routine inventory system and develop a plan for ongoing and thorough maintenance of essential equipment. Districts need to have the capacity to institutionalize proactive evaluation and renovation of infrastructure.

6.4 Scaling up implementation of comprehensive integrated essential health services

56. Scaling up essential health interventions to achieve universal coverage and contribute towards attainment of MDGs will require effective collaboration at all levels of the health system, integration at health facility and community levels, and coordination of all actors and activities. Vulnerable communities and groups, including the poor, women, children, and people in conflict and post-conflict situations and remote areas, should also be targeted.⁶

57. Districts need to have the capacity to set targets for expected coverage by each health facility and community. Based on the set targets, microplans can be designed to increase availability, accessibility, utilization and coverage of essential health services. It is important to involve communities in microplanning to scale up utilization of services.

58. The DHMT should involve the private sector in a contractual arrangement to institutionalize sustainable public private partnerships that ensure protection of vulnerable populations during utilization of the services offered by private institutions. They should also create an enabling environment for sharing best practices in the implementation of health interventions among different health facilities and communities, with the objective of expanding them.

6.5 Increasing use of evidence from health information and operational research

59. Districts should develop an operational research plan covering locally-determined implementation issues, research agenda and training of potential researchers. They should mobilize resources for research, publication, use and dissemination of research results locally to improve implementation and decision-making.

6.6 Supervision, monitoring and evaluation

60. Through supervision, implementation of operational plans in the district should be followed to ensure that the planned activities are being done and that they are done properly. Supervision will help to detect anomalies and provide support for correction.

61. A system for monitoring and evaluation should be in place to track changes and make course corrections as needed in service availability, coverage, human resources, financing, information systems, and leadership and governance. The functionality and adequacy of this monitoring and evaluation system will be examined through the completeness, regularity and quality of reports as well as the level of their use in improving the performance of local health systems.

62. Based on the set targets, districts should develop monitoring frameworks which use coverage and other performance indicators to clarify type of data, sources, analysis and periodicity of review. Data should be disaggregated by geography, gender, age and income level for targeting those in greatest need.

63. Each level of the district health system would have a role and responsibility in monitoring and evaluation of their plans. The DHMT should take the overall responsibility to guide and provide support to the lower levels to undertake their monitoring and evaluation. Likewise, the lower health facility staff or community health workers should provide support to communities in monitoring activities undertaken at community level.

7. Stakeholders

7.1 Countries

64. The Ouagadougou Declaration will be implemented through government commitment to improve the health status of people using the PHC approach countrywide. Country stakeholders include governments, communities, civil society, professional associations and local NGOs. High political bodies, all of the public sector, civil society, professional associations, NGOs and communities should be involved and recognize their roles in the implementation of the Ouagadougou Declaration. Existing national coordination mechanisms should include the operationalization of the Ouagadougou Declaration. Measures aimed at harmonizing and aligning activities in spite of the source of funding should be in place to make them as cost-effective as possible.

7.2 African Union and regional economic communities

65. The African Union (AU) should disseminate widely the Declaration among the Heads of State and play a key role in following up progress made in the implementation of the Ouagadougou Declaration in line with the AU Health Strategy 2007–2015. The AU will continue advocating with international financial institutions to mobilize more resources to support the implementation of the Declaration. The regional economic communities should advocate for more resources to support the implementation of the Declaration in countries in a harmonized manner.

7.3 Other stakeholders

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

67. The international funding institutions should increase their financial support to facilitate support for implementation of the Declaration by governments. The WHO country teams should incorporate the priority areas of the Declaration in the development of second-generation Country Cooperation Strategies and in subsequent programmes of work. Other UN agencies as well as bilateral partners should also take into account the Declaration in developing their plans. Stakeholders should work towards effective harmonization and alignment to maximize the support to countries for implementation of the Declaration.

8. Monitoring and evaluation

68. 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 this Declaration, and to share best practices.

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

70. In this context, countries are, therefore, expected to adapt and use this Implementation Framework and provide relevant and good quality data in a timely manner for processing indicators at the regional level. To ease the process of collecting, analysing and reporting data to the Regional Office, the monitoring framework will provide guidance on the type of information, possible data sources for each indicator and the periodicity of reporting.

