The Ouagadougou Declaration on Primary Health Care and Health Systems in Africa focuses on nine major priority areas: 1) leadership and governance for health, 2) health services delivery, 3) human resources for health, 4) health financing, 5) health information systems, 6) health technologies, 7) community ownership and participation, 8) partnerships for health development, and 9) research for health. This paper describes a framework constructed for implementing the necessary activities in each of these priority areas, and proposes recommendations for consideration by Member States in the development of their own country frameworks. The framework for implementing activities related to health information and research for health which have been taken into account in the Algiers Framework are discussed separately elsewhere in this issue.
The objective of the Conference was to review past experiences on Primary Health Care (PHC) and redefine strategic directions for scaling up essential health interventions to achieve health-related Millennium Development Goals (MDGs) using the PHC approach for strengthening health systems through renewed commitment of all countries in the African Region.

The Conference recommended that WHO develop a framework for the implementation of its Declaration, and this framework is described here.

**BACKGROUND**

There is a global movement to renew PHC, a call that has been echoed at international, regional and national conferences, including WHO Regional Committee meetings. The most recent call was by WHO’s Executive Board.

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

The Ouagadougou Conference was thus a part of this global movement, marking 30 years since the adoption of the Alma-Ata Declaration in 1978. The conference was organized in collaboration with the Government of Burkina Faso, UNICEF, UNFPA, UNAIDS, African Development Bank and the World Bank. Over 600 participants attended from the 46 Member States of the WHO African Region and from other continents.

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

**GUIDING PRINCIPLES**

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

1. **Country ownership:** Exercising committed leadership in the development and implementation of national development strategies through broad consultative processes.

2. **Adequate resource allocation and reallocation:** Allocating and reallocating adequate resources and using them efficiently to provide integrated essential health services with the aim of achieving universal access to high impact interventions.
Intersectoral collaboration: Recognizing the need to institutionalize coordinated intersectoral action in order to improve health determinants.\(^3\)\(^6\)

Decentralization: Redistributing authority, responsibility and financial and other resources for providing public health services among different levels of the health system.\(^7\)

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

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

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

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

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

RECOMMENDATIONS BY PRIORITY AREAS

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

In this context, countries are encouraged to focus on the following priority areas, as outlined in the Ouagadougou Declaration: 1) leadership and governance for health, 2) health services delivery, 3) human resources for health, 4) health financing, 5) health information, 6) health technologies, 7) community ownership and participation, 8) partnerships for health development; and 9) research for health. As mentioned earlier, items 5 and 9 are covered elsewhere in this issue in the article on the Algiers Declaration framework.

LEADERSHIP AND GOVERNANCE FOR HEALTH

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

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

The Ouagadougou Declaration calls on Member States to update their national health policies and plans according to the Primary Health Care approach, with a view to strengthening health systems in order to achieve the Millennium Development Goals, specifically those related to communicable and noncommunicable diseases, including HIV/AIDS, tuberculosis and malaria; child health; maternal health; trauma; and the emerging burden of chronic diseases.

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

(a) Implement key recommendations of the WHO Commission on Social Determinants of Health relating to health governance and health equity.\(^\text{11}\)

(b) Develop and adopt a comprehensive national health policy (NHP) that is integrated into the country’s overall development strategy through a broad-based, country driven, inclusive and participatory decision-making process.\(^\text{12}\)

(c) Develop and implement a comprehensive and costed national health strategic plan (NHSP) that is consistent with the NHP, taking into account multiple sources of funding within a realistic resource package.\(^\text{13}\)

(d) Develop and implement subsequent operational plans at the local (district) level of health systems, as planned for in the NHSP.\(^\text{14}\)

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

(f) Update and enforce public health laws in line with the NHP to facilitate the implementation of the
Ouagadougou Declaration and other health-related strategies, and
Reinforce the oversight of health development across sectors in consultation with civil society, professional organizations, and other stakeholders; and ensure transparency and accountability through regular audits.

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

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

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

(a) Review essential health packages, taking into consideration high priority conditions and high impact interventions to achieve universal coverage.
(b) Develop integrated service delivery models at all levels, taking into account the referral system regardless of the organization and nature of the services (promotive, preventive, curative and rehabilitative) so as to improve the economic efficiency and equity of health services delivery.
(c) Design health systems that provide comprehensive and integrated health care, ensure patient safety and improve accessibility, affordability and equity in service utilization.
(d) Institutionalize health services at community level using appropriate mechanisms that are fully described in the NHP and NHSP.
(e) Develop mechanisms to involve all private health providers to ensure a continuum of care among all citizens, regardless of their economic status.
(f) Ensure the availability of appropriate, relevant and functional health infrastructure, and
(g) Design service delivery models utilizing the priority health interventions as an entry point and taking into account the need to ensure universal coverage.

