

Guiding Principles for Integrity in Global Health

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Thank you to all CMF members who contributed to this project

Foreword

CMF-UK is a membership organisation of Christian health professionals, many of whom are involved in Global Health (GH). We are motivated by our faith in Christ and seek to serve in ways that follow His example and seek to respond to the spiritual needs of individuals and communities as well as their biopsychosocial needs. We often find ourselves expected to make recommendations and forging links between offers to serve and areas of need. We are increasingly aware as an organisation that GH is a complex field and there is a Biblical, ethical and professional mandate to engage in it together with our global brothers and sisters in a way that minimises harm and maximises impact.

This paper is the result of an iterative process of discussion amongst interested CMF members and globally diverse colleagues, building on some excellent resources already published in this field (listed below). These are deliberately 'guiding principles' and not clinical-style 'guidelines'. We believe that science and research are God-given tools to better understand challenges and effective solutions in global health. We also believe that the Bible is our ultimate and authoritative source of guidance, and that the Holy Spirit may guide individuals to act in ways which are true to Scripture but may at times appear to stretch these principles. This document therefore aims to draw together key principles from academic research and Biblical understanding to give CMF members a framework to critically appraise existing and potential global health interventions, and to guide our organisational approach to global health teaching and engagement.

CMF's Understanding of Global Health

There are several existing published definitions of GH (see Appendix 1). In order to determine how to engage in GH with integrity, we first sought to outline how CMF understands GH:

- GH concerns the health of the individual as well as populations in a global context.
- GH has a particular concern for reducing inequities within and between populations.
- GH spans health promotion, disease prevention, early detection, treatment and palliation
- GH concerns the physical, psychological, social and spiritual wellbeing of individuals, their families and communities.
- GH is impacted by many social and political determinants such as poverty, employment, housing, education, structural inequalities (such as gender, caste, etc.) and environmental sustainability and thus effective improvements to GH may target these underlying determinants.
- GH actions are carried out in partnership with communities and seek to empower them to improve the health of their populations, actively redressing traditional power differentials.
- Our approach to GH is motivated by and modelled on Jesus' example of love and compassion for all people as individuals of equal worth and dignity created in the image of God.

Guiding Principles

1. We engage in global health because of our God-given sense of justice and compassion
2. We value scientific research and strive to act in contextually relevant, evidence-based ways to improve global health
3. We recognise the importance of multilateral global health initiatives, seeking to support these wherever possible
4. We live and work in mutual partnership with communities, journeying together towards health, engaging and learning with local leaders and responding to collaboratively-determined locally-driven health needs
5. We act with humility, cultural sensitivity and respect for all involved, recognising our limitations especially in unfamiliar settings
6. We comply with relevant laws, ethical standards and codes of conduct, and, when appropriate, speak out against corruption and strive together with the local population for a fairer and more accessible health system
7. We act to facilitate sustained change recognising the value of long-term relationships with communities
8. We acknowledge the importance of creation care and seek to combat climate change and minimise unnecessary global travel
9. We steward our time and resources carefully and prayerfully
10. We are accountable for our actions, working transparently, promoting critical evaluation of our work and responding to feedback from all stakeholders
11. We acknowledge the importance of ensuring patient safety, recognising the potential of well-intentioned actions to cause physical, psychological or societal harm and that doing something isn't always necessarily better than doing nothing
12. We seek through our actions to make the love of Christ known

(These principles are further expanded in the next pages)

1. We engage in global health because of our God-given sense of justice and compassion

Why is this important?

The Bible is replete with examples of God's concern for justice and compassion, as exemplified by Micah 6.8 which tells us he loves justice and has compassion for those who suffer injustice. God's love of justice is not only personal but something he passionately pursues (cum + passio = with + passion). Furthermore, the Bible's description of Jesus is one of a man of sorrows and familiar with suffering, who weeps with those who weep (Isaiah 53.3; John 11.33-35). God's compassion extends to all people. Our sense of justice and compassion, as well as our ability to exercise them, come from him.

