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Renewing health districts for advancing universal health coverage in Africa

Regional conference on health districts in Africa - Dakar 21-23 October 2013

(This text is based on an early version of the conference report)

The Harare Declaration…

In 1987 the World Health Organization organized an interregional meeting in Harare, Zimbabwe, on strategies to strengthen health districts. Building on the 'Health for All' movement from Alma Ata this meeting was a milestone that established and gave political endorsement to the district health system as the backbone of primary health care. It resulted in the *Harare Declaration on strengthening the district health systems based on Primary health care*.

It is clear that African health systems - particularly in rural areas – have been defined by these efforts. However, many challenges such as low-quality care and limited access to key services remain. This partial success has several causes, including the economic crisis which swept Africa at that time, a too selective implementation of the twelve Harare provisions, a too rigid and bureaucratic reading of the health district strategy and the lack of alignment of major funding and initiatives in support of the health district.

… the need for enhancement

Twenty five years have gone and African societies have changed a lot. As for the needs, there have also been changes, in varying directions, in different country contexts. But many challenges are still there. New health problems have emerged, with HIV/AIDS being the most obvious one. The continent is also facing growing insecurity, increasing urban populations, a growing private sector, rising incidence of non-communicable diseases and other health challenges related to new lifestyles (e.g. road traffic accidents, hypertension...).

And the global community, countries, health actors have responded to these challenges. They have developed new goals, practices, health programmes and tools. A game changer was the adoption of the Millennium Development Goals. This has had positive effects such as renewed political and financial commitment to the health sector, but the multiplication of initiatives has sometimes also undermined local health systems.

Therefore, more than 25 years after the Harare Declaration, it is time to take stock of what has been achieved and to acknowledge what remains to be done. While we still strongly believe in the structuring power of the health district strategy, it is time to revisit how to implement it in markedly changed contexts.

The meeting in Dakar …

It is with this ambition that the Regional Conference *Health districts in Africa: progress and perspectives 25 years after the Harare Declaration* was organized by the *Harmonization for Health in Africa* Community of Practice 'Health Service Delivery', in coordination with UNICEF, WHO AFRO, WAHO, the Belgian network Be-cause health, The Ministry of Health of Senegal and the Institute of Tropical Medicine in Antwerp.

About 20 country delegations and 170 experts – district medical officers, national directors, researchers, technical assistants, social entrepreneurs and innovators – attended. They shared their experience and knowledge on organizing primary health care services at the local level. The following sections summarize the main highlights and messages of the conference.

… inspired by new knowledge and platforms

Over the last 25 years, theoretical thinking and knowledge on health districts have evolved. The district model was conceptualized in the eighties, at a time when concepts such as stewardship and governance, institutional arrangements and incentives were not yet mainstream. Today we have a much better understanding of how, for instance, institutions shape incentives to influence behaviours, organizational performance and thereby also the health system.

As a community of actors, we have also learned how to work together to align efforts for strengthening health systems to improve health outcomes. The Paris Declaration on aid effectiveness (2005) provided a new vision for optimizing the impact of aid on development, anchored in the principles of ownership, alignment, harmonization, results and mutual accountability. In Africa, multilateral agencies and several bilateral aid agencies have joined forces to work together under the Harmonization for Health in Africa banner. Among other things, they have encouraged the creation of communities of practice, like the one organizing this conference...

Africa will change even more in the next 25 years

Seen as the hopeless continent only ten years ago, Africa now hosts several of the fastest growing economies. The ongoing changes and the even bigger ones to come in the future are having major implications on local health systems. The rapid urbanization of Africa requires major investments in infrastructure and policies to increase access to services and secure a healthy environment for the population, particularly for the poorest. Aging and the double burden of the epidemiological transition will put new pressure on the health services. To cope with all these challenges, Africa will continue to benefit from aid. But unlike the MDG agenda, the emerging global agenda of *sustainable development* will require the health sector to relate with its economic, social & ecological dimension.

At district level, business as usual will not do. During the workshop participants identified some of the implications of these contextual changes on the health district strategy. Their analyses are integrated in the 12 recommendations below.

The health district remains a valid strategy…

Should one, because of this profound transformation of the continent, completely rethink the architecture of health systems in Africa? At the end of the Dakar conference, participants concluded that the health district strategy and its underlying values remain as compelling as they were in 1987. Adaptations that can be put forward, are mainly situated at the level of implementation.

This is consistent with the fact that the concepts and principles underlying the design and functioning of "districts"/local health systems (e.g. the need to have a multi-purpose health worker at the first line, the importance of close coordination among health care providers, the need for local action…) are universal. But there is no one-size-fits-all district solution. Accordingly, there is no blueprint for implementation. Country-specific strategies and flexibility are required, even more so within a country.

… but will benefit from a renewed vision

Participants at the Dakar conference extensively discussed the greater role that could and should be played by **individuals, households and the community** as co-producers of their own health. Their assessment is that individuals, households and communities will be key "resources" to prevent and mitigate suffering, morbidity and premature death due to demographic and epidemiological transitions. Education and transmission of information and knowledge will be key weapons in this battle. Their empowerment and freedom should therefore receive much more attention. Several paths for action have been identified.

The reality of market liberalization also needs to be better acknowledged, both in terms of opportunities and risks. **A top priority for African health authorities is to recognize the very pluralistic nature of the health sector today** and the responsibilities bearing on them, as stewards of the health system.

