District health in Africa: Progress and Prospects 25 years after the Harare Declaration

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Regional Conference on Health District

Saly, Senegal, 21-23 October 2013

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Context

The Harare Declaration

From 3 to 7 August 1987, the World Health Organization (WHO) organized an interregional meeting in Harare (Zimbabwe) on the strategies to strengthen health districts. Building on the "Health for All" movement from Alma Ata, this meeting resulted in what is now called the "Harare Declaration on strengthening the district health systems based on Primary health care[1]".

In this statement, the experts and representatives of different countries agreed on several points including: i) the decentralization of the management of human and financial resources, ii) the establishment of a decentralized planning process at the district level, iii) more community involvement, iv) the promotion of an inter-sectorial approach v) the development of leadership in primary health care and vi) the mobilization of actors and the redefinition of the operational role of the hospital.

A few weeks later, many of these proposals were included as part of the Bamako Initiative[2].

Throughout the two decades that followed, many actors working in Africa - multilateral agencies, bilateral and international NGOs - joined forces with national governments (through Ministries of Health) to implement the health district strategy.

Twenty-five years later, it is clear that African health systems - particularly in rural areas - have made progress in terms of consistency and structure; the health district strategy has played a key role in this regard. However, the observed successes vary between countries and call for more reflection on this strategy.

Moreover, the strategy has also revealed some weaknesses. It has not always taken into account (relevant) context-specific issues, the scarcity of resources, or the specificity of fragile states. Some success stories and experiences have been identified in the implementation of the Harare Declaration. The policy implementation gap is still large in many African countries where few efforts have been made in using previous experiences and relevant contextual elements to influence the elaboration of strategies and national health policies.

Twenty-five years after the Harare Declaration, it is time for some reflection on the health district strategy. What were the strengths of the strategy, its weaknesses and complementarities with other strategies (such as decentralization in the public sector, new financing mechanisms of health care – 2012 also marked the 25th anniversary of the Bamako Initiative – the increasing influence of vertical programs over the past decade, etc.)? We should also review the role of the district strategy in the current environment, characterized by profound changes all over Africa (economic growth, access to technology, epidemiological transition...).

The health district strategy did not define the roles of hospital services and first line health services (mainly health centers) clearly.

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[1] Available on http://knowledge-gateway.org/hha/cop-hsd-pss-bilingual/library).
[2] Ibidem.

It is also appropriate to move towards a more systemic approach which considers the health district as a local health system (versus the former more administrative “health district” or “health zone” approach). This new approach will automatically reconsider the roles of different actors and include civil society, associations of patients, private providers and all the dynamics at the community level.

A fresh look

Twenty-five years after the Harare Declaration, the time seems also right for an update of the strategy. This update should identify what has changed in the African context and in terms of needs and practices compared to 25 years ago. It should then also list the implications of these changes for the health district strategy in Africa.

As for the context, it is undeniable that African societies have changed significantly over the past 25 years. Examples include a new wave of democratization, the development of a more structured civil society, increasing urbanization, impressive economic growth figures, the adoption of technological solutions in the health sector ... Among the contextual changes, some are opportunities while others are constraints (as consequences of the collapsing public sector).

During these 25 years, the health and social needs have also changed substantially. Some problems, such as childhood diseases and diarrhea, have still not been resolved. New problems have emerged, with HIV/AIDS being the most notable one. The continent is also facing increasing incidence of non-communicable diseases and other health challenges related to new more “Westernized” lifestyles (e.g. road traffic accidents ...). Many changes have taken place in the health system sector, often in response to these contextual changes. On the one hand, solutions have emerged (like insecticide-treated bed nets and antiretroviral drugs), and many of these have been taken to scale. On the other hand, there are more and more different actors, which create new challenges in terms of coordination.

In some countries, the Ministry of Health stayed firmly in control. For example, it contracted private or faith-based providers for vertical programs through funding based on performance. In other countries, the Ministry gave free rein to the players (leading to the development of a poorly regulated private sector).