9. Conclusion

71. It is expected that the implementation of this Framework by countries will contribute to accelerating the achievement of MDGs and better health in Africa. The Regional Committee is requested to endorse the framework and ensure accelerated implementation of the proposed activities at country level. Partners are expected to support countries in a harmonized and predictable manner to reduce fragmentation during the implementation of this Framework. As implementation progresses, there will be need for consultations to identify the critical areas that will require mandatory monitoring so that appropriate indicators can be developed and included in the monitoring framework for consideration during the fifty-ninth session of the Regional Committee for Africa.

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Annex: Proposed interventions and actions for implementation of the Ouagadougou Declaration

| Priority Area: 1. Leadership and Governance for Health | | | |
|--|---|---|--|
| Goal Create and manage enabling environments for health development | | | |
| Objective | Interventions | Potential actions | Stakeholders |
| 1.1 To provide clear strategic direction for health development | 1.1.1 Institutionalize intersectoral action for improving health determinants | 1.1.1.1 Generate national, regional and local consensus on the operationalization of the Ouagadougou Declaration | Ministry of Health in collaboration with ministries of planning, finance or economic development |
| | | 1.1.1.2 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 |
| | | 1.1.1.3 Document progress reports on improvement of health determinants at all levels | Intersectoral steering committees at all levels |
| 1.2 To strengthen national health system leadership and governance | 1.2.1 Update 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 meeting | |
| | 1.2.2 Review to align the comprehensive MOH organizational structure with the updated policy | 1.2.2.1 Re-profile functions and job titles to reflect integration in line with PHC | Ministry of Health in collaboration with partners |
| | | 1.2.2.2 Submit new structure to national authority for approval | |
| 1.3 To enhance the performance of national health system | 1.3.1 Update National Health Strategic Plan (NHSP) to ensure integrated management and provision of comprehensive essential health services | 1.3.1.1 Set up a process for updating the NHSP | |
| | | 1.3.1.2 Update and cost NHSP 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 | |
| 1.4 To enforce oversight and regulatory framework for health development | 1.4.1 Update/enforce public health acts and laws in line with the PHC approach | 1.4.1.1 Review health legislation to ensure that gaps are filled in areas which need improvement | MoH in collaboration with Ministry of Justice |
| | | 1.4.1.2 Update public health acts and laws by involving legal officers in finalization | |
| | | 1.4.1.3 Submit to Parliament to enact into law | |

| Priority Area: 2. Health Service delivery | | | |
|---|--|--|---|
| Goal: Ensure well-chosen, well-organized and well-implemented health services which put people at the centre | | | |
| Objective | Interventions | Potential actions | Stakeholders |
| 2.1 To provide comprehensive, appropriate and effective essential health services | 2.1.1 Consult and build consensus on the elements of essential health services, 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 the 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 delivered on time | |
| 2.2. To scale up coverage and equity of essential health services in line with the PHC approach | 2.2.1 Service organization and stakeholder incentives to ensure integration and strengthened allocative efficiency | 2.2.1.1 Formulate integrated delivery modes 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 |
| | | 2.2.1.2 Develop and implement a health delivery decentralization acceleration plan to improve accessibility and equity of service utilization | |
| | | 2.2.1.3 Expand services to communities through the utilization of government-employed community health workers | |
| | | 2.2.1.4 Develop service agreements with private health providers to ensure continuum of care of the essential health services among all citizens regardless of economic status | |

| Priority Area: 3. Human Resources for Health | | | |
|---|--|--|---|
| Goal Have in place a well-managed, skilled and motivated health workforce to deliver effective health services | | | |
| Objective | Interventions | Potential actions | Stakeholders |
| 3.1 To improve health workforce policy and planning | 3.1.1 Providing evidence-based comprehensive health workforce planning | 3.1.1.1 Establish a national multi stakeholder, intersectoral technical working group for all relevant actors | Technical working group led by Ministry of Health in collaboration with ministries of education, public service, finance as well as professional and regulatory bodies, training institutions, partners |
| | | 3.1.1.2 Undertake a comprehensive situation assessment of the health workforce | |
| | | 3.1.1.3 Develop/review a comprehensive costed national strategic health workforce plan within the context of NHP and plan using available framework and guidelines | |
| | | 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 workers | 3.2.1 Building health training institutional capacity for scaling up training of relevant cadres | 3.2.1.1 Evaluate/review health sciences training programmes (including medical) | Ministry of Health, Ministry of Education in collaboration with other partners |
| | | 3.2.1.2 Develop tools for assessing training capacity for scaling up 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 Building 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 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 | |
| 3.4 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 | |
| | | 3.4.1.5 Participate in global initiatives to manage migration including the global code of ethical recruitment | |

