



AFRICA CHA PLATFORM



**AFRICA CHRISTIAN HEALTH ASSOCIATIONS PLATFORM
9TH BIENNIAL CONFERENCE**

PROGRAMME

THEME: RE-IGNITING PHC: THE ROLE OF ACHAP

25 February -1 March 2019

Venue: Hotel Mont Febe, Yaoundé, Cameroun

ACHAP'S PROFILE

The African Christian Health Association Platform (ACHAP) is an advocacy and networking platform for Christian Health Associations (CHAs) and Church Health Networks from Sub-Saharan Africa established through a declaration of commitment by the 3rd Africa Christian Health Associations Biennial Conference held in Bagamoyo, Tanzania in January 2007. ACHAP brings together 44 national level faith-based health provider (FBHP) networks providing services in 32 countries across Sub-Saharan Africa to share resources and capacities, establish Technical Working Groups (TWGs) that provide ongoing training and Technical Assistance (TA) as well as act as a platform for networking and advocacy on issues of common agenda. This network plays a vital role in supporting mentorship and capacity building in administration, governance, fiscal management, data management, and service delivery. ACHAP members constitute organized consortia with an extensive natural and captive audience and deep-rooted trust from the grassroots communities where most of them are found. Christian Health Associations (CHAs) in sub-Saharan Africa provide on average 30-70% of national health services that are often aligned with deprived, marginalized and neglected communities in remote and rural areas. Therefore, ACHAP remains a key stakeholder in impacting the population in sub-Saharan Africa.

Background

In 1978, World Health Organization (WHO) collaborated with the World Council of Churches to formulate the [Alma-Ata declaration](#), which affirmed Primary Health Care (PHC) as a vehicle to guaranteeing access to healthcare as a fundamental human right. The vision as interpreted intended to keep people healthy and productive within their communities. The assumption too was that a majority of the health needs of communities could be met within a well-functioning primary health care system that would guarantee access to quality affordable health services-promotive, preventive and curative services. Yet, to date, there are still fundamental gaps in providing access to affordable quality health services to vulnerable populations.

Over the years, Christian faith-based health providers (FBHPs), including CHAs, financed their health programs and hospitals mainly by external assistance (medical supplies, medicines, missionary/expatriate medical staff, etc.), and to a limited extent out-of-pocket payment from patients, albeit heavily subsidized. However, due to changes in the development paradigm, FBHPs/CHAs are facing reduced or discontinued donor support for both capital and recurrent expenditure. This has culminated in a search for sustainable and alternative funding mechanisms to support the Church's mission in health. These include, but are not limited to, new models of health financing being tested by some FBHPs. Given the need for financial sustainability of the Church in health, ACHAP needs to explore/appraise the feasibility of innovative models for PHC.

Historically, CHAs have contributed significantly in responding to demographic and epidemiological transitions, especially in fragile settings in sub-Saharan Africa. Hence, CHAs have served as buffers of country health systems. Therefore, in implementing PHC for UHC, the role of CHAs cannot be overemphasized.

Generally, the faith-based health systems, spearheaded by CHAs, are noted for innovation, resource and cost efficiency with assets that can potentially be leveraged to optimize primary health services, deliver public value, complement national health systems and ultimately work towards UHC. Accordingly, ACHAP recognizes the need for innovative partnerships and responsive and resilient health systems, especially in light of the need for re-engineering PHC towards achieving Universal Health Coverage/Sustainable Development Goals (UHC/SDGs).

Hence, the conference theme: **RE-IGNITING PHC: THE ROLE OF ACHAP**

Based on the foregoing, ACHAP needs to review its engagement in Primary Health Care since 1978, identify our successes and failures, codify our collective learning, and develop innovative models thereof that can be scaled up and that are attractive to both donors and governments, in order to make robust recommendations for improved investments for achieving Universal Health Coverage.

