30 × 30 CCIH HEALTH SYSTEMS INITIATIVE

Strengthening 30 health systems in which faith-based organizations operate by 2030

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Overview/ Table of Contents

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Summary

- The 30x30 Health System Initiative is an initiative of Christian Connections for International Health (CCIH) to **strengthen 30 health systems in which faith-based (FB) health services operate, by 2030.**

- Goals of 30x30 Health System Initiative:
  - Increase global attention to the work of FB health services.
  - Work alongside FB health services to increase funding and improve policies.
  - Gather evidence of stronger health systems for FBOs.

Summary, cont.

- The foundation of 30x30 is the "health system commitment" in which members, affiliates and other organizations commit to work in one or more health systems to improve such things as leadership, finance, workforce, supply chain, health information and services.

- CCIH will harness lessons and foster learning among organizations and promote what will be called the "ABCs of health system strengthening."

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Acknowledgements

- CCIH's Health System Strengthening Working Group, chaired by Jenelle Williams of Global Health Action and Barbara Campbell of The Dalton Foundation/Re-link Global Health, provided a sounding board to the overall initiative.

- This working group produced a white paper that informs our efforts and focuses on mapping and leadership/governance.

- Many people came forward with helpful suggestions and inputs to the design after the initial presentation during the June 2019 CCIH conference. These included NGOs, Christian Health Associations and a range of affiliates and other partners.

Thank you!

Background:
The Need

Faith-based health services provide a major share of health care

- The contribution of faith entities to health response in low-and middle-income countries is substantial. For example there are over 5000 health facilities in the African Christian Health Association Platform membership that spans 30 countries.

- Faith entities are critically important to the overall health system in many countries, particularly in underserved areas.

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CCIH sees several concerning trends affecting FB health services

- Emergence of NCDs and mental health are shifting the Global Burden of Disease, straining existing health services.

- Sudden onset disasters, complex and protracted humanitarian emergencies, disease outbreaks and conflict overwhelm essential health systems.

- Declining International Support for global health is causing local systems to look for ways to cut cost or raise new revenue.

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A season of change can lead to focus and improvement

- Retaining commitment to high-quality health services as an extension of Jesus' healing ministry.

- Sharing our stories and evidence to help build systems.

- Multiple actors working together improves efficiency; we must know each other's priorities.

- Resilience involves preparing for emergency response as well as planning for restoration of health services (the relief to development continuum).

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We believe that Health System Strengthening works best when:

- Member systems improve and then strengthen the larger systems they are part of (i.e. their countries, their networks).

- International, country, and local efforts support each other.

- Headquarters, facilities & communities participate.

- Multiple independent entities in a given geographic area or speciality work together.

- Successful models are found and training provided to benefit others.

- Studies, research, publishing, etc to amplify best practices.

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World Health Organization (WHO) defined Health System Strengthening building blocks and outcomes is our guiding framework

SYSTEM BUILDING BLOCKS

- SERVICE DELIVERY
- HEALTH WORKFORCE
- HEALTH INFORMATION SYSTEMS
- ACCESS TO ESSENTIAL MEDICINES
- FINANCING
- LEADERSHIP / GOVERNANCE

ACCESS COVERAGE

QUALITY SAFETY

OVERALL GOALS / OUTCOMES

- IMPROVED HEALTH (LEVEL AND EQUITY)
- RESPONSIVENESS
- SOCIAL AND FINANCIAL RISK PROTECTION
- IMPROVED EFFICIENCY

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CCIH perspective on the WHO framework

- While the building blocks WHO identified can be at the center, they were created with government services in mind.

- Strengthening just the facility leaves out key components of healthy and whole communities. Building a strong health system includes the interconnectedness of communities and facilities.

