



30x30: STRENGTHENING 30 FAITH-BASED HEALTH SYSTEMS BY 2030

STAKEHOLDER COMMITMENTS
REVISED OCTOBER 2020



CCIH
Christian Connections
for International Health

30 CCIH
× HEALTH
30 SYSTEMS
INITIATIVE

FOREWORD

Dear colleagues committed to better health systems,

We are pleased to release the first set of commitments by faith-based organizations to strengthen health systems. This effort was well underway before the current pandemic struck, and underscores what we all know: stronger health systems are necessary to meet current needs and prepare for emerging threats.

We welcome your partnership in CCIH's new 30x30 Health Systems Initiative demonstrating the power of faith-based organizations to strengthen at least 30 health systems by 2030. This is our way of drawing global attention to faith-based health services, coming alongside them to help strengthen their systems, and then seeing the results: improved access and utilization of high quality health services. A first step—and one that we will revisit in coming years—is gathering commitments from CCIH members to the ways they will strengthen their local health systems. That is the purpose of this document.

What follows are the first commitments from 22 organizations to work in more than 40 countries. We know other organizations will join in to these commitments, so this document will be updated periodically. Some of these are quite general, others more specific. These commitments span the range of mastering the basics, for everybody, everywhere in their area, to working on more advanced issues, upgrading to state-of-the-art care processes, and developing innovations. This is the first step in our collection, and expect refinement in these commitments with time.

Please use this document to spread the word among key global health stakeholders about the work and health systems impact of FBOs. We hope that evidence generated from 30x30 helps FB health services to improve resource mobilization, programs, and policies. Our ultimate goal is to see stronger health systems around the world and highlight the contribution of FBOs in the process.

Please visit the CCIH 30x30 section of www.ccih.org under Resources > 30x30, or contact us at 30x30@ccih.org with any questions or suggestions to make these commitments a reality.



Doug Fountain
Executive Director

On the Front Cover

Top left: A doctor in El Progreso City, Honduras examines a baby. © 2017 Brendan Bannon/USAID, Courtesy Photoshare

Top right: Girls in Blantyre, Malawi. © 2017 Nandi Bwanali/One Community, Courtesy Photoshare

Bottom left: Village Health Teams discuss a family planning tool in Kumi, Uganda. © 2017 Laura Wando, Courtesy Photoshare

Bottom right: A man and son in a hospital in Kutch, Gujarat, India. © 2014 Anurag Kumar, Courtesy Photoshare

On the Back Inside Cover

Left: A doctor visits with a young patient in Nainpur, India. © 2016 Shivam Mishra, Courtesy Photoshare

Right: A community mobilization session in Guatemala. © 2018 Haydee Lemus/Save the Children International, Courtesy Photoshare

INTRODUCTION

The 30x30 Health System Initiative is designed to strengthen 30 health systems in which faith-based (FB) health services operate, by 2030.

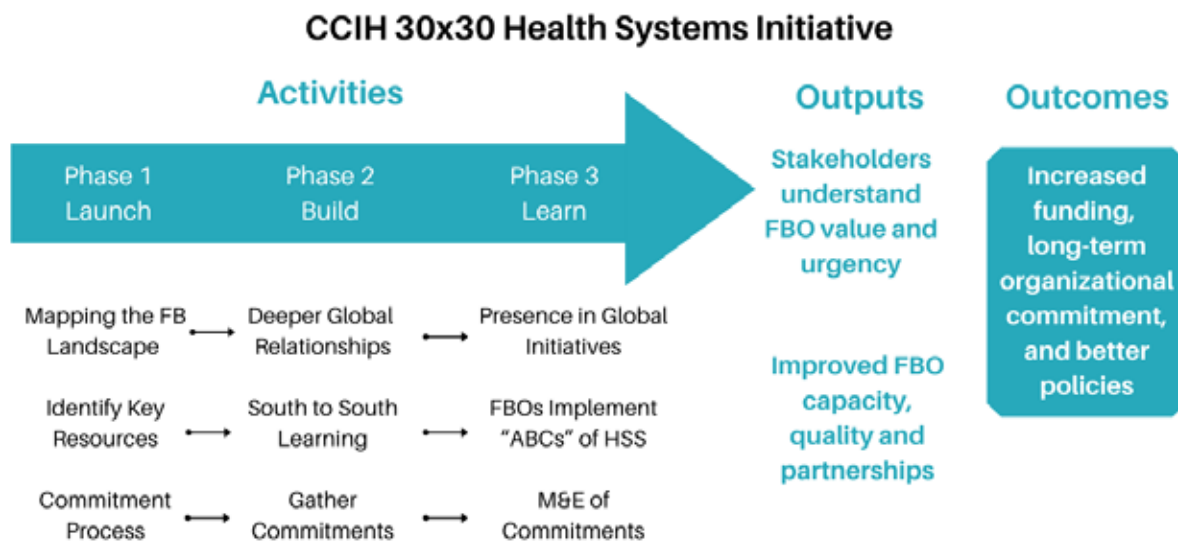
Faith-based health services provide a substantial share of healthcare in low- and middle- income countries and are critically important partners in local, national, and global health.

Faith-based health services operate in complex health systems: from community services to health facilities that include prevention and health promotion, community-based management of diseases, screening, referral, and treatment. They work with governments and other private health care providers and are often the only services available to underserved people living on the economic margins in rural and urban settings.

Like other areas of health services, faith-based health facilities and programs are in need of more support, improved staffing, better infrastructure, and modern systems. Faith-based health services are commonly regarded for their focus on dignity and compassion in the face of human suffering.

30x30 was announced in 2019, and several CCIH members and advisors contributed to the design and plan for the initiative, with activities that span three phases.

The foundation of 30x30 is the “health system commitment” in which members, affiliates, and other organizations commit to improve one or more health systems. CCIH invited organizations to submit commitments in late 2019, and this document summarizes the first round of commitments.



