

A photograph of a woman with short, curly, light-brown hair, wearing a bright blue long-sleeved shirt. She is seated and has both hands raised high in the air, palms facing forward. She is wearing a gold watch on her left wrist and a silver watch on her right wrist. She has a joyful expression on her face, looking slightly to the right. In the background, other people are visible, some with their hands raised, suggesting a church service or a community gathering. The image is overlaid with a dark blue banner containing white text.

Health-Promoting Churches

Mwai Makoka

***Reflections on Health and Healing for Churches
on Commemorative World Health Days***

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With a foreword by Dr Tedros Adhanom Ghebreyesus,
Director-General of the World Health Organization



**World Council
of Churches**
Publications

HEALTH-PROMOTING CHURCHES

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on Commemorative World Health Days
Mwai Makoka

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“The Christian ministry of healing belongs primarily to the congregation as a whole, and only in that context to those who are specially trained.”

– *The Healing Church*, World Council Studies No. 3
(Geneva: WCC, 1965), 35

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Definitions of terms

church(es):	Same as congregation(s)
complications:	Diseases that develops as the result of an existing disease; a secondary disease
congregation:	Corporate fellowship of the people of God wherever it manifests itself in worship, witness, and service; ¹ local church community, not necessarily denomination
diagnosis:	The identification of the nature of an illness through systematic analysis of symptoms and signs
healing:	A “progress towards health and wholeness”; “God’s gifts of healing are occasionally experienced instantly or rapidly, but in most cases, healing is a gradual process taking time to bring deep restoration to health at more than one level.” ² There are four spheres of healing: physical, mental, social, and spiritual. No disease is confined to only one of these spheres in either its causes or effects, and neither should healing be. ³

1. *The Healing Church*, World Council Studies No. 3 (Geneva: WCC Publications, 1965), 30, 31.

2. *A Time to Heal: A Report for the House of Bishops of the General Synod of the Church of England on the Healing Ministry: A Handbook* (London: Church House Publishing, 2000), 377, 299.

3. *Healing Church*, 30.

health:	A dynamic state of wellbeing of the individual and society; of physical, mental, spiritual, economic, political, and social wellbeing; of being in harmony with each other, with the material world, and with God ⁴
risk factors:	Things that create a possibility for a disease to occur; may be biological, behavioural, economic, or environmental
symptoms:	Physical or mental features that are felt or experienced by someone as indicating the presence of a disease; as opposed to “signs,” which are detected through medical examinations

4. *Healing and Wholeness: The Churches' Role in Health the Report of a Study*, Christian Medical Commission, World Council of Churches (Geneva, 1990), 6.

Foreword

by the General Secretary of the World Council of Churches

Health and healing have always been important in the work of the World Council of Churches (WCC). A study undertaken across all regions of the world from 1979 to 1987 emphasized the important role of churches in the health landscape, not least of which is in health education. The World Council of Churches mission statement *Together towards Life*⁵ reaffirms that, as health and healing were central features of Christ's ministry and call to his followers, so they should be central to the mission of the church.

The World Council of Churches was heavily engaged in the Primary Health Care movement, including the Alma-Ata declaration. Since 1980, the World Health Organization has used a healthy settings approach for health promotion, including healthy cities, healthy villages, and health-promoting schools. Unfortunately, places of worship have not been recognized and reached with this approach. The World Council of Churches' Health-Promoting Churches programme is thus an opportunity to strengthen the existing efforts in churches in a coherent and evidence-based manner.

These reflections and the Health-Promoting Churches handbook support the Ecumenical Global Health Strategy, a health expression of the World Council of Churches' Pilgrimage of Justice and Peace.

5. Jooseop Keum, ed., *Together towards Life: Mission and Evangelism in a Changing Landscape* (Geneva: WCC Publications, 2013).

The Bible teaches us to take care of our physical bodies because they are temples of the Holy Spirit. At the beginning of scripture, God creates humankind in God's image. Later, Jesus took on the same physical body as part of the salvation plan. Our physical bodies and indeed our lives are sacred and worthy of our utmost care.

The Rev. Dr Olav Fykse Tveit
WCC General Secretary

Foreword

by the Director-General of the World Health Organization

Healing and wellbeing are among the most common themes in the Bible, from the public health regulations contained in the Torah through to the healings of Jesus. The reflections in this booklet help to make the connection between ancient texts and modern health threats. As such, they will help to promote the health and wellbeing of congregations and strengthen churches' contribution to achieving the health targets in the Sustainable Development Goals by stimulating a dialogue among faith-based networks and within civil society organizations. The reflections are aligned with the World Health Organization's global health days and span a wide range of pressing issues in global health – from diseases that have plagued humans for millennia, such as malaria and tuberculosis, to new threats like antimicrobial resistance and the overdue attention now being paid to mental health.

Common to all of these threats is the fact that globally, billions of people still lack access to essential health services or are exposed to financial hardship by paying for them. That's why the World Health Organization's top priority is universal health coverage, which is based on another key biblical value: equity. We believe that all people are equal and that health is a human right to be enjoyed by all people, not a privilege for those who can afford it.

We simply cannot achieve universal health coverage and the other health-related targets in the Sustainable Development Goals unless we empower and equip communities and harness their power. We must invest in empowering individuals, families, and communities to gen-

erate their own health so that we can promote health and prevent disease. To that end, the World Council of Churches (WCC) is a very important partner for the World Health Organization on a range of issues, including primary health care, universal health coverage, quality of care, communicable and noncommunicable diseases, and antimicrobial resistance. I am pleased to see that the WCC has taken this bold step of reaching out to over 500 million people in more than 110 countries who are part of its network. The World Health Organization fully supports the WCC in this endeavour of promoting health and preventing disease through churches around the world, as well as in the vital role they play not only in spiritual healing but in ensuring health and wellbeing for all people.

Dr Tedros Adhanom Ghebreyesus
Director-General, World Health Organization

Preface

I have taken care to prepare reflections that can be read in about ten minutes, preferably during church service, and that are also readily understandable. I have included only enough medical information to ensure a fair understanding of the subject at hand. Some medical terms and details are unavoidable. To those who may still find these reflections complicated: I ask understanding. To those who are medically trained and perhaps find many details missing: I ask sympathy.

All epidemiological data – that is, information on the incidence, distribution, and control of diseases – including prevalence and mortality rates, have been obtained from the World Health Organization website (www.who.int), mainly from the “fact sheets” for the different diseases. I gratefully acknowledge these here to avoid disrupting the flow of the reflections with many scientific references. I have rounded off many figures in line with the nature and purpose of this document.

I have received invaluable insights and support from Professor Isabel Apawo Phiri, the Rev. Dr Nyambura Njoroge, Dr Manoj Kurian, and other colleagues. Several church ministers in various parts of the world have encouraged me to prepare these reflections. I gratefully acknowledge them.

Finally, I reiterate that these reflections are not theological expositions but only reflections from a lay Christian who is a medical professional and keen to promote health and healing from a Christian perspective. The purpose is not to provide a final position, but to stimulate conversation and congregation-based action on health.

Dr Mwai Makoka

WCC Programme Executive for Health and Healing

Why and how this book should be used

The World Council of Churches (WCC) defines health as a dynamic state of wellbeing of the individual and society. It is a state of physical, mental, spiritual, economic, political, and social wellbeing. And it is a state of humans being in harmony with each other, with the material world, and with God.

In June 2018 the WCC central committee approved the Ecumenical Global Health Strategy, whose purpose is to support churches as healing communities. The reflections in this handbook contribute to that goal by giving churches starting points for conversations and action on different health topics chosen from the World Health Organization calendar.

What does this book aim to achieve?

These reflections are expected to support the healing ministry of local congregations to ensure that:

- **The church is a place of health education.** Knowledge is power, and the church is a safe and effective space to provide critical health education from medical, social, and biblical perspectives. Health and medical conditions are often surrounded by myths and misinformation, which limits healing, practical holistic response, and the possibility of addressing root causes of diseases. To address this, the church should design and explore creative ways of providing health education. Reading these reflections during the normal church service is an easy starting point.

- **The church is a place of practical action.** Jesus sent out the disciples to preach, teach, and heal. Information and awareness may create intention, but intention does not always translate into action. These reflections provide examples of practical actions a congregation can take to bridge the gap between knowledge and action. Mutual loving care and accountability help Christians take concrete actions together toward healthy lifestyles as individuals, families, and communities.
- **The church is a place for advocacy and care for creation.** The theology of health and healing calls the church to act beyond individual and family health concerns. We need to bring the healing ministry into the political, social, environmental, and economic arenas. The Holy Spirit empowers the church to prophetically denounce the root causes of suffering and to call for transformation of structures of injustice and destruction. These reflections give examples of areas where the church can demonstrate its care for the integrity of creation.
- **The church is a place of empowerment for public witness.** Every Christian is called to be salt and light for the world. The church is a place where individual Christians are empowered to be that salt and light in their areas of influence. From the highest to the lowest office in the land, people make decisions based on their values and convictions. And Christians, in whatever personal or official capacity, are called to make decisions that promote life and testify to the lordship of Christ over all creation.

Who are these reflections for?

These reflections have been prepared primarily for Christian congregations whose churches are members of the WCC. Christians from other church denominations and all people of good will are nevertheless welcome to use them. Churches have a mix of people at various academic, professional, and occupational levels, and in different

personal and family circumstances – we trust that everyone will find something that speaks to them in their situation.

How to use this book?

The reflections are short enough to be read during a church service on the Sunday closest to the commemorative day. Ideally, they should be used in this way. They can also be read and discussed in small groups: for example, during midweek prayers, Bible study, or youth groups.

In churches that have a health committee, the committee can guide the congregation with the different proposed points of action, including those that emerge from the discussions. The committee can also help to adapt the issues to the local context.

Translation and feedback

This book may be translated into any preferred language to increase its use. Upon request, the WCC will happily give permission and any necessary support. We will also be happy to receive feedback on how you have used this book and how it has enriched the life and witness of your church, as well as suggestions on how we can improve future editions.