- Utilization is often overlooked when talking about access: it depends on trust and confidence from the community. That trust must be earned and kept through continual coordination, preparedness, and thoughtful stewardship of financial and human resources.
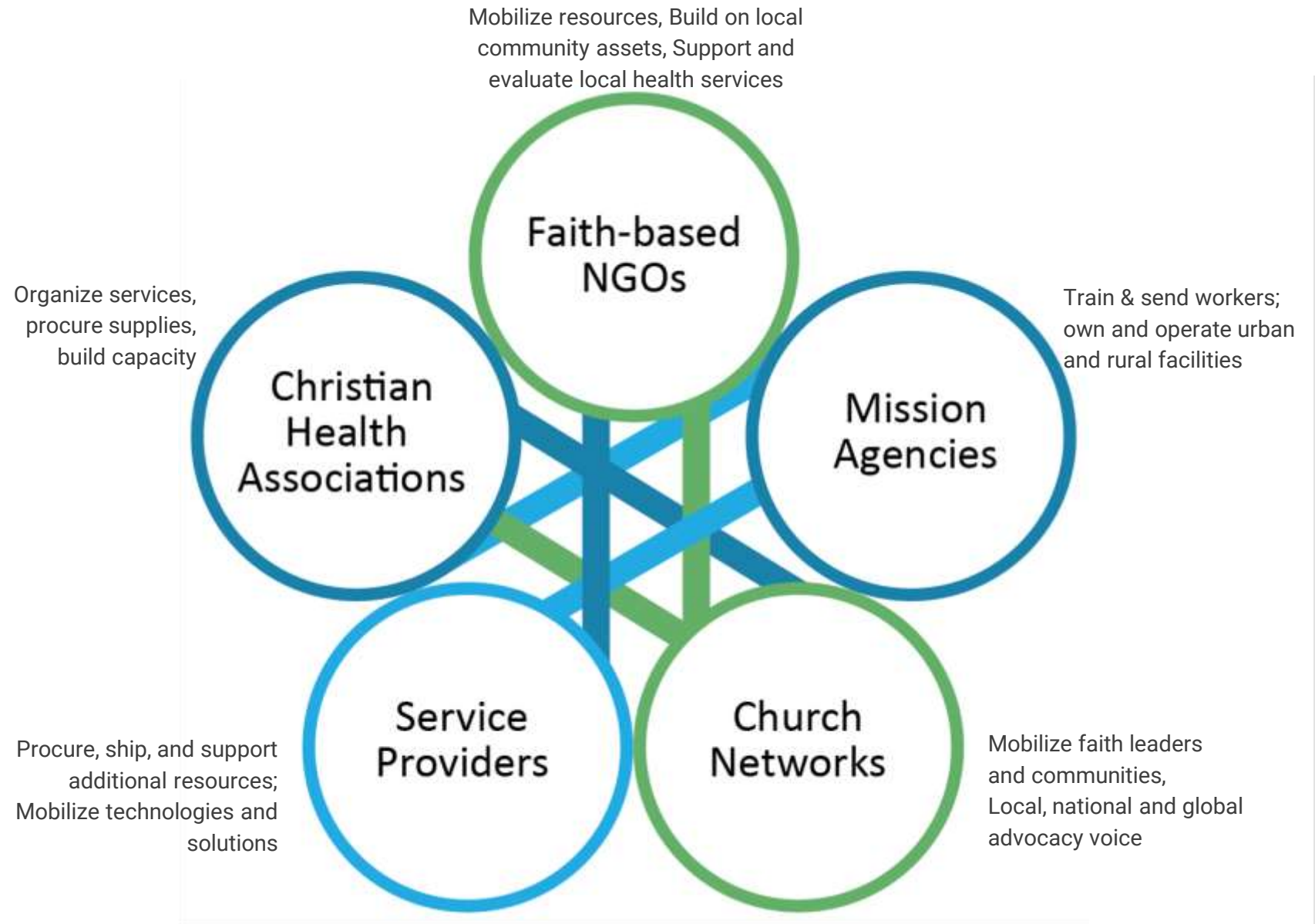
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What we've learned from 12 country interviews and 2 in-depth workshops*

- Leadership:
  - Leaders have management and governance skills to leverage resources and respond to crises without becoming paralyzed.
  - Evidence-based analysis, prioritization, planning and monitoring.
- Workforce
  - Excellent long term training centers (e.g. residencies, hospital administrations, public health).
  - Address staff retention and delays in replacement: better human resources departments and address reasons for turnover.
- Finance
  - Cost recovery in systems/countries where services are not provided by governments or donors.
  - Training in financial control at national and decentralized levels.
- Information Systems
  - Monitoring and Evaluation: Better data collection, analysis for advocacy and planning.
  - Replacing paper with electronic systems: Need computers and trained staff.
- Supply Chain
  - How to buy quality medicines and equipment when not available from government?

*See Appendix for more information

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CCIH Members and Affiliates often work in parallel.

Can we work in unison?

Mobilize resources, Build on local community assets, Support and evaluate local health services

Faith-based NGOs

Organize services, procure supplies, build capacity

Christian Health Associations

Train & send workers; own and operate urban and rural facilities

Mission Agencies

Procure, ship, and support additional resources; Mobilize technologies and solutions

Service Providers

Church Networks

Mobilize faith leaders and communities, Local, national and global advocacy voice

FB Health Services operate in complex health systems

Health Facility ⟷ **Community**

Outreach, Case Finding
(e.g., screening, referral systems)

Community-Based Management of Disease
(e.g., Integrated Mgmnt of Childhood Illness)

Prevention and Health Promotion
(e.g., education, awareness)

Government ⟷ **Private**

Work with Ministries of Health, may receive government support. Government regulates services, staffing, and sets data standards. FB Need equitable allocation of resources.

