



RESPONDING TO THE GLOBAL HEALTH CRISIS

Andrew Tomkins reviews how the world's poorest nations are facing massive healthcare and nutrition crises.



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Health and nutrition status has deteriorated drastically in many low-income countries in recent years – for various reasons. However, there is much that can be done by Christian healthcare professionals.



types of crisis

- **Decreased vaccination rates.** Global vaccination rates are now the lowest since 2008. The World Health Organization (WHO) estimates that eight million fewer doses of vaccines against measles, rubella, and diphtheria were given in 2020 compared with 2016.¹
- **Less care for Neglected Tropical Diseases (NTDs).** These include trachoma, schistosomiasis, onchocerciasis, lymphatic filariasis, and visceral leishmaniasis, which affect more than a billion of the world's poorest people. A large NTD control programme in Africa was working well, but support stopped unexpectedly in 2021. Careful predictions indicate a serious increase in disease rates.²



causes of crises

Poverty, in all its forms (economic, educational, cultural, social, and geographic), is a crucial 'root cause'; there are specific contributory issues.

- **Failing healthcare systems.** There are fewer trained, supervised, regularly paid, and motivated healthcare staff, as they move to more secure situations. Supply of medicines has reduced. Lack of regulatory supervision of private pharmacies leads to more short-course treatment as pharmaceutical companies become increasingly proficient at promoting their products, including infant formula, often enlisting the support of healthcare workers.
- **COVID-19.** It has caused chaos, diverting efforts and resources away from existing programmes.
- **Vaccine hesitancy and misinformation.** False rumours about vaccine safety and efficacy abound, encouraged by increasing use of social media, even in the poorest communities.
- **Invasion of Ukraine by Russia.** Both Russia and Ukraine are major providers of grain and fertilisers to many African countries. Supplies have been reduced recently because of reduced production and the political discord around permission to export via the 'Black Sea Corridor'.
- **Environmental issues.** Climatic change (leading to drought and floods) contributes to reduced supplies and supervision of distribution. Increasing atmospheric and water pollution, especially in urban areas, aids the spread of infection, including development of new pathogens.
- **Corruption, conflict of interest and control.** Some healthcare workers take bribes. Others are tempted to take money for professional development, often inadequately provided by national government, leading to preferential, inappropriate medical advice.
- **Conflict.** Many hospitals, health centres, and vaccination clinics have been destroyed or closed because of war and forced migration.
- **Reduction in overseas aid from the UK.** The Foreign, Commonwealth and Development Office of the UK (FCDO) reduced overseas aid from 0.7 per cent to 0.5 per cent of UK gross domestic product in 2021. Tearfund reports that, in 2022, the UK withdrew from the Health Pooled Fund (HPF) in South Sudan which supported hospitals and healthcare centres across the country, resulting in suspension of funding to 220 of 797 public health facilities.⁶



- **Antimicrobial resistance.** This is increasing, leading to treatment failure, and may account for one in five deaths in Sub-Saharan Africa, even exceeding deaths from malaria, HIV, and tuberculosis.³



- **Deterioration in malnutrition rates in children.** UNICEF estimates that 150 million children under five are stunted and 14 million children are severely wasted, contributing to about half of child deaths in low-income countries.⁴ Grain imports to Africa have reduced significantly in the last two years. The UN World Food Programme (WFP) reduced food assistance from their target of 6.2 million to 1.7 million people in South Sudan because of lack of funds in 2021.⁵



key points




- Health, wellbeing, and good nutrition are not advancing in most of the globe, and the crisis in healthcare among the poor is as bad, and maybe even worse, than it has ever been.
- The Bible exhorts Christians to be concerned for the poor and disenfranchised, wherever they are in our increasingly globalised world.
- The author explores practical ways that Christian health professionals in the UK can get involved and serve God's purposes in working for better health for the world's least advantaged people.


why should a Christian healthcare worker be concerned about deteriorating health status in 'low-income' populations?

Should we just accept that 'this is the way it is'? Certainly not! God created our world and human life – with all its beauty⁷ – to be looked after carefully.⁸ God requires us to work for justice.⁹ God expects those who have a voice in society to become effective champions for those without a voice, ensuring that their rights are recognised.¹⁰ Jesus demands that the poor and disabled are included in the provision of care to society.¹¹

responding to crises creatively – for those working in a 'low-income country'.