All these changes call for a thorough update of the health district strategy. In a pluralistic Africa with an enormous diversity of players, the classical “administrative” health district strategy (the "health pyramid") has become something of a liability. This is a very different era, and will require a systemic view and a more "inclusive" and open mindset, if it is to be successful. Possible contributions of all those involved locally in health need to be taken into account: the social sectors, civil society, associations of patients, private providers, and more fundamentally also the communities, households and users themselves.

That is why the Community of Practice on Health Services Delivery, in collaboration with many partners, will organize a regional conference in Saly (Senegal) from 21st to 23rd October 2013.

Organizers

Harmonization for Health in Africa

Harmonization for Health in Africa (HHA) gathers various aid agencies active in the health sector in sub-Saharan Africa like the African Development Bank (AfDB), the World Health Organization (WHO), the World Bank (WB), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), UN WOMEN, the United States Agency for International Development (USAid), the Norwegian Agency for Development Cooperation (NORAD), the Japan International Cooperation Agency (JICA), France, the Global Fund fight against Aids, Tuberculosis and Malaria and the Global Health Workforce Alliance (GHWA). The Western African Health Organization (WAHO), as a regional economic organization, has an observer status. The HHA collaborative initiative has a regional emphasis on supporting African countries to achieve the MDGs related to health. It has been created to facilitate joint support to countries to remove barriers to the large-scale implementation of high-impact interventions. HHA provides operational support and facilitates capacity development for countries and development partners.

The umbrella initiative facilitates (i) budgeting, costing and country-based evidence-based planning, (ii) alignment and harmonization with the policies of the countries and (iii) analysis of bottlenecks and ways to overcome them.

HHA also supports Knowledge Management activities.

Community of Practice 'Health Services Delivery' (CoP HSD)

One of the strategies of HHA is to support the establishment of Communities of Practice (CoP). In many areas of expertise, knowledge holders do not interact enough with each other. Bringing together various experts on one platform should lead to better designed and implemented policies.

The objective of the Community of practice 'Health Services Delivery' is to bring together policy makers, health professionals, planners and technical and financial partners (national, regional and international ones) in a partnership based on shared knowledge and experiences on the implementation of health services at the country level.
For the next 12 months, the CoP HSD will focus on the role and management of local health systems and on community participation. A series of documents related to the two announced topics will be produced and distributed through different online discussion platforms as well as on the new blog dedicated to the Community of Practice (www.health4africa.net and http://knowledge-gateway.org/hha/cop-hsd-pss-bilingual/discussions).

These virtual spaces will offer opportunities for professionals to share experiences, knowledge, literature and best practices in health services delivery at the local level.
They will also ensure the international visibility of participants and the promotion of the results of their research after the 2013 conference.

Because Health

Because Health is a pluralistic platform of Belgian organizations active in the health sector. It is open to institutions and individual members who are committed to the right to health for all, mainly those active and interested in issues of international and public health.

This platform has committed to contributing to the preparation of the 2013 regional conference by co-facilitating the preparatory working group.

Because Health will ensure that some of its members with field experience in the health service delivery realm produce high quality content that will be shared during the conference (e.g. interesting experiences in terms of organizing health districts in Africa).

Partners and sponsors

This activity and the Health Service Delivery CoP itself benefit from the generous support of the French Ministry of Foreign Affairs through UNICEF WCARO / French Muskoka Fund, which targets 11 Francophone African countries and Haiti for accelerating progress towards MDGs 4 and 5.