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| 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, 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 HRH good practices | |
| | | 3.5.1.4 Monitor and evaluate health workforce development | |
| 3.6. To increase investments in HRH development | 3.6.1 Increase fiscal space for HRH development | 3.6.1.1 Efficient use of existing resources to implement HRH plans | Ministry of Health, Ministry of Finance and other partners |
| | | 3.6.1.2 Negotiate a percentage of development support to health priority programmes for HRH development | |
| | | 3.6.1.3 Mobilize new resources | |

| Priority Area: 4. Health Financing | | | |
|--|--|---|--|
| Goal: Foster development of equitable, efficient and sustainable national health financing to achieve national health goals | | | |
| Objective | Interventions | Potential actions | Stakeholders |
| 4.1 To provide clear strategic direction for health system financing development | 4.1.1 Strengthen or develop 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 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 Draft the health finance policy and strategic plan | HFTWG with oversight of steering committee |
| | | 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 within HMIS for better tracking of health expenditures | 4.2.1.1 Sensitize health financing actors on the importance of NHA | HFSC, HFTWG, other ministries and institutions |
| | | 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 in routine HIS and national household surveys and employers' health benefit surveys | |
| | | 4.2.1.5 Analyse and widely disseminate NHA evidence annually | |
| | 4.2.2 Institutionalize economic, efficient monitoring of the health system | 4.2.2.1 Sensitize policy-makers and managers with 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 are captured in HMIS data collection instruments | |
| | | 4.2.2.4 Establish efficient database at MoH and in each health district | |
| | | 4.2.2.5 Use the efficiency analysis results to develop policy interventions that curb wastage | |
| | 4.2.3 Strengthen financial management skills (including competencies in budgeting, planning, accounting, auditing, monitoring and evaluation) at district/local levels and then implement financial decentralization | 4.2.3.1 Organize hands-on training for DHMT on budgeting, planning, bookkeeping, monitoring and evaluation | HFSC, HFTWG |
| | | 4.2.3.2 Ensure adequate accounting and auditing capacities at district/local level | |
| | | 4.2.3.3 Make arrangements with 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 a level of funding needed to achieve desired national health development goals and objectives in a sustainable manner | 4.3.1 Respect the pledge to allocate at least 15% of the national budget to health development and allocate a sufficient amount of that for implementation of PHC approach at local level | 4.3.1.1 Advocate with Ministry of Finance to allocate at least 15% of national budget to health |
| 4.3.1.2 Secure statutory protection for minimum health financing to the health sector | | | |
| 4.3.1.3 Advocate with Ministry of Finance and partners for the US\$ 34–40 per capita required to provide the essential health services package | | | |
| 4.3.2.1 Establish a SWAp for coordinating health development | | | |
| 4.3.2 Improve coordination of the various mechanisms (including donor | | | |

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| | assistance) that reinforce national efforts to implement national health policies and strategic plans | partner contributions to implement NDHP | |
| | 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 | |
| | | 4.3.3.2 Ensure that all partners support the implementation of the NHP and NHDP | |
| 4.4 To ensure that people are protected from financial catastrophe and impoverishment as a result of using health services | 4.4.1 Develop social protection mechanisms, including SHI, to cushion households from catastrophic (impoverishing) out-of-pocket expenditures on health services | 4.4.1.1 Decide whether to ensure social protection through taxation or/and SHI | HFSC |
| | | 4.4.1.2 Evaluate, design and implement SHI in phases | HFTWG |

