



## Christian Connections for International Health 2017 Conference Take Away Points

### Recurring Themes:

1. We believe FBOs are awesome providers of direct and community-based health services and have much to say about Health Systems Strengthening (HSS), but have *lacked proof*. At this conference, we saw evidence of impact and was a mix of inspiration and technical.
2. We know the church works at the last mile and is most attuned to the needs of the communities, and is highly effective in Community Health Worker programs, yet there remains so much work to do on basic health and family planning.

Inspiring and striking quote from Facing Danger, the movie shown at the conference about Dr. Kent Brantly of Samaritan's Purse and his experience in the Ebola outbreak: *Faith does not save us from danger. Our faith can place us in danger. Not that we should seek that, but we the church must be ready and prepared to act, whatever the cost.*

### INTEGRATION OF FAITH AND HEALTH

#### Facing Darkness and the Plenary with Lance Plyler, MD and Kent Brantly, MD

- "Faith did not save us from danger. Our faith led to us being in danger."
- God can use anybody.
  - God doesn't "need" you – but he wants you to make yourself available.
  - God brought together unlikely partners – Medecins Sans Frontiers (MSF) and Samaritan's Purse. He can use anybody.
- "I'm not going to let fear affect my decision to show compassion."
- Be ready! "We had to be ready" – Ebola was far away and scary, but we had to be ready.

#### Standing on Holy Ground: The Spirituality of Care

Framework of application to clinical and global health practices based on Ignatian spirituality.

- In the milieu of the depersonalization, reductionism, complexity, secularization, and data overload, and amidst corruption within hearts and systems, there is a need for a robust spirituality.
- Ignatian spirituality emphasizes God’s immanence, the principles of call and response, the emphasis on the emotional, interior freedom from disordered attachments, reflection and self-scrutiny, personal care for others, collaboration, imagination, and “contemplation in action.”

A program for integration of Spirituality and Care – consider Sister Mary Elizabeth O’Brien’s “sacred covenant” philosophy based on Micah 6:8 to shape the approach at Eastern Mennonite University to nursing care, education, and personal relationships, which is based on Moses’ story at the burning bush: standing on holy ground.

- Promoting sacred covenant instead of a contract
- Promoting fidelity on our part, and trust on their part.

### **Faith-based approaches to healing trauma**

Regarding difficult issues people might run into regarding marriage and families, such as polygamy, we heard this view: “let the Word speak into that sort of thing.” Don't try to have all the answers but let the Lord speak His truth through His word.

## **HEALTH SYSTEM STRENGTHENING**

### **Plenary on The role of FBOs in HSS**

- “FBOs are better quality, but lack the proof.”
- We need to think and work inside the box – work within the health system. Don’t skirt around it.
- Map, Analyze, Develop, and then Decentralize (MADD) – Map the resources, analyze the system, develop a plan and decentralize the solution.
- Align FBO and HSS especially around access to medicines and opportunities to mentor and be mentored.
- Ghana’s experience with health financing is that FBOs pioneered an approach that ended up being the foundation for a nationwide health insurance scheme. Strong dialogue with government resulted in improved health system performance – including pooled procurement of technology and drug availability. Now, the system is under strain.

### **FBO HSS and M&E (Monitoring and Evaluation)**

- “We believe we are doing well. But where is the proof?”
- Partnerships and collaboration between and among FBOs and with other actors in the health sector are imperative for FBOs health systems strengthening.

- FBOs are now engaged in research and other scientific processes to not only make informed decisions in relation to services but also to create a knowledge base for continual learning and advocacy. This includes large-scale data, contributing to standard data sets like DHIS2 (District Health Information Software), and strong evaluation designs, but attention is needed to improve completeness, accuracy and timeliness.
- FBOs continue to be pioneers of best practices in healthcare delivery in their respective countries and as such claim and take their rightful positions in the national and/or regional health systems.
- It is proven through research that communities and patients are instrumental in determining the service and service delivery modalities that best answer their needs.
- Religion and faith influence the delivery and utilization of services and are central to healing processes within faith communities.
- Data supports better adoption of poverty reduction with strong values alignment with religious communities.

#### **Lessons from the Field on HSS and FBOs**

- Key issues of antimicrobial resistance and access to medicines can be addressed with coordination and pooled procurement. Pooled models through FBOs exist in Kenya, Uganda and Tanzania and are expanding.
- FBOs help provide a full spectrum of care for NTDs (Neglected Tropical Diseases). Programs that provide simple curative treatments benefit from other treatment for swelling or scarring, addressing biases that keep people from seeking care or beliefs about disease that inhibit recovery and community integration.
- The survey of HSS efforts (undertaken by the CCIH HSS Working Group) actually provides a framework to use to assess local efforts. It gathers data, but is also a good checklist to assess local models.