Dr Isabel Apawo Phiri

WCC Deputy General Secretary for Public Witness and *Diakonia*

FEBRUARY 4

World Cancer Day

“He is before all things, and in him all things hold together.” (Col. 1:17)

Many verses in scripture accurately portray some of the emotions around cancer: pain and suffering, mortality and loss, comfort and redemption, faith and eternity.

For birth, growth, and continuation of all living things, cells must constantly divide. Old cells die and are replaced by new ones, and the new ones must grow and function exactly as their predecessors. Cells also divide and replicate to make offspring. Cells divide trillions upon trillions of times in a lifetime. Although numerous and complicated, the processes are precisely controlled to ensure that the body continues to operate normally and that, in terms of reproduction, like should give birth to like. This incredible precision of cell replication and growth process is referred to as “replication fidelity.”

Replication fidelity ensures that cells give rise to cells that are exactly like themselves, that new cells stop growing once they mature, and that body organs function properly throughout life – producing the right quantities of hormones and bodily fluids.

Fidelity is the Latin word for “faithfulness.” Replication fidelity is a testament to God’s great faithfulness. In his faithfulness, all things hold together in Christ.

What is cancer? Cancer is a term for a large group of diseases characterized by uncontrolled growth, replication, or function of cells in a part of the body, which may invade adjoining parts or even spread

to other organs. In other words, there is loss of fidelity in these cells. Cancer can affect almost any part of the body. Affected organs can exert pressure on neighbouring body parts, consume nutrients, or produce hormones excessively and consequently upset the body's chemical and energy balance. In 2018 there were almost 10 million cancer deaths globally, with most of them occurring in low- and middle-income countries. Lung, prostate, colorectal, stomach, and liver cancer are common in men; breast, colorectal, lung, cervical and thyroid cancer are common in women; while blood, brain and solid tumours are most common in children.

*Even when cancer occurs,
God's faithfulness remains
steadfast, still holding us
together in Christ.*

Why does someone get cancer? Realizing that many trillions of new cells are formed each year in our bodies, maybe we should ask the question this way: Why do we not develop literally millions of cancers? Replication fidelity normally ensures that cells are replicated precisely, abnormalities are repaired, and defective cells are destroyed. Occasionally this system does not work and cells become abnormal and form cancer.

The sun, moon, stars, earth, and galaxies don't miss their paths and collide or degenerate into the vastness of space. When a collision of astronomical bodies occurs, with some stars falling to earth, we nevertheless know that trillions and trillions of starry journeys are completed with absolute precision because they are held together in Christ.

The same faithfulness reaches deep down to the very cells and molecules of our bodies. Even when cancer occurs, God's faithfulness remains steadfast, still holding us together in Christ.

How can we prevent cancer? Not all cancers can be prevented. However, 30 to 50 percent of cancers can be prevented by modifying some key risk factors, including avoiding tobacco, reducing alcohol consumption, eating more fruits and vegetables, maintaining a healthy

body weight, breathing clean air, exercising regularly, and avoiding environmental pollution.

Hepatitis B virus (HBV) causes liver cancer, and human papilloma virus (HPV) causes cervical cancer, but there are vaccines for these two viruses.

What is the treatment for cancer? Cancer treatment involves a combination of chemotherapy, radiation therapy, and surgery. Successful treatment depends on early detection and treatment. Screening is available for cancer of the cervix, breast, and prostate. When cancer cannot be cured, palliative care, including pain management, is important. It is also helpful for countries to have complete and reliable information to support development of cancer policies and services.

There is no general screening available for childhood cancers, and so good outcome depends on early and accurate diagnosis and effective treatment. Malaria, HIV and Epstein-Barr virus infections increase the risk of cancer in children and so must be controlled. Most childhood cancers can be cured.

The rapid advance in techniques for cancer screening and treatment in recent years has greatly improved the lives of many patients, especially where there is early diagnosis. God-given skills in medical care can transform lives. These developments are in themselves miraculous.

What can churches do?

Churches can:

- Organize health talks so as to provide comprehensive information on cancer and encourage church members to go for regular screening and early diagnosis
- Promote biblical reflections, testimonies, and literature that fight cancer stigma and fear and affirm life and hope
- Conduct regular health-promotion activities

- Offer prayer and pastoral accompaniment⁶ to families affected by cancer
- Support advocacy, mobilization, and ethical distribution of resources, such as trained health workers and diagnostic and treatment services, especially for poor and marginalized people.

6. Accompaniment means walking together with someone or with others in solidarity, so their journey becomes our journey also – like on the road to Emmaus.

MARCH 20

World Oral Health Day

“Confidence in an unfaithful man in time of trouble is like a bad tooth and a foot out of joint.” (Prov. 25:19)

Oral health is the field that concerns the wellbeing of the mouth and its associated structures: teeth, gums, tongue, and salivary glands. Our mouths are important for biological and social reasons. We all like a nice smile, good teeth, and fresh breath. Oral problems cause pain and suffering, impair beauty and function, and reduce quality of life. Moreover, they are always expensive to treat.

What are the disorders of the mouth? There are seven common disorders of the mouth:

- **Dental caries.** This is erosion or rotting away of the strong, shiny outer layer of the tooth and can advance to the root of the tooth.
- **Gum disorders.** These include swelling, bleeding, and erosion of the gums leading to premature tooth loss.
- **Oral cancer.** Cancers of the mouth and the throat are among the ten most common cancers in the world, affecting more men than women.
- **Noma.** This disease starts as a small swelling of the gums or cheek that rapidly progresses to destroy soft and hard tissues of the mouth and face. Bad breath, swelling, and rotting tissues are features of noma, and it affects people in many parts of the world.

- **Manifestations of HIV and AIDS.** Thrush, ulcers and sores of various kinds are common in untreated HIV.
- **Injuries.** Injuries of the face and mouth are commonly due to falls in unsafe playing facilities, road accidents, and injuries due to violence.
- **Cleft lip and cleft palate.** These are gaps in the natural structures of the face due to incomplete development of bones and soft tissue in the unborn child during pregnancy. Cleft lips and palates are common and are associated with tobacco and alcohol use during pregnancy, malnutrition, and other environmental factors.

Other oral disorders include bad breath and poorly shaped teeth that prevent proper chewing and closing of the mouth.

What are the causes and risk factors? The main causes of oral disorders are:

- **Poor oral hygiene.** This includes not brushing your teeth regularly (twice daily), using an inappropriate toothbrush (e.g., too hard, too soft, or too old), and poor brushing technique (e.g., brushing too vigorously). Other contributors are brushing your teeth without using toothpaste, or using toothpaste that is expired, poor quality, or contains little or low fluoride.
- **Poor diet.** This includes eating foods and beverages that are high in sugar.
- **Smoking and alcohol use.** These can cause gum diseases and oral cancers: almost all oral cancers are due to tobacco. Khat, or qat, consumption also causes tooth discolouration, mouth dryness, and oral ulcers.
- **Not going regularly to the dentist.** This can occur either because dental services are not available or affordable or because of poor health-seeking behaviour.

What does the Bible say on oral health? The Bible has many references to the mouth or to the structures and functions of the mouth. Most of them, however, are figurative. The mouth is used to denote and emphasize an utterance or authority, for example, in Lamentations: “Is it not from the mouth of the Most High that good and bad come” (3:38); and in Psalm 33:6: “By the word of the Lord the heavens were made, and all their host by the breath of his mouth.” Teeth and jaws are used to signify power or strength, such as when we say someone is “saved from the teeth or jaws of the enemy.” Gnashing of teeth is used to mean extreme pain or extreme rage.

Proverbs 25:19 says, “Like a bad tooth or a lame foot is trust in a faithless person in time of trouble.” This single dental reference resonates with our bitter experiences of a bad tooth and our desire for our teeth to be like a reliable friend.

Teeth and the other parts of the mouth are our first points of social contact with others, allowing us to speak, smile, kiss, touch, smell, taste, chew, swallow, and cry out in pain or in joy. Our teeth speak loudly about our level of self-care, hygiene, and general wellbeing. Our care for ourselves and for one another, including care for children and for people with disabilities, should include oral health care.

Someone said, “our teeth show the biggest gaps in equality” – meaning that oral health tends to be poor in people with low socio-economic status. Tobacco, alcohol, and poor diet are also risk factors for cardiovascular diseases, diabetes, cancer, and respiratory diseases. Addressing these factors will have an added benefit of controlling other diseases.

What can churches do to promote oral health?

As healing communities, Christian congregations have a significant role to play to prevent oral diseases, promote oral health, and improve quality of life through the congregation’s organized efforts. Some of the things a congregation can do are to:

Teeth and the other parts of the mouth are our first points of social contact with others.

- Educate all church members (not just children) about how to take care of their teeth. This should include teaching them the correct brushing technique using a toothbrush or a chewing stick, as well as emphasizing the following:
 - that hands should be washed with soap before tooth brushing
 - that teeth should be cleaned twice a day (after breakfast and before going to bed) always using fluoride toothpaste
 - that dental floss or a narrow toothpick should be used for cleaning between the teeth
 - that all surfaces of the mouth including the tongue should be cleaned
 - that the mouth should not be rinsed after brushing to allow prolonged activity of the toothpaste
 - that the toothbrush should be well looked after and replaced regularly (every two months)
- Encourage church members to limit consumption of sugary drinks and foods
- Encourage church members to limit consumption of alcohol, and to use mouthwash that contains alcohol sparingly
- Encourage and support congregants to stop all forms of tobacco consumption
- Advocate for and support strong national policies on fluoride, including quality control of toothpaste (locally produced or imported) for fluoride content and expiry dates
- Encourage, facilitate, and provide platforms for routine oral check-ups

- Encourage congregants to seek early medical help for bleeding gums and ulcers that persist beyond two weeks
- Promote good road safety measures, such as using a seatbelt when travelling in an automobile and wearing a helmet that covers the mouth when riding a motorcycle.