What does this look like?

We are called to see others as our neighbour (Matthew 22.37-39) and to be God's witnesses "to the ends of the earth" (Acts 1:8). As health professionals, we can strive to fulfil this mandate by seeking restoration of health at a global scale fuelled by self-sacrificial love and a zeal for justice.

References

He has shown you, O mortal, what is good. And what does the LORD require of you? To act justly and to love mercy and to walk humbly with your God.

Micah 6.8 (NIV)

This is how we know what love is: Jesus Christ laid down his life for us. And we ought to lay down our lives for our brothers and sisters. If anyone has material possessions and sees a brother or sister in need but has no pity on them, how can the love of God be in that person? Dear children, let us not love with words or speech but with actions and in truth.

1 John 3.16-18 (NIV)

"Woe to you, teachers of the law and Pharisees, you hypocrites! You give a tenth of your spices—mint, dill and cumin. But you have neglected the more important matters of the law—justice, mercy and faithfulness. You should have practiced the latter, without neglecting the former.

Matthew 23.23 (NIV)

"In Old Testament thinking, righteousness and justice are actual actions that you do, not concepts that you reflect on or an ideal that you dream about."

In Chris Wright's *The Mission of God's People* p91

2. We value scientific research and strive to act in contextually relevant, evidence-based ways to improve global health

Why is this important?

Evidence-based medicine seeks to judiciously use the best available evidence to guide decisions made around the care of individual patients. It led to the development of research methods such as systematic reviews and meta-analyses that form the bedrock of current clinical guidelines and it is credited with the improvement of the level of care provided by contemporary medicine.

Scientific research assumes that the universe is rational and, therefore can be studied. Christianity views the universe as God's creation, meaning it is indeed rational and its study reveals God's wisdom and power. Furthermore, we are ordered to care for creation and encouraged to explore it. (Genesis 2.15-16+19-20)

What does this look like?

Several guidelines for the practise of medicine in a global context are available from secular and Christian sources. Special attention should be paid to ensure the adaptation of clinical guidelines to the cultural context and resources available in the setting in which they are being practised does not diminish the quality of the care provided.

References

But it is the spirit in a person, the breath of the Almighty, that gives them understanding.

Job 32.8 (NIV)

If the axe is dull and its edge unsharpened, more strength is needed, but skill will bring success.

Ecclesiastes 10:10 (NIV)

3. We recognise the importance of multilateral global health initiatives, seeking to support these wherever possible

Why is this important?

Biblical theology affirms humans as more than solely physical or spiritual but rather as a unit which comprises both these components. (Genesis 2.7) Consequently, when striving towards the improvement of health we should bear in mind all aspects implicated in the wellbeing of those with whom we interact (such as physical, psychological, spiritual, social, families, communities, etc.)

The Church has a role to play in the restoration of health in each community and we value its work and expertise. Other organisations, be they faith-based or not, are also a source of specialist knowledge, resources, and influence in the communities in which they operate.

What does this look like?

Wherever possible, we seek to work alongside the church, parachurch and secular organisations, together striving for the improvement of health, making use of our individual gifts, strengthening, and being strengthened by each other.

References

Then the LORD God formed a man from the dust of the ground and breathed into his nostrils the breath of life, and the man became a living being.

Genesis 2.7 (NIV)

How good and pleasant it is when God's people live together in unity!

Psalm 133.1 (NIV)

Finally, brothers and sisters, rejoice! Strive for full restoration, encourage one another, be of one mind, live in peace. And the God of love and peace will be with you.

2 Corinthians 13:11 (NIV)

4. We live and work in mutual partnership with communities, journeying together towards health, engaging and learning with local leaders and responding to collaboratively-determined locally-driven health needs

Why is this important?