Urban ⟷ **Rural**

Reach underserved people living on the economic margins in both urban and rural locations.
FB Need: Rural health workforce, technology

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30x30 should set the stage to strengthen systems in which FB actors operate

Health Facility   Community

Urban

Private

Rural

Government

Faith-based NGOs

Christian Health Associations

Mission Agencies

Service Providers

Church Networks

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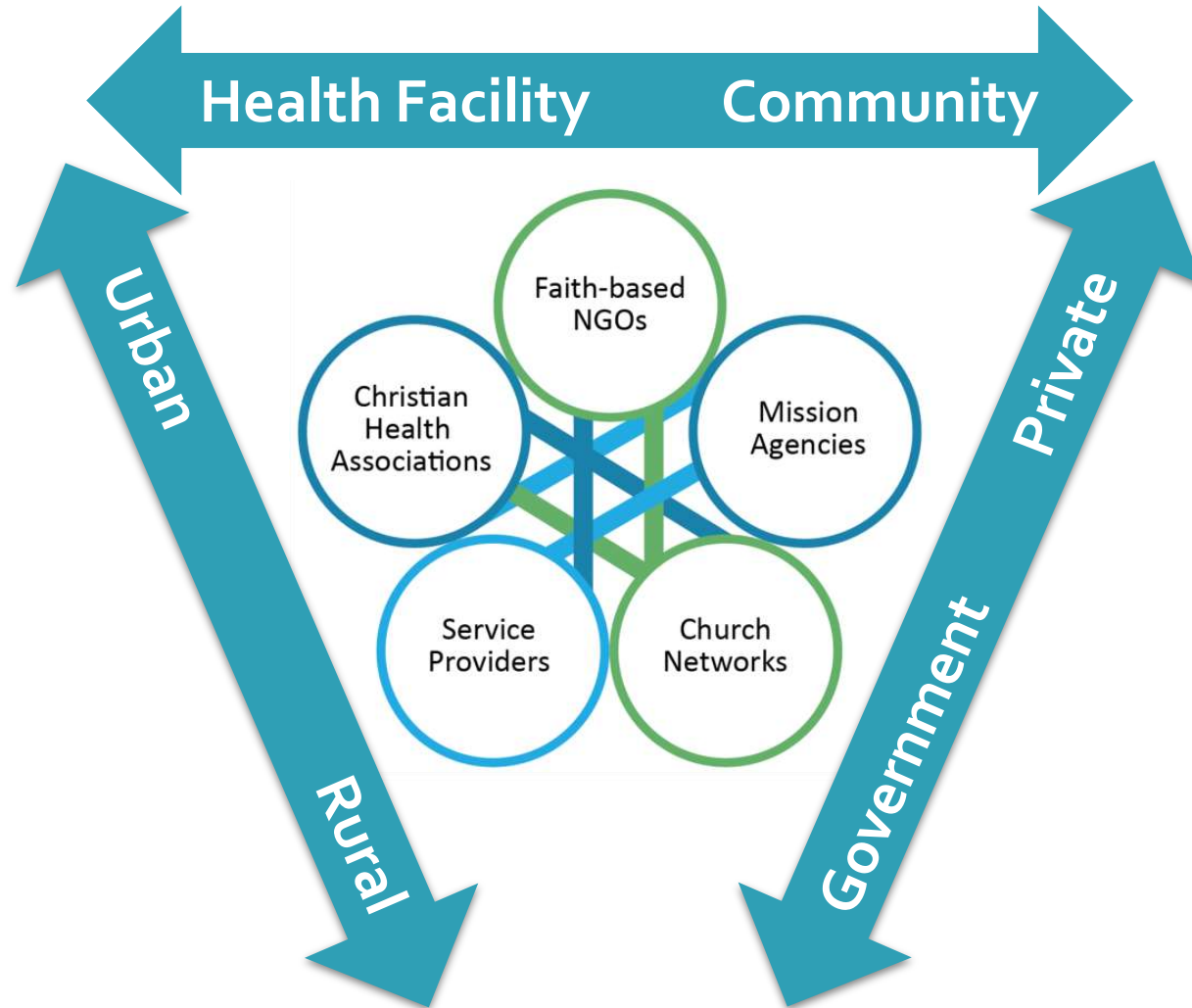
Approach to the 30x30 initiative

We carry on the work others started - to build trust and glorify God.