MARCH 24

World Tuberculosis Day

Tuberculosis (TB) is one of the top ten causes of death worldwide. TB is caused by bacteria (*Mycobacterium tuberculosis*) that can affect blood, bones, skin, intestines, kidneys, brain, lungs and any other part of the body. TB of the lungs is the most common type of TB. It is spread from person to person through the air. When people with lung TB cough, sneeze, or spit, they propel the TB germs into the air. A person can become infected when they inhale even a few of these germs. TB is also transmitted when people drink milk or meat products of TB-infected animals.

About one-third of the world's population has latent TB, which means people have been infected by TB bacteria but are not (yet) ill with the disease and cannot transmit the disease. When a person develops active TB, the symptoms (such as cough, fever, night sweats, or weight loss) may be mild for many months. This can lead to delays in seeking care, and results in prolonged transmission of the bacteria to others. People with active TB can infect many other people through close contact. Without proper treatment people with TB die.

What are the symptoms of TB and how is it diagnosed? Common symptoms of active lung TB include a cough with sputum (and sometimes blood), chest pains, weakness, weight loss, fever, and night sweats. Many countries still rely on an old method called “sputum smear microscopy” to diagnose TB, which detects only half the number of TB cases and cannot detect drug resistance. The rapid test “Xpert MTB/RIF®” simultaneously detects TB and resistance to medicines,

Faith communities can play a very important role in controlling TB.

and can also detect TB in children. Diagnosis can be made within two hours.

What is the treatment for TB? TB is a treatable and curable disease. TB is treated with a six-month course of four antimicrobial drugs. These are provided with information, supervision, and support to the patient by a health worker or trained volunteer. Without such support, treatment adherence can be difficult and the disease can spread. Most TB cases can be cured when medicines are provided and taken properly. Between 2000 and 2015, an estimated 49 million lives were saved through TB diagnosis and treatment. Inadequate treatment of TB increases the risk of drug-resistant forms of the infection, which require long, intensive, and expensive treatment.

What are the risk factors? People infected with TB bacteria have a 10 percent lifetime risk of falling ill with TB. However, persons with compromised immune systems (e.g., people living with HIV, malnutrition, or diabetes) have a much higher risk of falling ill. Tobacco use greatly increases the risk of TB disease and death. Indoor air pollution, inhaling smoke from firewood or dung, and crowded living conditions (e.g., prisons, refugee camps) also increase risk of TB. Tuberculosis mostly affects adults in their most productive years. However, all age groups are at risk.

Over 95 percent of TB cases and deaths occur in developing countries. In 2015, 87 percent of new TB cases occurred in the 30 high TB-burden countries. Six countries accounted for over half of all new TB cases: India, Indonesia, China, Nigeria, Pakistan, and South Africa.

How has the World Health Organization (WHO) responded? WHO's End TB Strategy aims to reduce TB deaths and transmission and to eliminate the catastrophic costs people bear when seeking TB care. Ending the TB epidemic by 2030 is among the health targets of the United Nations' Sustainable Development Goals.

What can churches do to control TB?

TB has historically been seen as a disease of poverty and poor hygiene, leading to continued high levels of stigma. TB is also a disease of inequality. Since TB patients also require much care and support, faith communities can play a very important role in controlling TB.

Churches can:

- Advocate for availability of diagnostic tools that are more effective than smear microscopy
- Support and advocate for increased control measures, particularly in high-burden countries
- Provide, promote, and advocate for healthy living conditions in schools, prisons, mines, and transport systems
- Promote early diagnosis by encouraging church members to seek needed medical attention and by organizing sputum collection in collaboration with a health facility
- Promote treatment literacy and support and encourage people to take their medicines as advised
- Fight stigma and discrimination.

APRIL 7

World Health Day

“I came that they may have life, and have it abundantly.” (John 10:10)

The World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” It further says that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” Article 25 of the United Nations’ Universal Declaration of Human Rights affirms that “everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, and medical care.”

In 1978, world leaders adopted Primary Health Care (PHC), as they believed that “an acceptable level of health for all the people of the world by the year 2000 can be attained through a fuller and better use of the world’s resources.”⁷ The slogan of PHC was “Health for All by the Year 2000.” In 2000, it was clear that this goal had not been achieved. A new set of targets was set through the United Nations’ Millennium Development Goals to reduce maternal and child mortality, and to control malaria, tuberculosis, and HIV. The Sustainable Development

7. World Health Organization, *Declaration of Alma-Ata, International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 (September 1978)*, #10.

Goals were later adopted in 2016. The third of these goals is to “ensure healthy lives and promote wellbeing for all at all ages.”

Significant strides have been made to increase life expectancy worldwide and reduce some of the common killers of mothers and children. Major progress has also been made to improve access to clean water and sanitation, which has reduced malaria, tuberculosis, polio, and the spread of HIV/AIDS.

However, too many people are still left behind, even in high-income countries. These people are not benefitting from the overall progress, and in some cases, they are systematically excluded and marginalized. For example, only half of women in developing countries receive the health care they need and the number of deaths from pollution-related diseases is increasing.

The Sustainable Development Goals for health aim to achieve the following by 2030:

1. To reduce the global maternal mortality to less than 70 per 100,000 live births and to reduce the under-five mortality to as low as 25 per 1,000 live births
2. To end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases
3. To reduce by one-third premature mortality from non-communicable diseases through prevention and treatment, and to promote mental health and wellbeing
4. To strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
5. To reduce by half the number of global deaths and injuries from road traffic accidents
6. To ensure universal access to sexual and reproductive health-care services

Everyone has the right to a standard of living adequate for their health and well-being.

7. To achieve universal health coverage, including financial risk protection, access to quality essential health-care services, and access to safe, effective, and affordable essential medicines and vaccines
8. To substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination

The Bible has much to say about health, healing, and wellbeing. Indeed, most of the miracles of Jesus brought healing. The Christian view of health is embodied in the concept of “*shalom*” being a reality among God’s people. *Shalom* – wholeness, peace, health, and prosperity – was lost in the garden of Eden; sickness, ill-health, and death became real and constant reminders of humans’ fallen state. Salvation thus in part included the restoration of health and alleviation of suffering. Moments and acts of *shalom* were manifested in God’s guidance to prevent and limit the spread of diseases (Leviticus), in the curative acts of prophets (2 Kings 5:1-14), in curative agents such as leaves (Ez. 47:12), and in resurrecting people from the dead (2 Kings 4:32-35).

The golden moment, however, came when Jesus Christ proclaimed that he had come so that people may have life and life in abundance (John 10:10). He restored people to health and to spiritual, physical, and social wholeness, and he charged and empowered his disciples not only to preach and teach but also to heal (Matt. 10:7-8).

Healing is also one of the gifts of the Holy Spirit. Health is more than medicine – it is to do with the way people live and the way they die, the quality of life and the quality of death. This theological understanding means that health and healing are not minor activities in the life of the church, but are part of its very existence. Healing is not simply a means toward evangelization. It is at the very heart of the gospel mandate.

The health system goes beyond clinics and hospitals – it includes the community and the environment. Equally, the Christian ministry of healing belongs to the whole congregation and not only to those Christians who are trained in the medical professions. The healing

ministry goes beyond running hospitals, clinics, and nursing schools. Christian health and healing are holistic.

Christian healing is also holistic in that it embraces not only the physical, mental, and social wellbeing of people, but also their spiritual wellbeing. It acknowledges that achievements in medical science are God-inspired and therefore to be used in the service of God and man. It does not insist on exclusively spiritual methods of healing, but an informed balance of social, scientific, and spiritual methods.

What can churches do to promote health?

Churches, as healing congregations, can:

- Establish a church health committee and a church health budget to initiate health promotion activities in the churches
- Discuss the situation in their own countries and communities in the context of the eight Sustainable Development Goals on health
- Understand the underlying factors (spiritual, social, economic, and psychological) of health issues in their communities and discuss how they can help to address them
- Design and implement congregation-based health programmes on health promotion, disease prevention, and screening for diseases; set local targets and work toward them
- Promote connections and integration among health, education, agriculture, community development, and all the other programmes of the churches and congregations
- Challenge non-life-giving theologies and promote life-giving theologies; enhance biblical understanding through contextual Bible studies of health issues like mental health, maternal mortality, accidents, and other pertinent health issues
- Implement the Health-Promoting Churches programme developed by the World Council of Churches

APRIL 24–30

World Immunization Week

The practice of immunization is not mentioned in the Bible. However, the Bible speaks of ancient means of controlling the spread of diseases, like isolating infected people or prohibiting the eating of sick or dead animals. These methods were inadequate to contain diseases that were fatal or very contagious.

What is immunization? Immunity refers to the body's ability to resist diseases. Our immune system has dozens of mechanisms that work in a coordinated way to keep us healthy. While some of these mechanisms are inborn and rather fixed, other mechanisms can be stimulated to produce specific immunity. Vaccination is the process of administering a substance that stimulates immunity against a specific disease.

When and how did vaccinations start? The word “vaccination” was introduced by the scientist and physician Edward Jenner in 1796 when he systematically studied and documented the smallpox vaccine. In fact, the word “vaccine” was derived from the Latin word for “cow” because Jenner described the use of cowpox pustules or scabs as a vaccine against smallpox. The practice of inoculating people to prevent smallpox existed in China, India, Ethiopia, and West Africa in earlier centuries, before it arrived in Europe. Before the use of the vaccine, smallpox outbreaks would kill more than 30 percent of children that were infected and left many others disfigured. The smallpox vaccine opened the way for many more vaccines to be discovered.

Why is vaccination important? Vaccination is the only way of preventing certain incurable diseases, like polio and rabies, and controlling highly contagious diseases, like measles. Vaccinations prevent up to three million deaths every year. Thanks to vaccinations, small-pox was eradicated in 1979, and polio will also be eradicated soon. In addition to personal immunity, a vaccinated person becomes a “brother’s keeper” by breaking the chain of transmission, thereby protecting others from infection.

