CHSs (Christian Health Services) currently constitute a substantial proportion of the total health provision in many countries, reaching over one third in some, particularly in Sub Saharan Africa. As well as providing community outreach, dispensaries, health centres, health worker training schools and hospitals, some of which are the designated district referral hospitals, CHSs are responding to the challenge of the HIV/AIDS endemic by providing ARV (anti-retroviral) treatment centres. Much of this network of CHSs originated from the initiatives of Christian missionaries, the majority of whom arrived at their overseas destinations over 100 years ago, often predating formation of the states concerned.

Drawing on the limited literature, a series of CHS reviews and my own research, the paper explores two inter-related concerns facing CHSs. Firstly the contribution made by CHSs to the health provision of their respective countries, and how this is affected by their search for new sources of funding to replace that which they had traditionally received from Western churches and mission organisations. This is followed by an exploration of the accountability of CHSs to, and their cooperation with, their respective governments. This will include firstly a discussion of the incentives and constraints influencing the level of cooperation between governments and CHSs. Secondly consideration will be given to the role of CHAs (Christian Health Associations), which may carry out an intermediary role between CHSs and the government.

The paper concludes by highlighting the dilemma now facing many CHSs and governments: Churches in many countries currently comprise the major share of the non-state provision of health services, and often have an organisational infrastructure and commitment in areas where government services are underprovided and which may be seen to be unattractive by “for profit” private providers, but lack the financial support base to ensure sustainability of their service.