1 Corinthians 3:10-15
10 According to the grace of God given to me, like a skilled master builder I laid a foundation, and someone else is building upon it. Let each one take care how he builds upon it. 11 For no one can lay a foundation other than that which is laid, which is Jesus Christ.

We build where others laid a foundation...

Matthew 5:16
16 Let your light shine before men, that they may see your good works, and glorify your Father which is in heaven.

...and we do this to glorify God.
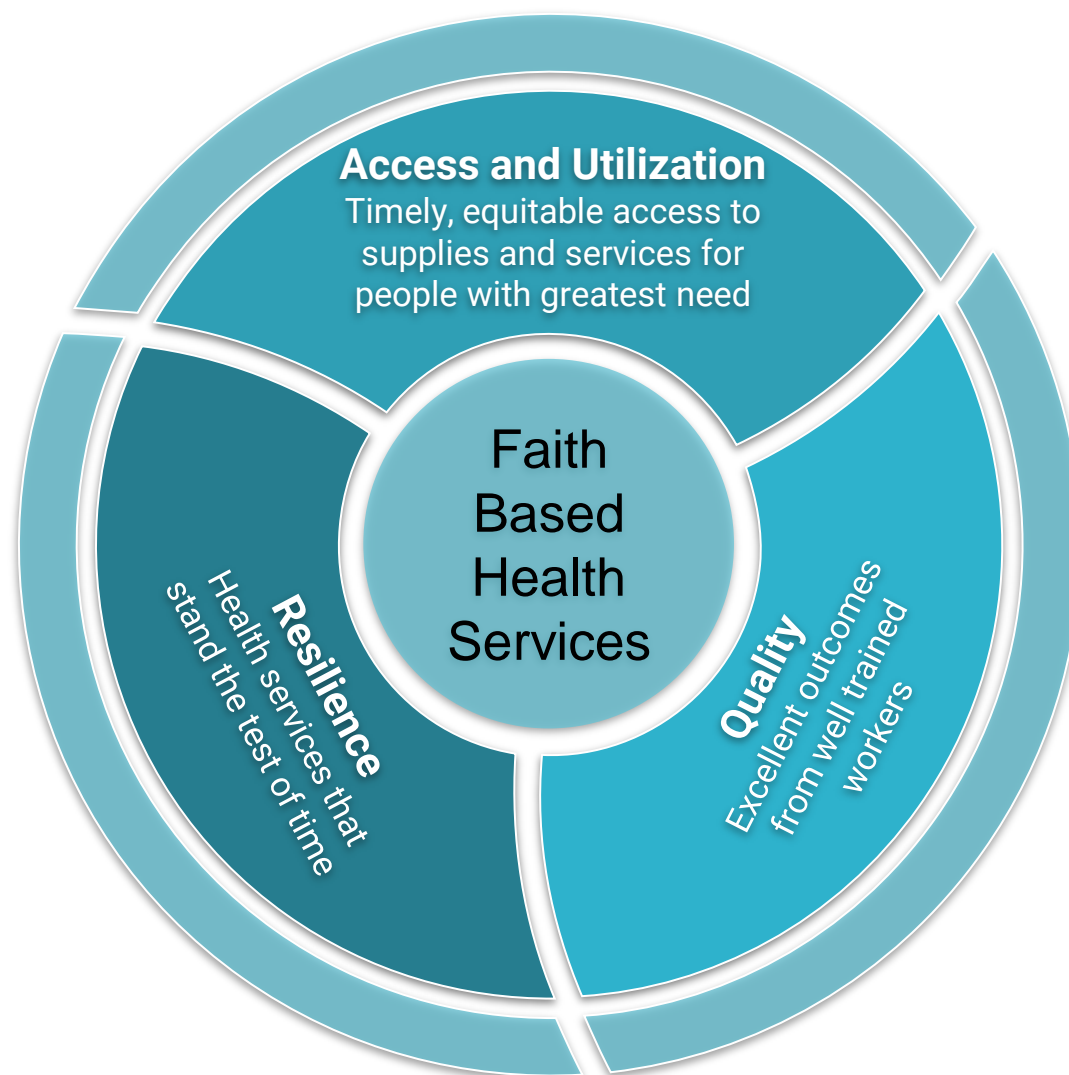
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Goals of the 30x30 Health Systems Initiative

Through the 30x30 initiative, CCIH members commit to strengthen the work of health systems in which faith based services operate - 30 unique health systems by 2030. Our goals:

1. Use the resources of the CCIH network to ***bring global attention*** to the needs of faith-based health services that operate as vital parts of local health systems around the world.

1. ***Work alongside FBOs*** in 30 unique health systems to increase funding and organizational commitments and influence policies to foster resilient faith based health services.

