



CCCIH

Christian Connections
for International Health

Meeting with USAHA

How can our various areas and interests intersect?



“Our mission is to **expand overseas export opportunities** for US companies through identifying, qualifying, and executing **health infrastructure projects.**”



Motivated by our faith and values,
we envision a world where all have
access to quality healthcare and
prevention services.

160 organizations, 25 affiliates, >250 individuals
NGOs, Church health networks, Volunteer agencies
Expertise: Advocacy on health and family planning
Funding: Gates, UNF, USAID, donors, fees



We're not alone in thinking faith-based health providers are core to global health strategies

THE LANCET

Faith-based health-care

Published: July 7, 2015

Executive Summary

An estimated 84% of the world's population is religiously affiliated. Faith is a powerful force in the lives of individuals and communities worldwide. This Series argues that building on the extensive experience, strengths, and capacities of faith-based organisations (eg, geographical coverage, influence, and infrastructure) offers a unique opportunity to improve health outcomes.

Comment

Faith-based delivery of science-based care

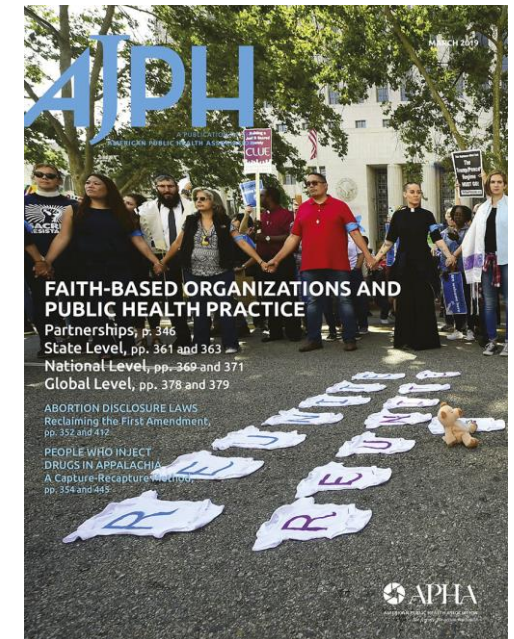
William Summerskill, Richard Horton
The Lancet, Vol. 386, No. 10005
[Full-Text HTML](#) | [PDF](#)

The view from above: faith and health

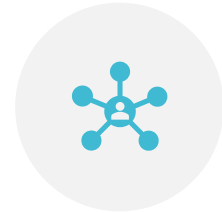
Azza Karam, Julie Clague, Katherine Marshall, Jill Olivier for the Faith and Health Series
The Lancet, Vol. 386, No. 10005
[Full-Text HTML](#) | [PDF](#)

Religion and Ebola: learning from experience

Katherine Marshall, Sally Smith
The Lancet, Vol. 386, No. 10005
[Full-Text HTML](#) | [PDF](#)



American Journal for Public Health points out:



Faith-based and public health partnerships largely overlooked in the wave of individual-focused research on religion and health.



Religion is a social determinant of health: FBOs are players in their communities

Lancet: Faith Based orgs are a “substantial part of health care”

Access

Access hard-to-reach populations, priority for poor and marginalized people, mobilization and support of volunteers, and innovative fee structures and governance.

Satisfaction

Empirical evidence: FBHPs have higher satisfaction rates from their clients than other health providers

Quality

Quality of the services provided is perceived as high due to attention to dignity of patients (more compassionate care)

Local

On the ground presence of religious institutions benefit strategies to strengthen basic health systems and public health

Common values of stewardship, Inclusiveness, dignity, and justice
Aligns with SDGs



Faith based networks: reach scale and innovate

Lancet: difficult to state “% share” of market

Christian Health Associations support 5000+ health facilities in 30+ countries. Catholic church has 5300 facilities globally; Salvation Army 264, Adventist church 389 facilities...

4 Christian Health Association examples

	Ghana	Uganda (Protestant)	Kenya	Zambia
Facilities	344	291	586	157
Hospitals	94	18	25	36
Clinics/PHC	231	257	545	121
Training Inst	19	16	16	11
% Rural	70%	80%	70%	
Highlights Programs	Universal Health Cov'g	MH outreach; Novartis NCD access	EMR and management software	PEPFAR lead, fam. planning

Our critical review of faith-based health care



Helps

- Access everywhere
- Lasting trust
- Values-based
- Respond in emergencies



Hurdles

- Stigma and assumptions
- Too much or too little hierarchy
- History of dependence still maturing to partnership
- Under-resourced

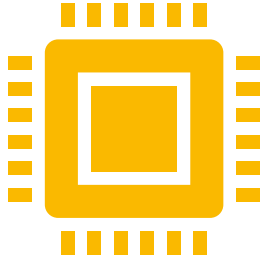
This sector can, with help, increase:

- Holistic approaches to care
- Innovation and research
- Sustainability through pricing and competitive programs
- Social and behavior change at community level

CCIH will help strengthen 30 health systems in which FB health providers work by 2030

- Goal#1: ***Bring global attention*** to needs of FB health services.
- Goal #2: ***Work alongside FBOs*** in 30 health systems to increase funding and organizational commitments and influence policies to foster resilience
- Goal #3: Increase ***access and utilization of quality*** faith-based health services around the world.

30
×
30 CCIH
HEALTH
SYSTEMS
PLEDGE



What global leaders tend to focus on:

Information Technology/Data

Medical Technology/services

Infrastructure

Service strategies around NCD, AMR, HIV



What CHAs are also concerned about:

Governance and Leadership

Finance Management

Human Resources

We've been listening to faith-based networks –
global priorities must also consider local concerns

FB also play a role in Universal Health Coverage

What is needed for it to work well for all?

- Faith Based orgs have influenced UHC design
 - National systems (e.g., Ghana)
 - Community systems (e.g., Uganda)
- Gaps in UHC plans:
 - Capital development: new construction, renovation, technology
 - Systems improvements: EMR, finance
 - Investments in governance, leadership
 - Self learning systems (led by data)
 - Moving innovation to scale

Corporate
partnerships
are imperative



Stronger partners - better business

Better legal and administrative oversight,
finance systems, leadership capacity, facilities

How can we collaborate on areas of shared interest?

Landscape analysis of FB sector

Benchmarking in specific areas

Consensus building with opinion leaders

Tackle “comprehensive” care issues

Briefing kits for your teams and decisionmakers

Employee engagement strategies

Strengthen donation initiatives

Promote your role as thought leader

Give voice through CCIH events



What are your questions, concerns and interest?



What's your current FB engagement?



What strategy is emerging around integrated health solutions?

Questions



Training and education

Landscape on basic and bio-med training
Support learning materials, labs



Innovation and technology direction

Benchmark on appropriate technology
Idea harvesting
Strategies on barriers to scale



Health infrastructure

Landscape on capital finance
Government and Faith-based leaders dialogue on infrastructure and technology



NCD access

Landscape programs like Novartis Access
Benchmark current practice



Countries

Profile 2-3 shared priority countries per region



Thought leadership

Speaking opportunities
White papers



Faith Based as Business Partner

Direct link to procurement
Strengthen FB leadership capacity

7 areas for collaboration identified July 24:
CCIH suggests a few ideas of where to start.
Can we pick 1 or 2 things now?