## **COMMUNITY BASED PRIMARY HEALTH CARE**

### **Plenary: Churches, a Unique Force for Community-based Primary Care**

- The Church can holistically address the needs of people living with HIV in Malawi through a model of church-anchored community based support groups that provide spiritual support, address stigma historically perpetuated by the religious community, look to scripture as a driver for serving others, and build accountability for treatment adherence.
- Empowering people to work from their shared “kingdom values” to drive local engagement and ownership of health facilities results in better outcomes at community level.
- Utilizing unpaid Community Health Workers (CHW) within a values-based model of community development is an effective delivery strategy in sustainably improving MNCH-N (Maternal, Newborn, Child Health and Nutrition) programs.

- Truth revealed through consistent practice of biblical values: Training and modeling of kingdom values by staff roots community mobilization in healthy and empowering change. (Bible stories are useful in Christian minority countries.)
- Efforts of church and community members, in partnership with existing health structures, are having a significant impact on the health of their communities – (achieving reach and going deep).

### **Christians respond to violence, stigma and lack of care for women**

- Present passages from the bible showing we are ALL made in the image of God and that God values women as they are. Involving local churches, community leaders, male members of the community, male family members as well as women and girls.
- Faith and the Holy Spirit's guidance allows us to meet people where they are. Be present in their pain. Bring Peace and Healing.
- Often we want a quick fix to a physical problem. Removing stigma by changing cultural attitudes means changing thoughts and beliefs.

### **Advocacy and Empowering FBOs in HIV Testing**

- Quality of HIV testing, including false positives, pose serious moral challenges. There is need to collaborate with national governments and WHO (World Health Organization) on this.
- In many developing countries, traditional healers are still critical and we need to engage them.
- Volunteer community health workers are helping promote uptake of HIV testing. There is a huge gap for salaried cadre of community health workers.

### **How the Church Can Reach Youth When They Need Us**

Generation of huge change and identity challenge – want to see more:

- Openness and acceptance
- Mentorships from experienced persons
- Examples of stable marriages with respect for women
- Creative, out of the box approaches
- Appreciation for tech-savvy, “app-oriented” interests
- Deliverance of gospel without “watering down relevancy”

## **MATERNAL AND CHILD HEALTH**

### **Faith leaders as powerful allies in maternal and child health, including Family Planning**

- Religious leaders can be very effective advocates for family planning because they are respected, trusted and committed to the welfare of their communities.

- It takes TIME to effectively engage religious leaders with careful listening to their concerns and providing them with correct information about family planning (FP).
- Religious leaders can reach all levels in their communities - from high-level political leaders that are important for supporting FP programs to the lowest level individuals to help them in choosing the most effective methods for their needs.

## OTHER TOPICS

### How to Engage Donors to Leverage Faith Work

- USAID: Time of great change, with the budget unknown right now. Anticipate more attention to NCDs. Local (national level) funding increasing as external donors decreasing. Expect local control to increase. Expect more focus on urbanization, and security environment – war, and populations that are moving. Companion to that is famine.
- FBOs should lead with their technical staff and M&E efforts. We can introduce our technical staff to foundations (private donor organizations). Be ready also with intermediate results.
- FBOs should continue to ask their constituents for funding support. Give donors LOTS of options on what they can support. Use volunteers.

### Faith-based leadership on climate justice

- This was the first time this topic was in the CCIH program – that’s significant.
- Strong grounding of climate justice in scriptural concepts of creation care, stewardship, and nature glorifying God.
- Climate justice and climate change is linked to many other areas of shalom or human well-being.
- Health professionals need to be educated about the negative impacts of climate change on health and wholeness.

### Responding in a time of Multiple Famines

- Settings like South Sudan "straddle the development/humanitarian assistance line." Because of the high level of need, they always exceed their targets for nutrition programming. Challenges include obtaining resources in an emergency but before a famine has been declared; dealing with varying requirements from multiple donors; security; and weather/transport issues.
- There is opportunity to mitigate disaster if you can get there sooner. We can preposition supplies (with partner organizations to receive them). Famine is not always seen as a health issue but adequate health care can mitigate its effects. Effective intervention can be hampered by lack of famine-appropriate supplies (rather than just Ensure, Pedialyte, etc.)