How many vaccinations are there? More than 20 vaccines are approved by the World Health Organization. These can be broken into the following categories:

- **Childhood vaccinations:** These are the majority of vaccines. They are given to children from birth and should be completed in the child’s first 24 months, according to each country’s immunization programme. They are also called basic vaccines, and include polio, pertussis, and measles.
- **Women’s reproductive health vaccinations:** Anti-tetanus vaccine is given to women during pregnancy, and HPV vaccine is given to pre-adolescent girls to protect against cancer of the cervix. To enhance protection to women, boys can also receive the HPV vaccine.
- **Outbreak vaccinations:** These are only given during disease outbreaks (e.g., cholera).
- **Occupational vaccination:** These are given only to people who are at risk due to their occupation, for example, anti-rabies vaccines for veterinary workers.
- **Post-exposure vaccinations:** These are given only to people who have been exposed to risk, (e.g., anti-rabies vaccine after a dog bite).
- **Travel vaccinations:** These are only given to people traveling to high-risk areas (e.g., yellow fever vaccine).

How often should I be vaccinated? Many childhood vaccines are repeated at intervals to ensure that immunity is achieved. But a fully vaccinated person typically has life-long immunity, with no need for re-vaccination. In a few cases, however, the immunity wanes over time and a “booster dose” is given later in life (e.g., tetanus).

Should I receive all vaccines? As said earlier, a vaccine confers “specific immunity” only against a specific disease. Ideally, one should receive all the vaccines. However, some diseases occur only in some countries or regions (e.g., yellow fever, dengue, meningococcal meningitis) and so the vaccines are only given in these places or to people traveling there.

Are vaccinations safe? Vaccinations and vaccine manufacturers that have been approved by the World Health Organization are generally safe. Any associated risk is either rare or small when judged against the severity of the diseases. Concerns about purity of vaccines or their contamination with undesirable chemicals can easily be ascertained by quality control testing done by public regulators or university or private laboratories.

Are vaccinations evil? Concerns as to whether vaccines may be evil or unethical stem from narratives about how some vaccines were developed, suspicions about the financial interests of vaccine manufacturers, the need to defend personal freedom of choice in light of public health interventions, and the question of whether childhood vaccinations violate the rights of infants who cannot decide for themselves. Admittedly, we continue to benefit from inventions and discoveries made in the past that sometimes used methods that would not meet today’s scientific and ethical standards. We receive them confident in our Lord’s grace that transcends history. Moreover, several key scientists and physicians have made monumental advances in vaccines being inspired by their faith in God.

There are, sadly, also myths and misinformation about harm caused by vaccines. This has led to a resurgence of diseases in communities where they have in the past been well controlled.

As Christians, we take vaccines as precautionary measures . . . as a demonstration of our trust in and gratitude to God.

Should Christians receive vaccinations?

While trusting in God's providence, we, as humans, take precautionary measures. This does not negate our faith in the sovereign God, but affirms our place as significant actors in God's plan. As Christians, we take vaccines as precautionary measures, which are themselves provisions of God, as a demonstration of our trust in and gratitude to God.

What can churches do to promote people's health through vaccines?

Churches can help address the following prevailing challenges of the global immunization programme:

- **About 20 million infants are still not fully vaccinated annually.** The church can use church structures to support, conduct, and encourage vaccinations.
- **There is resurgence of measles in countries where it was previously controlled** (Europe and America) due to reduced vaccination coverage. The church can address vaccine hesitancy, promote life-affirming theology, and advocate for quality control testing to ensure the credibility of vaccination.
- **Inadequate domestic funding for vaccination.** Churches can advocate for and support efforts to mobilize financial and logistical support for national immunization programmes.
- **Health services are disrupted by conflict and wars.** Churches can pray for and support peaceful means of conflict resolution.

APRIL 25

World Malaria Day

“When Jesus entered Peter’s house, he saw his mother-in-law lying in bed with a fever; he touched her hand, and the fever left her, and she got up and began to serve him.” (Matt. 8: 14-15)

Peter’s mother-in-law was suffering from a fever. She might have had malaria, as fever is its most common symptom. But she might well have had another disease that also causes fever. In any case, her illness prevented her from having a normal day and participating in social, economic, and spiritual activities. Immediately after her miraculous healing, she started serving Jesus and his team.

Nearly half of the world’s population is at risk of malaria. In 2015, there were about 212 million malaria cases and an estimated 429,000 malaria deaths. Increased prevention and control measures have led to more than a 25 percent reduction in malaria deaths globally since 2010. Sub-Saharan Africa continues to carry a disproportionately high share of the global malaria burden. In 2015, 90 percent of malaria cases and 92 percent of malaria deaths occurred in this region. Children under five and pregnant women are most at risk of malaria disease and death.

Malaria is caused by parasites (*Plasmodium spp.*) that are transmitted to people through bites of infected mosquitoes. Malaria parasites multiply in the liver before infecting red blood cells. Inside the red blood cells, the parasites further multiply until the cells break. Up to 30 percent of red blood cells in children can be infected and broken during a malaria episode, causing severe anaemia. Infected red blood cells as well as debris from broken cells damage the kidneys, spleen,

and other internal organs. Infected red blood cells stick to blood vessels in the brain, effectively blocking the small blood vessels and restricting blood flow to the brain. This causes cerebral malaria, especially in children under five, causing death or long-term brain damage. Swelling of the lungs causes severe difficulties in breathing. In pregnant women, increased multiplication of the parasites causes severe anaemia, babies with low birth weight, or miscarriage.

Pray that people in power will . . . commit to and accelerate the eradication of malaria.

What are the symptoms and how is malaria diagnosed? The main symptom of malaria is fever, accompanied by chills, diarrhoea, and vomiting, and also headache, breathing difficulties, joint and muscle pains, and general body pains. Paleness, jaundice, and enlarged spleen are also common. Cerebral malaria manifests in convulsions, loss of consciousness, and coma.

The most reliable but time-consuming and technically complicated diagnostic method is to look for the parasites in infected red blood cells using a microscope. Rapid diagnostic tests are available to ensure timely diagnosis to more people without the need for an equipped laboratory.

What are the risk factors? Although malaria occurs throughout the year, transmission increases during the hot and wet (rainy) season. The mosquitos that carry malaria thrive in a tropical and subtropical climate, breeding in stagnant waters and wet bushy environments. But they have adapted to breed in houses and other domestic environments, which extends the risk to almost all people living in countries where mosquitos are common. Children under five and pregnant women are at increased risk for severe disease and death.

According to the World Health Organization, there are three major threats to malaria control:

1. Resistance of malaria mosquitoes to insecticides used in treating bed nets and indoor residual spraying

2. Genetic mutations among some malaria parasites, causing false negative diagnostic test results and complicating treatment and control
3. Resistance of malaria parasites to the most effective antimalarial medicine.

Along with these threats, changing weather patterns, flooding, and other effects of climate change promote multiplication and spread of malaria mosquitos. Rapid population growth, the increase of informal settlements, and mass displacements of people also make malaria control more complicated.

Malaria was eradicated in America over 50 years ago. Eradicating it in Africa, South Asia, and the rest of the world is possible and morally urgent.

What can churches do to control malaria?

Churches can:

- Fund, support, and strengthen community-based activities for mosquito control (e.g., congregation settings and structures can be used to organize mass distribution and treatment of bed nets and indoor residual spraying)
- Share resources ecumenically in north-south and south-south collaboration to support church-based malaria control efforts
- Pray for and visit the sick, especially children suffering from malaria
- Support local efforts to provide needed essential medicines, supplies, and equipment in health facilities
- Donate blood voluntarily and regularly (this will support life-saving blood transfusions to anaemic under-five children and pregnant women)
- Pray that people in power will have the wisdom, political will, and determination to commit to and accelerate the eradication of malaria.

MAY 31

World No Tobacco Day

Tobacco and smoking are not mentioned in the Bible. Yet it is estimated that there are over one billion smokers in the world, and that over six trillion cigarettes are smoked annually. Additional consumption of tobacco (as snuff, chewing tobacco, and dipping tobacco) is also prevalent.

Whereas tobacco was cultivated and used in the Americas (including the Caribbean) as early as 1400 BCE, it was not yet known among the lands and people of the Bible. Tobacco was taken from the Americas and spread around the world by early European settlers and colonizers. Tobacco smoking, however, was popularized and expanded globally with the invention of an automatic cigarette rolling machine in 1880. The very first machine produced 200 cigarettes per minute. The tobacco industry grew.

What are the health hazards of tobacco? There are more than 4,000 chemicals in tobacco, one of which is nicotine. At least 250 are known to be harmful and more than 50 of which are known to cause cancer.

Tobacco is consumed because it provides immediate, short-term stimulation of the nervous system. But there is no known health benefit of tobacco consumption. There are however several well-known dangers of tobacco: addiction, deadly diseases, and economic harms. In fact, tobacco kills up to half of its users: more than six million people annually die as a result of using tobacco, while almost one million non-smokers die because of being exposed to second-hand smoke. The tobacco epidemic is one of the biggest public health threats the world has ever faced.

Tobacco causes severe and deadly diseases in almost all parts of the body. Diseases caused by tobacco include:

- Oral diseases, such as gingivitis, dental caries, and oral cancer
- Heart diseases causing heart failure
- Diseases of the peripheral vessels, where damage to the arteries of the hands and legs can lead to amputations
- Lung diseases, such as chronic bronchitis and lung cancer
- Cancers of other internal organs.

Pregnant women who smoke give birth to low birth-weight babies, who are more likely to die. Furthermore, second-hand smoke causes lung infections in children, lung cancer, and heart diseases, and kills up to one million people annually.

Nearly 80 percent of the world's more than one billion smokers live in low- and middle-income countries.

What are the social, economic, and environmental hazards of tobacco? Tobacco inflicts severe economic harm on its users and their households. Low-income tobacco users spend 10 to 15 percent of their income on tobacco. This diverts much-needed financial resources away from food, health care, and education. The price of tobacco is ever increasing. In addition, the costs of medical care and lost income due to diseases caused by tobacco are high, increasing the effect on poor households.