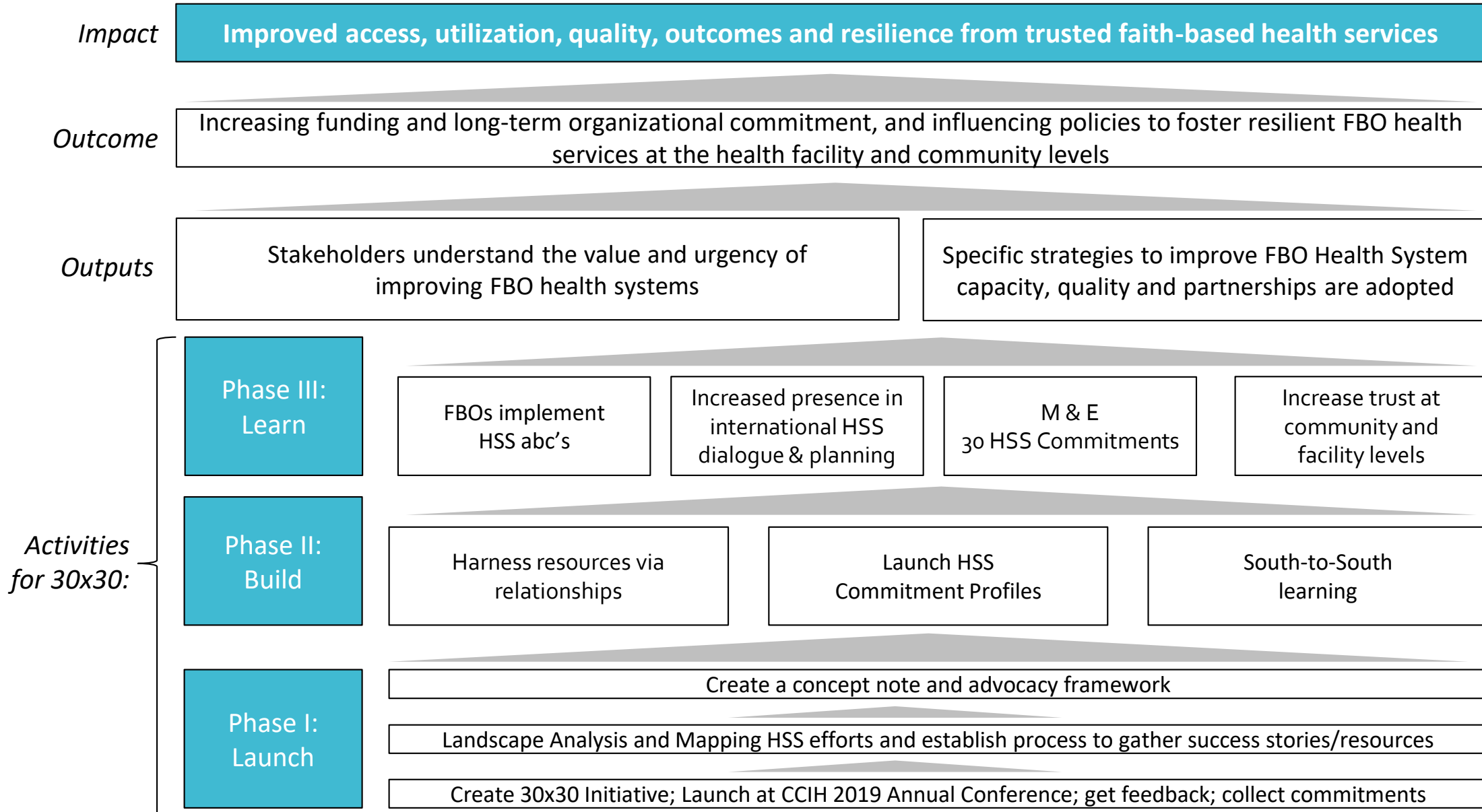1. See the ***evidence of stronger health systems for FBOs.***

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Overall Aim:

Strengthen 30 health systems in which faith-based health services operate by 2030

Funding, smart policies, and long-term organizational commitment foster resilient FBO health services at the health facility and community levels

