

The Business Case for Faithbased Health Systems Over the Next Decade

18 May 2022

Traduction? / Traducción?

Cliquez en bas de l'écran pour la traduction en français. / Haga clic en la parte inferior de la pantalla para la traducción al español.

Vous pouvez choisir de couper le son d'origine. / Puede optar por silenciar el sonido original.



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Christian Connections for International Health

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Loving Our Neighbor: A Chi Response to a Changing W

June 7, 9, 14, 16, 21 and 23

8:00 to 11:00 am EDT / 12:00 pm to 3:00 pm UTC

Simultaneous interpretation into French and Spanish.

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Leadership & Governance





Housekeeping

- Put questions in Q&A Box
- Recording on www.ccih.org > Events > Webinar Recordings



Our Panel Today



Jenelle Williams, MBA serves as Director of Programs for Global Health Action (GHA) developing programs and partnerships to strengthen health systems and community systems in LMICs, and historically disadvantaged communities in HICs through comprehensive training, technical assistance, research, and advocacy. Her expertise lies in health planning, health equity, community engagement, leadership, management and governance. She is currently pursuing a Doctorate in Public Health at Indiana University-Purdue University Indianapolis.

Our Panel Today



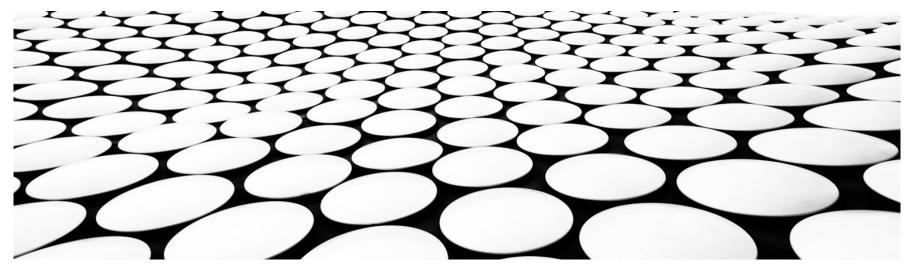
Vuyelwa Tenjiwe Sidile Chitimbire, BA/MSC/MBA

(USA)CMC is the Executive Director of the Zimbabwe Association of Church-related Hospitals (ZACH). She has more than 30 years' experience in the health sector. She specializes in the management, planning, appraisal and reform of the health sector, including systems analysis, change management, institutional strengthening and project management.

CCIH LEADERSHIP & GOVERNANCE

Vuyelwa T. Sidile – Chitimbire

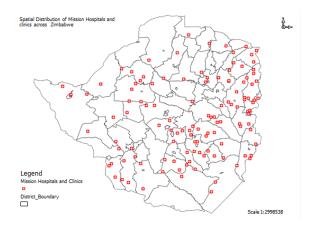
BA/MSC/MBA (USA) CMC Certified Management Consultant

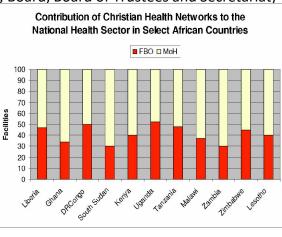


Background

• Zimbabwe Population Rural 15+ million - Rural population of 70%

- o ZACH: a Registered Private Voluntary Organization (NGO/FBO), Not for profit
- Operation: Ecumenical
- Settings: Rural and Hard to Reach Areas
- o Membership: 135
- \circ Health service delivery at 68% in rural Zimbabwe & 45% nationally based on bed capacity
- $\circ~$ 22 Mission facilities are Designated District Hospitals and Nurse Training Schools
- Presence in all the 68 districts and 10 Provinces in Zimbabwe
- Well-Defined Leadership and Governance Structures: (ZHOCD, Board, Board of Trustees and Secretariat)





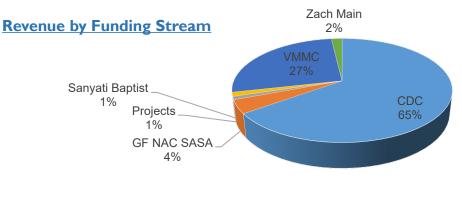
Business Case

Revenue Funding Streams

- $_{\odot}$ 96% partners
- $_{\odot}$ 2% ZACH Main
- $_{\odot}$ 2% Small grants and projects
- $_{\odot}$ Total Revenue per annum **\$6,110,166**
- 0.792% Government National Grants, 100% <u>Missions</u> Health staff, recurrent expenditure and capital investment