Tobacco is cultivated on good arable land, which could otherwise be used for food production. Tobacco farming, therefore, takes away valuable land. This increases food prices and worsens sustainable access to affordable and nutritious food. Since the 1960s, tobacco production has moved from the Americas to Africa and Asia: land devoted to tobacco growing has been halved in the United States, Canada and Mexico, but has almost doubled in China, Malawi, and Tanzania. In this way, tobacco production contributes to food insecurity and malnutrition in these poor countries.

Tobacco has devastating consequences for health, the environment, and the economy at all levels.

Tobacco production is damaging to the environment. It requires excessive use of fertilizers and pesticides, as well as increased mechanization to obtain high yields. Tobacco processing also causes massive deforestation. Tobacco waste contains over 7,000 toxic chemicals that poison the environment. Up to ten billion cigarettes are thrown away daily. Cigarette butts account for 30 to 40 percent of all items collected in coastal and urban clean-ups.

In 2017 the global tobacco industry was worth over \$770 billion, of which about \$730 billion is owned by only five companies. Most of the profits from tobacco production go to these large tobacco companies rather than local tobacco farmers. Tobacco is bought from the farmers for between 80 cents and \$3/kg and is sold in America and Europe at about \$400/kg. These companies encourage global production through various incentives, bribery, and corruption of individuals, organizations, and even governments. Millions of tobacco farmers worldwide labour for these big companies. Governments are also exploited, as they change their land use and trade policies to benefit big tobacco companies.

Biblical reflection. Tobacco has devastating consequences for health, the environment, and the economy at all levels: individual, family, and national. Even though the Bible does not explicitly refer to tobacco use, we can derive a biblical view from several passages that exalt us to holiness, bodily purity, good stewardship of the environment, and fair trade. For instance, 1 Corinthians 6:19-20 says that our bodies are the temple of the Holy Spirit and we should keep them in a way that honours God. 1 Timothy 6:10 says that the love of money is a root of all kinds of evils – it is evil to love money at the expense of human life and environmental integrity. It is also not morally right to grow, process, or otherwise promote a product that destroys human lives.

How can churches say “no” to tobacco?

In commemoration of the World No Tobacco Day, churches can:

- Educate church members on the health risks of tobacco
- Provide pastoral accompaniment to tobacco users so that they can quit
- Conduct socio-economic analysis of the tobacco industry in their respective countries for effective education, lobbying, and advocacy
- Advocate for changes in international trade practices so that tobacco-producing countries can safely transition away from tobacco
- Advocate for and help local farmers to transition away from tobacco production
- Advocate for “tobacco-free zones” to limit exposure to tobacco smoke for non-smokers
- Engage young people so that they do not start smoking.

JUNE 14

World Blood Donor Day

“The blood shall be a sign for you on the houses where you live: when I see the blood, I will pass over you, and no plague shall destroy you when I strike the land of Egypt.” (Ex. 12:13)

The Bible is full of images of blood, both in practical and figurative terms. In the quote above, the angel of death moves from house to house visiting death upon the people. The Hebrews had been told to slaughter lambs and smear the blood on the door posts. The blood was a sign, so that God would pass over them and they would be spared from death. This epic redemption was ultimately fulfilled in the sacrificial death of Jesus Christ, who shed his blood for the redemption of the world.

Blood is a very strong and central feature in the Bible. The Bible refers to blood using lofty language, saying that blood speaks, saves, sanctifies, cries, makes peace, justifies, seals a covenant, cleanses, purifies, and can be profaned. In the end, the Bible states that blood is life.

What is blood? Blood is a complex fluid composed of water, cells (red blood cells, white blood cells, and blood platelets), proteins, and many other essential components. Blood is a dynamic fluid, undergoing constant renewal, replacement, and exchange. For example, red blood cells have a life span of only 120 days, after which they die, are recycled, and replaced. Each component of blood has critical, life-saving functions, for example: supplying oxygen and nutrients to tissues, removing waste, fighting diseases, and regulating body temperature.

Why should we donate blood? Thanks to advances in medical science, a healthy person can give their blood to one who is in a life-threatening situation, especially in maternal and child healthcare and during emergencies. Blood transfusion is performed only when simple, safe, and effective alternatives are not possible.

Does the Bible permit blood transfusion? There were no blood transfusions during the Bible times, and so the Bible obviously does not say anything on blood transfusion. The Bible prohibits eating blood, especially because many pagan practices involved sacrifices and consuming blood of the sacrificed animals. These injunctions have nothing to do with the modern medical practice of blood transfusion. The Bible does not prohibit receiving a blood transfusion. In fact, blood is one of the most precious gifts one can give to another during times of great need. Transfused blood does not stay in the receiving person forever – it only provides emergency life-saving relief.

How much blood does a person have? A healthy adult has about five litres of blood; children have much less, depending on their age. New-born babies have about 200 millilitres.

How much blood can I donate? Blood is donated into standard packs of 450 millilitre, which is less than 10 percent of the total blood volume. As long as simple precautions are taken, this volume of blood can be donated by any healthy adult without any risk.

How long does the transfused blood stay in a person? Blood is a dynamic fluid that is constantly undergoing degradation, renewal, and replenishment. For example, the red blood cells in donated blood will remain in the receiving person's body only up to three months. Other components of the blood will be used up in a matter of minutes. So, unlike solid organ transplants, the blood that has been received does not stay in the body forever.

How often can I donate blood? A person can donate blood once every three or four months, depending on their country's protocol. The collected blood is usually stored in a blood bank, but after a period, it expires. This means that regular voluntary blood donors are needed so that blood is readily available for medical emergencies.

*Blood speaks, saves,
sanctifies, cries, makes
peace, justifies, seals
a covenant, cleanses,
purifies . . .*

What are the dangers of donating blood? Prospective blood donors are examined to make sure that they are healthy and have sufficient blood. Blood donations should only be conducted by trained professionals under clinically acceptable conditions. Blood donors should be well rested and well hydrated before and after the procedure. With these precautions, a healthy adult can donate blood without any side effects.

What are the dangers of receiving blood transfusion? Blood transfusion can transmit several blood-borne diseases and can also cause some reactions. For these reasons, blood should be adequately tested before the transfusion to ensure that it doesn't carry any diseases and that it is compatible with the recipient.

How much blood is transfused to a sick person? The amount of blood given to a person varies depending on the medical condition and age. In some cases, several units of blood are given before a person is out of danger.

Who should not donate blood? All persons above the age of 18 can donate blood except for pregnant and breastfeeding women, people with chronic disease, or people who have taken certain medications in the last seven days.

Should we donate only to our relatives and friends? Jesus teaches that we should show love and kindness to friend and stranger alike. In fact, the World Health Organization (WHO) asserts that regular, voluntary, unpaid blood donors are the safest group of donors because the prevalence of blood-borne infections is lowest among them. WHO urges countries to develop national blood systems based on these donors in order to achieve the goal of self-sufficiency in safe blood and blood products.

What can churches do?

The World Blood Donor Day serves to thank voluntary regular blood donors for their life-saving gifts of blood and to raise awareness about the need for blood. On this event, churches can:

- Recognize and thank voluntary, regular blood donors
- Promote awareness about the local and national need for blood
- Encourage Christians to donate blood on a regular and voluntary basis
- Liaise and coordinate with local health authorities and regularly conduct blood donation campaigns.

SEPTEMBER 29

World Heart Day

“Above all else, guard your heart, for everything you do flows from it.” (Prov. 4:23)

The heart is mentioned several times throughout the Bible. Some verses are very lofty, like Matthew 5:8: “Blessed are the pure in heart, for they will see God.” Others are penitent, like Psalm 51:10: “Create in me a clean heart, O God, and put a new and right spirit within me.” And yet other verses are quite unflattering like Jeremiah 17:9: “The heart is devious above all else; it is perverse – who can understand it?”

In general, however, the Bible uses the heart to refer to the part of a human that controls desires, emotions, hopes, dreams, and other intangible parts of our being. The heart is part of a person’s spiritual makeup, the place where emotions and desires begin. It is that which drives the will of a person toward action, the starting place for spiritual life, a somewhat vital spiritual organ.

Yet, “above all else, guard your heart, for everything you do flows from it” (Prov. 4:23). This seems to speak about the biological heart. The physical heart is an important organ that pumps blood. Unlike most of the organs of the body, which rest on a daily basis, the heart never rests from its important job. It pumps blood day and night as long as a person lives. The heart and its network of blood vessels distribute blood to the whole body, delivering oxygen and nutrients while at the same time removing toxins and waste products.

The heart does this complicated job by generating pressure inside its chambers and pumping the blood through its network of blood vessels to supply all the parts of the body. The blood then passively

returns to the heart with no pressure. To maintain good health, the heart must pump the blood at the right pressure (not too high or too low), must beat at a regular pace, must maintain a normal size and strength, and must withstand bodily changes of daily activities. The blood vessels must be elastic to withstand the pressure of the flowing blood without bursting and allow the blood to return to the heart. Problems in any of these functions cause disease.

What are cardiovascular diseases? A number of problems can arise around the heart's functioning. The heart can lose its pumping function, or pump blood at higher or lower pressure. Blood vessels can get blocked, burst, or otherwise fail to allow normal flow of blood. These problems cause heart attack and stroke, and other disorders like heart failure and kidney failure.

Cardiovascular diseases are the number one cause of death globally. It is estimated that over 17 million people die from cardiovascular diseases each year, mostly heart attacks (eight million) and strokes (seven million). Over three-quarters of these deaths occur in low-income and middle-income countries.

What are the risk factors and how can we prevent heart disease? Heart diseases and stroke are linked to four behavioural risk factors:

- unhealthy diet
- physical inactivity
- tobacco use
- harmful use of alcohol.

The effects of these behaviours show up in individuals as raised blood pressure, raised blood glucose, raised blood lipids, and being overweight or obese.

Regular physical activity, stopping tobacco use, avoiding harmful use of alcohol, reducing salt in the diet, and consuming fruits and vegeta-

bles are all behaviours that have been shown to reduce the risk of cardiovascular disease. In addition, early detection and treatment of hypertension, diabetes, and high blood lipids help to prevent heart attacks and strokes.