CCIH analyzed the commitments and grouped them into a set of Commitment Areas that are adapted from the World Health Organization's original Health System Strengthening building blocks:

- Access to Essential Medicines and Supplies, which includes equipment
- Financing, which includes increasing revenue and improving financial management
- Service Delivery, including facilities as well as clinical services
- Health Workforce, including both sufficient numbers of health workers and training
- Health Information Systems, including data as well as learning systems
- Leadership and Governance, including executive and board level issues

Additional areas added by CCIH are:

- Community Services, including community mobilization and community health workers
- Organization Learning, including monitoring and evaluation

The following content is organized in two sections:

- Single country commitments by organizations focusing on specific, local systems; and
- Multiple country commitments by organizations that have tools or services that can benefit multiple countries.

ONE COUNTRY COMMITMENTS

Christian Health Association of Kenya (CHAK) NHCTS Workshop



Commitment Areas

Access to Essential Medicines and Supplies
Financing
Service Delivery
Health Workforce

Geographic Area

Kenya

Summary of Commitment

The Christian Health Association of Kenya (CHAK) will improve its Healthcare Technology and Institutional and Organizational Development (IOD) departments to help serve CHAK membership (540 facilities) by supporting their medical technology. CHAK will help the department realize its full capacity and capability by creating it as a legally registered business venture for sustainability. The department needs:

- Registration as a business unit of CHAK, with legal framework to have service contracts with facilities, and operate within the tax-exempt regulations.
- Representation with the Kenya Bureau of Standards and Kenyan Government standards committees.
- Licensing as a technical service provider by the Radiation Protection Board of Kenya to do radiology services.
- Well-trained service staff in installation, maintenance, calibration, safety assessment, and general biomedical engineering work.
- A range of test equipment and calibration and safety tools.
- Accreditation and certification to provide the biomedical, calibration, and safety services for membership and others.
- Obtain a means of transport for equipment distribution and routine preventive maintenance travels.
- Work with international partners for equipment donation and procurement logistics for CHAK member facilities.
 - CHAK would like to partner with International Aid for mentorship, bench-marking, and collaboration in service, training, and mentorship until they can be self-sufficient.
 - Construct a Radiation Dosimetry analysis lab to receive and launch the full utilization of quality assurance/quality control equipment being donated by Bread for the World, Germany. This lab will be identified or constructed and furnished to approved controlled standard operating conditions. This will allow CHAK to offer services to members at more affordable prices than on the open market.

Christian Health Association of Malawi (CHAM)

Commitment Areas

Health Information Systems
Health Workforce
Leadership and Governance

Geographic Area

Malawi

Summary of Commitment

CHAM commits to strengthen CHAM health facilities through improved health workforce, information systems, and governance in order to increase access to quality health service. CHAM will help:

- Strengthen staff recruitment and retention (focused on a few facilities at first).
- Strengthen recruitment and increase intake of students in CHAM training colleges especially cadres that are scarce on the market (focused on a few facilities at first).
- Strengthen data reporting systems in training colleges and in health facilities.
- Monitor how facilities enter data into the national Health Management Information System.
- Organize interface meetings with the leadership of various facilities in order to discuss pertinent issues affecting their facilities.
- Organize capacity building training for the leaders of various facilities to enhance their knowledge and skills.
- Continue to coordinate faith-based HIV initiatives targeting different congregations. The Executive Director of CHAM is the Chairperson of the Board of Director for Malawi Interfaith AIDS Alliance (MIAA).



Christian Medical Association of India

Commitment Areas

Health Information Systems
Health Workforce
Leadership & Governance



Geographic Area

India: 23 states divided into 13 regions where CMAI already has a regional coordination structure in place.

Summary of Commitment

The Christian Medical Association of India (CMAI) is a membership organization of Christian health-care institutions and Christian healthcare professionals. CMAI is the related agency for health of the National Council of Churches in India (NCCI). CMAI commits to:

- Provide mentorship for its members toward achieving quality accreditation of their services aligned with government policies and schemes to ensure government funding.
- Network with other FBOs and NGOs to ensure a united voice and strength for implementing signed public-private partnership contracts with government programs, especially in states where health indicators are poor.
- Implement a series of activities during the next three years, working closely with the NCCI and broadly coordinating with partners such as Emmanuel Hospitals Association, which runs 20 mission hospitals; The Centre for Bioethics, where all speak with a common voice on ethical issues; Evangelical Medical Fellowship of India, which nurtures the medical fraternity who run CMAI member hospitals; The Leprosy Mission Trust India, which has 14 hospitals; and the Christian Coalition for Health, which promotes advocacy with the Indian government policy-making circles. Key activities include:
 - Learning culture: Inculcate an ecosystem of learning within member institutions about the communities they serve through innovations and improvements in health information systems:
 - CMAI will build the capacity of its member institutions to adapt robust documentation processes using technology to ensure effective health information systems (will conduct market research on the best product for members and coordinate necessary training).
 - The government has also introduced the National Health Digital blueprint, which will be rolled out in the near future. CMAI hospitals will need to align to these rules, and CMAI will hold trainings as required. This training will include providing sufficient and clear field data (health intelligence) to provide service delivery at affordable costs (prioritize health interventions with local resources) and improve access to care.
 - Use and share health intelligence for leaders to understand disruptive innovations locally and reach the unattended pockets in their respective regions. CMAI intends to inspire them and think about horizontal community-based interventions/outreach programs rather than vertical disease-based or population-based programs, which are at present working in silos in India.
 - Health workforce:
 - Create strong networks with other FBOs and NGOs so that CMAI can provide an ecosystem of support in the area of health workforce.
 - Nurture, motivate, and inspire young healthcare professional students to commit to serving in the mission.