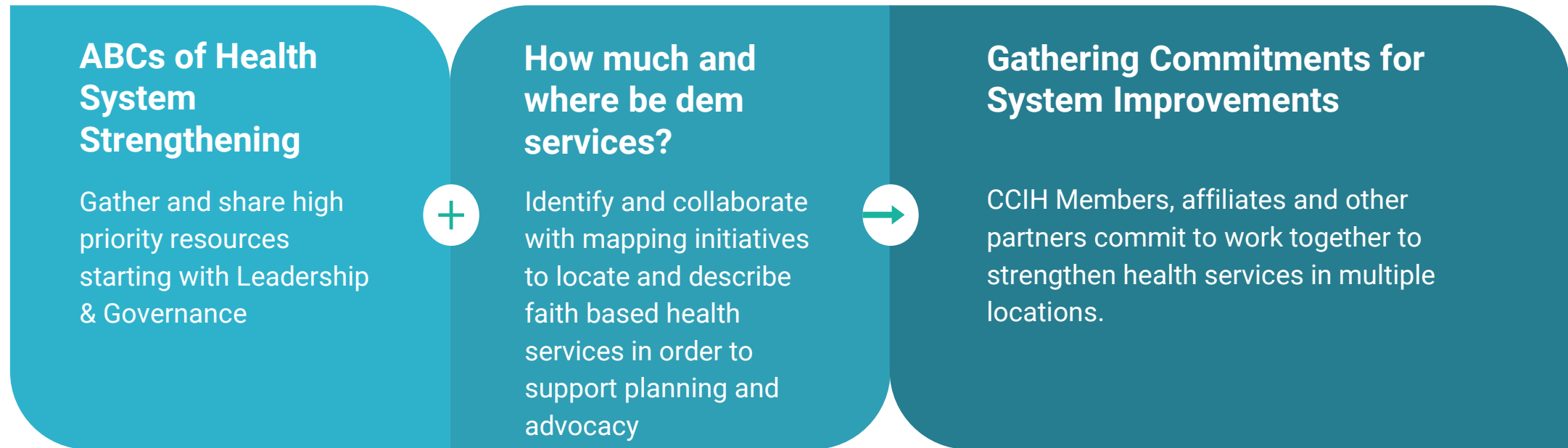**Access and Utilization**
Timely, equitable access to supplies and services for people with greatest need

Faith Based Health Services

Resilience
Health services that stand the test of time

Quality
Excellent outcomes from well trained workers

30x30 Theory of Change - activities to impact

Impact

Improved access, utilization, quality, outcomes and resilience from trusted faith-based health services

Outcome

Increasing funding and long-term organizational commitment, and influencing policies to foster resilient FBO health services at the health facility and community levels

Outputs

Stakeholders understand the value and urgency of improving FBO health systems

Specific strategies to improve FBO Health System capacity, quality and partnerships are adopted

Activities for 30x30:

Phase III: Learn

FBOs implement HSS abc's

Increased presence in international HSS dialogue & planning

M & E 30 HSS Commitments

Increase trust at community and facility levels

Phase II: Build

Harness resources via relationships

Launch HSS Commitment Profiles

South-to-South learning

Phase I: Launch

Create a concept note and advocacy framework

Landscape Analysis and Mapping HSS efforts and establish process to gather success stories/resources

Create 30x30 Initiative; Launch at CCIH 2019 Annual Conference; get feedback; collect commitments

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CCIH's Health System Strengthening Working Group Is a resource for improvements

ABCs of Health System Strengthening

Gather and share high priority resources starting with Leadership & Governance

+

How much and where be dem services?

Identify and collaborate with mapping initiatives to locate and describe faith based health services in order to support planning and advocacy

→

Gathering Commitments for System Improvements

CCIH Members, affiliates and other partners commit to work together to strengthen health services in multiple locations.

Health System Strengthening Working Group
https://tinyurl.com/CCIHHSSWGpaper

Members and Partners

Goal #1
Increase global attention to the work of faith- based health services

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By participating, you'll equip CCIH with information about your priority projects

- About your project:
  - Ownership and location (countries or regions)
  - Number of facilities or projects, urban or rural
  - Populations affected, conditions or circumstances
  - Government and other support

- How you plan to help:
  - Focus on service, supply chain, finance, workforce, leadership, data, other
  - Partners (current and needed)
  - Timing

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Global Advocacy Focus Points

CCIH will draw on this information to raise global awareness among national and global leaders in governments, church and society, focusing on:

1. Ways that FBOs are known to strengthen health systems
2. Lessons that can be shared between FBOs and non-FBOs
3. Avenues for public institutions, secular NGOS, and FBOs to work together

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Local Advocacy Focus Points

As a part of Global Advocacy, CCIH will continue to:

1. Facilitate sharing information among CCIH members.

2. Ensuring members have access to and utilize the best available evidence – from faith and secular sources – on how faith-based organizations can address social and health challenges.

3. Involve a variety of faith entities (including pastors and church-based groups) to support interaction with local and national governments and decision makers.

