

30 CCIH X HEALTH 30 SYSTEMS INITIATIVE

BACKGROUND

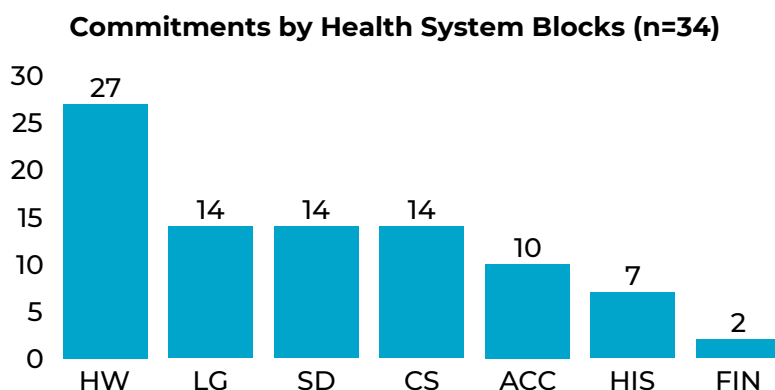
Faith-based organizations (FBOs) provide a substantial share of services in health facilities and community-based health programs, and are critically important partners¹ in local, national, and global health.² FBOs operate in complex health systems: from community services to health facility-based services that include prevention, health promotion, community-based management of diseases, disease screening, referral, and treatment.

Goal: Christian Connections for International Health (CCIH) launched the **30x30 Health Systems Initiative**, aiming to strengthen 30 health systems globally through faith-based organizations by 2030.

INITIATIVE OVERVIEW

As of 2025, the 30x30 Health Systems Initiative has **34 active commitments**, with the majority in Sub-Saharan Africa (20), followed by global commitments (10), Asia (3), and the Caribbean (1). Commitments continue to be classified under the World Health Organization health systems building blocks, Health Workforce, Service Delivery, Leadership & Governance, Access to Essential Medicines and Supplies, Financing, and Health Information Systems, along with CCIH's additional category of Community Services (see figure below).

Between 2019 and 2025, 30x30 commitment makers have reached **over 7 million people** through health programs aimed at improving access to and utilization of services. In addition, a cumulative total of **13,311 institutions** have been supported to strengthen capacity across key technical areas.



Commitments by Health System Strengthening Blocks (HW: Health Workforce; SD: Service Delivery; LG: Leadership & Governance; CS: Community Services; ACC: Access to Essential Medicines and Supplies; FIN: Financing; HIS: Health Information Systems)

30x30 commitment makers share appreciation toward the initiative, “I feel that there is a global impact, and I’m not doing something alone,” and “The reporting has helped us to be more thoughtful about some of the work we’re doing and the way we’re talking about it.”

¹ Christian Connections for International Health. Christian Health Asset Mapping Consortium [Internet]. 2022 [cited 2023 Feb 27]. Available from: <https://www.ccih.org/christian-health-asset-mapping-consortium/>

² Christian Connections for International Health. Market Share of Faith-Based Organizations (FBOs) in the Health Care of Developing Countries [Internet]. 2017 [cited 2023 Feb 27]. Available from: <https://www.ccih.org/wp-content/uploads/2017/09/Annotated-Bibliography-on-FBOs-market-share.pdf>

SUCCESSES, CHALLENGES, AND RECOMMENDATIONS

Below are a few examples of successes and challenges that FBOs experienced in health systems strengthening, as well as recommendations to achieve the goal of universal access to quality healthcare.

1

Success: Between 2019 and 2025, 30x30 commitment makers conducted almost 10,000 training programs and trained more than 70,000 health personnel across a range of technical health areas, contributing significantly to strengthening the health workforce.

Challenge: Most training programs focus on public health facility workers (e.g., government), excluding private not-for-profit staff (such as faith-based facilities). These gaps in training in key health issue areas, such as leadership and governance, are what 30x30 commitment makers are trying to address.

Recommendation: Partner with FBOs on training facility and community-based health care workers, administration, and finance staff to strengthen the overall health system. Policies and programs should be inclusive to leverage the capacity of faith-based facilities and community health programs to be strong components of the country's overall health system.

2

Success: 4,623 church groups were reached by commitment makers, equipping them to share relevant and practical health information within their communities to support disease prevention.

Challenge: FBOs play a significant role in delivering health services, yet there is a notable gap in data regarding FBO community initiatives, educational institutions, and pharmaceutical distribution networks. This lack of information results in an underestimation of the contributions of Christian health assets, which can lead to their exclusion from strategic planning, collaborative partnerships, and research efforts.

Recommendation: The adoption and implementation of a thorough data collection and mapping strategy encompassing healthcare facilities, community-based initiatives, and church-affiliated health programs, along with their associated partners such as medical suppliers, health worker training institutions, and efficiency-enhancing networks. Efforts like the **Christian Health Asset Mapping Consortium** contribute to this effort. Additionally, endorsement of policies and initiatives that prioritize the involvement of respected faith leaders in efforts to dispel myths and misunderstandings surrounding health issues, thereby fostering social and behavioral change within communities.

3

Success: 393 partnerships with government, NGOs, and development agencies have been established.

Challenge: Some organizations may lack the necessary staffing and resources to engage effectively in high-level partnership and collaboration activities. Opportunities such as participation in technical working groups on national or global scales, and ensuring effective communication and coordination with governmental bodies and other development partners.

Recommendation: Encourage financial backing for the 30x30 commitment makers, ensuring they have the necessary staffing levels to actively engage both locally and globally. This includes fostering appropriate partnerships and coordinating efforts with all relevant stakeholders involved in the initiative.

These are snapshots of the successes and challenges that have been achieved and revealed through the 30x30 Initiative. For more information, please review the full **30x30 Annual Progress Report 2025**.