| Priority Area: 5. Health Information Systems | | | |
|---|--|--|---|
| Goal Increase the availability of timely, reliable information at all levels of the health system | | | |
| Objective | Interventions | Potential actions | Stakeholders |
| 5.1 To provide clear strategic direction for strengthening NHISs | 5.1.1 Develop and implement a comprehensive NHIS policy and strategic plan taking into account the <i>International Health Regulations</i> | 5.1.1.1 Identify the relevant HIS stakeholders and donors | Ministry of Health in collaboration with ministries of economic planning and a national central statistical office |
| | | 5.1.1.2 Create or use existing intersectoral steering committees to follow up progress on the development of HIS | Ministry of Health in collaboration with Ministry of Planning |
| | | 5.1.1.3 Conduct a comprehensive assessment of the NHIS in collaboration with stakeholders at all levels | Ministry of Health (Central Health Information Unit) in collaboration with Ministry of Planning (Central Statistics Office) |
| | | 5.1.1.4 Develop and share the strategic plan with stakeholders and donors | |
| | | 5.1.1.5 Start the implementation of appropriate institutional and managerial structures at all levels for the NHIS | |
| | | 5.1.1.6 Strengthen Integrated Disease Surveillance and Response and <i>International Health Regulations</i> | Ministry of Health (disease programmes), other important ministries (agriculture, planning, local government) |
| | | 5.1.2 Establish a functional national HMIS in line with the PHC approach and three-one principle | |
| 5.1.2.2 Update the list of essential health indicators based on the Ouagadougou Declaration on PHC and identify the appropriate source of data collection, reporting, analysis, use and dissemination | Ministry of Health (Central Health Information Unit) and Ministry of Planning (Central Statistics Office) | | |
| 5.1.2.3 Strengthen the use of information and communication technology | Ministry of Health in collaboration with Ministry of Planning or Finance | | |
| 5.1.2.4 Operationalize and maintain the performance of NHIS | Ministry of Health in collaboration with Ministry of Planning | | |
| 5.1.2.5 Produce and use annual health statistics for both operations and strategic management | Ministry of Health and Central Statistics Office | | |
| 5.1.2.6 Assess continuously performance of the NHIS | Ministry of Health (Central Health Information Unit) with Ministry of Planning (Central Statistics Office) | | |

| Priority Area: 6. Community Ownership and Participation | | | |
|--|--|--|---|
| Goal Attain effective community participation in health development | | | |
| Objective | Interventions | Potential actions | Stakeholders |
| 6.1 To strengthen community participation in health development | 6.1.1 Provide an enabling policy/implementation framework for community participation | 6.1.1.1 Develop a policy or implementation framework for community participation | Ministry of Health in liaison with other relevant sectors |
| | | 6.1.1.2 Develop guidelines for establishing community structures | Ministries of health and community development with district authorities |
| | | 6.1.1.3 Develop a clear institutional framework for intersectoral support to community programmes and interventions | Ministry of Health working with other relevant sectors |
| | | 6.1.1.4 Develop participatory tools for community involvement in planning and management | Ministry of Health with support from partner organizations, including WHO, and NGOs |
| | | 6.1.1.5 Develop coordination mechanisms for community initiatives | Ministry of Health, local authorities, NGOs and CBOs |
| | | 6.1.1.6 Establish community stakeholder committees to enhance collaboration | District and local authorities with guidance from Ministry of Health |
| 6.2 To empower communities to play their role | 6.2.1 Building community capacity | 6.2.1.1 Identify and map out the key community stakeholders | Local authorities with support from Ministry of Health, NGOs and CBOs |
| | | 6.2.1.2 Assess the capacity needs of community stakeholders | Ministry of Health, local authorities, NGOs, CBOs |
| | | 6.3.1.3 Establish key roles and functions of community stakeholders and structures | Ministry of Health, local authorities; NGOs, CBOs |
| | | 6.3.1.4 Provide seed funding for community activities | Ministry of Health, local authorities |
| | | 6.3.1.5 Establish dialogue between communities and government structures | Local authorities, Ministry of Health, associations, NGOs |
| 6.3 To strengthen the community-health services interface | 6.3.1 Reorientation of the health service delivery system | 6.3.1.1 Review the existing health delivery structures and assess their support to community participation | Ministry of Health with local authorities |
| | | 6.3.1.2 Restructure health delivery structures to ensure adequate promotion of community participation in health development | Ministry of Health |
| | | 6.3.1.3 Develop guidelines for strengthening the community-health services interface | Ministry of Health with partners, including WHO |
| | | 6.3.1.4 Provide technical guidance and support to community stakeholders | Ministry of Health and other relevant sectors with local authorities |
| 6.4 To increase national capacity for integrated, multisectoral health promotion | 6.4.1 Develop and implement multisectoral policies and actions that facilitate community involvement in health development | 6.4.1.1 Undertake advocacy to increase awareness and support for the use of health promotion to facilitate integrated and systematic community involvement in health development | Ministry of Health in collaboration with education, information and partners such as WHO |
| | | 6.4.1.2 Develop or adjust national health promotion policies and strategies that underscore participation of communities in health actions | Ministry of Health, public health departments, academic institutions, partners, civil society |
| | | 6.4.1.3 Formulate action plans to facilitate the development of health promotion capacity and support at various levels linking health with other sectors | Ministries of health and planning, national coordination agency, partners |

