Steve Fouch shows that while Christian churches and agencies play a huge role in global health, secular technocrats are leaving this out of future planning

FAITH MATTERS
IN THE GLOBAL HEALTH AGENDA

key points

- The international community will soon be making major decisions about how the global agenda for development will be laid out.
- Faith and spirituality play a vital role in the health and well-being of communities and individuals.
- And yet faith is conspicuously absent from the documents and discussions about global health goals.

Over the next two years the international community will be making key decisions about how the global agenda for development will be laid out. During 2012-2013 there has been a lengthy consultation. It has included professional groups, people living in the developing world, governments, non-governmental organisations, and faith communities. They have been asked to give their views about what the priorities should be. Featuring high on the list (at least initially) were new targets and goals for health and healthcare.

This follows on from the Millennium Development Goals (MDGs),[1] the eight key goals for global development agreed at the UN in 2000, which included three health specific goals (see *Triple Helix* series of articles on the three health MDGs[2,3,4]). CMF has long argued that faith-based organisations (especially Christian organisations and churches) play a key role in health and healing. However we have seen no recognition of faith in the documents and discussions that have been going on around the world.

Faith and spirituality have a vital role

Faith and spirituality play a vital role in the health and well-being of communities and individuals worldwide. A recent demographic study covering more than 230 countries and territories estimated there are 5.8 billion religiously affiliated adults and children around the globe, representing 84% of the world's population.[5,6] There is mounting evidence that far from faith retreating, it is a growing global force and one that cannot be ignored by policy makers, governments and international organisations.[7] Faith has a particular contribution to make to health – at two levels.

Firstly, evidence from over 1,200 studies and 400 reviews has shown strong associations between faith and a number of positive health benefits, including protection from disease, coping with illness, and faster recovery, as we have discussed in more depth in earlier CMF publications.[8] This seems in part due to the power of hope, in part due to lifestyle choices informed by faith, and to the benefits of being part of a supportive faith community.[9]

Secondly, Christians in particular have had a huge input both historically and in the present day to the provision of healthcare and building community resilience to cope with health and the social determinants of health and wellbeing.[10,11]

Churches and Christian faith-based organisations have several important features:

- **Knowledge and understanding** – they appreciate the importance of faith to daily life and health, and bring the specific knowledge relevant to the local population's faith needs.
- **Continuity** – they will still be there when donors and aid organisations have moved on and moved out.
- **Coverage** – they are present in many communities and often reach marginalised groups who often slip under the radar of larger organisations, for example, those in very remote areas, people who are elderly, have disabilities or are dying.
- **Community agenda** – because they are embedded in the local community and culture, they are able to identify the real needs of local people, rather than following an agenda drawn up by governments and external NGOs.

One example demonstrating the importance of faith communities is Tearfund's work with local churches and local faith-based organisations in long term development, disaster preparedness and disaster relief. Local churches have enabled Tearfund to respond effectively to emergencies in a number

of countries. When disaster strikes it is the local church that is amongst the first on the scene. They have many valuable resources, including people who can be mobilised as volunteers, leaders who are well-known and respected, and buildings which can shelter displaced people. [12]

In addition to local faith communities, faith-based organisations (FBOs) make an enormous contribution to healthcare. These include big non-governmental organisations such as Tearfund, World Vision, Christian Aid, Islamic Relief and Jewish World Services. Then there are local institutions such as mission hospitals and national associations such as the Christian Health Associations present in 17 African nations.

Numerous independent operational reviews have documented the key role FBOs have played in improving health over past decades and more recently in helping reduce child and maternal mortality, especially from malaria and HIV/AIDS. [13,14] In parts of sub-Saharan Africa, FBOs provide a national average of 30% of health facilities, with a much higher percentage in some rural settings such as Tanzania and Kenya where they provide 40% and 60% of healthcare respectively. The African Religious Health Assets Programme (ARHAP) study [15] commissioned by the Gates Foundation concluded that religious entities played key roles in providing:

- Facility-based health services alongside state health services at district and national levels.
- Training centres for the health workforce (some 60% of nursing cadres in Uganda).
- Non-facility based health related activities such as home-based care and HIV prevention, care and support.
- Co-ordination, fundraising, capacity development, health service supervision and a channel for funding.
- Advocacy.
- Health promotion and education by trusted leaders at a local level.

The Study noted anecdotal evidence demonstrating the positive impact of religious commitment on health workers' work ethic and quality of care.

Why faith is being sidelined

The growing body of evidence that churches and faith based organisations are having a major and long-term impact on global health was the basis of a recent CMF Submission to the World We Want Post 2015 consultation, [16] feeding in to the process of setting the new development goals. Yet in the report to the UN General Assembly that arose from that consultation, faith was not mentioned. [17]

In fact, the role and contribution of faith in the whole development agenda has been sidelined in the post-2015 process. The reason given is that faith is a divisive issue and so has been deliberately omitted. [18] What is not clear is *who* is finding it controversial and divisive. Certainly the secretariat and leadership of the recent High Level Panel enquiries into the new development goals seems to have had a very secular agenda and perspective (including as it did, our own Prime Minister).

It would seem that a few secular technocrats in Geneva and New York have either been actively hostile to faith or have simply failed to recognise that they are not engaging with the very people who could be one of the keys to seeing a global development strategy get off the ground – in particular, the Christian churches and other faith communities.

There are some areas in health that remain particularly controversial, especially around sexual and reproductive health and family planning, etc. Yet many Christian organisations are constructively engaging with these issues – the blanket prejudice that faith means an agenda that is anti-women and anti-reproductive health is simplistic and simply not true.

It is worth noting that the World Health Organisation (WHO), USAID (the US Government Agency for International Development), UNAIDS (The UN Secretariat for mobilising the global response to HIV and AIDS), and most recently DFID (the UK Government's Department for International Development) [19] have all recognised the value of working with faith communities and faith based organisations. So this exclusion is coming from a very limited and narrow part of the global community.

How to respond

So, what can we do? Firstly, we need to get better at gathering evidence and stories of what we are doing and sharing them widely, not just within the church, but with the wider national and global community. As someone recently pointed out to me, those who do the work don't write about it, and those who write are seldom involved with those doing the work. We need to see more stories, more examples of good practice, more evidence-based research in the public domain, simply getting the stories of what Christians are doing in healthcare, and the impact this is making.

We also need to avoid the ghetto mentality that stops us talking to other faith groups, secular bodies, governments and international organisations. We need to work with others, learn from them, listen to them, but not be afraid to share what we are doing and help them to learn from us. We need to have the humility to know that we do not have all the answers to healthcare issues, but we should have the confidence to share our valuable experience and expertise.

Finally, we need to keep doing what we do to God's glory, whether we get recognition for it or not. When God called out Abraham, it was not just to bless him, but to make him a blessing to all the nations. [20] As Paul explained centuries later, that blessing is not just in terms of the good works that we do, which will all fail and fade in time, but in the greatest blessing of all, the eternal work of Jesus on the cross, bringing God's eternal blessing to all who believe. [21] We have more than good medical practice and community development to share with the world – we have good news to share, which truly transforms individuals and communities, and we should never be ashamed to proclaim it.

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