- Leadership and Governance: The quality accreditation systems imposed by the government have a component on leadership and governance. CMAI commits to support this part of the capacity building by organizing more workshops and consultations with the hospital and church leadership toward achieving better governance. The NCCI will support CMAI in organizing the church leadership to participate and commit to improving governance. Mentoring of young healthcare professionals to become good leaders in their individual space is an activity for which CMAI is committed to using its network.

The Dalton Foundation

Commitment Areas

Access to Essential Medicines and Supplies
Health Workforce
Leadership and Governance



Geographic Area

Haiti

Summary of Commitment

Understanding the entire landscape of healthcare in Haiti is extremely valuable. The data currently available identifies the areas of greatest need and what those needs are. This increases efficiency in funding and leads to the greatest impact. Dalton's commitment is to a large-scale, three-phase nationwide project designed to strengthen the Haitian Healthcare system:

- Step one has been ongoing since Fall 2017 with mapping the healthcare landscape of the country. The Dalton Foundation first aggregated facility information from the Ministry of Health and FBOs working in the country. (This is complete for all ten departments.) They then began systematically visiting each facility and collecting very detailed capacity data on the ability of each facility to deliver high-quality healthcare, including information on electricity, staffing, equipment, and medication access. Currently, three of the ten departments are finished, and Dalton commits to finishing nine of the ten by the end of 2020. Printed directories for these departments are being delivered to health care providers in these regions.
- The second step, which began in Spring 2018, was unification and collaboration. With other partners like The Cap Haitian Health Network and Ansanm pou Ayiti, Dalton helped form The Haiti Health Network to bring together healthcare professionals from around the nation to provide community, encourage leadership development, and share best practices. To date, they have held three conferences and have three more planned. A very active Facebook group continues communication between conferences and during this season of political unrest. They began holding weekly webinars for Haitian healthcare professionals on topics like COVID-19, emergency preparedness, mental health, and others.
- The third step is to use the information gathered in step one and the relationships developed and leaders identified in step two to design strategic projects that affect the health care system.
 - Currently Dalton is implementing the Medical Equipment Modernization and Standardization Program in Northern Haiti. Working with the Department heads for the Ministry of Health in the Nord and Nord Est departments, they are not only providing much-needed basic diagnostic equipment like otoscopes, pulse ox units, and sphygmomanometers to the rural facilities, but are also working with larger facilities to standardize common equipment throughout the region. Dalton is setting up a training and maintenance hub in Northern Haiti that will house parts and spare units to minimize equipment downtime. They have assembled a clinical and technical training program that will employ and train three Haitian bio-med techs during the first two uses of the program. This training is set to begin June 2020.
 - Through the backbone of steps one and two, Dalton is also working with partners on two other key projects with partners: emergency response and community health worker training.

The Dalton Foundation currently partners with The Cap Haitian Health Network, MDF Instruments, Blessings International (faith-based), Hope Smiles (faith-based), Innovating Health International, Hope for Haiti, Mission of Hope Haiti (faith-based), Haiti Mental Health Alliance, and Vitamin Angels. Dalton seeks larger organizations to join in the funding efforts in order to scale faster and increase

the impact. They would love to work with USAID (have begun talking in Haiti), The Kellogg Foundation, The Gates Foundation, and any others who may be interested in a large-scale health systems strengthening approach.

Église Méthodiste du Togo/PMDCT (Programme Méthodiste De Développement Communautaire Au Togo/Methodist Community Development Programme)



Commitment Areas

Financing
Health
Workforce
Leadership & Governance
Service
Delivery

Geographic Area

Togo, especially in the prefectures of Yoto, Lakes, Gulf, Sotouboua, and Kara

Summary of Commitment

Église Méthodiste du Togo/PMDCT's commitment is to improve access, utilization, and quality of services to the population we are privileged to serve, by:

- Improving utilization of curative and preventive services:
 - Health promotion via radio, awareness, sensitization, and counseling activities to prevent diseases, identification and treatment of malnourished children, promoting vaccinations, etc.
 - Integrating the CHE (community health evangelism) model to train health workers and community health volunteers in a mobile clinic setting to be more equipped to share health knowledge in hard-to-reach communities alongside medical outreach.
- Improving quality:
 - Capacity building and continuous professional development of health personnel.
 - Updating the knowledge and skills of the nursing staff on topical themes (i.e. emergency response) so they have the same level of information and skills as health workers in government institutions.
 - Equipping key staff with certain medical skills/procedures needed in their regions as guided by staff requests/needs.
 - Train community health workers to help in disease surveillance and early presentation of cases to the health centers, especially pregnant women and vehicular accident victims.
- Resource mobilization to provide equipment and supplies to smaller health centers (i.e. mattresses, glucometers, medical dressing equipment (cotton, scissors, strips, Betadine, gloves, plasters, etc), microscopes, medical beds, syringes (various sizes), sanitary pads, hand washing creams, etc.) and provision of sanitary facilities to communities (Ecosan).
 - Expand and improve on the range and quality of services we provide within five years.
 - Health education and promotional services for pregnant and lactating mothers to improve pre- and post-natal services.
 - Improved vaccination program.
 - Growth monitoring programs for children under 5 years old.
- Improving access:
 - Resource mobilization to open two additional health centers and a hospital by the end of 2025, for a total of six facilities.

Hezekiah Health Foundation

Commitment Areas

Access to Essential Medicines and Supplies
Financing
Health Workforce
Service Delivery
Community Participation



Geographic Area

North Central Nigeria (Emoriko and Okpudu Ogene, Kogi State, and Orokam, Benue State).

