

## INFORMATION BRIEF

### Systems integration towards universal health coverage:

### Strengthening the collaborative relationship between faith-based non-profit providers and the Ghanaian public health system

While there are broad assumptions that collaboration between different sectors would support health systems strengthening, there is a dearth of systematic evidence on the effects of such relationship-building on the health system: its evolution or what strategies need to be put in place. One of the main challenges is the diversity of non-state actors in LMIC settings, each requiring a different approach for regulation and alignment with national priorities and systems functioning.

There is a particular cluster of faith-based non-profit (FBNP) providers who tend to operate in loose networks of health facilities with a shared religious identity, non-profit status, and an overt intent to provide 'quality healthcare to the rural poor' – usually with governance connections to a local religious group. The collaborative relationship and approach between FBNPs and their state actors has been distinct from that of other non-state actors in most LMIC contexts. Because of shared goals (increased outreach of health services to the poor and ultimately UHC), FBNPs have usually been seen to have a more natural 'fit' with the state-run system.

In each country where such FBNPs are present in a significant quantity, a similar set of interventions or mechanisms have been attempted over a number of years as part of a broader intervention to strengthen the relationship between FBNPs and the state system - effectively to 'align' them with the state priorities and functioning – and the stated purpose of such efforts is usually UHC, based on the assumption that FBNPs should be serving the poor often in mainly rural areas. However, there is still a lack of evidence available on whether such intervention strategies have been successful or not - whether they have in fact strengthened the relationship or the system, whether they have improved reach and access within the national system or ultimately supported the goal of reaching UHC.

**Question:** *In which respects has the relationship between faith-based non-profit providers and the Ghanaian government been strengthened (and in which respects undermined) through the series of health systems interventions and mechanisms attempted over the last fifty years? If so, how has this been achieved? Can this be said to have strengthened the system towards UHC in Ghana?*

**Hypotheses:** *Improved collaboration between FBNPs and the state would result in improved services within the FBNPs and would extend the reach of the national system to under-served populations.*

**Approach:** Described as a 'historical realist-style case study'

#### Hypotheses driving the approach:

- Health systems are complex adaptive systems that are influenced by multiple factors (social/cultural, political, economic, and other) as they change – but the contribution of multiple factors to good health and 'plausible pathways' can be identified.
- Causal/explanatory links can be made between systems interventions, the state of this relationship, and its influence on UHC.
- The factors that should prove to be important to the successful implementation of these (and other such) interventions intended to improve integration of systems towards UHC are likely to include: power differences & flows between stakeholders; trust & relational factors; historical roles & responsibilities; organisational cultures & clashes; financial, human resource & informational limitations
- An interdisciplinary approach is required to understand complex systems change over time.
- Looking at any one of these strategies in isolation or over a shorter period of time would not adequately uncover such interactions - or the greater impact on UHC.

#### Timeline

**Phase 1:** June 2015-Dec2015 - Historical case narrative study

**Phase 2:** Jan2016-May2017 - Case study (fieldwork including archival searches, key informant interviews)

**Phase 3:** June2017-Dec2017 - Cross-case analysis and followup

**Phase 4:** Jan2018-May2018 - Writeup and consultation

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