Jesus' example of servant leadership compels us to seek to engage with and learn from local communities in an attitude of humility. It is crucial to move away from an "us vs them" and "benefactor vs dependent" paradigm as this carries unhelpful power differentials and paternalistic attitudes.

Collaboration with all community stakeholders (including the national healthcare system) is central to determining how we engage as the health needs we address should be those identified by the community we seek to serve. We must be wary of trying to impose our solutions to what we perceive as being the problem and thus undermining the local wisdom and expertise.

What does this look like?

We value the community's wisdom and assets and, where opinions differ, strive to find common ground. Our engagement in GH is better understood as a journey we embark on alongside the community as, together, we seek health and healing.

References

Jesus knew that the Father had put all things under his power, and that he had come from God and was returning to God; 4 so he got up from the meal, took off his outer clothing, and wrapped a towel around his waist. 5 After that, he poured water into a basin and began to wash his disciples' feet, drying them with the towel that was wrapped around him.

John 13:3-5 (NIV)

For just as each of us has one body with many members, and these members do not all have the same function, so in Christ we, though many, form one body, and each member belongs to all the others.

Romans 12:4-5 (NIV)

5. We act with humility, cultural sensitivity and respect for all involved, recognising our limitations especially in unfamiliar settings

Why is this important?

We must be discerning regarding our motivations for engaging in GH and be wary of using it as a means of increasing our ego or appeasing our consciences. Rather, we should strive to apply Christ's mindset to the relationships we establish with others. He not only became a man, but the lowliest of men (Phil 2:5-8). Although we may carry with us skills and expertise, we do not have all the answers and we lack a complete understanding of the culture and particular struggles of the communities we engage with. Unless we are willing to listen and re-evaluate our preconceived ideas and convictions, we will not be showing the respect and sensitivity required. This will hamper our work's progress, stunt the development of trust between us and those we seek to serve and, crucially, we will not be exemplifying Christ through our actions.

What does this look like?

As healthcare workers who have transitioned to work in unfamiliar settings, we recognise that there are many cultural practices which are hard for us to necessarily understand, and some which impact on accessing healthcare and responding to treatment and care on offer. We should not press our own viewpoint or cultural traditions but seek to learn, understand and find ways to listen, serve, treat and heal which are acceptable.

References

Therefore, as God's chosen people, holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness and patience.

Colossians 3:12 (NIV)

When pride comes, then comes disgrace, but with humility comes wisdom.

Proverbs 11.2 (NIV)

Do nothing out of selfish ambition or vain conceit. Rather, in humility value others above yourselves, not looking to your own interests but each of you to the interests of the others.

Philippians 2.3-4 (NIV)

6. We comply with relevant laws, ethical standards and codes of conduct, and, when appropriate, speak out against corruption and strive together with the local population for a fairer and more accessible health system

Why is this important?

The Bible is clear in stating that we must respect and subject ourselves to the governing authorities whilst remembering that our ultimate authority is God himself. It also repeatedly exhorts us to seek justice on behalf of the oppressed and those whose voices are not heard. This is the delicate balance we must be mindful of when engaging in GH.

In Matthew 23.23, Jesus classifies justice as one of the more “important things” along with mercy and faithfulness. Our calling as Christians includes looking out for the poor and seeking justice. Although our exact role may vary depending on the circumstances in which we work, there is no doubt that every one of us has a role to play, one which may come at a cost. However, it is not something we are to do on our own, but rather in partnership with the community we are serving.

What does this look like?

It is imperative to be aware of the legal framework in place in the context in which we are working (namely, required qualifications, experience and authorisation to practise, scope of practise, financial and administrative requirements, and local clinical guidelines, among others).

Working in healthcare, our role may also involve promoting equity in access to healthcare and speaking out against corrupt systems and practise.

References

Learn to do right; seek justice Defend the oppressed. Take up the cause of the fatherless; plead the case of the widow.