Summary of Commitment

Hezekiah Health Foundation (HHF) commits to provide community-based health services to rural areas and among the urban poor, with two key strategies:

- Solicit partnership with the National Health Insurance Scheme for health insurance, with a particular focus on maternal, newborn, and child health (MNCH) to ensure that urban poor, especially pregnant women and children under the age of 5, have access to services and do not depend on out-of-pocket payments.
- Establish a Community Health Adoption Project (CHAP)
 - HHF will select a community based on their health needs following a baseline assessment. Such communities will be in hard-to-reach rural areas and/or abandoned government facilities.
 - In each community, HHF will establish Community Mutual Health Associations.
 - Going forward, HHF will solicit for essential drugs and supplies from pharmaceutical industries, organizations, individuals, and online crowd funding to meet demand.
 - Equip primary health care centers with renovation of infrastructure.
 - Partner with neighboring institutions to train community-health extension workers and health facility staff in MNCH services to bridge gaps at grassroots levels.

LifeNet International

Commitment Areas

Access to Essential Medicines and Supplies
Health Workforce
Leadership and Governance
Service Delivery

Geographic Area

Uganda

Summary of Commitment

LifeNet International has strengthened the quality of care in rural communities throughout Uganda since 2015 by providing quality assurance and improvement support in local faith-based health facilities across the entire country. To date, LifeNet has partnered with 90+ health facility partners in Uganda's central and eastern regions, developing a network that encompasses all major Christian denominations, with connections made at the national, district, local, and Diocesan levels. LifeNet's partner facilities experience significant improvements in utilization upon joining the LifeNet network, with respect to both patient volume and patient-generated revenue through user fees. Both internal and external validations have demonstrated that LifeNet's training programs improve the likelihood of healthcare workers providing life-saving and clinically significant care to their communities.

LifeNet plays a complimentary, niche role in capacity building and systems strengthening by working with the faith-based medical bureaus in Uganda. As the medical bureaus' programming and funding is primarily project-based, LifeNet is able to provide assistance in achieving quality assurance and improvement goals by working to build the capacity of lower-level health facilities, hospitals, and Diocesan staff to meet performance goals and objectives as determined by its faith-based partners.

LifeNet's commitment to its partners is to provide, disseminate, and support the knowledge, tools, and systems required to improve the quality of care provided in rural health facilities while ensuring financial sustainability and accountability. This is done through medical training programs that provide systems and guidelines for pharmacy management (to prevent stock-outs and ensure access to essential medicines) and up-to-date training on protocols for care for newborns, mothers, and children for both emergency and routine care. LifeNet trainings focus on equipping healthcare providers with the knowledge they need to tackle the top burdens of disease affecting their communities.

LifeNet will continue to work with religious leaders, facility managers, Diocesan health coordinators, and Ministry of Health officials to this end, committing to the goal of providing quality improvement services to 60 percent of Uganda's faith-based healthcare providers, as a part of LifeNet's global strategic vision.

LifeNet management training programs promote financial sustainability and accountability through the training of facility managers and staff in accounting systems, asset management, human resource, and proper reporting.

Loans for subsidized medical equipment deemed essential for providing safe care are provided to select partners as they progress through management training, and small essential healthcare materials are provided to all partners to ensure basic levels of nursing care can be provided at each LifeNet partner facility.

LifeNet also works with community leaders and village health team volunteers to ensure that target populations are sensitized to their health needs and vulnerabilities through non-communicable disease outreach programs.



Rural Health Services (RHS) of Sudan United Mission/ Nigeria Reformed Church

Commitment Area

Health Workforce
Health Service Delivery

Geographic Area

Nigeria; primary target/starting point is Ebonyi State and then other states in South East and North Central Nigeria



Summary of Commitment

One of the major problems of healthcare delivery at the primary health care (PHC) level in Nigeria is inadequate human resources for health, particularly retention of health workers in the rural areas where those PHC centers exist. RHS has trained people through its community health department in South East and North Central zones of Nigeria. Thirty percent of people trained since 2016 are from those regions. Our major commitments are:

- Training the health workforce: RHS will train mid- and low-level staff at the Sudan United Mission School of Health Technology's Community Health Department and the eight Sudan United Mission Hospitals in Ebonyi State.
 - The training results in a diploma in community health, or a certificate in community health. Workers with certificates spend 70 percent of their time working in the community and 30 percent in PHC centers, and vice versa for those with diplomas.
 - The training will reach workers where they are deployed to stop attrition rates and increase awareness and skills in villages.
 - Training will increase the number of available skilled birth attendants (SBA), which will in turn increase the number of deliveries attended by an SBA.
 - Community-health extension workers and health assistants are trained in:
 - Environmental and occupational health
 - Essential drugs
 - Health of the aged
 - Mental health
 - Treatment of common diseases and illness using their standing order
 - Reproductive, maternal, adolescent, child and neonatal health, and family planning
- Expand training in the following departments:
 - Medical laboratory
 - Health information/records
 - Environmental health
 - Pharmacy technician
- Continue health services delivery through our nine hospitals:
 - Maternal and child health
 - Treatment of tropical diseases
 - HIV/AIDS, tuberculosis, and leprosy
 - Medical and surgical emergencies
 - Health outreaches/medical missions

St. John's Medical College, Bangalore



ST. JOHN'S

Commitment Areas

Access to Essential Medicines and Supplies
Health Information Systems
Leadership and Governance
Service Delivery

Geographic Area

India

Summary of Commitment

St. John's will identify 10 mission hospitals in India from both CMAI (Christian Medical Association of India) and CHAI (Catholic Health Association of India) and place 10 post-graduate hospital administration students in the selected hospitals to work with the hospital administration team for one year. With the consent of the administrative heads of the selected hospitals, students (with the help of St. John's Faculty Team) will conduct scientific analysis of the hospital performance and will create strategies to address challenges for each of these hospitals and implement them. Depending on the hospital context, focus areas may include:

- **Cost reduction:** Primarily aimed at reducing the overall cost of running the hospital, key steps will be careful analysis of revenue cycle, optimizing staffing levels, proper scheduling of work, and exploring potential use of plant and land.
- **Effective human resources:** Sharpening the skills of the staff, giving them coaching on the job, exploring possibility of multi-tasking, and offering soft skills training.
- **Right choice of technology:** The priority will be to support the hospitals to maximize use of IT and use of software (at least free open software), introduce them, and stabilize their function. IT-enabled access with different higher facilities for consultation and case discussion will be facilitated. Staff will be given on-the-job training to use IT.
- **Efficient purchase of medicines, surgical commodities, and consumables:** Improve scientific inventory analysis, purchase from the right sources, and better negotiations will be the priority. Maximizing automation in possible areas like dietary, laundry, etc. to reduce staff time and improve the process. Once the hospital decides to purchase a machine, St. John's will assist in systematic planning and scheduling of its purchase, installation, and functioning.
- **Pro-poor services.**

Students who begin their career will also learn to work as part of a team and get to know the various challenges at different locations in the country.