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Goal #2
Work alongside FBOs to strengthen 30 health systems

Faith based organizations mobilize resources to increase support

What's Needed
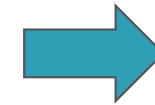
People

Finances

Structure

Information

Technology
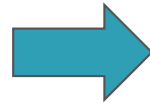
How to Help

Align to emerging priorities in health facilities and communities
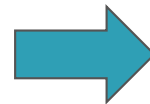
Advocate around effective policies and budgets

What we Hope to See

More funding

Good policies

Organizational commitment

Domestic and International organizations can collaborate to provide and leverage resources

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CCIH can harness and then share learning on successful HSS approaches

- South-to-South learning
  - Promote dialogue in conferences and in online forums
  - Seek specific support to foster high level dialogue

- ABCs of Health System Strengthening
  - Gather, summarize and disseminate relevant material that can help our leaders

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Goal #3
Gather the evidence of stronger health systems for FBOs

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How will organizations evaluate their commitments so that we all learn what we have done and what works?

Are FBOs receiving more support and seeing better policies?

Are FBOs doing better as a result?

Are FBOs contributing better to their health systems?

This calls for:

Monitoring
What happened with the pledges?

Evaluation
What changed because of the pledges?

Learning
Are efforts to strengthen health systems worth the effort?

CCIH can serve as a reference point for M&E, a repository for M&E results and a conduit for sharing learning and best practices

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Make a Commitment

What is a 30x30 commitment?

- A public commitment to work together to strengthen a health system in which FBOs operate.

- What your organization plans to do to strengthen health systems:
  - Services, workforce, finance, supply chain, data, leadership/governance
  - Emphasize how this will affect 2 or more organizations
  - How this leads to better access, utilization, or quality

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Benefits of Making a Commitment

- Raise visibility for your work with decision makers

- Help CCIH advocate for your work

- Help others know what you are trying to do so they can help

- Help CCIH analyze gaps in resources and services

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Who can commit to 30x30?

- CCIH Organizational Members

- CCIH Affiliates

- Non CCIH organizations

What you'll need to answer

**30x30 Health
System Commitment**

- Countries or regions
- Operational setting
- Number of facilities or programs
- Populations or conditions targeted
- Areas of HSS targeted (service, supply chain, finance, workforce, leadership, data)
- Partners
- Timeline (planned or ongoing)
- Needs/requests

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Your next steps

Ready to make your commitment?
Go to:
https://tinyurl.com/30x30CCIH

Find out more here

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CCIH Next Steps

1. CCIH will assemble a commitment "book" – electronic copy of all commitments.
   a. Share with partners --- to come alongside FBOs to meet HSS goals

2. Compiling and sharing critical resources on HSS and foster a set of "ABCs" that all partners and actors should embrace.

3. Assure presence at strategic global forums on HSS.

4. Gathering evidence and stories of systems that are working and challenges, to foster further learning.

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Questions?

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Appendix

Lessons from two in-person focus sessions in Malawi and Kenya, and interviews in 12 other countries.

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What we've learned so far about FBO HSS needs

Conducted two in-person focus sessions in Malawi and Kenya, and interviewed FBOs in other countries.

Cameroon	Nigeria
Ghana	Pakistan
India	Sierra Leone
Kenya	Uganda
Liberia	Zambia
Malawi	Zimbabwe

The following slides summarize key issues raised by participating organizations. These can help guide or inform global partners in their HSS work.

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Key concerns identified by FBOs about:

Leadership and Governance

- Develop and strengthen leadership at health facility level/community levels and at national level.

- Need leaders with a skill mix: management and governance skills; who can leverage resources and respond to issues at various times without it paralyzing them (i.e. Ebola, natural disasters, decentralization and government changes that affect their organizations, etc).

- Evidence-based analysis, prioritization, planning and monitoring.

- Institutional health policies and standard operating procedures (SOPs), strategies, sustainability plans and budgets.

- Need stronger governance of Board Members.

- Want staff to be more efficient, act with integrity, avoid waste, and increase resources.

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Key concerns identified by FBOs about:

Health Workforce

- Training health personnel always hand-in-hand with support supervision.

- Training centers of excellence for long-term training (e.g. residencies, hospital administrations, public health).

- Staff retention/turnover and delays in replacement require strengthening human resources departments as a system in addition to addressing reasons behind issues.

- Resolving about cost recovery in contexts where governments do not pay for health workers.

- Do we have enough staff to meet the population needs at facilities?

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Key concerns identified by FBOs about:

Financing

- Resource mobilization and allocation.

- Cost recovery in systems/countries where services are not provided by governments or donors.

- Train staff in financial control at national and decentralized levels (i.e. accounting, budgeting, monitoring, reporting, accountability, reduce waste in supply chain, billing, staff time, etc).

