Understanding the roles of faith-based health-care providers in Africa:

Review of the evidence with a focus on magnitude, reach, cost, and satisfaction

Jill Olivier, Clarence Tsimpo, Regina Gemignani, Mari Shojo, Harold Coulombe, Frank Dimmock, Minh Cong Nguyen, Harrison Hines, Edward J Mills, Joseph L Dieleman, Annie Haakenstad, Quentin Wodon

Often Problematic Data Gaps & Estimates

"Half the work in education and health in sub-Saharan Africa is done by the church … but they don't talk to each other, and they don't talk to us"

(James Wolfensohn, WB, 2002)

“In many African countries, you provide 30 to 70% of the health services and in post-conflict countries, the majority of primary education services”

(Graeme Wheeler, WB, 2010)

Correspondence: J. Olivier, ***University of Cape Town, Health Policy & Systems Division,***
jill.olivier@uct.ac.za

(Biomedical) FB health providers in Africa

AFRICA

Cape Verde
Senegal
Gambia
Guinea-Bissau
Guinea
Sierra Leone
Liberia
Mauritania
Mali
Burkina
Cote D'Ivore
Ghana
Togo
Benin
Niger
Nigeria
Chad
Cameroon
Central African Rep.
Sudan
Eritrea
Djibouti
Ethiopia
Uganda
Kenya
Gulf of Guinea
Sao Tome & Principe
Equatorial Guinea
Gabon
Congo
Cabinda (Angola)
Democratic Republic of Congo
Rwanda
Burundi
Tanzania
Acension (UK)
St. Helena (UK)
Angola
Zambia
Malawi
Zimbabwe
Namibia
Botswana
South Africa
Swaziland
Lesotho

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Country	Self-declared NFBHN share (beds)	NFBHN hospitals	NFBHN health Centers	NFBHN training facilities
Benin	40%	6	20	28
Botswana	18%	2	6	2
Cameroon	40%	30	150	3
CAR	20%	2	62	19
Chad	20%	4	164	2
DRC	50%	89	600	20
Ghana	42%	58	104	10
Kenya	40%	74	808	24
Lesotho	40%	8	72	4
Liberia	10%	6	67	3
Malawi	37%	27	142	10
Nigeria	40%	147	2747	28
Tanzania	42%	89	815	24
Togo	20%	3	39	0
Uganda	40%	47	541	19
Zambia	40%	36	110	9
Zimbabwe	35%	80	46	15

E.g. Estimates of market share of FBNPs vs public health system

Note: based on hospital beds and facilities

Note: e.g. of African countries with more substantial share

(More) Useful to Look at:

Access, Utilization, Cost, Satisfaction, Reach to Poor etc…

- Data from household surveys suggest **lower market shares** than commonly assumed…
- But **higher levels of satisfaction** than in public facilities
- Faith-based health providers play an important part in many countries in Africa, particularly in **fragile or weakened health systems**

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(More) Useful to look at:

- Appreciation tempered by awareness of **controversies** of faith-based social engagement and lingering weakness (of some FBHPs) irt **quality and adaptability** to health systems conditions (eg **financial constraints)**
- **All broad generalisations** about faith-based organisations or the faith sector should be avoided
- **Health systems research** is necessary (eg: that unpacks how exactly FBHPs contribute/don't to UHC at a country level
- More detailed **policy implementation strategies** for improved PPP/engagement with FBHPs are needed

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