Uganda Protestant Medical Bureau (UPMB)



Commitment Areas

Access to Essential Medicines and Supplies
Financing
Health Information Systems
Health Workforce
Leadership and Governance
Service Delivery

Geographic Area

Uganda

Summary of Commitment

Uganda Protestant Medical Bureau (UPMB) commits to capacity development through training, coaching, and mentoring of UPMB-accredited health facilities across Uganda. They will strengthen these facilities to respond to emerging diseases in their catchment population. For instance, by improving governance and leadership, there has been better management and utilization of the available resources, which has led to improved quality of provided care. The focus is on strengthening the Board of Directors and Management Committees in corporate governance principles that cut across different sectors like codes of conduct, ethics, human resources, audits, risk assessment and mitigation, financial management, separation of powers, roles and responsibilities of the Board, Board evaluation, strategic planning, and advocacy.

UPMB works with multiple partners including PEPFAR-supported implementing partners and other medical bureaus such as the Uganda Catholic Medical Bureau.

Zimbabwe Association of Church-Related Hospitals



Commitment Areas

Access to Essential Medicines and Supplies
Financing
Health Information Systems
Health Workforce
Leadership and Governance
Service Delivery

Geographic Area

Zimbabwe

Summary of Commitment

The Zimbabwe Association of Church-Related Hospitals (ZACH) commits to:

- Expand Diabetes Type 2 program through purchase of medicines and equipment, IEC/community education and awareness materials and health promotion sessions, and training health personnel. This is currently in eight provinces, with the hope to expand to Mash East Province, which has nine districts.
- Visual Inspection with Acetic Acid and Camera (VIAC): Currently working to detect and prevent cervical cancer in women ages 30-50 years old in 11 districts. There is a phased expansion to scale-up the program in four more districts at a time to meet demand.
- WASH Program: Currently in six hospitals, with a need to expand nationally to upgrade incinerators, improve waste management systems, ensure availability of protective clothing and detergents, water tanks and treatment, and training in infection control and cross infection avoidance at hospitals.
- Leadership and Governance: All mission health facilities need leadership development. ZACH would like to have regional capacity exercises each year for mission health leadership to ensure governance structures and how they shape the role and expectations of the leadership; help prepare leaders to anticipate and lead change; and strengthen the role of leadership in shaping public policy and the implications amid new and emerging challenges of leaders across all sectors.
- Resource mobilization: Capacitate church health facilities in the ZACH network in budget allocation, HRH strategies, and proposal writing with international partners and the Ministry of Health and Child Care, to overall improve health service delivery and emergency preparedness.
- Data for decision making: Capacitate church health facilities to collect, clean, report, and analyze data accurately to inform decision making for meaningful interventions.

MULTIPLE COUNTRY COMMITMENTS

African Mission Healthcare



Commitment Areas

Financing
Health Workforce
Leadership and Governance
Service Delivery

Geographic Areas

Angola, Burundi, Cameroon, Gabon, Kenya, Liberia, Malawi, Niger, Nigeria, South Sudan, Tanzania, Togo, and Uganda

Summary of Commitment

African Mission Healthcare commits to strengthen mission hospital institutions. Key strategies are to:

- Improve hospital management (training and systems improvements in finance, HR, and inventory).
- Improve access and utilization of sponsored safe surgeries through WATSI and Surgical Access for Everyone (SAFE), an online platform that enables people to support surgeries for those who cannot afford them.
- Hospital infrastructure grants and sustainability consultations: housing (for African training residents and faculty); in-patient wards; out-patient clinics; operating theaters; solar power units to improve reliability and decrease costs of electricity; and diagnostics and treatment of HIV and TB (training in HIV and facilitate and purchase necessary equipment and reagents).
- Increase the numbers of health workers and train the future health workforce:
 - Training and training scholarships in surgery and family medicine.
 - Strengthen mission hospitals to become teaching hospitals in order to improve quality of care through advanced physician training from medical schools, internships, and residency programs.
 - Specific training in HIV and maternal care.

American Leprosy Missions



Commitment Areas

Access to Essential Medicines and Supplies
Financing
Health Information Systems
Leadership and Governance
Service Delivery
Community-Based Programs
Organizational Learning and Knowledge Management
Infrastructure Development
Training

Geographic Areas

India, Nepal

Summary of Commitment

ALM works with the Schieffelin Institute of Health - Research & Leprosy Centre (SHIR&LC) in India and Lalghadh Hospital & Services Center in Nepal to:

