

Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium

A declaration by the Member States of
the WHO African Region



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World Health Organization
Regional Office for Africa

Ouagadougou Declaration

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30 April 2008

in partnership with

African Development Bank Group

Joint United Nations Programme on HIV/AIDS

United Nations Children's Fund

United Nations Population Fund

World Bank

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Ouagadougou Declaration

on Primary Health Care and Health System 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.



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.



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.

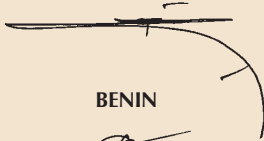
X

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.

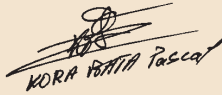
Ouagadougou, 30 April 2008

ANNEX:

ALGERIA

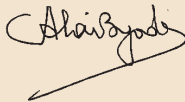


BENIN

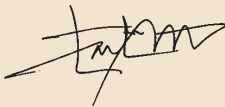


KORA PRATA Pascal

BURKINA FASO



CAMEROON



CENTRAL AFRICAN REPUBLIC



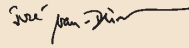
COMOROS



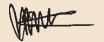
COTE D'IVOIRE



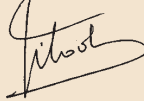
BURUNDI



ANGOLA



BOTSWANA



CAPE VERDE



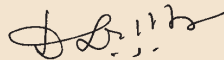
CHAD



CONGO



DEMOCRATIC REPUBLIC OF CONGO



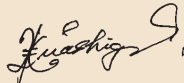
ERITREA



GABON



GHANA



GUINEA-BISSAU



KENYA



LIBERIA



MALAWI

Emmanuel
EMF Nicholas

ETHIOPIA



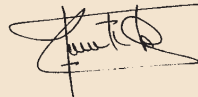
THE GAMBIA



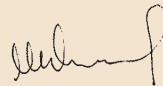
GUINEA



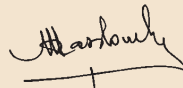
EQUATORIAL GUINEA



LESOTHO



MADAGASCAR



MALI



MAURITANIA



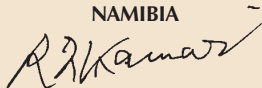
MAURITIUS



MOZAMBIQUE



NAMIBIA



NIGER



NIGERIA



RWANDA



SEYCHELLES



SÉNÉGAL



SOUTH AFRICA



SIERRA LEONE



TANZANIA



SWAZILAND



SAO TOME AND PRINCIPE



TOGO

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke extending to the right.

UGANDA

A handwritten signature in black ink, featuring a large loop at the top and several smaller loops below it, ending in a short horizontal stroke.

ZAMBIA

A handwritten signature in black ink, starting with a large loop and followed by several smaller loops and a short horizontal stroke.

ZIMBABWE

A handwritten signature in black ink, characterized by a large, dense, circular scribble followed by a short horizontal stroke.

