

THE ADDIS ABABA DECLARATION ON COMMUNITY HEALTH IN THE AFRICAN REGION

1. We, the ministers of health and representatives of Member States, nongovernmental organizations, civil societies, and bilateral and multilateral agencies gathered in Addis Ababa (from 20 to 22 November 2006) for the Joint UNAIDS, UNICEF, World Bank and WHO International Conference on Community Health in the African Region to ensure universal access to quality health care and a healthier future for the African people;
2. **Recalling** the Alma-Ata Declaration of September 1978 calling on all governments and the world community to protect and promote the health of the people of the world, the previous conferences held in Kinshasa in 1990 on community health financing and in Brazzaville in 1992 on promoting community health development, the pledge made by African Heads of States at the Africa Summit on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases in Abuja in 2001 to allocate at least 15% of national budgets to health by 2015 and the decision of the Heads of States of the African Union in July 2004 in Syrte, Libya to accelerate child survival implementation in the African Region;
3. **Acknowledging** the link between health, poverty alleviation, peace and security, gender mainstreaming, and the global commitment towards universal access to health care to facilitate the achievement of the Millennium Development Goals;
4. **Noting** that over 60% of African households live below the poverty line, and that over 60% of African people live in rural to peri-urban communities with limited social infrastructure, deteriorating health services and a high burden of communicable and noncommunicable diseases;
5. **Recognizing** the opportunities provided by the sociocultural resources and proven health interventions available for effectively mitigating existing health conditions in the Region, particularly at community levels;
6. **Acknowledging** the progress made in the African Region in promoting and strengthening community involvement in health development, and recognizing communities as key partners in the planning, financing, implementation, monitoring and evaluation of health programmes;
7. **Acknowledging** the challenges that still remain such as widespread poverty, poor governance, insufficient involvement of communities, especially women, in the decision-making processes, weak health care delivery systems especially at district level (e.g., insufficient availability of motivated and skilled human resources, limited management capacity, weak interface between communities and the formal health care delivery systems, etc);
8. **Conceding** that investment at household and community levels has enormous impact on reducing morbidity and mortality and that without concerted efforts to effectively engage communities in sustainable health actions, the Millennium Development Goals would not be achieved;
9. **Taking cognizance** that one of the key principles of primary health care is the individual and collective involvement and participation of the people in health development;

10. **Reaffirming** the principles of Primary Health Care and **dedicating** ourselves to putting people first, to consciously promote increased community involvement and participation in health development to facilitate the achievement of the Millennium Development Goals and improve the welfare of the populations;

11. Commit ourselves to:

- (a) empowering communities and strengthening community management structures, consumer activities and linkages to health service delivery systems;
- (b) refining our approaches of community engagement and involvement in the planning, delivery and self-monitoring of health care interventions;
- (c) strengthening the interactions between health services and the communities being served so as to enhance needs-based and demand-driven provision of services and to promote the sustainability of the various community approaches being implemented;
- (d) putting in place mechanisms for sharing information and experiences among each other for influencing community involvement in health development, strengthening monitoring and evaluation and promoting operational research including in social science;
- (e) strengthening partnerships and working together to translate global thinking and national policies into concrete actions at community level.

12. Call upon all Member States to:

- (a) create an enabling environment for community health development by:
 - developing and implementing national policy and strategic plans on community health as part of the national health policy and plans and poverty reduction strategy papers;
 - institutionalizing community health as an integral core component of the national health system and increasing the authority and visibility of the divisions in charge of community health in the ministries of health and training institutions;
 - making decentralization policies functional by enabling communities to effectively contribute to situation analyses, programme development and implementation, and monitoring and evaluation of interventions;
 - respecting the Abuja Commitment by allocating 15% of national budgets by 2015 to health and by increasing the proportion of funds allocated to community health interventions;
 - building capacity at the district and community levels, especially by training, incorporating community health into the curriculum of basic and in-service training;

- ensuring synergies, coordination and harmonization of the efforts of multiple partners working with communities;
 - putting in place appropriate mechanisms for monitoring and evaluation of community health interventions and for promoting operational research;
- (b) Undertake *concrete actions* within the context of health system strengthening by:
- strengthening district health systems so as to reach out and support communities;
 - supporting communities to scale up proven effective interventions and make them sustainable;
 - incorporating community health workers into the human resources for health development agenda of countries, in general, and districts, in particular, and providing appropriate technical back-up through training, mentoring and supportive supervision;
 - providing the timely supply and effective administration of appropriate and affordable pharmaceuticals, medicines and supplies at the community level;
 - providing basic social infrastructure (such as water, sanitation, roads,) that encourage and facilitate active community participation in health protection and promotion;
 - developing programmes to address social determinants of health such as poverty, cultural practices, illiteracy, malnutrition, lifestyles;
 - promoting and supporting effective collaboration within the health sector and other sectors impacting on health: agriculture; education; environment; sanitation; water;
- (c) Improve financing for community health programmes by:
- evaluating existing community health financing systems and re-orienting them to protect the poor and vulnerable groups, ensure equitable access to services and minimize financial burdens of families and communities;
 - improving rules and regulations regarding the composition and functioning of health management committees;
 - increasing the oversight function of communities over the management of resources for health.

13. Call upon communities to:

- organize themselves to take ownership of directing, protecting and promoting their own health;

- ensure accountability and stewardship of national governments and international communities on sustainable health development;
- adopt mechanisms of self-monitoring and providing feedback on health care delivery and support within their communities.

14. *Call upon all partners to:*

- work within the context of national health policies and plans with the objective of complementing national and local community efforts at meeting their priority health needs;
- commit themselves for the long term to ensure sustainability of community health interventions;
- increase investments for strengthening the capacity of national health systems;
- harmonize incentive schemes for community health workers;
- coordinate technical and financial support towards addressing the health priorities of countries and communities to optimize the effectiveness and efficiency of the support to countries;
- devise mechanisms for information sharing and joint planning for community-based interventions;
- increase resources geared towards improving community participation and ownership in health and development.

15. *Suggest the next steps forward:*

- national governments should organize meetings at the national level in order to translate the recommendations of the conference into concrete actions;
- partners should establish a follow-up mechanism;
- governments in collaboration with partners should document best practices, promote intercountry experience sharing and celebrate successes.