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

In relation to human resources for health, the Ouagadougou Declaration calls for strengthening the capacity of training institutions, management, and staff motivation and retention in order to enhance the coverage and quality of care in countries. The following recommendations are proposed for Member States’ consideration:
(a) Develop comprehensive
policies and plans for health workforce development within the context of national health policies and plans.

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

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

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

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

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

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

HEALTH FINANCING

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

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

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

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

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

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

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

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

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

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

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

HEALTH TECHNOLOGIES
Health technologies includes the application of organized technologies and skills in the form of devices, medicines, vaccines, biological equipment, procedures and systems developed to solve a health problem and improve quality of life. E-health applications (including electronic medical records and tele-medicine applications) and traditional medicines are included within the scope of health technologies.

Health technologies are essential when they are evidence-based, cost-effective and meet essential public health needs.

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

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

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

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

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

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

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

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

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

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

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

(k) Develop national medicine formularies.

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

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

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

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

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

COMMUNITY OWNERSHIP AND PARTICIPATION

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

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

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

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

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

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

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

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

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

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

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

PARTNERSHIPS FOR HEALTH DEVELOPMENT
Partnerships for health are relationships between two or more organizations that jointly carry out interventions for health development. Each partner is expected to make financial, technical and material contributions. An effective partnership requires government stewardship and mutual respect between partners, as well as accountability to ensure coordinated action aimed at strengthening health systems. Intersectoral action for health among health and non-health sectors is a key strategy to achieve policy coherence and for addressing, more generally, the social determinants of health and health equity.

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

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

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

(b) Increase the development and use of mechanisms such as sector-wide approaches, multi-donor budget support and the development of national health compacts (agreements between governments and partners to fund and implement a single national health plan in a harmonized and aligned manner) to strengthen health systems.

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

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

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

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

AFRICAN UNION COMMISSION AND REGIONAL ECONOMIC COMMUNITIES

(a) The African Union Commission can provide support by:
   i. facilitating wide dissemination of the Ouagadougou Declaration among political leaders and governments;
   ii. ensuring that public policies take into account the health dimension, in line with the AU Health Strategy 2007–2015;
   iii. continuing leadership and advocacy with national authorities and international health partners to mobilize additional resources for implementation of primary health care and health system strengthening.

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

OTHER STAKEHOLDERS AND PARTNERS

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

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

MONITORING AND EVALUATION

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

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

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

CONCLUSION

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

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

ACKNOWLEDGEMENTS

PROCESS OF DEVELOPING THE FRAMEWORK

The development of the framework described here was accomplished through exceptional leadership, guidance and coordination provided by Dr Luis Gomes Sambo, the Director for the WHO Regional Office for Africa. In accordance with the nine priority areas identified in the Ouagadougou Declaration, the Division of Health Systems and Services Development shared responsibilities for drafting the Framework among selected staff in the Regional Office and Intercountry Support Teams. A small team comprising the programme managers of health policies and service delivery, health financing and social protection and the Regional Advisor on Human Resources for Health Management participated in a three-day meeting in Pointe Noire, Republic of Congo, to improve the first draft.

The framework was reviewed as a draft by Programme Managers in the Division of Health Systems and Services Development in relation to their areas of work and health promotion in DNC. The draft was then opened to wide consultations at country level. A number of countries made substantive inputs through the WHO Country Offices. All the inputs and the draft were extensively discussed during a regional consultative meeting which was attended by representatives from the ministries of health, academic and research institutions, all levels of WHO, partners (UNICEF, UNFPA, World Bank, UNAIDS) and NGOs. The invaluable contributions made by the individuals representing these stakeholders are highly appreciated. The consolidated draft was submitted to Members of the Programme Sub-Committee, whose inputs were integrated. During the 59th Regional Committee held in Kigali, Rwanda in September 2009, Ministers of Health in the African Region adopted the Framework and requested WHO support for its adaptation and adoption at country level.

The Regional Director, Dr Luis Gomes Sambo recommended expanding the discussions on priority areas of the Framework in future Regional Committee meetings.