This new vision entails **a substantial shift in terms of approach at the district level. The strategy should be much more flexible, inclusive, open to dialogue with the many actors, supportive to innovation and learning at organizational level.** This indicates the need for a revision of the role, skills and policy instruments in the hands of those in charge of optimizing the local health system.

Twelve priorities for better performing health districts in a changing Africa

We, participants of the regional conference or members of the Community of Practice 'Health Service Delivery' recommend Ministries of Health to be much more pro-active in identifying the consequences of the ongoing and forthcoming major changes in African societies on populations and local health systems.

1. **Steering pluralistic health systems -** Ministries of Health and other actors have to embrace a more inclusive and flexible vision of local health systems which recognizes that the African societies of today are pluralistic. This new vision has many institutional and operational implications. The main one is the requirement to adopt comprehensive, informed and flexible stewardship approaches that mobilize, both at national and district levels, new mind-sets, skills and policy instruments (such as data intelligence, benchmarking, strategic purchasing and mechanisms ensuring accountability to citizens).

2. **Accountability for results -** Given rising expectations of citizens, Ministries of Health and governmental agencies have to embrace a culture of accountability for results, with upward and downward accountability mechanisms. In many countries, greater performance of local health systems will require substantial reshaping of institutional arrangements and incentive schemes (e.g. results based financing).

3. **Empowerment of communities and individuals -** We invite central and local governments, Ministries of Health, district management teams and their partners to develop an ambitious inter-sectorial action programme to empower communities and individuals to help them tackle existing health needs, but also emerging ones (e.g. determinants of non-communicable diseases). Their capacity should be strengthened in order to be able to analyse their own health problems and become partners for planning, implementing and assessing their own health interventions and those delivered by professional providers.

4. **Quality of care -** In order to meet the rising means and expectations of users Ministries of Health, district teams and health facilities have to adapt and improve the provision of services. At facility level quality of care, and more particularly patient-centeredness, has to receive much more attention. At system level there is a need for a more flexible definition of the role and functioning of hospitals in their specific context.

5. **Multisectoral action -** Ministries of Health and their partners have to adjust the district system and the provision of services to epidemiological and demographical changes. We encourage countries to experiment with new health service models, carefully documenting the lessons learned. The epidemiological transition, but also the unfinished agenda of reducing child mortality, requires Ministries of Health and district management teams to develop sufficient capacity to engage with other sectors to implement ambitious multi-sectorial approaches for better health.

6. **Health in cities -** Urbanization is accelerating. We encourage all actors to develop an extensive and sustained knowledge and research programme (what to do and how to do it) on health in cities and peri-urban areas.

7. **Public private partnership -** Private providers are both a challenge and an opportunity. We strongly recommend governments to create the right conditions for bringing the private sector on board by defining partnership policies, guidelines, criteria for collaboration and health care financing schemes which bring a long term perspective to the collaboration. This calls for the development of expertise and an appropriate toolbox of policy instruments to align private-for-profit providers with the goal of universal health coverage (UHC), and this both at central and district level.

8. **Equity -** All actors will have to unite behind the UHC banner to mitigate the current injustice and unequal access to quality services which may be worsened by the (further) rise of inequality within countries. Stewards of local health systems need to develop meaningful collaboration with social welfare actors engaged in the fight against poverty.

9. **Decentralization -** It is critical for health authorities to adopt a more pro-active approach towards the decentralization agenda. The priority in many countries is to start a dialogue on the elements that need to be decentralized, the transfer of resources and capacities and a better linkage of the district management teams with local authorities while maintaining a good connection with the Ministry of Health.

10. **ICT -** The power of ICT to enhance governance and accountability, equity, effectiveness and efficiency of local health systems has been insufficiently used so far. We believe that Africa can quickly progress in this respect and needs to develop solutions tailored to its needs. We recommend technical and financial partners to financially support the development of ICT solutions adapted to African health systems.

11. **Constant learning -** Given the rapid transformation of societies, it will not be possible to have blueprints that are valid for the whole country. Within the whole health system, there will thus be a need to encourage organizations to become 'learning organizations', able to adjust smoothly to their (complex and constantly changing) environment. This is particularly relevant at the level of the local coordination of the health system (district management teams, but not exclusively). The Ministry of Health and its partners have to help them to acquire new skills and methods, but also to grant them the required autonomy.

12. **Aid -** Technical and financial partners can assist in the implementation of this knowledge and policy agenda. They can also make a key difference, by adopting approaches themselves that strengthen, rather than instrumentalize or undermine, local health systems, including by adopting time frames more in line with the challenges that need to be addressed.

Communities of practice?

Communities of practice are groups of people who interact on a regular basis to deepen their knowledge on a specific topic. Thanks to information and communication technologies, communities of practice can involve experts dispersed across countries. This has allowed the strategy to be applied to domains of knowledge such as health policy with a global perspective. The Health Service Delivery Community of Practice (HSD CoP) is affiliated to the Harmonization for Health in Africa platform, which gathers several multilateral and bilateral aid agencies committed to implement the Paris Declaration in the health sector in Africa. Today the HSD CoP gathers more than 700 experts, mainly based in Africa. They joined the CoP on an individual basis, spurred by their desire to share knowledge on health systems.

To register to the CoP discussion forum: https://hhacops.org/cop-hsd-pss-bilingual

To contact the CoP facilitation directly: copservicedelivery@gmail.com

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