- Ensure WHO's multi-drug therapy (MDT) program for leprosy is accessed by everyone through our work with partners (training, logistics, and funding). As an extension of this commitment, we continue to work with Ministries of Health (MOH) to facilitate the availability of MDT for national programs.
- Work with the WHO on transmission issues, basic sciences research, and training and capacity building of higher-level government functionaries in leprosy and other Neglected Tropical Diseases (NTDs).
- Work with Ministries of Health to strengthen the national programs (leprosy and other NTDs) through facilitating strategic planning, training of general health care workers, and use of digital technology and GIS mapping.
- Work with academic and research organizations for drug discovery program, health informatics, and innovative research. (e.g. Cambridge University, Indian Institute of Public Health in Hyderabad, Leonard Wood Memorial, Cebu, Philippines and Leprosy Research Initiative).
- Participation in international and national NGOs (e.g. Task Force for Global Health, International Federation of Anti Leprosy Associations India, LEPRO Society India, Nepal Leprosy Trust, Nepal Leprosy Fellowship etc.) in addressing WASH initiatives, providing technical assistance to the government on leprosy and other NTDs.
- Support specialized referral hospitals as centers of excellence through infrastructure development, expertise retention through training and capacity building, and leadership development (Schieffelin Institute for Health, Research and Leprosy Center, Karigiri; Anadaban Hospital, Kathmandu, Nepal; Mawlyamine Christian Leprosy Hospital, Myanmar)
- Work with Disabled People's Organizations (DPOs) and CBOs such as LEPRO in India; mothers' groups in Nepal; and self-help groups through LEPRO Society (India) and Nepal Leprosy Fellowship in Nepal.
- Work with FBOs and church entities (partners include Nepal Leprosy Trust, Nepal Leprosy Fellowship, Mawlyamine Christian Leprosy Hospital, Myanmar) to maintain relationships with the communities.

Assistive Technology Catalyst Project with IDEAS

Commitment Areas

Access to Essential Medicines and Supplies
Financing
Health Workforce
Service Delivery

Geographic Areas

Egypt: Al Germaniyya Hospital in Aswan
Kenya: BethanyKids and Tenwek Hospital

Summary of Commitment

In 2011, in the World Report on Disability, the WHO indicated that disability is the fastest growing global health need. More children with disabilities are living longer, and there is a rapid growth of diabetes with its consequent vascular and neurological damage. Numbers are higher in the poorest areas, where those with disabilities are often hidden at home. Those with disabilities and their families often express spiritual and social pain before they mention physical pain. Extended families and communities share this pain and confusion and are open to discussing deep issues. The good news is that there are tools available to build bridges into communities.

The IDEAS Assistive Technology Catalyst Project commits to:

- Connect mission hospitals with supplies of wheelchairs and other supplies for people with disabilities.
- Provide tools such as training for parents and community health workers to build bridges into communities to bring whole person care for those with disabilities and their families.
- Train health care workers and religious leaders to ensure wheelchairs are properly fit for each person.
- Link mission hospitals with initial startup funds for these programs.



Christian Academy of African Physicians

Commitment Area

Health Workforce

Geographic Areas

Nigeria, Democratic Republic of Congo, Liberia, Cameroon, Kenya, Burundi, Niger, Gabon, Ethiopia, Malawi, and beyond



Summary of Commitment

CAAP seeks to support the development of church hospital residency training programs for African Christian primary care physicians who need specialty medical training, with a strong emphasis on community-oriented primary care and population health.

Several family medicine and internal medicine residencies already exist in Nigeria, DRC, Liberia, Cameroon, and Kenya. CAAP supports these programs and helps establish new, mainly family medicine residency training programs, over the next 10 years alongside the 6 surgical training programs of Pan African Academy of Christian Surgeons (PAACS) in Burundi, Niger, Gabon, Ethiopia, and Malawi. Additional requests for assistance are expected during the next 10 years from church health systems among the 32 countries of the Africa Christian Health Associations Platform (ACHAP).

CAAP intends to support the development of accredited family medicine or internal medicine-pediatrics residency programs by 2030 in each of the 12 hospitals currently hosting PAACS general surgical training. The activities include:

- **Primary Care Curriculum Development and Repository:** Develop and implement residency curricula for family medicine, internal medicine, pediatrics, and emergency medicine. Encourage and collaborate with Christian Medical College Vellore and others to make available a two-year diploma course for medical officers/GPs.
- **Spiritual Curriculum Development and Repository:** Through collaboration with PAACS and others, write, source, review, and make available spiritual curriculum components.
- **Professional Development and Global Fellowship:** Collaborate with others to provide faculty development resources online and in face-to-face seminars. Prepare Africa-based global health education fellowship for expatriates and African faculty.
- **Recruit, Prepare, and Network Primary Care Faculty with Residency Programs:** Help Christian primary care clinicians and academics to find their place of educational service and prepare them for cross-cultural clinical mentoring and discipleship.
- **Facilitate Short-Term Teaching Trips:** Facilitate visiting consultants and groups to teach in African residency programs.
- **Promote Advanced Degrees in Public Health, Education, and Other Training:** Provide modular, on-line training in population health that may lead to an advanced degree.
- **Residency Consultation Support and Networking:** Provide consultations to support the creation, strengthening, and certifying of primary care training programs.

Christian Health Service Corps



Commitment Areas

Health Workforce
Service Delivery

Geographic Areas

Angola, Cambodia, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Honduras, Haiti, India, Kenya, Malawi, Mexico, Pakistan, Peru, Republic of Congo, Rwanda, Uganda, Ukraine, Zambia, and three undisclosed countries.

