

## **Introduction**

The World Council of Churches (WCC) is a global fellowship of churches whose relationship with one another and activities together are an expression of their common faith in Jesus Christ and their common calling to the glory of the one God, Father, Son and Holy Spirit.

Through this common faith experience the WCC encourages the fellowship of churches toward unity in Christ, a common voice for justice and peace and service to others as an expression and fulfillment of Christ's love.

## **Background**

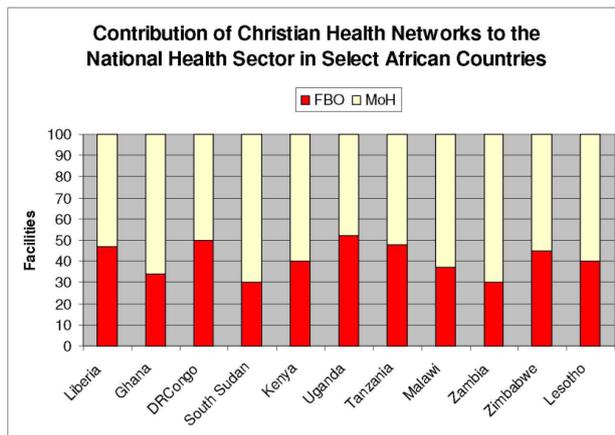
Since its establishment, WCC has supported health work of the churches globally, by supporting establishing and strengthening of Christian health associations at national and regional levels, global advocacy, and other initiatives. In many cases these associations embrace health facilities belonging to all Christian denominations, including the Roman Catholic and Seventh Day Adventist churches. These institutions provide significant proportion of health care and health worker training, especially in the developing world. They are valued globally for their reach, access, trust and resilience.

There is now renewed interest in the UN and various development actors to collaborate more closely with faith communities, especially towards the 2030 Sustainable Development Agenda. This is more so in the area of health as provided by the churches. SDG 3 will not be achieved without enhanced engagement of the church health structures and programmes.

In order to engage more effectively in policy dialogue at global platforms it is imperative that churches bring evidence-based arguments and propositions. The WCC participates in several fora including the World Health Assembly and various UN mechanisms, has a liaison office at the UN headquarters and also has programmatic relationships with UNICEF, UNFPA, the World Bank and many other partners. In addition, WCC is strategically positioned to facilitate enhanced engagement on health between churches and development partners.

## **Problem statement**

There is currently lack of data on the contribution of the Christian family to global health. Old data exist for 11 countries in Sub-Saharan Africa and has provided an indication of the contribution of CHAs in this region, albeit incomplete and without clear indicators (see figure below). There is also no central repository of critical data such as location of the church facilities/programmes, their range of services, populations served, etc.



Most mission health facilities are part of local public health systems and their data are integrated into the district health information systems (DHIS). As such there has been limited interest and investment in tracking the unique contribution of the churches. Also there is neither consensus on indicators that are critical to quantify this contribution nor global mobilisation. Various organisations have previously attempted or conducted mapping only within their operational or project context.

Absence of mapping information has limited the ability of the ecumenical family to effectively engage both internally and externally, and to harness their unique contribution to health at community level.

## Objectives

The aim of the workshop is to discuss and develop a framework for the mapping. It will be guided by the following questions and considerations:

1. *Why* collect the data? In light of the SDGs and the long history of medical missions, why do we want global data? How would such data be informative to churches (internal advocacy) and other development actors, e.g., governments, WHO (external advocacy)?
2. *What* data should we collect? In light of existing DHIS-2 and several vertical programmes that are all streamlined from health facility up to WHO level, all of which include church health facilities, what additional data do we lack for the purpose(s) discussed above? What indicators should we collect?
3. *How* should we collect it? Manual, internet questionnaire or smartphone App? Data collection teams or self-administered by health facility staff? Collect all the required data at once, or in stages (e.g., stages I – identifiers: name, location, proprietor church, contact details; stage II – catchment population, services offered, etc.) Start with a pilot?
4. *How* should we manage the data base? How would CHAs, churches, WHO and partners access the data repository?
5. *How* have previous initiatives to develop a similar database fared? What are the reasons that they are no longer updated or accessible? Any similar initiatives elsewhere to learn from?