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| | | 6.4.1.4 Strengthen the health promotion component in priority health and health-related programmes | Ministry of Health, partners |
| | | 6.4.1.5 Measure the impact of specific community approaches, methods and initiatives, and share experiences | Ministry of Health, academic institutions, partners, especially WHO |
| | | 6.4.1.6 Develop or adopt health promotion guidelines or frameworks on community involvement | Ministry of Health, WHO and partners |

| Priority Area: 7. Partnerships for Health Development | | | |
|--|---|--|---|
| Goal Improve harmonization and alignment towards government-led policy and strategic orientations | | | |
| Objective | Interventions | Potential actions | Stakeholders |
| 7.1 To ensure harmonized implementation of essential health services | 7.1.1 Institutionalize a framework for harmonization and alignment of partner support | 7.1.1.1 Use mechanisms such as the IHP+ and HHA initiatives to promote harmonization and alignment in line with the PHC approach | Ministry of Health in collaboration with partners |
| | | 7.1.1.2 Increase development and use of mechanisms such as SWAps, multi-donor budget support and compacts to strengthen national health systems | |
| | | 7.1.1.3 Adopt intersectoral collaboration, public-private partnership and civil society participation in policy formulation and service delivery | |
| | | 7.1.1.4 Ensure community awareness and involvement in global initiatives to increase transparency and promote global accountability mechanisms to improve health development | |
| | | 7.1.1.5 Explore South-South cooperation within the African Region | |

| Priority Area: 8. Research for Health | | | | |
|--|---|--|--|---|
| Goal To utilize research for health to improve health development and achieve the internationally-agreed health-related development goals | | | | |
| Objective | Interventions | Potential actions | Stakeholders | |
| 8.1 To develop the stewardship and governance roles of national research, information and knowledge systems | 8.1.1 Review structures and mechanisms for implementing research for health and knowledge systems | 8.1.1.1 Establish and strengthen health research, information and knowledge management units within ministries of health that will serve as secretariats to national task forces | Ministry of Health in collaboration with other partners | |
| | | 8.1.1.2 Develop or strengthen coordination within the health sector and among other sectors contributing to the development of science and technology, including health, and establish governance structures to promote ethics and appropriate mechanisms to increase public trust in research | | |
| | | 8.1.1.3 Develop comprehensive national health policies and strategic frameworks that are based on systematic and standardized assessments of existing health research and knowledge systems | | |
| | 8.1.2 Institutionalize framework for health research agenda and priority setting | | 8.1.2.1 Establish norms and standards, including ethical ones, taking into account new technologies and approaches to knowledge management | Ministry of Health in collaboration with other partners |
| | | | 8.1.2.2 Expand the health research agenda to include broad and multidimensional determinants of health and ensure cross-linkages with areas beyond its traditional boundaries and categories | |
| | | | 8.1.2.3 Monitor and systematically evaluate and review the integration of health research into the national research and development agenda by developing appropriate health research registries and indicators | |
| | 8.1.3 Improve cooperation and collaboration | | 8.1.3.1 Promote equitable South-South and North-South cooperation, technology transfer and collaboration for health research; establish and strengthen knowledge management capacities and practices | Ministry of Health in collaboration with other partners |
| | 8.2 To build institutional capacities to promote research for health | 8.2.1 Create a critical mass of national researchers for health | 8.2.1.1 Create and strengthen an environment that attracts the best minds by providing attractive career structures and incentives, by facilitating access to information and by offering opportunities to teach, do research and participate in communities of practice | Ministry of Health in collaboration with other partners |
| | | | 8.2.1.2 Support the development of human resources for research through initial and further training and facilitated access to scientific information | |
| 8.2.2 Allocate adequate funding to research for health | | | 8.2.1.3 Allocate at least 2% of national health expenditures and at least 5% of external aid for health projects and programmes to research and research capacity-building; | Ministry of Health in collaboration with other partners |

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| | | invest more on research aimed at improving health systems | |
| 8.3 To improve dissemination and use of research output and institutionalize its application | 8.3.1 Create a framework for sharing new knowledge and its application | 8.3.1.1 Develop and enhance the evidence base for health systems by consolidating and publishing existing evidence and facilitating knowledge generation in priority areas | Ministry of Health in collaboration with ministries of education, science and technology |
| | | 8.3.1.2 Support the conversion of research results into policy and action by creating appropriate mechanisms and structures, including networks of researchers, decision-makers and policy-makers for evidence-based public health action | |