Cardiovascular diseases are also linked to poor health policies, globalization, urbanization, poverty, stress, and socio-economic factors.

There are behaviours that have been shown to reduce the risk of heart diseases.

What can churches do to promote heart health?

As healing communities, Christian congregations have a significant role to play to prevent heart diseases and stroke. Congregations can make organized efforts to promote healthy hearts, alone or in conjunction with local health authorities. Some things a congregation can do are:

- Provide regular educational and motivational health talks to promote healthy behaviours, including healthy diet, active lifestyle, tobacco cessation, and limiting alcohol use
- Encourage members to do physical exercises for at least 30 minutes daily and facilitate opportunities to do so
- Conduct church health programmes where members do physical exercises for at least 30 minutes twice a week
- Encourage and help members to eat more fruits and vegetables and to limit salt intake to less than one teaspoon a day
- Conduct church health fairs every three months to screen members and allow early detection of hypertension, diabetes, and obesity
- Implement the Health-Promoting Churches programme developed by the World Council of Churches.

OCTOBER 10

World Mental Health Day

"So he changed his behaviour before them; he pretended to be mad when in their presence. He scratched marks on the doors of the gate, and let his spittle run down his beard." (1 Sam. 21:13)

David was running away from Saul and ended up in enemy territory. To secure an escape, he feigned madness by scratching the floor and drooling – an archetypical case of mental illness. His trick worked and he escaped from the hands of his enemies.

The Bible has many stories of severe mental disorders including King Nebuchadnezzar living in the wild eating grass like oxen, his hair grown like eagles' feathers and his nails like birds' claws (Daniel 4:33); and a violent lunatic living among tombs, snapping chains and fetters, screaming day and night, and cutting himself with stones (Mark 5:1-5). While these are examples of easily recognizable mental illnesses, most mental disorders are more subtle.

Mental disorders do not show the usual symptoms of disease – such as pain, swelling, or fever – but mainly manifest as abnormal behaviour. Because of this, mental disorders do not evoke the same empathy as other diseases. They are largely misunderstood and overshadowed by stigma, misconceptions, prejudice, and superstition. Some people wrongly believe that mental disorders are demonic, the result of a curse, or due to lack of will-power. But the fact is that, just as our stomachs, lungs, skin, eyes and other body parts fall sick, our brains and mental faculties can also be afflicted by different illnesses.

*Just like other body parts,
our brains and mental
faculties can also fall sick.*

What are mental disorders? Mental disorders have a wide range of symptoms, mainly abnormalities in thoughts, emotions, behaviour, and relationships with others. Common conditions include:

- **Depression** is a common mental disorder where affected people show persistent sadness and loss of interest in normal daily activities. Symptoms also include loss of energy, changes in appetite and sleeping patterns, anxiety, reduced concentration, indecisiveness, restlessness, feelings of worthlessness, guilt, or hopelessness. Thoughts or attempts of self-harm or suicide are also common. More than 300 million people globally suffer from depression.
- **Suicide** claims about 800,000 lives annually, with many more people surviving suicide attempts – mainly among youths. Suicide is strongly linked to depression and alcohol abuse. Other risk factors include loss, loneliness, discrimination, relationship break-ups, financial problems, chronic pain and illness, violence, abuse, conflict, and other humanitarian emergencies.
- **Dementia** refers to several diseases that affect memory, cognitive abilities, and behaviour significantly enough to interfere with a person's ability to maintain normal daily life. Although most dementia appears as people grow old, it is not a normal part of ageing. Around 47 million people are affected by dementia.
- **Mood disorders** are characterized by serious changes in mood that disrupt life activities. Three major states of mood disorders are: depressive, manic, and bipolar. Manic episodes include elevated or irritable moods, overactivity, pressured and excessive talking, impulsive action, inflated self-esteem, and a decreased need for sleep; depressive moods have symptoms opposite to manic moods; bipolar conditions exhibit intermittent signs of mania and depression. About 60 million people worldwide are affected by mood disorders.

- **Neurological disorders** include epilepsy, headaches, Parkinson's disease, and dementia, as well as complications of stroke and other diseases. About 50 million people have epilepsy.

Who is at risk of mental disorders? People of all age groups and economic status are affected. However, war and disasters can increase the risk of mental disorders. Substance abuse is also both a cause and symptom of mental disorders. Worldwide, about 20 percent of children and adolescents experience mental disorders, increasing from the age of 14, with serious effects on their education and future productivity. Mental disorders also increase with pregnancy and childbirth, which has an impact on new-born children. People with mental disorders are also at risk of intentional and unintentional injuries and other diseases like HIV and diabetes.

Can mental disorders be prevented or treated? Many of these disorders can be successfully treated or otherwise managed to promote the quality of life of the affected individuals and their families. Successful treatment, however, depends on early detection of symptoms; correct diagnosis and adherence to the treatment; and strong psychological, social, economic, and spiritual support from family and community.

What can churches do to promote mental health?

Historically, churches have played a pioneering role in caring for people with mental disorders, who were otherwise uncared for, abandoned, or indeed incarcerated. Churches can promote mental health by:

- **Addressing stigma and discrimination.** Misconceptions, stigma, and superstitions around mental illness are widespread. Some religious teachings demonize mental disorders. This leads to abuse, rejection, and isolation of people, excluding them from health

care or support. Churches should challenge these and provide life-giving teachings.

- **Upholding human rights and dignity.** People with mental illnesses are often chained, secluded, starved, and denied basic needs and privacy. Mental health institutions sometimes resemble human warehouses rather than places of healing. Churches should advocate for laws, policies, and practices that promote the rights and dignity of people with mental disorders.
- **Ensuring skilled health workers.** The church can promote the training and retention of appropriate health and social workers in low- and middle-income countries.
- **Providing care and support.** Churches can design and strengthen community-based programmes to promote mental health, help with early detection of disorders, and provide psychological and social support as well as pastoral accompaniment.

OCTOBER 15

Global Handwashing Day

“And when they come from the marketplace, they do not eat unless they wash.” (Mark 7:4, NKJV)

This is an account of Jesus’ meeting with some Pharisees and scribes. They accused Jesus of letting his disciples act against tradition and eat bread with unwashed hands. They themselves practised strict handwashing hygiene and thus considered themselves clean and holy – with the implication that they judged Jesus and his followers unholy. They washed their hands in a strict, methodical manner, “in a special way” (verse 3, NKJV), whenever they returned home from the outside world. They washed their hands as often as was necessary. They washed hands before prayers. This ritualistic handwashing was a religious exercise that signified their spiritual purity and good standing with God.

In this account, Jesus does not condemn the handwashing itself but the significance the ritual had assumed in their religious life. It is good to be clean. In fact, John Wesley, the 16th-century theologian and cleric, famously said “cleanliness is next to godliness.”

Hands are important parts of our bodies when it comes to interacting with other people and our environment. We also use our hands to interact with ourselves. We use our hands to do chores, to prepare food, to eat, to clean ourselves, and to do a million other things. This dexterity of hands, unfortunately, allows them to transmit disease-causing

microorganisms from one part of our body to another, from one person to another, and from the environment.

Simple handwashing with soap and water can save millions of lives every year.

What are the problems of poor hand

hygiene? Poor hand hygiene causes several diseases, including diarrhoea and pneumonia (especially in children), eye diseases, and infections after childbirth. These diseases cause the deaths of millions of under-five children and women after childbirth, and also cause blindness and other long-term disabilities. Children suffering from chronic diarrhoea cannot effectively absorb nutrients and often eat less; and undernourished children are also more likely to develop diarrhoea. This is a vicious and devastating cycle. Undernutrition in the first 1,000 days of life can irreversibly harm physical growth, the immune system, and brain development.

What is Global Handwashing Day? This day is dedicated to increasing awareness of the importance of handwashing with soap and water as an effective and affordable way to prevent diseases and save lives. It is an opportunity to design, test, and replicate creative ways to encourage people to wash their hands with soap at critical times.

Regular handwashing with soap and water is one of the simplest ways to save life and is literally in our hands. Simple handwashing with soap and water can save millions of lives every year:

- Handwashing with soap can reduce the risk of diarrhoeal diseases by about half.
- Mothers who wash their hands with soap can reduce the risk of new-born death by about half.
- Handwashing with soap can reduce the number of pneumonia-related infections in children under by half.
- Providing soap in schools can reduce school absenteeism due to diarrhoea by 30 percent.

Handwashing with soap is the single most effective and inexpensive intervention for preventing the diarrhoeal diseases and pneumonia that cause 3.5 million child deaths annually

What can churches do to promote handwashing and save lives?

Handwashing was an Old Testament ritual that had significant health benefits. Even now, churches can promote handwashing and save lives within their respective circumstances. Churches can:

- Teach and encourage church members to wash their hands with soap and water at all critical times: before preparing food, before eating, after using the toilet, after changing nappies of children, and before feeding children
- Provide adequate handwashing facilities in all church premises, including all church-owned schools
- Advocate for and support provision of adequate handwashing facilities in all other schools through school committees and local and national authorities
- Provide adequate handwashing facilities in all church-owned health facilities for health workers, patients, guardians, and visitors, and ensure they are used properly.

OCTOBER 16

World Food Day

“Give us this day our daily bread.” (Matt. 6:11)

Jesus affirmed the Old Testament teaching that humans shall not live by bread alone, but by God’s word. But he also demonstrated that food has an important place in our lives and discipleship through his miracles and teachings. Famously, asking for our daily bread is the first supplication in the Lord’s Prayer.

“Our daily bread” stands for that which is sufficient to our life and existence. While we pray for our daily sustenance, we also work for it; and in the same spirit we pray and strive for daily sustenance for those who do not have. The world produces more than enough food for everyone, yet 800 million people go to sleep hungry, two billion people are undernourished, and over three million children die every year from hunger-related diseases. Conflict and wars and extreme global inequality are major driving factors. Unsustainable and irresponsible agricultural policies and practices as well as climate change threaten our daily bread.