Summary of Commitment

CHSC has health professionals serving in 16 countries and facility partners in 6 more countries. CHSC supports U.S. and international healthcare professionals in underserved areas who provide clinical and community health services at minimal cost to recipients, increasing access, quality, and utilization. CHSC commits to the following by 2030:

- Increase the number of Christian U.S.-trained healthcare professionals serving full-time in clinical and community global health by at least 50.
 - CHSC health professionals provide a wide range of inpatient, outpatient, and community level disease prevention and treatment services. It currently has 70 full-time healthcare professionals and support staff serving in 16 developing countries. CHSC presently partners with 30 hospitals and health programs.
- Increase the number of national healthcare professionals CHSC mentors and contribute to training 1,000 annually.
 - CHSC's mission is to build community capacity to sustain, support, and improve Christ-centered compassionate health services. The primary method is training and mentoring healthcare professionals.
 - Currently, 40 percent of CHSC field staff are involved in formal training of healthcare personnel in facilities, 35 percent are involved in formal training of community healthcare personnel, and 65 percent are involved in informal training at both the clinical and community levels. This involvement in training and capacity building will exponentially increase the healthcare workforce and strengthen the health systems. CHSC encourages and supports all field staff to be involved in training and capacity building, and by 2030 hopes to increase the 65 percent involved in informal training to 80 percent.
- Equip at least 1,000 people through CHSC's Texas training center, and facilitate at least 5 training programs in international locations before 2030.
 - These training initiatives indirectly affect the quality of global health and patient safety in all regions of the world since those who attend courses work globally in both short and long-term capacities. CHSC offers live and online training programs on many areas of global health, including WHO guidelines, teaching healthcare in a global setting, tropical diseases, community health development, disaster response, and clinical skills for underserved areas.

CHSC efforts are focused on supporting and building capacity within mission hospitals and community health programs. Most of these hospitals or community health initiatives are operated by national or regional church denominations. CHSC healthcare professionals serve alongside national staff and volunteers and form inter-professional, intercultural teams that encompass staff from a number of different organizations. CHSC works closely with PACCS, CAAP, the Global CHE Network, MedSend, and other organizations and has partnership agreements with approximately 30

healthcare facilities in 17 countries. CHSC healthcare professionals also have working relationships with national Ministries of Health and other governmental and non-governmental organizations in the areas, countries, and regions where they serve. CHSC training programs include U.S. and international-based participants from multiple organizations.

By 2030 CHSC seeks to expand its global footprint by adding at least eight additional countries where there are serving health professionals.

CURE / International Aid

Commitment Areas

Health Workforce
Service Delivery

Geographic Areas

Ethiopia, Kenya, Malawi, Niger, Philippines, Uganda,
Zambia

Summary of Commitment

CURE International and International Aid shared a long-standing relationship built on a common interest ministry reaching some of the most economically challenged areas of the world. After a careful and deliberative process, the organizations formally joined in July 2019, with International Aid a distinct, but wholly owned subsidiary of CURE International. This natural partnership strengthens both ministries and demonstrates the power of unity and collaboration. From the standardization of equipment to the growth of its referral network, this organization will experience gains that will ultimately lead to more people served around the world.

The new CURE International / International Aid organization commits to:

- Surgical training to improve the lives of children with physical disabilities: CURE operates eight hospitals and six programs including five surgical trainings and one neuro program for hydrocephalus and spina bifida.
- A world-class medical equipment and supplies logistics function leveraging quality gift-in-kind and bulk procurement strategies to support CURE network hospitals, CURE partner/referral facilities, and other like-minded mission hospitals as appropriate.
- Community Support with local partners and MOH, including:
 - Access to surgical training and biomedical technician and medical equipment management training.
 - Advocacy and awareness of physical disabilities. CURE works alongside the MOH and local partners to raise awareness of treatable disabilities, acceptance by the community, and advocates for accessibility in public spaces, especially at schools and medical facilities.
 - Community support, such as mobile outreach to rural areas for assessment and referral to the hospital.

This includes collaborating with local partners (PAACS, COSECA, Smile Train, CBM, Build Health International) and Ministries of Health, ultimately increasing and strengthening access to quality healthcare.



Digital African Health Library Service

Commitment Area

Health Information Systems

Geographic Areas

All low- and middle-income countries (LMIC) of sub-Saharan Africa



Summary of Commitment

The Digital African Health Library Service (DAHLS) provides an integrated, smartphone-based, off-line point-of-care decision support app for smartphones and tablets. This app contains more than 50 handbooks, guidelines, and other resources in a common search engine that have been generously donated by the publishers to the service. This service will partner with African educational and clinical service institutions such as universities, church health systems, and Ministries of Health to support best practice and wise use of scarce resources. The app and core library is available in all sub-Saharan LMIC countries for a \$10 per year service charge.

The Digital African Health Library Service seeks partners willing to make one-time investments to expand the number of countries that have their guidelines and journals available in the service. One-time investments to provide the first year of the Service will demonstrate the app's usefulness and encourage users to pay for their own use into the future. The DAHLS commits to work with any interested Ministry of Health to provide their Clinical Management Guidelines and other important care decision supports within the app.

In addition to the core 50 resources, DAHLS commits to expanding the specific country guideline availability from the current three countries (Kenya, Ethiopia, and Uganda) so that by 2030 health personnel in at least 20 countries have access to their specific Ministry of Health guideline materials within the search engine.

IMA World Health

Commitment Areas

Financing

Leadership and Governance

Geographic Areas

30+ African countries

Summary of Commitment

IMA World Health, a member of the Corus International family, commits to help prepare and position the Africa Christian Health Associations Platform (ACHAP) and member organizations to prime large awards. IMA is committing funding to collaborate with ACHAP to extend opportunities to CHAs to strengthen their institutional capacity in key areas that contribute to sustainability, such as leadership and planning, business development and communications, and monitoring and evaluation. In the current donor environment, helping ACHAP members build their capacity to compete for and implement projects funded by institutional donors will allow them to strengthen investment in the scope, quality, and sustainability of health service delivery by their network facilities in their respective environments.

Working with ACHAP and member organizations, IMA will:

- Hold one or more training events designed to meet identified needs. The training(s) will be geographically disparate, open to ACHAP members we have partnered with previously and those we have not, and outcome focused. We will engage experienced CHAs to collaborate on content development, facilitation, and presentation. As a follow-up, we envision working more intensively with selected ACHAP members where some additional technical assistance is most likely to result in institutional readiness to manage major donor-funded projects.
 - The first of these workshops, on leadership and planning, was held in December 2019 in Tanzania with 15 ACHAP Executive Directors representing East, Southern, Central, and West Africa.
- Identify specific opportunities to partner with ACHAP and member CHAs, aiming to leverage their unique assets and increase their impact and visibility as vital actors in health promotion and service delivery.
- Provide technical assistance and/or funding to CHAs to engage in high-priority interventions that meet local needs and build institutional or technical capacity.



