



## RESEARCH INFORMATION BRIEF



### The contribution of non-state faith-based health providers to health systems resilience in Africa

Health systems resilience has emerged as focus area with the recognition that health systems are vulnerable to shocks that threaten its ability to produce good health outcomes over time. These shocks can be acute, as with short-lived health epidemics or natural disasters, or chronic, which could include limited staff capacity or resources. Unless resilience is developed, years of investment in health could be reversed. Despite its emerging importance, little documentation is available on how resilient health systems are built and what contributes to resilience. One proposal to improve health systems resilience is more effective partnerships among health system actors.

Non-state providers (NSPs) remain relevant health system actors despite significant investments in the public sector. They continue to provide crucial services including primary health care in many low and middle-income countries (LMICs). Faith-based health providers (FBHPs) are one set of NSPs that maintain a strong presence in Africa. They have demonstrated several competencies in health provision, including preference for serving the rural poor, a holistic, community-based approach to health, and provision of services in instances when government services are unavailable. FBHPs may therefore have unique competencies that contribute to sustaining good health outcomes in times of unexpected shocks and ongoing demands on health systems. Little research however has been conducted on how FBHPs contribute to health systems from a resilience perspective.

The aim of this study is to explore and describe how non-state FBHPs contribute to health systems resilience. The findings are expected to contribute to understanding the nature of, and potential strategies for, resilience building through partnerships.

**Question:** *How do non-state faith-based health providers contribute to resilient health systems in Africa?*

**Approach:** Multiple case study involving 2 phases. Phase 1 is an exploratory survey to identify relevant experiences, and Phase 2 is the development of 3 case studies identified in phase 1.

**Case Proposition:** The main case study proposition is that FBHPs contribute in some way to health systems resilience by virtue of their mission and operations in Africa. Many FBHPs have been present in their areas of operation for decades; this ongoing presence through times of reforms and massive changes in their operating context must have presented instances where FBHPs have supported health systems to continue providing good health outcomes in the midst of threats. Perhaps there is something inherent in the mission of FBHPs or the structure of their operations that enable resilience building. As this is a flexible research design, this proposition has room to evolve if other propositions emerge throughout the course of the study.

#### Timeline

- May to June 2016 - Phase 1: Brief survey of ACHAP members
- June 2016 - Phase 2: Case study development via key informant interviews and desk review
- July 2016 to August 2016 - Cross-case analysis and follow-up
- September to October - Write-up and consultation

#### Researchers

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