In order to help churches to engage holistically on issues around food, the World Council of Churches developed the “Ten Commandments of Food.” In summary, they are:

- 1. Give thanks for the food you eat.** Luke 22:19. By giving thanks for the food that we eat we acknowledge that all things come from God. Praying before eating brings glory to God and focuses our

mind on the Lord's love and goodness. We should be grateful for our interconnected world – the sun, the earth, water, people who work the fields, bees that pollinate the flowers, animals that sacrifice their lives to give us food, even microorganisms in our stomachs that help us to digest the food.

2. **Eat food grown as close to where you live as possible.** Micah 4:3. Real peace and development are only achieved when communities can live by mobilizing their resources, benefiting from the fruits of their labour in their own environment and living without domination and fear. Buying local food supports local farmers, ensures we are consuming fresh and quality food, and is environmentally friendly. Food from industrial farms, though attractive, is produced using environmentally harmful practices, for example use of antibiotics and growth hormones in animals, heavy use of fertilizers and pesticides, and mono-cropping that destroys biodiversity.
3. **Strive for all people to have knowledge about and access to affordable, nutritious food.** Acts 6:1-4. The high priority given to managing and distributing food in the ancient world is reflected in the decision of Pharaoh to entrust the best talent in the land, Joseph, to oversee the food security of Egypt. In Acts we read that the early disciples assigned food distribution to seven deacons with impeccable credentials. In a world that has enough food to feed each living person, 800 million people do not have food.
4. **Eat mindfully and in moderation.** Exodus 16:12-31. During the Exodus, God commanded his people to collect only enough food per household per day – just enough for their daily sustenance. It is in this spirit that Jesus teaches us to pray for our daily bread: give us *epiousios*, “that which is sufficient to our life and existence.”
5. **Do not waste food.** John 6:11-13. After miraculously feeding 5,000 people with five loaves of bread and two fish, Jesus commanded the disciples to gather up the leftovers, which ended

up filling 12 baskets. Food is a sacred gift from God that is not to be wasted. Unfortunately, about one-third of all food produced globally is wasted. From the farm to the table, and even after the table, food is to be relished, shared, and not wasted.

*Asking for our daily bread
is the first supplication in
the Lord's Prayer.*

- 6. Be grateful to those who grow and prepare food for your table.** 1 Kings 17:10-14. Despite her poverty, powerlessness, and near-starvation, the Zarephath widow prepared food for Elijah. Many times, the food we eat is grown or raised and prepared at great personal sacrifice of other people, for whom we should be immensely grateful.
- 7. Support fair wages for farm workers and food workers.** James 5:4. The food we eat – cereals, fruits, vegetable, meat and meat products, fish – may be tainted by the sweat and blood of exploited workers. If we are not aware and alert, we may be benefiting and supporting this injustice and violation against God.
- 8. Reduce environmental damage of land, water, and air from food production and the food system.** Jeremiah 12:4. Around 50 percent of the world's habitable land has been converted to farming land. Industrial-scale commercial farming and intensive mono-cropping are highly destructive – forests are cleared, plants and animals lose their habitats and are driven to extinction, and there is excessive usage of chemicals (fertilizers, antibiotics, proteins, pesticides).
- 9. Protect the biodiversity of seeds, soils, and ecosystems and the cultures of food producers.** God did not save only Noah and his family, but also a reproductive pair of all living creatures, big and small. In this he demonstrated that his covenant is also with the whole diversity of his creation – the biodiversity. The world is losing many species in water and on land, both plants and animals. It is our sacred duty to preserve and protect biodiversity.

10. Rejoice and share the sacred gift of food with all. Luke 24:28-

31. On the road to Emmaus, the disciples were enlightened as Jesus explained the spiritual meaning of his death and resurrection. But it is only when they invited him, the stranger, to stay with them and share a meal, and when the stranger broke the bread, that they recognized it was their Lord Jesus. Food is sacred. Jesus still reveals himself to us when we share our food with others – strangers, refugees, homeless, orphans.

NOVEMBER 13-19

World Antibiotic Awareness Week

“Then the angel showed me the river of the water of life, bright as crystal, flowing from the throne of God and of the Lamb through the middle of the street of the city. On either side of the river is the tree of life with its twelve kinds of fruit, producing its fruit each month; and the leaves of the tree are for the healing of the nations.” (Rev. 22:1-2)

In the days before prescription medicines, people sought relief from illness in other ways. The Bible narrates the use of several agents for healing: for example, alcohol (Prov. 31:6-7; 1 Tim. 5:23), olive oil (Luke 10:34), and figs (Is. 38:21; 2 Kings 20:7). Yet we find a more uplifting end-time prophetic story of the “river of life” flowing from the throne of God and of the Lamb. The tree of life is growing on the banks of the river, and the leaves of the trees are for the healing of the nations (Rev. 22: 1-2; Ez. 47:12).

Many of today’s prescription medicines are based on elements occurring naturally in creation. One of the most important classes of these medicines are antimicrobials, that is, drugs that have the ability to kill or limit the growth of disease-causing microorganisms in the body. Amoxil, for example, comes from a substance produced by a blue-green mould called *Penicillium notatum*. God created the penicillin mould and gave it the useful property of killing infectious bacteria. God then allowed people to discover this property, isolate the active

Many of today's prescription medicines are based on elements occurring naturally in creation.

ingredient, and purify it for use in humans. Many other antimicrobials have been discovered and developed over time, all of which are God's agents for healing nowadays. God is the healer, no matter by what means, and we give the glory to God. We

should always take advantage of the wisdom that God has given skilled researchers and physicians, and we should be responsible stewards of these medical advances.

The discovery of antibiotics remains the major breakthrough and blessing in medicine of the past century, and it has in turn made several other advances possible. Unfortunately, many of these medical breakthroughs could be lost through the spread of antimicrobial resistance. Previously curable infectious diseases may become untreatable and spread throughout the world. This has already started to happen. Antimicrobial resistance is now everywhere and has the potential to affect anyone, of any age, in any country.

What is antimicrobial resistance? Antimicrobial resistance is a process where previously effective medicine becomes useless through the ability of microorganisms (like bacteria, viruses, and parasites) to change so that an antimicrobial drug (such as antibiotic, antiviral, or antimalarial) no longer works against it. As a result, standard treatments become ineffective and infections persist and may spread to others. Over the past years, the use and misuse of antimicrobials has increased the number and types of resistant organisms. With the increase of global travel and trade, resistant microorganisms can spread quickly to any part of the world.

What causes the resistance? Drug resistance is a natural evolutionary phenomenon. However, inappropriate use of antimicrobials drives its development. Inappropriate use is either overuse, underuse, or misuse of the medicines. This includes:

- Taking a wrong antibiotic or a wrong dosage
- Not completing the treatment course (sometimes as a result of poor access to antimicrobials)
- Using over-the-counter antimicrobials, or ones prescribed by unlicensed personnel
- Using poor quality, substandard, and counterfeit medicines circulating in countries with weak national quality assurance systems
- Taking antibiotics for illnesses that do not warrant their use (e.g., the common cold, flu, food poisoning)
- Using antibiotics in farm animals (to promote growth or prevent disease), leading to development of resistant organisms that spread to humans

A study conducted by the World Health Organization in 12 countries revealed that while much activity is underway and many governments are committed to addressing the problem, there are major gaps in the needed actions. Antibiotic use is higher in lower income countries and among young people. The study recommends a better understanding of why antibiotics are being used inappropriately. It also recommends increasing public education so that people understand which conditions to treat with antibiotics and which not to, and why antibiotics should only be taken as prescribed.

What can churches do to promote antibiotic stewardship?

The World Antibiotic Awareness Week is an opportunity for us to reflect on how we can promote our stewardship of the agents of healing that God has given to people in this age. Churches can promote this stewardship by:

- Promoting and ensuring rational prescription practices in all church hospitals

- Ensuring that student health workers being trained in mission training schools are specifically equipped with modern antimicrobial stewardship skills
- Providing health education in churches on the appropriate use of antibiotics – including how and when to use antibiotics, what they should be used for, and what they should not be used for (e.g., not for treating colds and flu and not for promoting growth of farm animals)
- Preventing the spread of infections by:
 - practicing good food hygiene
 - keeping vaccinations up to date
 - regular handwashing at home, in health care settings and in public places
- Taking personal responsibility in antimicrobial stewardship by:
 - only using antibiotics when prescribed by a certified health professional
 - always completing the full course of antimicrobial treatment even if you feel better earlier
 - never using left-over antibiotics
 - never sharing antibiotics with others
 - returning unused medicines to health facilities for proper disposal

NOVEMBER 14

World Diabetes Day

“If you have found honey, eat only enough for you,
or else, having too much, you will vomit it.”
(Prov. 25:16)

This is a very interesting proverb to consider on World Diabetes Day. Honey is sweet and pleasant to eat. Canaan was said to be a land flowing with milk and honey – honey was available in great abundance and it was common for people to overeat honey and get sick from it. This proverb is advising against such practice. Moderation is probably the foremost lesson in this proverb.

While honey and other naturally sweet foods may be consumed in moderation, it is best to completely avoid processed sugary foods and drinks like sweets, sodas, and fizzy drinks. Our bodies also convert into sugar other foods that are not naturally sweet, so they should also be taken into consideration when looking at sugar consumption. These include starch and carbohydrates. Sugar is valuable because it provides energy to our bodies; but in large amounts, it causes great harm.

What is diabetes? Diabetes is a chronic disease characterized by high blood sugar, which if not controlled leads to serious damage to the heart, blood vessels, eyes, kidneys, and nerves. Blood sugar is regulated by insulin that is produced by the pancreas. Diabetes occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces.

World Diabetes Day was established in 1991 in response to concerns about the growing health threat posed by diabetes. It is marked every

year on November 14, the birthday of the person who co-discovered insulin.

What are the types of diabetes and risk factors? There are three types of diabetes: type 1, type 2, and pregnancy-induced diabetes.