Accordingly, the Conference shall explore the following objectives and strive for the outputs herein indicated. The methodology is also outlined:

OBJECTIVES	OUTPUT
<p>1. Promote FBO-government partnerships at country, sub-regional and regional levels.</p> <p><i>What strategic partnership models exist amongst CHAs, governments and development partners? How can ACHAP promote interactions and forge constructive relationships with collaborators at the country, continental and global levels to promote PHC? Are there partnership frameworks for triangular learning & collaboration (North-South-South)?</i></p>	<ul style="list-style-type: none"> • ACHAP develops an inventory of Partnership MOUs/Agreements between CHAs and Government/MOH or other partners in sub-Saharan Africa • CHAs shall gain access to various Partnership Agreements and MOU Templates existing between various CHAs and government/MOH, with clear implementation mechanisms, operational pathways for engagements and lessons for engaging governments and partners.
<p>2. Strengthen faith-based health systems of care that include PHC towards UHC.</p> <p><i>How can CHAs contribute in building a resilient and responsive health system for PHC with focus on innovative service delivery models for communicable and non-communicable diseases, RMCH and emergency preparedness, human resources for health, sustainable health financing, health management Information systems/ICT/evidence, amongst others?</i></p> <p>FBOs have historically been PHC-oriented. So, why have FBOs deviated away from PHC? and how can they return to PHC? Are there innovative and/or cost-effective models of delivering PHC in FBOs? How can higher-level FBHP facilities be supportive of PHC initiatives in their service area?</p>	<ul style="list-style-type: none"> • Collate innovations (service delivery, HRH, health financing strategies, and ICT) that promote PHC for UHC in FBOs, private and public health systems.
<p>3. Explore Financing models for PHC.</p> <p><i>What feasible funding options and opportunities exist for CHAs to scale up PHC for UHC amidst the dwindling donor support, dependency crises and financial sustainability challenges confronting CHAs?</i></p> <p>The health system from global to national levels has become too clinical- or hospital-oriented in almost all aspects, including health worker training, financing, infrastructure, organizational structures of Ministries of Health, etc. How can FBOs reposition PHC as an effective means for achieving UHC? Can we identify case studies that provide financing models that justify PHC in our settings?</p>	<ul style="list-style-type: none"> • Consensus on PHC model, with clear Enablers, Opportunities and Capacities to transform faith-based health systems towards a comprehensive PHC approach in sub-Saharan Africa.
<p>4. Increase visibility and advocacy leverages.</p> <p><i>How can ACHAP optimize Health Management Information Systems and ICT to leverage CHAs' available (but undocumented) assets, role, contributions and service output data in order to promote their visibility and impact, through dialogue, negotiations, partnerships and advocacy at country, continental and global stage?</i></p> <p>More and better-quality data are a public good for ACHAP members. Unfortunately, there is dearth of precise data or minimal database on which to explore relationships.</p>	<ul style="list-style-type: none"> • Information Charter: CHAs sign up to ACHAP data repository and adopt mechanisms for data submission, evidence gathering and use for decision-making. This would serve as a platform to increase accessibility of information on the work of CHAs, as well as present a platform to exchange views, and advance common interests and perspectives for the growth and development of ACHAP.

Target Participants

- ACHAP Members.
- World Council of Churches.
- Association of African Churches
- Development Partners

- UN Agencies
- Academic Consortium
- WHO-Country office and Africa Region.
- Ministry of Health Officials from sub Saharan Africa
- Individual participants, well-wishers, students, and friends of ACHAP
- WHO
- Africa Development Bank
- Regional groups like EAC, SADCC, ECOWAS, PTA etc

DRAFT CONFERENCE PROGRAM

Date and Time	Activity/Session	Facilitator/Organization
MONDAY FEBRUARY 25		
9.00 am-5.00pm	Arrival & registration of delegates – Yaoundé, Cameroon	CEPCA
6.00-7.00 pm	Optional interdenominational service	Rev. Paul Ngando
7.00-9.00pm	Dinner	
TUESDAY FEBRUARY 26		
PRE-CONFERENCES		
7:30am – 8:30am	Late Registration	ACHAP Secretariat
8.30am-9.00am	Introduction of Pre-conferences & Announcements	Master of ceremony
9am – 4.30pm	Pre-Conference Workshops 1 – 4 1. WASH in Health Care Settings 2. MEDIC MOBIL 3. UNAIDS 4. IMA : 5. DIFAEM 6. Academic Consortium	Global Water 2020 Moderator: Speakers: - CHAs (UCMB,CHAK,ZACH,CHAG,CHAL)
5:30 – 7:00pm	GALA DINNER Welcome Reception (<i>sponsor</i>)	Peter Yeboah (Board Chair)
WEDNESDAY FEBRUARY 27th	Day 2: Partnership Experiences and Lessons	