Axes of the conference

Participants at the conference will consider the following principles:

- Ensuring that everyone has access to quality care based on their needs is, for each government, a major responsibility towards its citizens (Universal Health Coverage). In carrying out this mission, a government must keep in mind that the members of society are diverse in their preferences and initiatives.
- The implementation of UHC passes through the provision of health services. This requires efficient and equitable management of collective and private resources by taking into account priority interventions and their implications on providers (doctors, nurses, community workers, parents ...).
- The health district strategy was adopted by African countries as one of the central axes in the organization of health services. It was assumed that decentralization of resources and decision-making would take place.
- However, there may be some distance between the adoption of a strategy and (the outcomes of) its implementation. This gap may be due to different causes such as conceptual misunderstandings, insufficient consideration of certain prerequisites, little attention to the context, or interaction with other policies adopted by governments, partners or private actors in the health sector or outside.

Continuity, yes, but let's not refrain from some radical rethinking if need be!

The experience from several countries has shown that the district health system was the adequate hub to implement the Primary Health Care (PHC) strategy in accordance with resolutions adopted at the Alma Ata Conference in 1978.

The critics of the health district strategy focus on the current low quality of health services in most African countries, especially public services. African health systems' flaws and gaps are a reflection of

the overall situation of the society in which they perform, characterized by socio-economic crises, lack of leadership and political mismanagement. These factors induce inefficiency resulting in a sharp decline in the quality of services provided.
Therefore, Africa has failed to reach a global goal such as "Health for All by the Year 2000". Similarly, although progress has been made, the Millennium Development Goals (MDGs) will not be achieved by most African countries.

The conference in October 2013 will revise the Harare Declaration in order to bring it in line with more recent commitments such as the "*Ouagadougou Declaration (2008)*[3]" and the "*Tunis Declaration (2012)*[4]". It will also define a new vision on the implementation of PHC at the local level (health district).

The renewed vision will take into account new needs and challenges (e.g. the epidemiological transition), old ones (e.g. providing basic quality health care for all) contextual changes (e.g. the ongoing decentralization process, urbanization, explosion of the private sector) and new concerns (e.g. equity, good governance). It will identify new priorities in terms of action, intervention and organization of health services. Here are some illustrations:

(1) The "administrative" approach, once adapted to a situation where all the players were responding to the same (public) command line, is no longer possible. The proliferation of multiple and independent health providers calls for new regulation mechanisms. In many African countries we observe a variety of providers, with different institutional affiliations (states, regions, municipalities, churches, community groups, individuals, etc.). What are the strategies and levers for effective coordination? To better align their goals to the UHC objective?
(2) In urban settings, the medical pluralism and the proximity of health care delivery points makes it difficult for the health district management team. The organization of the reference system and the application of 'health district' concepts (like catchment area) are not obvious. How to go from an administrative vision to a new approach taking into account the households' health seeking behavior?
(3) An adequate response to non-communicable diseases (NCDs) requires health services that are integrated and coordinated to ensure a continuum of care. It also requires active involvement and empowerment of the community in the prevention realm. Thus, the adaptation to the epidemiological transition will require a change in mindset and planning practices. It calls for more intersectoral collaboration at national and district health levels. How to adapt the fight against NCDs at the health district?

[3] 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. It was signed by all Member States of the African Region.
[4] Tunis Declaration on Value for Money, Sustainability and Accountability in the Health Sector: A joint Declaration by the Ministers of Finance and Ministers of Health of Africa.

The Health sector as a key player in the change process

The focus of the conference will be to promote a vision of a health system embedded within the social system. All agree that alongside the health system there is a highly developed social system without which the health system could not play its proper role. Hence, there's a need for effective coordination. This conference will also be an opportunity to confirm that: i) individuals are the protagonists of their own health, ii) a set of processes can affect their health, and iii) the subsystem "health services "is a resource among others they can mobilize.

Our event will promote a vision where people are involved in their own health. We will consider how such a radical and innovative vision can be implemented in the African context: what is the role for the various actors working on health determinants and what are the strategies to coordinate the local level?

Although it is important to adhere to major historical commitments, we nevertheless conceive this conference as an event that aims to bring something new and does not shy away from a certain radicalism, if the situation requires so.