- **Type 1 diabetes**, previously known as juvenile diabetes or insulin-dependent diabetes, is a chronic condition in which the pancreas produces little or no insulin by itself. Common symptoms are excessive passing of urine, excessive thirst, constant hunger, weight loss, vision changes, and fatigue. These symptoms may occur suddenly. The cause of type 1 diabetes is not known and it is not preventable with current knowledge.
- **Type 2 diabetes** occurs when the body becomes resistant to insulin or doesn't make enough insulin. It is the most common type of diabetes, and while previously only seen in adults, it is recently also occurring frequently in children and young people. The main risk factors for type 2 diabetes are excess body weight and physical inactivity. Symptoms may be similar to those of type 1 diabetes but are often less marked. As a result, the disease may be diagnosed several years after onset, when complications have already arisen. Many people are living with diabetes without knowing it.
- **Pregnancy-induced or gestational diabetes** occurs in some women during pregnancy. It usually does not cause any symptoms even though the women are at an increased risk of complications during pregnancy and at delivery. They and their children are also at increased risk of type 2 diabetes in the future.

What are the complications of diabetes? Diabetes is a disease that affects all parts of the body. It damages the heart, blood vessels, eyes, kidneys, and nerves. This damage leads to heart attacks and strokes, foot ulcers, infections and limb amputation, blindness, and kidney failure.

Sugar is valuable, but in large amounts it causes great harm.

How big is the problem of diabetes?

Since 1980 the number of people with diabetes has increased four times; there are now over 400 million diabetics in the world. Diabetes has increased more rapidly in middle- and low-income countries. Globally about 10 percent of people over 18 years old have diabetes, and diabetes is responsible for over 3.5 million deaths annually.

What is the diagnosis and treatment? Apart from type 1, diabetes is a slow onset disease with less marked symptoms. Many people are therefore diagnosed when the disease has already advanced. As such, it is necessary that all people should be regularly screened for diabetes. Treatment includes a combination of oral drugs, insulin injections, and diet modifications.

How can we prevent and control diabetes? There is a globally agreed target to stop the rise in diabetes and obesity by 2025. Of type 2 diabetes, 80 percent of cases are preventable through the adoption of a healthy lifestyle: that is, eating a healthy diet, engaging in regular physical activity, maintaining a normal body weight, and avoiding tobacco use. Even when diagnosed, diabetes can be treated and its complications avoided or delayed with diet, physical activity, medication, and regular screening and treatment for complications.

What can churches do to reduce the burden of diabetes?

World Diabetes Day provides an opportunity to raise awareness in churches of the problem of diabetes. Churches can play a very important role at the congregation level by:

- Organizing health talks on diabetes for the whole congregation

- Organizing diabetes screening events, at least twice a year, to ensure early diagnosis and referral for treatment
- Promoting and providing practical help for Christians to adopt healthy lifestyles: to achieve and maintain healthy body weight; to be physically active; to eat a healthy diet avoiding sugar, highly processed foods, and saturated fats; and to avoid tobacco use
- Providing practical accompaniment and spiritual support to those who are already diabetic to help them control it and prevent its complications
- Implementing the Health-Promoting Churches programme of the World Council of Churches

DECEMBER 1

World AIDS Day

He said to her, "Daughter, your faith has made you well; go in peace, and be healed of your disease."
(Mark 5:34)

This is a touching story of Jesus miraculously healing a woman who had menstrual problems (Mark 5:25-34). She had suffered for 12 years, enduring much at the hands of those who tried to heal her. She spent everything she had seeking treatment, but did not get better. She probably also borrowed money from friends to pay medical bills. Due to religious rules, she could not engage in any economic activity, nor participate in the religious and social life of the community. She was abandoned by family and friends, stigmatised by society, and left without help. Her physical suffering was great, but her economic, social and emotional pain was deeper.

In a desperate act of courage and faith, she pressed through the crowds of people just to touch Jesus, who was passing by. When she touched his cloak, her cure was instantaneous, and the flow of blood stopped immediately. Then Jesus engaged her in conversation, during which she told him everything. The whole community was watching and listening. Jesus then declared healing and peace on her.

While the crowd couldn't see her cure, they couldn't fail to notice the joy on her face. The whole community also heard that Jesus called this woman "daughter," and that she was not to be troubled again, but to go in peace.

Treatment is appropriate when it is the right medication, at the right dosage and taken regularly.

On World AIDS Day we remember the realities of living with HIV and AIDS. Besides the bodily disease, there is social, economic and emotional pain, as in this biblical story.

What is AIDS? AIDS stands for acquired immuno-deficiency syndrome, that is a collection of diseases that arise due to loss of immunity following infection with HIV. HIV, the human immunodeficiency virus, is a virus that infects humans and is transmitted through blood and certain body fluids, mainly through sexual intercourse, blood transfusion, sharing of needles or other body piercing instruments, and from mother to child during conception, childbirth and breast-feeding. It is estimated that more than 32 million people have died of AIDS, and that about 38 million people are living with HIV.

There is no cure for HIV, but, when taken appropriately, treatment stops the multiplication of the virus in the body and symptoms improve. When multiplication of the virus stops, the risk of infecting others is also greatly reduced. This situation is called viral suppression. Treatment is appropriate when it is the right medication, at the right dosage and taken regularly.

How can we defeat AIDS? Scientists agree that AIDS can be defeated with the 90-90-90 strategy, that is:

1. 90% of all people living with HIV must be tested to know their status;
2. 90% of people that are HIV positive must be on (antiretroviral) treatment; and
3. 90% of people on treatment must achieve viral suppression.

Unfortunately, at the end of 2018, it was estimated that only 79% of people living with HIV knew their status, 62% were receiving treatment and 53% had achieved suppression. As a result of these gaps,

770,000 people died from HIV-related causes and 1.7 million people were newly infected in this year. We therefore need to redouble our efforts in order to realize the dream of an AIDS-free generation by 2030.

What is the role of primary prevention of HIV Infection? Medical programmes alone are not adequate to completely defeat AIDS. Primary prevention strategies aim to address behavioural, social, cultural, economic and legal factors that make some individuals, groups or populations more vulnerable to HIV or cause barriers to accessing HIV services. These factors include poverty, stigma and discrimination, misleading interpretation of scriptures, false teachings, laws and regulations, harmful cultural practices, displacement of people due to conflict and wars, sexual and gender-based violence, etc.

Some behaviours also increase people's vulnerability to HIV, like having unprotected sex with multiple partners, men having sex with men, injecting drugs, and sex work. In addition, vulnerability can also be increased in adolescent girls and young women, people with disabilities, refugees, orphans and other vulnerable children, and people in prisons and other closed settings.

What can churches do to help end AIDS? Ending AIDS requires collaboration across different sectors and integration of programmes. Churches can contribute by:

- Encouraging all people to receive HIV testing⁸
- Encouraging HIV positive people to take treatment regularly and other services, according to medical advice⁹

8. For example, using the WCC's campaign *Leading by Example: Religious Leaders and HIV Testing*, which calls on faith leaders to get tested for HIV to inspire others to know their status, thus challenging the stigma and discrimination that limit access to testing and treatment to all.

9. For example, using the WCC's HIV treatment adherence manual.

- Challenging socio-cultural factors and religious teachings that increase vulnerability to HIV¹⁰
- Challenging stigma and discrimination and promoting the message of love and compassion
- Supporting and protecting vulnerable people
- Promoting the message of health and wholeness through sermons, Bible studies and other resources
- Providing pastoral care and accompaniment to people affected by AIDS
- Strengthening provision of effective, quality and affordable HIV prevention, treatment and care services through church structures.

10. WCC's publications on redemptive/transformative masculinities and femininities may be a good starting point.

Endorsements

“I welcome the reflections on health by the World Council of Churches and highly recommend it for use by all people of faith and wider communities toward a better life for all. It is an apt and timely contribution toward a healthy world. I pray that it will be an inspiring and transformative instrument in the hands of every church family. Jesus said; ‘I have come that they may have life, and have it to the full’ (John 10:10). These reflections will assist all of us to be active disciples of Christ.”

Ziphozible Daniel Siwa

President of the South African Council of Churches, former Presiding Bishop of the Methodist Church of Southern Africa

“Pacific communities are communities of faith and with indigenous knowledge and lifestyles. We have long recognized the value of holistic spirituality that has been at the centre of the Pacific Churches’ responses to economic globalization and, now, climate change. There is a growing recognition that this holistic approach must be applied to health – spiritual, mental, emotional and physical health. This important resource by the World Council of Churches provides us with a means to holistically engage with key local and global communicable and non-communicable health issues and connect the spiritual with the practical.”

The Rev. James Bhagwan

General Secretary of the Pacific Conference of Churches

“Healing is at the very heart of the gospel message. In Christ, the human family is (re-)called to wholeness of life. This is in contradiction of the dis-ease of brokenness of all kinds. In many parts of the Caribbean, there is a strong heritage of traditional healing and healers. This publication should therefore find fertile ground among Caribbean churches. The publication is an interesting tapestry of biblical reflection and medical education. While congratulating Dr Makoka for preparing the reflections, I recommend it highly to Caribbean church leaders for their use in congregations and beyond.”

Gerard A. J. Granado, MTh.

General Secretary,
Caribbean Conference of Churches

The Christian ministry of healing belongs to the congregation as a whole and not just to health professionals. These reflections seek to accompany local congregations to strengthen their ministry so that, at all levels, every church is a place of health education, practical action, advocacy and care.

“WHO fully supports WCC in this endeavour of promoting health and preventing disease through churches around the world, and the vital role they continue to play not only in spiritual healing but in ensuring health and wellbeing for all people.”

Dr Tedros Adhanom Ghebreyesus
Director-General, World Health Organization

Mwai Makoka is Programme Executive for Health and Healing at the World Council of Churches. He received medical training from the University of Malawi and post-doctoral training in medical and public health microbiology from the University of North Carolina at Chapel Hill, USA. Besides clinical work, he has worked in academia and in health programmes both in the public sector and in ecumenical circles.



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