Lessons learned from 40 years of developing health systems and universal health care with faith-based networks in DR Congo.

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Principles of Primary Health Care and Health System Development

**DRC Principles for Health System Development**

1) Primary Health Care (Universal Health Care)
2) Decentralized health zones (HZs)
3) MOH & Faith-Based partnering to develop and manage the health system
4) *Projects to implement the above*
Lessons Learned in HSS with FBOs in DRC

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### Delimitation of Health Zones

The MOH five-year health plan (1982-1987) coupled with the start of the SANRU Basic Rural Health project led to the “bottom-up” creation of 306 health zones around functional hospitals (Gov’t, FBO and NGO). FBOs pioneered 75% of the early HZs establishing important precedents for HZ decentralization and operations.

### FBOs and HZ Management

Faith-based networks in DR Congo are:
- More public than private sector
- Generally willing to co-manage health zones
- Provide a good infrastructure for HZs (schools, garages)
- Are effective in community mobilization
- Have good user fee and management systems
- Have access to funding not available to the MOH
- Are a permanent and sustainable national resource
IMA, ECC & SANRU in DR Congo
Providing HSS & UHC assistance to more than 80% of HZs in DRC

IMA, ECC, SANRU 2000-10
IMA 2015
SANRU 2015

Legend
- Project Alikes (16)
- IMMAR Project (16)
- SANRU III Project (15)

147 HZs
117 HZs
423 HZs

FBO contributions: Vaccinations & UHC

- Provision of cold chain equipment & stockage
- Social mobilization of community health workers
- Provision of immunizations free of charge
- Social mobilization during church services
- Provision of incentives to health personnel
Lessons Learned in HSS with FBOs in DRC

MOH and FBO Partnerships

Possible Types of Partnering:
1) Parallel competing Systems
2) Collaborating Referral Systems
3) Integrated health systems with MOH management
4) Integrated with delegation of health systems management

HZ Sustainability & Functionality

From a 2001 WHO/UNICEF report:
The health zone system... is possibly the only system in the country still recognizable as a nation-wide quasi-state structure... and even with critically little or no support, it commands allegiance and support from health workers.

From the National Health Development Plan:
40% of HZ reference hospitals are church or privately owned...
Church hospitals on the whole maintain a functional level superior to that of state hospitals. They have remained, in certain provinces, the only ones to offer quality health care.
Factors Contributing to HZ Success

- Bottom-up development of geographically-flexible HZs
- Precedent-setting roles by faith-based managed HZs
- HZs serve as a “middle-out” development platform
- Strong local ownership by HZ management teams
- HZ management linked closely to reference hospitals
- HZs provide sustainability during times of conflict
- Well-managed projects to implement the above.

Thank you for your attention!