Isaiah 1.17 (NIV)

“Then Jesus said to them, “Give back to Caesar what is Caesar’s and to God what is God’s.”

Mark 12.17a (NIV)

“Let everyone be subject to the governing authorities, for there is no authority except that which God has established. The authorities that exist have been established by God.”

Romans 13.1 (NIV)

7. We act to facilitate sustained change recognising the value of long-term relationships with communities

Why is this important?

Most contexts we engage in will already have some form of healthcare system which will probably be the key stakeholder with which we should aim to establish a long-term relationship.

The “Great Commission” recorded in Matthew 28 calls Christ’s disciples to, among other things, “make disciples of all nations” and “teach them”. Both actions are relational and require an investment in the long-term. Paul went as far as to “become all things to all people” (1 Cor 9.19-23) so that they may be saved. This requires adaptability and willingness to patiently build long-term relationships for lasting change.

What does this look like?

Although the time spent actively engaging with a given community may or may not be short, our actions should respect the long-term goals of the local healthcare service and contribute toward the sustained development of the community. Similarly, the goals we set out for our health interventions and the measurements we use to assess and monitor them, must be built around long-term objectives.

References

We remember before our God and Father your work produced by faith, your labour prompted by love, and your endurance inspired by hope in our Lord Jesus Christ.

1 Thes 1.3 (NIV)

8. We acknowledge the importance of creation care and seek to combat climate change and minimise unnecessary global travel

Why is this important?

The Bible teaches us that God created the Earth and that humans, created in God's image to reflect his character, are given special authority over the rest of creation. If we are to reflect our creator in the way we work and subdue the Earth, surely, we should care for creation just as he does?

The Bible also talks about the renewal of creation that has been marred by sin (Revelation 21:1, 2 Peter 3:13 and 2 Corinthians 5:17). Although there is a promise of a new, restored creation, we should not passively wait for its completion, but seek the advancement of God's kingdom in the present time, modelling and restoring relationships with God and other people as well as with creation.

When considering GH, we cannot ignore the influence the environment has on the health of individuals and populations (e.g.: the effect of more frequent droughts, storms and floods on local agriculture and economy and the consequent effects on peoples' health) as well as the contribution of our actions toward these negative consequences.

What does this look like?

As God's appointed stewards of creation, and as people committed to the improvement of health globally, we should take special consideration to care for the environment and combat climate change. This may include the use and development of digital platforms which enable us to minimise global travel (balanced with building real relationships), the adoption of environmentally sustainable practises and involvement in advocacy to help protect the environment.

References

In the beginning God created the heavens and the earth.

Genesis 1.1 (NIV)

For the creation waits in eager expectation for the children of God to be revealed.

For the creation was subjected to frustration, not by its own choice, but by the will of the one who subjected it, in hope that the creation itself will be liberated from its bondage to decay and brought into the freedom and glory of the children of God.

Romans 8:19-21 (NIV)

'The great commission given us by Jesus in the New Testament must be held alongside the very first great commission God gave us at the start of the Bible. In Genesis 1, God's very first words to human beings are about ruling over and caring for creation: the fish, the birds and all other living creatures, for God's sake...To the question "Why are you here?" the ultimate answer has to be "To worship and serve God." The first element of that worship and service that the Bible talks about is creation care.'

Dave Bookless, Planetwise, p136

9. We steward our time and resources carefully and prayerfully

Why is this important?

Several Bible passages not only emphasise the importance of wise and prayerful management of our resources (Prov 16.3, Matt 25.14-30, 1 Peter 4.10) but offer encouragement by assuring we will be rewarded for our diligent work (1 Cor 3.9-15, and 15.58). Other passages go on to say that the attitude and responsibility we are to hold towards our resources should be modelled in all aspects of our life, including our work (1 Cor 4.2 and 10.31, Titus 1.7)

In the context of GH interventions, whilst the scale of our resources (be they financial, professional expertise, health workers, etc) and the impact of our actions may vary significantly, our responsibility to use these assets wisely and prayerfully remains unchanged. After all, in all we do, we are called to work with all our heart, as working for the Lord, not for human masters (Col 3.23).