Themes and Objectives

The overall objective of the 2013 Conference is to have "***a fresh look on the role of the Health District (local health systems) in achieving Universal Health Coverage (UHC) and its implications***". This celebration of the Harare Declaration will confirm the health district as a key player to reach UHC.

The conference will also bring new reflections on values (health rights). The conference will kick off with a reminder on the Harare Declaration, to take stock of what has been achieved so far, but will then quickly switch to the challenges ahead. Experts in the field will outline future challenges through framing presentations.

As the conference intends to involve many local actors (district chiefs, hospital directors), it is important to have operational-oriented approaches (functionality of districts), while identifying favorable and unfavorable factors.

The conference will enable the sharing of diverse experiences, including equity, patient empowerment, the reform of the health sector, etc..

Thus, the following specific objectives will be pursued:

1. To analyze and reassess the context, issues, opportunities and challenges in the development of local health systems in Africa;
2. To reassess the roles of local actors - individuals, households, communities, service providers, local authorities - in local health systems;
3. To share promising (and documented) experiences to solve the problems of local health systems;
4. To identify areas/levers for action at local, national, regional and international levels;
5. To enhance knowledge management through the CoP Health services delivery.

A final list of themes will be developed after the final acceptance of all the submitted papers. However, here are some tentative themes identified (non-exhaustive).

a) Planning of the provision of services and care within the district health: who gets covered (concept of fairness), who decides, and on which basis? What is the future?
b) Regulation, incentives and coordination of health actors in the local health system: how and by whom?
c) Individuals, households and the community as co-responsible for their own health: an untapped potential?
d) Doctors in first line health services: opportunities and challenges.
e) Inter-sectorial collaboration (social determinants of health).
f) Quality of care: obstacles and opportunities for patient-centered care.

Outcomes

- The health district strategy is updated;
- The participants have a renewed vision on their own health systems.
- Key health district management issues in order to get a more operational local health system in Africa are identified.
- The Community of Practice Health services delivery will be consolidated around the issues discussed during the conference.
- Priorities in terms of Knowledge Management and research on local health systems will be identified by operational actors.
- Optional: a final declaration is produced.

Note that this conference should be a major step forward in the debate on local health systems and not an end in itself. The debate will continue after the event.

Format of the conference

Framing and contextual interventions - The content of the 2013 conference will mainly consist of interventions on field experiences - for example, on changes in the African society (global warming, urbanization, epidemiological transition and burden of chronic diseases, the emergence of a middle class, private sector development, technological revolution), with possible differentiation of settings (distinguishing the cases of Ghana, Niger or the DRC!). Most of them will be done by experts in these fields (public health, geographers, demographers and epidemiologists, health economists, experts in fragile states and/or post-conflict states...).

We will also have **historical and theoretical interventions** on the health district and health systems, including pilot experiences or research (e.g. presentation of experience coordinating providers in the North). The pilot organization of local health systems (SYLOS) in Belgium will be presented by ITM teams involved in this project.

A broad mix of original **country experiences** will be presented (e.g. e-health, performance-based financing, programs and vertical "integration" private sector involvement (both FP and NFP), the place of faith, drug supply, administrative decentralization, inter-sectorial collaboration ...).

Parallel sessions and working groups: possibly after grouping countries by 'cluster' (post-conflict countries, etc.). Discussion techniques such as "Fish Bowl" sessions will be used to ensure the participation of all in the group work.

A **field visit** (probably on day 2): the conference will focus on peer learning and endeavor to promote in-depth exchanges between countries, but also between the different actors within a country. It will also include a field visit to pilot health districts in Senegal.

Synthesis sessions conducted by regional experts – both with a regional and national focus, the latter tailored to the delegations of participating countries.

The conference will be preceded by a pre-conference to finalize some aspects (e.g. for participants or less experienced presenters).

