

INTERREGIONAL MEETING ON STRENGTHENING DISTRICT HEALTH SYSTEMS

Harare, Zimbabwe, 3-7 August 1987

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# **Declaration on Strengthening District Health Systems Based on Primary Health Care**

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**Harare, Zimbabwe**

**7 August 1987**



**World Health Organization**

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# **Declaration**

## **of the Harare Conference on Strengthening District Health Systems based on Primary Health Care**

At our meeting here in Harare a mere twelve years before AD 2000, the date set for achieving the goal of Health for All, we strongly reaffirm the primary health care approach as the means to achieve that goal.

Despite impressive progress in implementing primary health care in many countries, weakness in planning, organization and management, particularly in districts, represents one of the greatest obstacles impeding health development. This fact emerged from an evaluation conducted by 90 percent of WHO Member States.

We are convinced that effective intensification of primary health care depends on comprehensive action based in well-organized district health systems, as called for by the 1986 World Health Assembly. With increasing concern to ensure equity and the sustainability of the impact of accelerated programmes on primary health problems, we are convinced that the district provides the best opportunities for identifying the underserved and for integrating all health interventions needed to improve the health of the entire population.

A district health system is taken to mean a more or less self-contained segment of the national health system which comprises a well-defined population living within a clearly defined administrative and geographical area, either rural or urban, and all institutions and sectors whose activities contribute to improved health.

We believe that the community and all sectors, including the health sector, need to come together for the effective strengthening of district health systems, through vigorous implementation of the following points for action:

**Adopt National Policies**

which provide for necessary support to districts.

**Decentralize**

financial and manpower management as appropriate to encourage flexibility within districts in adapting national policies for resource use according to local priorities.

**Develop a District Planning Process**

to define objectives and set targets in each district with emphasis on those families and communities most at risk on the basis of a health information system to monitor health problems and resource utilization.

**Strengthen Community Involvement**

by creating appropriate mechanisms for providing support and increasing self-reliance by strengthening the knowledge and skills of communities in solving health and development problems.

**Promote Intersectoral Action**

by creating mechanisms to give health concerns higher priority on the agenda of district development and helping each sector define its role in health activities.

**Develop District Leadership**

for primary health care through orientation, training and continuing education of key individuals from all walks of life.

**Mobilize all Possible Resources**

for health development, exploring further the role of financing through user-charges, social security and pre-paid schemes, and making better use of resources available from communities and non-governmental groups.

**Ensure Sustainability**

by integrating all programmes into the district health system and improving the basic management skills of health personnel.

**Redefine the Role and Functioning of Hospitals**

within a district as integral parts of the district health system.

**Use Health Systems Research**

as a tool for solving problems of the district health system, including financing and resource allocation and to answer the need for health development networks to conduct situational analyses and field studies.

**Ensure Equity Between Districts**

by allocation of national resources on the basis of need.

Although communities and nations will naturally take responsibility for the above action, we would also:

**Encourage the Mobilization of International, Multilateral and Bilateral Resources**

in support of the implementation of district health systems based on primary health care, action research and development, and exchange and dissemination of information. National, regional and global collaboration in this effort, through appropriate coordination mechanisms, will avoid wasteful duplication and ensure that support is provided for priority areas. Such support should promote national capabilities.