## Dates

10 – 11 October 2017.

## Venue

Ecumenical Centre, Geneva. Visiting address: 1 Route des Morillons, 1218 Le Grand-Saconnex, Switzerland.

## Topics for presentations, panel and plenary discussions (according to the 6 WHO building blocks for health systems)

1. Christian contribution to training/development of human resources for health
  - a. Dr James Campbell, WHO, Health Workforce
  - b. Dr Bimal Charles, Christian Medical Association of India
2. Christian contribution to health service delivery
  - a. Dr Edward Kelley, WHO, Service Delivery & Safety
  - b. Dr Luiz Loures, UNAIDS
  - c. Dr Samuel Mwenda, Christian Health Association of Kenya
3. Christian contribution to access to essential medical products, vaccines and technology
  - a. WHO, tbd.
  - b. Dr Bernard Pécoul, Drugs for Neglected Diseases Initiative
  - c. Paschal Manyuru, Mission for Essential Drugs and Supplies
  - d. Dr Mirfin Mpundu, Ecumenical Pharmaceutical Network
4. Christian contribution to development and strengthening of (national) health systems
  - a. Dr Cherian Varghese, WHO, Noncommunicable Diseases, Disability, Violence & Injury Prevention
  - b. Frank Dimmock, Outreach Foundation
  - c. Caritas Internationalis, tbd.
5. Christian contribution to health financing
  - a. Dr Christoph Benn, Global Fund
  - b. Peter Yeboah, Africa Christian Health Associations' Platform
6. Christian contribution to health information
  - a. Dr Ties Boerma, WHO, Measurement & Health Information Systems
  - b. Dr Sam Orach, Uganda Catholic Medical Bureau

## Invited participants

1. Africa Christian Health Associations Platform\*
2. Ahimsa Fund
3. Anglican Alliance
4. Bread for the World
5. Caritas Internationalis
6. Catholic Medical Missions Board
7. Christian Health Association of Kenya\*
8. Christian Medical Association of India\*
9. Christian Medical College Vellore\*
10. Drugs for Neglected Diseases Initiative (DNDi)
11. Ecumenical Pharmaceutical Network (EPN)\*
12. Emory University
13. Fracarita International
14. German Institute for Medical Missions (Difäm)
15. Global Fund
16. IMA World Health
17. International Partnership on Religion and Sustainable Development (PaRD)

18. International Religious Health Assets Programme, University of Cape Town
19. Joint Learning Initiative
20. Kent State University
21. Mission for Essential Drugs and Supplies (MEDS)\*
22. Organisation of African Instituted Churches\*
23. Pontifical Council of Health Care Workers
24. Seventh Day Adventist
25. Uganda Catholic Medical Bureau\*
26. UNAIDS
27. United Methodist Church Global Missions Board
28. WHO – MNCA Health, NCDs Unit, Health Workforce, Health Information System, Service Delivery,
29. World Council of Churches

### **Expected outcomes**

1. The set of indicators which will be agreed at this workshop will be used in the Mapping Study. It is envisaged that the mapping will be done in a sustainable manner so that the database may be regularly updated at minimal recurrent cost.
2. The presentations and proceedings of the workshop shall be published in Contact magazine in a dedicated issue to come out in December 2017. (<http://www.oikoumene.org/en/what-we-do/health-and-healing/contact-magazine>)

### **Funding**

WCC will meet costs for the participation of a few people (\*) and the rest of the invited participants are requested to meet their own travel and accommodation costs. However, costs for workshop venue and meals will be met by WCC.

### **Registration**

For enquiries on this workshop please contact Dr Mwai Makoka, WCC Programme Executive for Health and Healing at [mwai.makoka@wcc-coe.org](mailto:mwai.makoka@wcc-coe.org) To register/confirm your participation please contact Lona Lupai at [lona.lupai@wcc-coe.org](mailto:lona.lupai@wcc-coe.org) by 22 September 2017.