CCIH Leadership and Governance Working Group

Working Group Charter

October 2021

Problem Statement

Christian Connections for International Health (CCIH) envisions a world where all have access to quality healthcare and prevention services. While tremendous progress has been made toward this goal in the past few decades, there are still significant gaps, particularly in low- and middle-income countries. Investment in improving healthcare services has often focused on specific health outcomes and programmatic outputs without adequate investment in strengthening the capacity of the people, institutions and community structures that are so vital to delivering quality, equitable and sustainable health services. Leadership and Governance are components of a single building block within the WHO health systems framework that has been under-resourced in low- and middle-income countries, including fragile states. With the increased burden of disease, increased economic, political and environmental challenges, it is critical that Christian healthcare institutions have good governance, and a culture of transformational leadership to navigate the myriad of challenges and opportunities in the local and global environment.

CCIH recognizes the unique and vital role that our members have in promoting global health and wholeness from a Christian perspective.

Purpose

This working group seeks to harness the experience, resources and passion of CCIH's membership to explore mechanisms for strengthening health systems through inspiring transformational leadership, strengthening good governance, developing quality evidence and supporting local solutions. The L&G Working Group will be a hub of innovation, providing relevant resources and active engagement to strengthen health system leadership and governance among CCIH partner organizations (Christian Health Associations and Networks, Mission partners engaged in healthcare, Hospital leadership and Community-based Organizations) and global health partners with an emphasis on supporting partners of the 30X30 Initiative.

Goals and Objectives

Within two years, the Leadership & Governance Working Group aims to accomplish the following:

1. **Promote Transformational Leadership, Good Governance and Healthy Organizations in LMICs -** Provide faith-based health system leaders with access to knowledge, tools and resources:

a. **Develop a Hub of Innovation** - Share current practices and develop relevant best practices for leadership and governance in faith based health systems in LMICs through active engagement in working group meetings, and ongoing communications resulting in a curated list of relevant resources (online and offline: books, articles, best practices, organizational tools, training materials, trainings, capacity building CCIH member organizations etc.).

b. **Conduct Periodic webinars (twice per year)** - addressing topics relevant to health system leaders.

c. **Develop and implement a CCIH peer mentorship program** - identify interested members, collect bios, match mentors and mentees, provide guidance using best practices, tell stories.

2. **Generate and Disseminate evidence**

a. **Conduct and Write a literature review** of resources and research addressing faith-based health system leadership and governance in LMICs.

b. **Identify the practical challenges to implementation of transformational leadership and good governance in LMICs -** Identify specific knowledge gaps related to health system leadership and governance in LMICs especially by LMIC leaders and institutions. This can be done through direct communication of these gaps key partners, potential implementers and funders.

c. Develop policy briefs to inform **local and global health advocacy-**

i. Addressing the ongoing investment challenges in capacity building faced by leaders in low- and middle-income countries. Some outcome examples include (1) CHAs can demonstrate their added value to national governments and international stakeholders, (2) CCIH and member organizations can advocate for increased funding to support local leadership in LMICs, (3) Mission hospitals can increase equitable relationships between foreign boards and local leadership.

Guiding Principles

Faith: Our Christian tradition recognizes that all people are made in God's image and have inherent value and dignity. We view "health" not as simply the "absence of disease" but as a vital part of the *Shalom* (wholeness) that God intended for His creation. This centers on relationship: with **God (our Creator)**, our **fellow "image bearers"** (all people) and indeed **"all of creation".** [More on CCIH and the Christian Approach to Health](#).

Systems approach: We recognize that health and healthcare happen within complex systems of interconnected elements that are as difficult to manipulate as they are to fully map out. Each system has a history of how it came to be and exists in a "balance" (of sort) that often resists change and even well-intentioned efforts may have unforeseen complications. Moving such complex adaptive systems in

a desired direction takes deep understanding and humility but, more importantly, requires active feedback (data) and continuous learning and adaptation. We also recognize that in many countries where CCIH members work, faith health systems are linked to Government and other partners, and that it is important to look at improvements holistically.

Champions: We recognize that the most lasting solutions come from the ideas and actions of those closest to the problem. We seek to identify and empower those who understand the problem the best and who are most invested in the benefits of the solution. Rather than imposing external "solutions" we seek to empower local champions; to build upon successes and amplify their voice, sharing solutions that others could learn from.

Equity: Investing in strengthening institutions and leaders is not an end in itself, but a means toward the larger end of access to health and healthcare with special focus on those who are least able to access care. We advocate for the underserved, marginalized and isolated, whether socially, economically, or geographically and whatever their ethnicity or faith traditions.

Scope, Boundaries and Issues

This Working Group will focus on identifying resources and fostering relationships within the CCIH membership to create a supportive environment for knowledge sharing and encouragement. The Group will not fund or implement specific leadership development programs or grants. The group will not focus as much on health systems and institutional development as on strengthening and equipping health and healthcare leaders.

Requirements

The Working Group will require the support of CCIH staff during meetings, providing a technology platform for sharing out resources and ongoing support to connect members to the Working Group.

Membership Expectations

The Working Group leadership will collaborate with CCIH to develop and maintain a list of Working Group members, their contact information and general details on their competencies and contributions. Working Group members will keep leadership informed of changes in their availability. Members will make every effort to attend bimonthly meetings (online) and actively contribute to documents and activities. Working Group members also may be available, on a selected basis, to mentor individuals or FBO members on leadership issues, on a voluntary basis.