What does this look like?

As healthcare professionals working at the point of great need, it is too easy to be drawn into working excessively long hours. The gift of time God gives us is for us to use it in a way that honours Him. Similarly, perhaps coming from a higher income country there may be the pressure to give, and this can create pressures within a working environment. We are a people called to generosity and service, but we are answerable first and foremost to God Himself and should always seek to please Him as we make decisions on our resource usage.

References

Commit to the Lord whatever you do, and he will establish your plans.

Prov 16.3 (NIV)

For we are co-workers in God's service; you are God's field, God's building. By the grace God has given me, I laid a foundation as a wise builder, and someone else is building on it. But each one should build with care. For no one can lay any foundation other than the one already laid, which is Jesus Christ. If anyone builds on this foundation using gold, silver, costly stones, wood, hay or straw, their work will be shown for what it is, because the Day will bring it to light. It will be revealed with fire, and the fire will test the quality of each person's work. If what has been built survives, the builder will receive a reward. If it is burned up, the builder will suffer loss but yet will be saved—even though only as one escaping through the flames.

1 Cor 3.9-15 (NIV)

So whether you eat or drink or whatever you do, do it all for the glory of God.

1 Cor 10.31 (NIV)

10. We are accountable for our actions, working transparently, promoting critical evaluation of our work and responding to feedback from all stakeholders

Why is this important?

Surveillance and accountability can be grey areas as GH activities are often unregulated. Furthermore, the complexity of issues such as poverty and social justice combined with the divergence in opinions and agendas of all stakeholders involved will inevitably lead to disagreements. Nevertheless, as health workers, we are accountable for our actions and have a duty to provide care to the highest standard.

What does this look like?

This involves ensuring we have the appropriate training for the tasks we are performing, are aware of local and international clinical guidance and are doing our utmost to implement surveillance systems coupled with reflective practice. As Christians, we need to have the humility to acknowledge our mistakes, take the necessary steps to rectify them and strive to promote an environment of openness and transparency where honest feedback is welcomed and acted upon.

References

Therefore confess your sins to each other and pray for each other so that you may be healed. The prayer of a righteous person is powerful and effective.

James 5.16 (NIV)

As iron sharpens iron, so one person sharpens another.

Prov 27.17 (NIV)

For we are taking pains to do what is right, not only in the eyes of the Lord but also in the eyes of man.

2 Cor 8.21 (NIV)

11. We acknowledge the importance of ensuring patient safety, recognising the potential of well-intentioned actions to cause physical, psychological or societal harm and that doing something isn't always necessarily better than doing nothing

Why is this important?

GH initiatives have the potential for tremendous good as well as substantial harm. In our effort to improve people's health, we must not be ignorant of the limits of our knowledge and skills (be they clinical, social, or cultural) knowing that some of our actions will undoubtedly cause unintended harm. Ensuring patient safety in the GH context may pose additional challenges as our practise will need to be adapted to resources and contexts different to those we are accustomed to. By no means should this lead to a diminishing of our standards, but rather to an increased awareness of the ways in which patient safety may be compromised as a result of our unfamiliarity with the context in which we are working.

What does this look like?

We must strive to minimise the potential for harm at all stages of GH interventions. This includes predicting potential dangers and putting systems in place to safeguard against these in the planning stages. Surveillance and evaluations tools must be employed and where unintended harm is identified, it must be addressed completely.

References

not looking to your own interests but each of you to the interests of the others.

Phil 2.4 (NIV)

When pride comes, then comes disgrace, but with humility comes wisdom.

Proverbs 11.2 (NIV)

12. We seek through our actions to make the love of Christ known

Why is this important?