<u>Other</u>

- $_{\odot}$ Exempted from Duty Tax for Donations and other hospital importations
- Ecumenism (Strong Leadership Representation)
- \circ Non-State Actors (Partner Investment/Health Security)
- $_{\odot}$ Sustainable and Impact driven
- o Donor Driven/Performance related



Gaps and Challenges



CHAS Management

- Business -Operational Dynamics
- Stressed Economy and High Inflation
- Health Financing (20% Abuja) Attributed to COVID-19
- Health Legal Framework (CONSTITUTION, REGULATIONS & LAWS)
- Perception of FBO (CAPACITY & EXPERIENCE)
- $\circ~$ Donor Management and Compliance
- Sector leadership/Sector Split
- Resource Mobilization (competition)

Facility Level

- Weak Leadership, Governance and Systems
- Ownership, principles and practices
- Management and Organization Structures
- \circ Workforce (High Migration Numbers)
- $\circ~$ Information Management and Decision Making
- Pension Fund (Retirement)

Our Panel Today



Dr. Priya John is the General Secretary of the Christian Medical Association of India (CMAI), a position she has held since July 2019. Prior to that role, Priya worked for CMAI in the Community Health Department, and worked in Palliative Medicine in New Delhi for three years before coming to CMAI. She earned her MBBS from the Christian Medical College in Vellore and degrees in Community Health and Preventive Medicine at St. John's National Academy of Health Sciences in Bangalore.

The Business Case for Faith-based Health Systems Over the Next Decade The Indian Context

18th May 2022

Dr. Priya John

Christian Medical Association of India

Simple overview of the context of healthcare in India

- **80 to 90% of people** say religion is a very important part of their daily lives.
- With India's public health expenditure around **1.2%** of its Gross Domestic Product, there is an insufficient supply of publicly funded healthcare facilities and health professionals.
- More than 70% (72% in rural and 79% in urban) of medical care is being treated in the private sector.
- In 1988, the number of hospitals in not-for-profit sector was around 937 (10% of all hospitals) and the total number of beds 74,498, (13%) of all beds.
- It is also estimated that **21% of individuals in India** fall below the poverty line.

FBOs have consistently stepped in the gap through the many decades in the following areas – leprosy care, HIV/AIDS, care for the disabled, care of the vulnerable.

Faith-based organizations are integral to meeting the needs of individuals who are marginalized for various reasons.

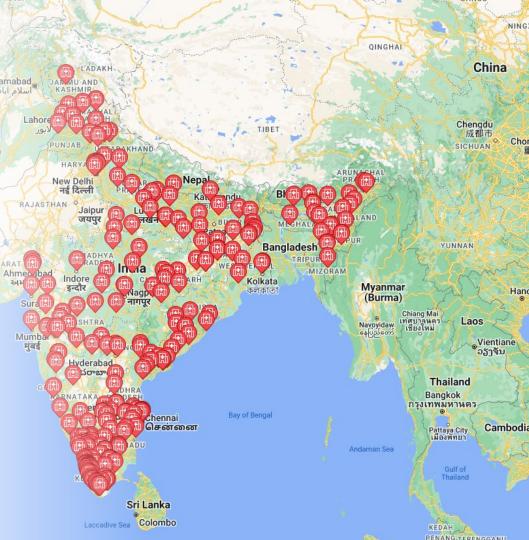
FBOs work with the existing support structures and do not set up parallel vertical structures.

FBO contribution to healthcare, education and charity work is evident.

CMAI Member Institutions

http://cmai.org/memberinstitutions.html#19.4911601/80.4640233/7/ho tspot/275

- 60% engaged in Community Outreach services.
- 68% of the facilities were secondary care facilities, 17% were primary care and 15% were tertiary care facilities.
- The majority are in the urban location (41.2 %), followed by semi-urban (31.7%) and rural (27.1%).
- Special population served elderly population (79.6%), followed by Dalit (60.6%), Tribal (54.3%), slum dwellers (48.4%), and migrants (46.2%).
- Around 64% of the facilities were reported to be involved in some type of community outreach programme.



Challenges

- Government commitment to public health through partnerships.
- Health Insurance cover by Central and State government.
- Foreign funding curbs and amendment to the existing Act.
- Corporate institutions foray into healthcare for the poor and rural parts of the country.
- Governance Church owned, healthcare professional run.
- Human Resource committed, long term, capable.

Is there a continuing relevance and a future for FBOs?

Yes, and this is why...