9:00–9:30am	Opening Prayer and Devotion	CEPCA
9:30–10:00am	Welcome address & Official Opening	ACHAP Board Chair <i>Peter Yeboah</i>
10:00 – 10:30am	Key Note Address on Conference Theme: <i>PHC and its role in achieving UHC</i>	WHO Africa Region
10:30 – 11:00am	Country overview on Cameroon Health Services: <i>Partnership with FBOs towards achieving UHC</i> <i>(session will be in French)</i>	MOH CAMEROUN
11:00 – 11:20am	Health Break	
11:20 – 12:40pm	Plenary Panel 1: Partnership for PHC towards attaining UHC	Moderator Speakers : <i>(Stakeholders shall constitute the panel)</i> a) Service provider b) Policy level presenter c) Academician
12:40 – 1:00	Feedback from the Pre-Conference Workshops #1 – #2 – #3 – #4 –	Speakers:
1:00–2:00pm	Lunch Break	
2:00–3:00pm 3.00 – 3.20	Panel 2: Strengthening participation: PHC models by CHAs CHAs will present on the experiences of different kinds of models existing in-country with focus on convincing governments and partners on the need to reignite PHC Comments from governments, partners on models above	Moderator: Speakers: Partners : IMA MOH:
3:20-3:40	Tea Break	
3:40– 5:00pm	Break-Out Sessions : Back to basics Room 1: <i>Human resources for health ; FBHS contribution to building a PHC workforce towards UHC</i> Room 2: <i>The threat of AMR to UHC; the FBHS agenda in PHC</i> Room 3: <i>The place of technology in PHC</i>	Session lead: Chemonics Speakers: TBD UPMB, CHAG Session Lead Speakers : Session lead : Medic Mobile speakers

5:00 – 5:40pm	Plenary presentation of highlights from breakout sessions. Key messages to carry in relation to partnerships	Session leaders
5:40 – 6:00pm	Close of Day 2 & Announcements	Master of Ceremony
7:00-9:00pm	Dinner	
THURSDAY February 28th	Day 3:	
8:00 – 8:15 am	Opening Prayer and devotion	
8:15 – 8:30am	Recap of Day 1, Day 2 overview & Announcements	Master of Ceremony
8:30 – 9.30am 9.30am to 10.00am	<p>Panel 1: PHC Financing and payment models towards UHC. <i>What role can ACHAP play towards affordable health care in this regard?</i></p> <p>Moderated Q&A and audience participation</p>	<p>Moderator: Joint Learning initiative</p> <p>Speakers: TBD(CHAK,KCCB,CHAG)</p> <p>a) Donor funded model b) User funded model c) Private insurance d) Public insurance</p> <p>TBD</p>
10:00 – 10:30am	Tea Break	
10:30– 12:00noon	<p>Breakout Sessions:</p> <p>Room 1: Domestic funding models for PHC</p> <p>Room 2: Building resilient health systems through PHC OR PHC and malaria morbidity, the connection</p> <p>Room 3: NCDs and PHC</p>	<p>Session lead: TBD</p> <p>Speakers: TBD</p>
12:00 – 1:30pm	Panel 2 : Leaving no one behind : Intersectoral approach to PHC	
1:30 – 2:15pm	Lunch	
2:15 – 3:00pm	<p>Key messages on role of ACHAP</p> <p>Key messages to carry in relation to partnerships, PHC and UHC</p> <p>CONFERENCE CLOSURE</p>	ACHAP Board Chair
3:00 – 4:00pm	<p>ACHAP members General Assembly <i>(Closed Session: ACHAP members Only)</i></p> <ul style="list-style-type: none"> - Opening Prayer & Devotional - Welcome Remarks & Acknowledgement of members - Review of previous Minutes - Discussion on Matters Arising 	
4:00 – 4:30pm	Tea Break	
4:30 – 5.30pm	<p>Chairman's report</p> <p>Annual Audited accounts for the period ended December 2018</p> <p>Appointment of auditors for 2019-2020</p>	Session Leaders

5:30 – 6:00pm	Elections Date and venue of conference/business meeting 2021 AOB	
7:00 – 9:00pm	Dinner	
FRIDAY MARCH 1	DEPARTURE	

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