In Jesus we have the perfect example of love. 1 John 3.16 tells us that we know what love is by knowing Jesus Christ who laid down his life for us. We are then urged to do likewise and communicate this love through actions and in truth. If we are committed to making the love of Christ known, it will necessarily have to be conveyed through our acts as well as our words.

As health workers we have the opportunity to demonstrate this love through the promotion and restoration of health. This is an incredible privilege as well as a responsibility. Our GH interventions can display Christ's love in a relevant, personal and powerful way. The love of Christ not only motivates us but enables us to serve selflessly.

What does this look like?

There will be times when it is appropriate and invited for us to speak of the love of Christ for an individual. This should never be undertaken in any way that could be construed as exploitative of a person at a point of vulnerability. Our hope is that people will 'read' and understand the truth of the God we believe in and serve, which will cause them to reach out to know more. Neither do we ever wish that a person responds to the gospel to please a person they perceive as having the responsibility or ability to provide care or treatment they badly need. Our loving actions should speak powerfully of the love of Christ.

References

Dear children, let us not love with words or speech but with actions and in truth.

1 John 3.18 (NIV)

And over all these virtues put on love, which binds them all together in perfect unity.

Colossians 3:14 (NIV)

What good is it, my brothers and sisters, if someone claims to have faith but has no deeds? Can such faith save them? Suppose a brother or a sister is without clothes and daily food. If one of you says to them, 'Go in peace; keep warm and well fed,' but does nothing about their physical needs, what good is it? In the same way, faith by itself, if it is not accompanied by action, is dead.

James 2.14-17 (NIV)

Appendix 1 – Existing definitions of Global Health

“Global health is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasises transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care.”

Koplan et al.. Towards a common definition of global health. 2009. The Lancet. Vol. 373 (Jun 6) pp. 1993 – 1995)

“An area for study, research, and practice that places a priority on improving health and achieving health equity for all people worldwide’.

Kickbush I. The need for a European strategy on global health. Scand J Public Health 2006; 34: 561_5.

“Global Health is collaborative trans-national research and action for promoting health for all.”

Global Health Action 2010, 3: 5142 - DOI: 10.3402/gha.v3i0.5142

‘Health issues where the determinants circumvent, undermine or are oblivious to the territorial boundaries of states, and are thus beyond the capacity of individual countries to address through domestic institutions. Global health is focussed on people across the whole planet rather than the concerns of particular nations. Global health recognises that health is determined by problems, issues and concerns that transcend national boundaries’

HM Government. Health is global: a UK Government strategy 2008_13. London: UK Government; 2008.

Appendix 2 – Key references / further reading

Books:

When Helping Hurts – Corbet and Fikkert

Walking with the Poor – Bryant Myers

When Healthcare Hurts – Greg Seager

Websites:

- [Best practices in global health missions \(BPGHM\)](#)
- [Christian Journal for Global Health](#)
- [Christian Connections for International Health](#)

Existing Standards / Principles

- [Accord Network Principles](#)
- [Standards of Excellence in Short Term Mission](#)
- [Brocher Declaration](#)

Articles:

Apology and Unintended Harm in Global Health (June 2019) DG Addiss and JJ Amon / Global Health Fieldwork Ethics and human rights, 19-32

Should Christian Global Health Be Distinctive? A Reflection (Nov 2015) Christian Journal for Global Health, 2(2):16-19.

Spiritual Themes and Challenges in Global Health (Addis, 2015) J Med Humanit (2018) 39:337–348

Health Paradigm Shifts in the 20th Century (May 2015) Christian Journal for Global Health 2(1): 49-58.

Strengthening of partnerships between the public sector and faith-based groups (The Lancet)

Understanding the roles of faith-based health-care providers in Africa: review of the evidence with a focus on magnitude, reach, cost, and satisfaction (The Lancet)

Global health: A new paradigm for medical mission? Giles Cattermole, Missiology: An International Review, 2020