- It is His mandate, not ours, to serve the poor and marginalized.
- Community, through generations, prefer to come to mission hospitals because they are trustworthy.
- Healthcare which is compassionate, ethical, affordable and of quality are given to all with no discrimination.
- Every hospital that is doing well has a God-sent champion and motivated staff who consider it their calling, not their job.
- There will always be a gap to fill elderly care, palliative care, mental health, lifestyle diseases, adolescent health, maternal and newborn care, pandemics, endemics.
- We are innovating ourselves slowly but surely.
- Christian presence and showing the love of Christ will always be relevant.

THANK YOU

Our Panel Today



Gene Peuse, PhD, EdM is Senior Public-Private Partnership Advisor at USAID Tanzania. Gene has been with USAID Tanzania for 13 years responsible for designing and overseeing the implementation of private health sector projects. Prior to this, he implemented USAID-funded projects for 12 years focused on institutional capacity building, human resource development, and private sector engagement. He served with the Peace Corps as a volunteer (Cameroon), Area Recruitment Manager in the US, Regional Adviser (Africa), and Country Director (South Africa).

Background

- FY 2018/2019 up to 60% of operating expenses in many Christian Social Service Commission (CSSC) hospitals depended on Government of Tanzania (GOT) funding through Service Level Agreements (SLAs)
- March 2019 Magufuli administration announced the construction of 67 new GOT district hospitals; gradual termination of expiring SLAs began



The Business Case

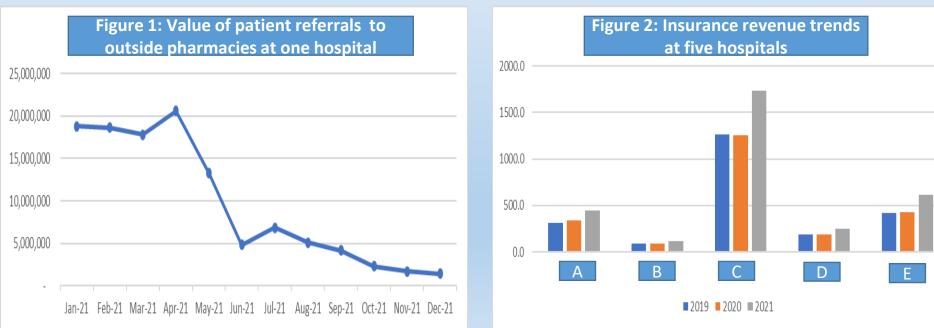
- Joynt KE, Orav EJ, Jha AK. "Association Between Hospital Conversions to For-Profit Status and Clinical and Economic Outcomes." JAMA. 2014;312(16):1644–1652. doi:10.1001/jama.2014.13336
- Hospitals Switching from Non-Profit to For-Profit Improve Serving Poor and Minority Patients https://www.youtube.com/watch?v=c0Of05gXAKU



- The 103 CSSC hospitals constitute more than 40% of all operating hospitals in Tanzania, mostly in rural areas.
- They generally are considered superior to government hospitals in quality of care.
- They do not discriminate on basis of socio-economic status, religion, gender, or ethnicity.

The Change Strategy

- <u>Performance quick wins at hospitals</u>: Examples—Pharmacy, Insurance, Staffing
- <u>Business opportunities</u>: Facility market segmentation assessments (e.g., Fast Track, Private Wards, Specialized Services)
- Facility Health Governing Committees: Composition changes, re-orientation



The Challenge: CSSC Membership

Tanzania Episcopal Conference (TEC)

Five Catholic Church Archdioceses (Arusha, Dar-es-Salaam, Dodoma, Songea, Tabora)

2-7 Dioceses in each Archdiocese = total of 87 Dioceses

TEC Health Board TEC Health Secretary

Christian Council of Tanzania (CCT)

- 1. Evangelical Lutheran Church in Tanzania (ELCT)
- 2. Anglican Church Tanzania(ACT)
- 3. Moravian Church of Tanzania(MCT)
- 4. Africa Inland Church Tanzania (AICT)
- 5. Mennonite Church in Tanzania (MCT)
- 6. Baptist Church in Tanzania (BCT)
- 7. Salvation Army in Tanzania
- 8. Presbyterian of East Africa (PEA)
- 9. Bible Church Tanzania
- 10.Church of God in Tanzania
- **11.Evangelistic Church in Tanzania**
- 12.Kanisa la Upendo wa Kristo Masihi (KIUMA)

ASANTE SANA – THANK YOU