- Generating income for running facilities and programs and expansion of services.

- Sustainable financial support from government for secretariat staff and health care workers at facility level, and medicines (i.e. antiretroviral treatment (ARVs), malaria meds, oxytocin for pregnant mothers, etc).

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Key concerns identified by FBOs about:

Health Information Systems

- Monitoring and Evaluation System:
  - Need better data collection, analysis for advocacy and planning

- Replacing financial systems: paper to electronic
  - Need to train secretariat and health facility staff, especially data clerks
  - Every facility needs computer and ability to upload data to Ministry of Health (MoH) systems.
  - Need staff at secretariat to help the community facilities/programs

- Map community programs and facilities:
  - Need to put survey/systems in place, and need help providing a tool, conducting mapping, analyzing data, and applying the results.

- Innovative systems:
  - Data systems, mobile applications, health management information system (HMIS), financing, communications, and IT. Importance of interoperability with other organizations systems (i.e. does data sync between healthcare providers/organizations/government and NGOs?).

- Data helps us understand and make decisions:
  - Data hosted by external org may be expensive. Are there systems organizations can use or tailor without creating new systems?
  - How to finance such systems?

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Key concerns identified by FBOs about:

Access to Essential Medicines and Supplies

- Medicines:
  - FBOs in some countries cannot get drugs from the Government so they buy their own from suppliers within and external to the country, which often requires cost recovery systems.
  - Concerns of substandard quality.
  - Need to strengthen FBO drugs supply organizations (DSOs) and supply chain systems.

- Equipment access:
  - Not enough resources or knowledge to replace or fix equipment.
  - Often procured from outside the country.
  - Purchase in foreign currency and sometimes fluctuation of currency value makes costs more than what you budgeted.
  - Custom fees.

- If programs/government Memorandum of Understanding (MOU) do not cover equipment and FBOs allowed to charge patient fees (according to some government MoU or program/donor mandates), how to recover costs for equipment, medicines, & staff salary?

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Key concerns identified by FBOs about:

Service Delivery

- Energy sources (electricity, back-up generators, cold chain storage).

- Water source. Addresses infection control issues –wash hands, sterilize, etc.

- Equipment maintenance and insurance of equipments and investments.

- Facilities have to generate own income to pay for water, electricity, fix buildings, ambulances, petrol, etc.

- Building upkeep and improvements.

- Upgrading facilities to a higher level in order to provide more services, requires more space, equipment, staff, and staff training with support supervision.

CCIH convened FBOs in Malawi to identify top needs:

1. The importance of accountability and transparency and strong governance needs in organization structures.
2. The need for execution: ensuring lead positions are filled with staff that can implement and track policies, conduct comprehensive landscape analysis, and execute based on findings.
3. Need for cross-collaboration. Participants reported this was the first gathering they had participated in that specifically brought together Christian organizations working in health together to specifically map successes and challenges. For many, they had never met before and were not aware of another Christian organization working in health in the same regions or districts.

Read full summary here: http://www.ccih.org/wp-content/uploads/2017/09/Malawi-FBO-HSS-Mapping-Workshop.pdf

Participants: African Enterprise, Archdiocese of Lilongwe Catholic Health Commission, Christian Health Association of Malawi, Life Net - Malawi, Malawi Network of Religious Leaders Living with or Personally affected by HIV and AIDS, Partners in Hope, World Relief

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CCIH convened FBOs in Kenya to identify top needs

1. Financial sustainability of the organizations is crucial to continue to get the work done. Other creative ways of generating income need to be explored.
2. User-friendly ways of data collection and analyzing will benefit the decision making.
3. Communication and branding need to improve to help organizations position themselves well and diversify income streams.

Read full summary here: http://www.ccih.org/wp-content/uploads/2017/09/Kenya-FBO-HSS-Mapping-Workshop.pdf

Participants: ADRA, Catholic Relief Services, Christian Health Association of Kenya, Coptic Hospital, CURE Kenya, EPN, Kabarak University, Kenya Assemblies of God, MEDS, Mennonite Central Committee, Samaritan's Purse, World Relief, and World Renew.

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Participants ranked priorities - country and organizational context is crucial for HSS!

Malawi

How would you prioritize these HSS building blocks?

1st	Leadership & Governance
2nd	Financing
3rd	Service Delivery
4th	Health Information Systems
5th	Access to Essential Medicines
6th	Health Workforce

Kenya

How would you prioritize these HSS building blocks?

1st	Service Delivery
2nd	Health Workforce
3rd	Financing
4th	Leadership & Governance
5th	Health Information Systems
6th	Access to Essential Medicines