- **Working in a different way.** Work as a healthcare worker in a low-income country is always demanding. It is helpful to recognise, as advised by the Apostle Paul, that Christian staff do not work in their own strength alone.¹² While many are well trained and continue to work effectively in conventional clinical and public health disciplines, the collapse of many programmes means that roles may need modification. This usually requires new knowledge and skills by the healthcare worker, in planning for novel, more community based, healthcare programmes.^{13,14}
- **Developing new professional support linkages.** The lower the level of provision of resources by national government or local healthcare organisations, the greater the need to develop links with other organisations, eg UNICEF (United Nations Children's Fund), WHO, and national embassies of better-off countries. There are opportunities to work with national church organisations. There are documented ways in which such resource links have improved the health and nutritional status of deprived communities.¹⁵
- **Developing new personal support linkages.** The more stressful the job, the greater the need to link with other healthcare workers and become informed about how other healthcare programmes are responding and coping. There are Christian Health Associations in most low-income countries, seeking to link and encourage healthcare workers in their daily work (professionally and spiritually) – for those working in national government institutions as well as church-based organisations. The International Christian Medical and Dental Association (ICMDA)¹⁶ organises regular, in-country and on-line workshops in many low-income countries. Developing links with strongly interested, committed, and prayerful groups of Christian healthcare professionals in better-off countries can sustain during times of severe 'work stress' and may provide resources.^{17,18}
- **Behaving honourably.** This is important when tempted to earn money in situations of potential corruption and conflict of interest. Integrity is required.¹⁹ How we approach situations of corruption and conflict scripturally is addressed in a CMF briefing paper, along with 25 real-life situations for discussion by Christian healthcare workers.²⁰ These biblical principles have inspired the Nolan Principles for Public Service; and while developed in the UK these have global application.

99% 
 OF THE GLOBAL POPULATION
BREATHES
 UNHEALTHY LEVELS OF FINE
PARTICULATE
MATTER

BETWEEN 2020-21 
COVID-19
 LED TO
14.9 MILLION
 EXCESS
DEATHS

BY 2048, NON-COMMUNICABLE
 DISEASES
(NCDS) WILL ACCOUNT FOR
89% ALL DEATHS
90% INCREASE FROM 2019

IN 2020,
287,000+
 WOMEN LOST THEIR LIVES DURING
CHILDBIRTH+
PREGNANCY
 DUE TO ENTIRELY PREVENTABLE
 COMPLICATIONS. 

responding to crises creatively – for those working in a ‘better-off’ country Resist becoming cynical! It is easy to dismiss poor healthcare in low-income countries as due to ‘corruption and lack of commitment by national governments’. Be guided by the biblical basis for seeking change for the poorest,²¹ working for the welfare of others,²² and working, speaking, and writing with integrity at all times.²³ Become informed on what is going on in low-income countries. There are many helpful resources on the CMF UK website and helpful newsletters from the CMF Developing Health Course²⁴ and Christian agencies including ICMDA, Christian Connections for International Health (CCIH),²⁵ Tearfund, and Christian Aid. Save the Children, Médecins Sans Frontiers (MSF), UNICEF, and WHO all analyse data at a country and individual community level, producing policy recommendations for national governments, local communities, and international donors. There are UK government reports on overseas aid for international development and review processes of how UK overseas aid is spent by the International Development Committee²⁶ and the Independent Commission for Aid Impact.²⁷ Speaking with and writing to a local MP and senior politicians in the UK, gives opportunities for providing them with specific, well-documented examples of effective use of FCDO funds for improving health in low-income countries, encouraging them to work towards reversal of the cuts in overseas aid by the UK government.

- **Getting to know, supporting, praying for – and visiting – a health worker(s) in a low-income country.** Friendship can provide enormous encouragement and contribute to the quality of their healthcare provision, professional and personal development, and spiritual nurture. There are many church-based links throughout the UK. The Tropical Health and Education Trust (THET)²⁸ and Prime International²⁹ provide many, excellent opportunities for UK based healthcare workers to contribute to healthcare training and care in low-income countries.
- **Recognise that we now live in a globalised world where what happens in one environment may have great impact on another.** There are many opportunities to learn from healthcare staff working in the UK who maintain their links with the country they trained in. Their experience and knowledge can be invaluable to any CMF member interested in developing a ‘global aspect’ to their understanding and advocacy for improved healthcare, especially for the least advantaged. Psalm 82:3 exhorts us to, ‘Defend the cause of the weak and fatherless; maintain the rights of the poor and oppressed’. That Scripture did not infer any national boundaries, and neither should we. ●



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