PROCESSUS DE DEVELOPPEMENT DU CADRE

Le développement du cadre ici décrit a été exécuté avec brio sous l’autorité, le conseil et la coordination du Dr Luis Gomes Sambo, le Directeur pour le Bureau Régional de l’OMS en Afrique. Conformément aux neuf domaines prioritaires identifiés dans la Déclaration de Ouagadougou, la Division des Systèmes et Services de Santé a partagé les responsabilités, pour préparer le cadre, entre le personnel sélectionné au Bureau Régional et des Équipes Inter-pays. Une petite équipe, composée de responsables de programme pour les
políticas de saúde e la prestazione di servizi, le
financement de la santé et protection sociale, ainsi
que le Conseiller Régional en ressources humaines
pour la santé ont participé à une réunion de trois jours
da Pointe Noire, République du Congo, dans le but
d’améliorer la version préliminaire.

Dans sa version préliminaire, le cadre a été passé
e revue par des responsables de programme de
la Division des Systèmes et Services de Santé, en
fonction de leurs attributions professionnelles et
e en lien avec la promotion de la santé à la Division
de la Prévention et de la lutte contre les Maladies
non Transmissibles (DNC). La version préliminaire
a alors été soumise à de larges consultations au
niveau des pays. Un certain nombre de pays ont
formulé des remarques importantes par le biais des
Bureaux de pays de l’OMS. Toutes les remarques
et la version préliminaire ont fait l’objet de discussions
approfondies durant une réunion de consultation
régionale, à laquelle des représentants des ministères
de la santé, des institutions universitaires et de
recherche, tous les niveaux de l’OMS, des partenaires
(UNICEF, UNFPA, Banque mondiale, ONUSIDA) et des
ONG ont participé. Les contributions inestimables
effectuées par les individus qui représentent ces
parties prenantes sont grandement appréciées. La
version remaniée a été soumise aux membres du
Sous-Comité du Programme, dont les remarques
ont été intégrées. Durant le 59e Comité régional qui
s’est tenu à Kigali au Rwanda en septembre 2009, les
ministres de la santé de la Région Africaine ont adopté
le cadre et sollicité le soutien de l’OMS pour son
adaptation et son adoption au niveau des pays.

Le Dr Luis Gomes Sambo, Directeur Régional, a
recommandé d’étendre les discussions aux domaines
prioritaires du cadre durant les futures réunions du
Comité régional.

PROCESSO DE DESENVOLVIMENTO DO QUADRO
ORIENTADOR

O desenvolvimento do Quadro Orientador descrito
neste resumo foi conseguido graças a uma liderança,
orientação e coordenação excepcional por parte do
Doutor Luís Gomes Sambo, o director do Escritório
Regional da OMS para África. De acordo com as
nove áreas prioritárias identificadas na Declaração
de Ouagadougou, a Divisão de Sistemas de Saúde
e Desenvolvimento de Serviços partilhou as
responsabilidades do desenvolvimento do quadro
orientador com colaboradores selecionados a nível
do Escritório Regional e com as Equipas de Apoio
Inter-pais. Uma pequena equipe composta por gestores
dos programas de políticas de saúde e prestação de
serviços, financiamento da saúde e protecção social
e pelo conselheiro regional dos Recursos Humanos
para a Gestão da Saúde participaram num encontro
de três dias em Pointe Noire, República do Congo, para
melhorar o primeiro projecto de documento.

O quadro orientador foi revisto pelos gestores dos
programas da Divisão dos Sistemas de Saúde e
Desenvolvimento de Serviços, no que respeita
às respectivas áreas de trabalho, e pelo gestor do
programa de promoção da saúde na Divisão de
Doenças Não Transmissíveis. O projecto de documento
revisto foi então submetido a consultas públicas a
nível dos países. Diversos países deram contributos
substanciais através dos Escritórios Nacionais da
OMS. Todas as contribuições e o próprio projecto
depois de documentação foram submetidos a uma discussão
extensa durante uma reunião regional de consulta em
que participaram os representantes dos Ministérios
de Saúde, instituições académicas e de investigação,
representantes da OMS de todos os níveis, parceiros
(UNICEF, UNFPA, o Banco Mundial, UNAIDS) e
ONGs. Os contributos valiosos feitos pelas pessoas
em representação destas instituições são muito
apreciados. O projecto de documento consolidado foi
entregue aos membros do Sub-Comité de Programa,
cujos contributos foram também integrados. Durante
a 59ª sessão do Comité Regional em Kigali, Ruanda,
realizado em Setembro de 2009, os Ministros de Saúde
da Região Africana adoptaram o Quadro Orientador e
pediram à OMS ajuda para a sua adaptação e adopção
a nível nacional.

O Director Regional, Doutor Luís Gomes Sambo,
recomendou o alargamento da discussão em áreas
prioritárias do Quadro Orientador em futuras reuniões
do Comité Regional.

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