

Comments on the Report

***"Contracting between faith-based and public health sector in Sub-Saharan Africa:
An ongoing crisis?
The case of Cameroon, Tanzania, Chad and Uganda"***

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- **Congratulation to MMI to have commissioned this study and to ITM to have accomplish this study**
 - **Definitively we need this type of study and analysis**
 - **I appreciated the comprehensive and meticulous presentation of complex situations**

4 comments

Comment 1

The situations are finally quite diverse:

- **How to associate faith-based providers to the public service: Cameroun and Tanzania**

Ownership of the Church

- **Delegation of responsibility: a faith-based organization manage, on behalf of the State, a facility but also the administration of the district: Moïssala, Chad**

Management by the church

- **A fundholder (PEPFAR, not the State) purchases a specific health service from a faith-based provider: Uganda**

Comment 2

Why to contract ?

Recognition
Carte sanitaire

Partnership,
collaboration



↑
Cameroun
Tanzania

↑ ↑
Chad *Uganda*

Comment 3

Autonomy of the provider vis à vis of the church

- *Faith-based sector is not a fully harmonized single block: each component can have different interests*
- *The question of the ownership of the facility is not the most important : the manager should be the regular responsible for the contract*
- *Need to consider a better separation between:*
 - *The church: religious function*
 - *The health provider: function of management of an health service*

Comment 4

Crisis ?

- The idea of "silent" crisis is central in the report : should we understand it as a sort of inertia?
- In some aspects, the situation seems to suit almost everyone: so is there a real crisis?
- But it's evident that the situation could be better: MMI should consider the recommendations of the report