The Contribution of Indigenous Faith Based Organizations to African National Health Systems

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Presentation Outline

- Overview
- History of Christian Health Care in Africa
- Contribution of Faith Based Sector (FBS) to African National Health Systems
- Characteristics of FBS
- Contribution of the FBS to Health Service Delivery
- Success Factors
- Conclusion
Overview

\(\text{Faith Based Organization (FBO):}\) An organization that is influenced by stated religious or spiritual beliefs in its mission, history, and/or work.


\(\text{Faith Based Sector:}\)
1. **Faith Communities** - religious bodies at local levels (churches, mosques, etc.)
2. **Faith Based NGOs**
3. **Faith Networks** - groups of faith communities or FBOs, e.g. Christian Health Associations (CHAs), African Christian Health Association Platform (ACHAP)
4. **Faith Based Institutions** (health facilities and training institutions)
Milestones in Christian Health Care in Africa

**Tubingen I – 1964**
Defining role of missionaries in health
Explore uniqueness in Christian understanding of health and healing

**Tubingen II – 1967**
Formation & support of African CHAs by World Council of Churches, Church Medical Commissions

**Alma Ata Conference – 1978 (Kazakhstan, USSR)**
Declaration of importance of universal access to primary health care influenced by Christian Missions

**2005 WHO states commitment to Universal Health Coverage**
ACHAP created in 2007 registered as a Regional NGO in Kenya - May 2012

**Tubingen III – 2014**
Christian Responses to Global Health and Development International symposium 50 years after Tubingen I,
DIFAEM, June 26-29, 2014
‘Call for health and healing’
‘Call for global platform for Christian health groups’
Contribution of FBS to National Health Systems

- **WHO:** 30% - 70% health infrastructure owned by FBOs\(^1\)
- **World Bank:** Up to 50% market share (beds and health facilities)\(^2\)
- **IMA:** 12% - 50% contribution to the health sector (beds and health facilities)\(^3\)

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2. The role of faith inspired health care providers in Sub-Saharan Africa and public-private partnerships strengthening the evidence for faith inspired health engagement in Africa Vol 1 of 3, Wodon, Quentin, Oliver Jill, 2012
3. Consultancy, unpublished survey findings of CHAs, 2012
Characteristics of FBOs

- Guided by values and mission
- Faith affiliation can influence governance and guidelines for delivery of services
- Key role in community mobilization for increasing demand and uptake of services
- Broad constituency and potential sources of funding
- Varied organizational capacity
- Strength in developing and managing through partnerships
Christian Health Associations (CHAs)

- Network of Christian hospitals, health centers, clinics and training institutions providing health care and related services.

- **CHA Core Functions** (vary from CHA to CHA):
  - Advocacy, Networking and communication
  - Capacity building/Institutional strengthening
  - Resource mobilization (recipient of donor funding)
  - Implementation of health programs
  - Supply chain management
  - Health Information
CHA Network

Member Functions

- Training of health workers
- Service delivery
- Community mobilization
- Supply chain management
- Grant and project management
African Christian Health Association Platform (ACHAP)

**Members:** 34 Representatives from 26 countries

**Mandate**

- Advocacy (national & international)
- Information Sharing for CHAs e.g. through biennial conferences
- Promoting partnerships (north/south; south/south)
- Facilitating regular dialogue on technical issues
- Partner collaboration
Contribution of FBOs to Health Service Delivery

FBO, SANRU & IMA Assistance to Health Zones in DR Congo

Legend:
- Protestant
- Catholic
- USAID USHINDI (10 ZS)
- DFID ASSP (56 ZS)
- SANRU GF Malaria (309 HZ)
- SANRU GF HIV (179 HZs)
- SANRU DFID ASSP (28 HZ, IMA lead)
- SANRU GAVI OSC (33 HZ)
- SANRU ACQUAL FP (10 HZ)
- USAID ENVISION NTDS (4 ZS)
- SANRU CDC HIV (5 HZ)
- IMA Member Interest (32 HZs)
Contribution of FBOs to Health Service Delivery

Improving Maternal and Child Health Outcomes

- CHAM has Service Level Agreements with MOH
- Removal of user fees in CHAM facilities
- Reaching universal coverage
- Production of a significant number of nurses and midwives
Contribution of FBOs to Health Service Delivery

Immunizations: Powerful Voices in Social Mobilization

- Collaboration of Islamic and Christian leaders in the Marklate Social Mobilization Program in Sierra Leone
- Improvement in vaccination rates 6% to 75%
- The Nigerian Polio Vaccination Boycotted in 2003 and 2004 reduced the uptake of polio vaccinations
Contribution of FBOs to Health Service Delivery

- FBOs Play a Major Role in the HIV/AIDS Response
- Key Roles as Principal Recipients of the Global Fund to Fight AIDS, Tuberculosis, and Malaria
- Contributing to Behavior Change and Increasing Uptake of HIV Services
Supply Chain Management: Provide affordable, life saving medicines to 40% of people living in Uganda, Kenya, Nigeria, and Zambia (Joint Medical Stores, Mission for Essential Drugs and Supplies, CHAN Medi-Pharma, CHAZ Pharmaceutical warehouse, Ecumenical Procurement Network)

Training of Health Workers: Own a significant amount of training facilities
Success Factors

- Declared mission of being engaged in health care provision as motivated by faith and Christian values hence clear commitment to improved health outcomes
- Ability to mobilize independent sources of income
- Long standing health service delivery networks and infrastructure
- Abiding trust of local communities
- Flexibility to pilot new methods and strategies
- Ability to integrate into national health systems
Conclusion

- Faith based organizations in Africa and other parts of the world have had major impact in building and maintaining health systems.
- FBOs are catalysts, can create a bond with Governments, the private sector, Civil society and the general population.
- Religion is a powerful social force that influences health behaviors.
THANK YOU!