MAPPING CHRISTIAN HEALTH ASSETS TO SUPPORT GLOBAL HEALTH RESPONSE

Around the world, Christian organizations provide a significant portion of health care services, helping to protect and maintain the health of community members in underserved populations. To create a better understanding of the nature, scope and location of Christian health assets in low- and middle-income countries, CHA and five other founding organizations are working in collaboration to help accurately reflect this data. Together, through the recently established Christian Health Asset Mapping Consortium (CHAMC), the alliance seeks to develop a metadata platform (or "database of databases") that can be used and shared publicly; to disseminate information around Christian health services; and to evaluate current resources on Christian health assets to improve their access so that stakeholders — and decision-making around policies — can be better informed.[1]

BRUCE COMPTON

In this column, Carolyn O'Brien, program advisor at Christian Connections for International Health, a founding organization of the Christian Health Asset Mapping Consortium, and Dr. Samone Franzese, family medicine physician with the U.S. Army and Johns Hopkins Master of Public Health candidate, where she became involved in this work, outline the consortium's unique position in emphasizing the importance of the quality, reporting and sharing of all types of health assets in the Christian health landscape, not just those services provided in facilities and hospitals.

Having a more comprehensive understanding of these faith-based health care assets will assist health leaders and funders as they address the limitations and gaps in local, regional, national and global health systems. This understanding will also enable faith-based health providers to more appropriately highlight their strengths and better serve their communities.

UNCOVERING THE BREADTH OF THE CHRISTIAN HEALTH ASSET LANDSCAPE

SAMONE FRANZESE, MD, and CAROLYN O'BRIEN, MSPH

The Christian Health Asset Mapping Consortium was established in 2022 with the objective of gaining a deeper insight into the capabilities, limitations and roles of faith-based organizations in low- and middle-income countries. The consortium's six founding organizations, aside from CHA and Christian Connections for International Health, include the Africa Christian Health Associations Platform, International Christian Medical and Dental Association,

The Dalton Foundation and the World Council of Churches. By quantifying health care services, the alliance aims to enhance the understanding of the operations and infrastructure of Christian health assets and services and to foster the collaboration, learning and sharing of its resources in low- and middle-income countries.

What are the elements of the Christian health landscape?

Faith-based organizations deliver health care services through various channels, such as faith-owned health facilities, congregations, community-based organizations and national and international organizations.[2] These services cover a wide range of areas, including clinical care at different levels, preventive care like immunization campaigns and cancer screenings, facilities for older adults, early diagnosis and treatment for Hansen's disease, HIV/AIDS education, maternal and newborn care, emergency care, family planning services and more. Faith-based organizations also operate training institutions to educate health care workers and allied professionals. A unique aspect of this initiative is that the Christian Health Asset Mapping Consortium focuses on documenting all types of health assets within the Christian health landscape, including those that are not easy to quantify, such as community health programs. Figure 1 on this page illustrates the elements of this landscape.

What do we know about Christian health care services already?

Given their remote locations, long-term commitments, influential roles in communities, and ability to reach and connect with hard-to-reach populations, faith-based organizations are positioned to continue playing a substantial role and making a profound impact through their provision of health care services in low- and middle-income countries. For instance, faith-based organizations often operate in underserved areas and sometimes are the only point of entry for rural populations.[3] However, determining the proportion of health services they provide is challenging, as it varies considerably from urban to rural areas. In sub-Saharan Africa, this proportion can be much higher in rural areas where faith-based organizations sometimes run the only available hospital or clinic.[4] Additionally, they are frequently deeply rooted in the communities they serve, allowing them to implement interventions that consider local customs and culture. Moreover, religious actors, such as Catholic leaders, have influential voices in their communities and help promote health and wellness in such areas as vaccine education and family planning services.[5]

Figure 1: Christian Health Assets Landscape

Source: Christian Health Asset Mapping Consortium

What limits our understanding of Catholic health care's global reach and impact specifically?

While the Vatican tracks the estimated number of Catholic hospitals and dispensaries around the world, there is not a centralized resource to find clinics, community health centers and the number of community health programs — among other metrics — that are provided by Catholic health organizations.[6] It is important to not only comprehend the extent of Catholic health organizations' secondary and tertiary level services, but also the number and location of community-based health programs, preventive services, health worker training institutions and the status of supply chains that serve them.

Although Catholic health organizations are estimated to account for 26% of health care services globally,[7] it is uncertain whether this captures Catholic health assets that are integrated into other types of faith-based or public health networks. Christian denominational plurality — which is misunderstood by many outside church communities — introduces another layer of complexity to health asset mapping efforts, especially given the centuries-long divisions and fragmentation of various denominations.

Understanding the limitations and gaps in faith-based health care services will enable us to address them and ultimately strengthen health systems.

Apart from a centralized location to access services provided by faith-based organizations, there is a need for a unified method to quantify the care provided. The analysis is inconsistent, as there is no clear distinction between the types of service offered, its rural or urban locations, the organizational structure of each location and how to access these services. This lack of understanding was further exposed at the onset of the COVID-19 pandemic, when responses from health systems were fragmented. Additionally, the number of faith-based health care facilities is dynamic, with facilities closing and opening daily around the world.

Understanding the limitations and gaps in faith-based health care services will enable us to address them and ultimately strengthen health systems. Faith-based organizations serve a significant proportion of the population in many countries and should have a say in health system governance and decision-making that promotes self-sustainability and collaboration. However, to advocate for their participation, we must clearly demonstrate the impact that they make.

How is the consortium taking this work forward?

At its launch, CHAMC established three initial objectives. First, it aims to develop a metadata platform accessible to organizations and individuals to enhance their understanding of known data sets. Second, it seeks to disseminate information about Christian health services by providing summary reports and databases to inform stakeholders and policies. And third, CHAMC aims to evaluate current available resources on Christian health assets and develop plans to improve how members can access these resources. In working towards its objectives, the consortium published a data brief in April 2022 that examined the scale of Christian health services in 15 sub-Saharan African countries, identifying more than 8,000 health assets, including national-level hospitals and community-level programs.[8] Although this is a promising starting point, the report acknowledges that some health assets were not captured, and the scale and scope of health assets in the remaining countries of the continent must be documented.

By quantifying Christian health care services in low- and middle-income countries, the consortium hopes to better understand where and how Christian health assets operate within their diverse and dynamic contexts and systems. This initiative is critical in showing the impact of faith-based organizations and advocating for their seat at the table for health system governance and collaborative decision-making with local leaders and partners.

If you or your organization are interested in engaging with the Christian Health Asset Mapping Consortium, please reach out to mapping.consortium@ccih.org.

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NOTES

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