



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

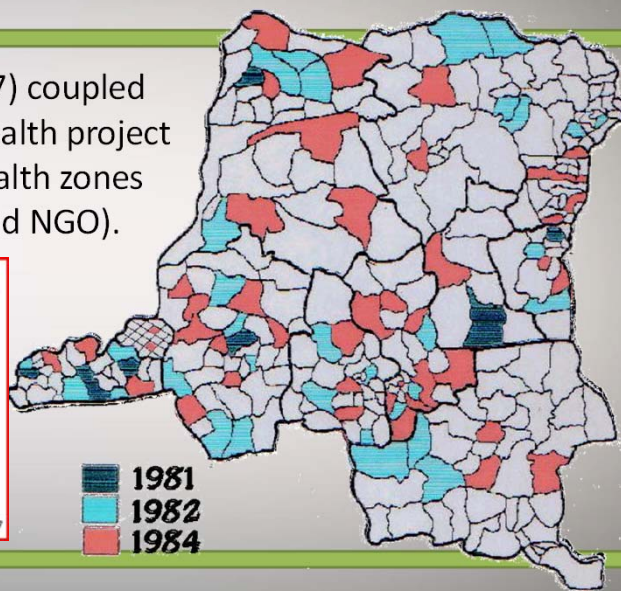
- 1) Primary Health Care (Universal Health Care)
- 2) Decentralized health zones (HZs)
- 3) MOH & Faith-Based partnering to develop and manage the health system
- 4) *Projects to implement the above*



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.

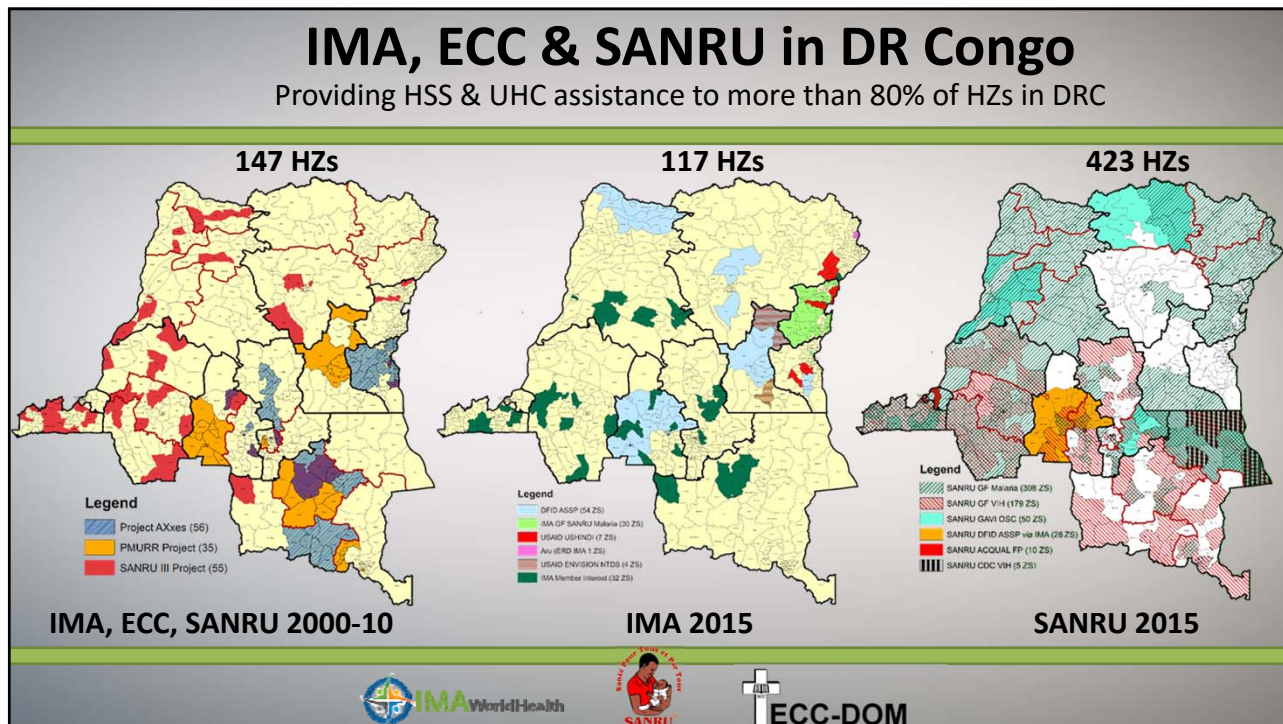


FBOs and HZ Management

Faith-based networks in DR Congo are:

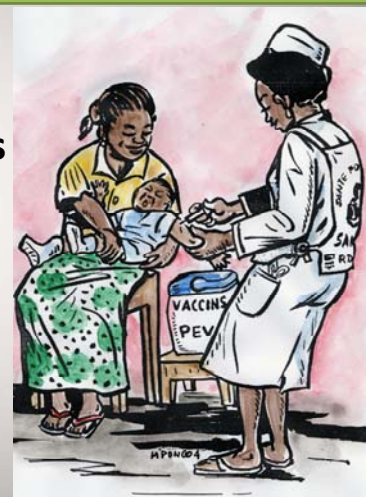
- More public than private sector
- Generally willing to co-manage health zones
- Provide a good infrastructure for HZs (schools, garages)
- Are effective in community mobilization
- Have good user fee and management systems
- Have access to funding not available to the MOH
- Are a permanent and sustainable national resource



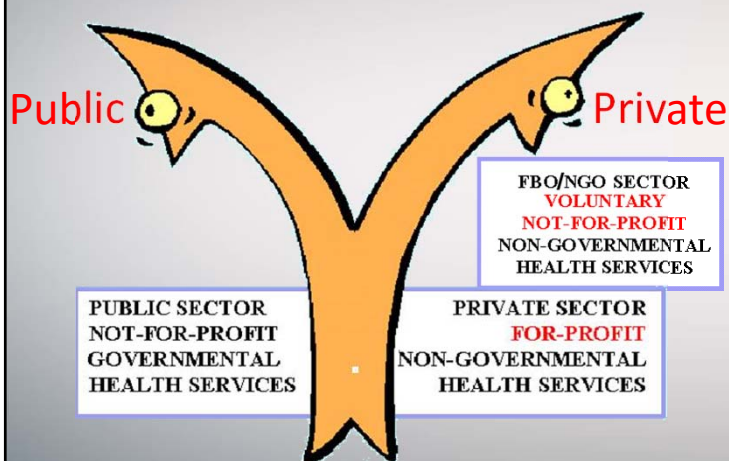


FBO contributions: Vaccinations & UHC

- ❖ 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



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

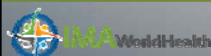
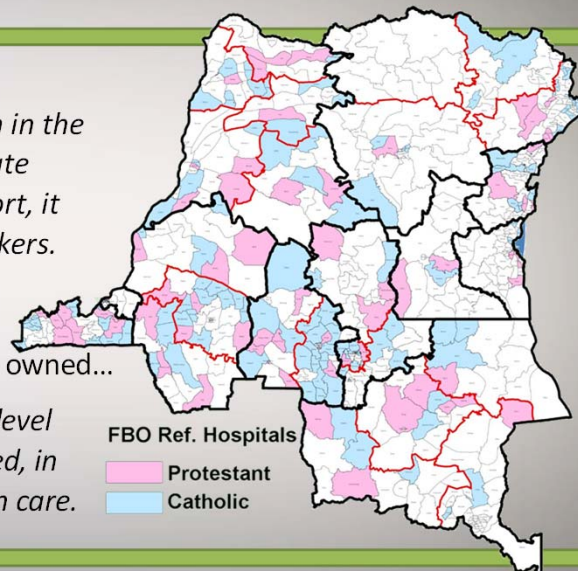
From a 2001 WHO/UNICEF report:

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:

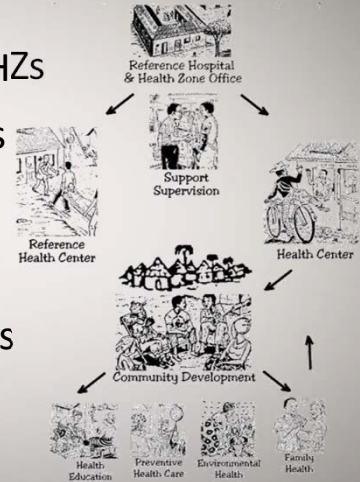
40% of HZ reference hospitals are church or privately owned...

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!