Audience

The conference will bring together delegations from several African countries (English and French speakers) and individual experts. Participants will have advanced and recognized expertise in health services organization and practical experience in local health systems, and will include:

- National level managers in charge of the strengthening of health districts or the development of primary health care
- Regional/provincial Directors of Health
- District Medical Officers (2 per country delegation: one rural, one urban)
- Directors of district hospitals
- Technical Assistants working for UN agencies, NGOs or involved in bilateral cooperation.
- International experts (speakers, facilitators or participants).
- Representatives of civil society (religious organizations, associations of patients, community-based health insurance organizations, etc.)..
- Representatives of the private sector (managers of private clinics, pharmaceutical depots, etc.)
- Researchers

For logistical reasons, a maximum number of participants will be determined to ensure the quality of exchanges between participants. The final number of participants will also depend on the availability of funds received for the organization of this activity and the relevance of the applications submitted.

Other factors will be taken into account in the selection of the participating delegations: the availability of funding to support the participation and the balance between Anglophone and Francophone countries. It is also likely that some work will be done by clustering of countries based on their similarities.

Countries which have made significant progress in the coordination and delivery of health services are encouraged to participate. The delegations of the countries of the South will be mainly supported by their financial partners (NGOs) and agencies co-organizing the conference.

International experts in health service delivery will be carefully selected by the organizers. They will be selected primarily among the members of the COP HSD from the South or affiliated agencies of HHA. They will serve as moderators during the conference.

The following organizations have already expressed their interest to assist in organizing the 2013 conference: UNICEF WCARO, the "*Ambassade de France au Sénégal*", the Public Health School of the Université Libre de Bruxelles (ULB), the IRSS of the Catholic University of Louvain (UCL), the Belgian Technical Cooperation (BTC), Memisa, AEDES, the Pan American Health Organization (PAHO), IRSP

Benin, CESAG Dakar, WAHO, Unicef, the Institute of Tropical Medicine of Antwerp (ITM) and its network of Alumni, the School of Public Health of Liège, Solidarité Santé et Développement (SSD) and Hera. Many other independent experts in public health are enthusiastic to join.

Agenda of the conference

The provisional agenda looks like this - the detailed agenda will be available before the end of the second quarter of 2013 at the latest:

- ***Day 1***: Opening day (protocol, framing, organizational and technical aspects), the sharing of experiences between the participating countries in terms of coordinating stakeholders & the discussion of some relevant concepts (health district, local health system, etc.).
- ***Day 2***: Review and analysis of the challenges of the health district strategy (work in groups - mix between different groups of participants from field visits).
- ***Day 3*** (half day): Presentation of conference results, activity panel, Saly Declaration and closing remarks.

Languages of the conference

The conference will be simultaneously in French and English with possibility of translation in both languages and Portuguese (to be confirmed). All the parallel sessions will be unilingual.

Organizing Committee

An organizing committee bringing together different actors interested in the theme of the conference will be established. The main role of this committee is to identify the presentation topics and thematic groups for the conference. The committee will also be responsible for preparing the basic matrix of the Final Declaration of the conference.

For the time being, the organizing committee is composed of CoP HSD facilitators and other members from HHA agencies and related partners/projects:

- CoP HSD (Belma Malanda, drbelmalanda@yahoo.fr)
- ITM/CoPs (Bruno Meessen, bmeessen@itg.be)
- UNICEF / WCARO (Mariame Sylla, msylla@unicef.org, Jean Servais, jservais@unicef.org
- WAHO (Namoudou Keita namoudouk@yahoo.fr)
- Because Health (Karel Gyselinck, karel.gyselinck@btcctb.org)
- Ambassade de France au Sénégal (Dr Jean Pierre Bellefleur, Regional Health Adviser, MAEF, jean-pierre.bellefleur@diplomatie.gouv.fr)
- WHO Afro (Bocar Touré) – TBC
- USAID (Troy Jacobs tjacobs@usaid.gov)
- Others - TBC

Budget

The budget will depend on the number of participants.