IMA WORLD HEALTH

In concert with Corus International

Samaritan's Purse

Commitment Areas

Access to Essential Medicines and Supplies
Health Workforce
Service Delivery
Community Health Education



Geographic Areas

Public and clinical health programming in Bahamas, Bolivia, Cambodia, Colombia, DRC, Ethiopia, Haiti, Iraq, Kenya, Liberia, Myanmar, Niger, Philippines, South Sudan, and Vietnam

Faith-based partner hospital support in Bangladesh, Bolivia, Burundi, Cambodia, Cameroon, China, DRC, Egypt, El Salvador, Ethiopia, Gabon, Ghana, Guatemala, Haiti, Honduras, Iraq, Jordan, Kenya, Liberia, Malawi, Mexico, Nepal, Niger, Nigeria, Papua New Guinea, Peru, Rwanda, Togo, Zambia, and Zimbabwe

Summary of Commitment

Samaritan's Purse commits to community health programming in 15 countries and hospital strengthening in 30 countries.

First, Samaritan's Purse (SP) will build on community health programming in 15 countries through various nutrition, MCH, HIV, community health, outbreak preparedness, and other programs and initiatives to improve access to clinical services.

- SP trains cohorts of community health workers and utilizes churches to decrease stigma and connect vulnerable groups with needed care (i.e. malnutrition screenings in communities, mother-to-mother support groups, and awareness campaigns).
- Health programs will improve healthcare access and clinical service quality (dependent upon need/context).
 - Improve disease surveillance, reporting, and response
 - Therapeutic malnutrition stabilization and treatment, both inpatient and outpatient
 - Outpatient medical care (not specialized)
 - Vaccination campaigns (for a specific disease and season)
 - Clinical maternal child health programs, including antenatal care and deliveries, and maternal waiting homes
 - Mobile medical units to improve access and utilization by bringing healthcare to hard-to-reach vulnerable communities and in disaster response

Second, Samaritan's Purse will support access and quality of health services at 50 faith-based local partner hospitals in 30 countries by mobilizing support for health care providers, including medical staff volunteers and post-residents. These staff build the capacity of partner missionary hospitals to meet the needs of their communities for during and after emergencies.

World Council of Churches



Commitment Areas

Health Information Systems
Service Delivery
Health education

Geographic Area

Global

Summary of Commitment

The World Council of Churches (WCC) commits to two activities by 2021:

- First, WCC is mapping global Christian health networks, in collaboration with Christian health associations. Phase I involves collecting an inventory of Christian health associations and networks worldwide (in process) (tinyurl.com/WCCmapCHA), while Phase II involves collecting facility-level service delivery data (tinyurl.com/WCCmapHF). This project will promote information sharing about service delivery and capacity needs or availability; support decision making and advocacy based on data; and support efforts to strengthen norms and standards for Christian health care (e.g. supporting management and leadership, pharmaceutical supplies, partnerships with Ministries of Health and others).
- Second, WCC will strengthen church congregation-based health promotion in collaboration with regional and national church councils, churches, and ecumenical partners. The four interventions are health education, practical action, advocacy, and public witness. The areas of behavioral modifications are physical activities/active lifestyles, food and nutrition, and smoking and tobacco use cessation.

World Renew



Commitment Areas

Health Workforce
Service Delivery
Advocacy
Community

Geographic Areas

Bangladesh, Guatemala, Kenya, Malawi, Mozambique, Niger, Nigeria, and Uganda

Summary of Commitment

In 2013, World Renew established a 10-year Global Initiative for Maternal, Newborn, and Child Health Nutrition (MNCH-N) to promote learning and innovation in health. This initiative is dedicated to strengthening the organization's MNCH programs with a targeted focus on populations with high maternal, newborn, and child mortality and child stunting. Launched through a phased tiered approach in eight countries (Bangladesh, Guatemala, Kenya, Malawi, Mozambique, Niger, Nigeria, and Uganda), the program works with 239 communities and reached nearly 20,000 direct participants in 2019.

World Renew seeks to improve health service delivery, strengthen health workforces, and support community-based advocacy. World Renew local staff and technical experts work with local NGOs to provide capacity building in training of local community health groups to create demand and advocate for higher quality and equitable health services; linking communities with government and mission clinics; promoting active participation on local government health committees, and advocating for improved supply; training health workers (formal and informal health care professionals) to build capacity and leadership to advocate for health services; and carrying out robust qualitative/quantitative surveys and action research using a participatory learning approach. Improvements in health service delivery and in allied systems such as WASH are opportunities that World Renew leverages for rapid improvements in these countries.

30x30 COMMITMENT MAKERS AS OF OCTOBER 2020

The following organizations committed to strengthen local health systems.

- African Mission Healthcare
- American Leprosy Missions
- Assistive Technology Catalyst Project with IDEAS
- Christian Academy of African Physicians
- Christian Health Association of Kenya NHCTS workshop
- Christian Health Association of Malawi
- Christian Health Service Corps
- Christian Medical Association of India
- CURE / International Aid
- The Dalton Foundation
- Digital African Health Library Service
- Église Methodiste du Togo/PMDCT
- Hezekiah Health Foundation
- IMA World Health
- LifeNet International
- Rural Health Services Sudan United Mission / Nigerian Reformed Church
- Samaritan's Purse
- St. John's Medical College, Bangalore
- Uganda Protestant Medical Bureau
- World Council of Churches
- World Renew
- Zimbabwe Association of Church Related Hospitals





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