



Newsletter N° 3, 27 February 2015

Dear readers,

Welcome to the third edition of the Ecumenical Ebola Response newsletter. It is the first issue in 2015!

The valuable role churches and faith communities play in addressing the current Ebola outbreak in West Africa through their role in health services was noted by a key World Health Organization (WHO) representative at the February biennial meeting of Africa Christian Health Platform (ACHAP) in Nairobi. It was reported there that the world is making progress in the fight against Ebola. The meeting is the focus of the articles in this edition of the newsletter.

But we must continue our efforts for better coordination of churches, church-related health associations, ecumenical organizations and UN agencies in their response to the Ebola crisis.

Please feel free to share this newsletter and its contents with your networks! All editions of this newsletter are available for download at <http://www.oikoumene.org/en/what-we-do/health-and-healing/ebola-newsletter>.

We hope you will find this newsletter useful and wish you, and all of us, God's blessings in our work together!

African Christian health platform wants more recognition by governments

By Peter Kenny

The Africa Christian Health Platform (ACHAP) has called on governments on the continent to recognize and include their associations as essential partners in the achievement of Universal Health Care.

ACHAP includes Christian Health Associations (CHAs) from many countries in Africa. It held its biennial conference in Nairobi, Kenya from 22 to 26 February. The World Council of Churches (WCC) helped found ACHAP.

Before the main conference at a meeting sponsored by the WCC and UNAIDS, participants said governments must engage with Faith Based Organizations (FBOs), not just as an afterthought.



Dr Sue Parry, WCC health and healing programme executive, in Nairobi. © WCC/Peter Kenny



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FBOs should advocate and lobby multilateral donors, and they need to raise their voices to show their relevance in the African continent's health sector.

Sustainable goals are emerging with widespread implications for the health sector, said Dr Sue Parry from the WCC's health and healing programme.

"Ebola...has shown us that just when global financing had shifted from a focus on infectious diseases to non-communicable diseases (NCDs) the world was confronted with the Ebola crisis of unprecedented scale, geographical coverage and duration," said Parry.

"But every crisis gives us an opportunity, and that is what we want to tap into."

Participants from inside and outside the platform recognized the key role played by Faith Based Organizations (FBOs) in Africa's health sector.

"The World Health Organization, which I represent here, recognizes the critical role played by the Christian churches in providing important health care services, particularly to the poorest and needy populations," said keynote speaker Dr Custodia Mandlhate, the WHO country representative in Kenya.

She said the current focus on how to deal with universal health coverage introduces a number of strategic shifts in thinking in the way the health business is done.

"We can use the ongoing Ebola Virus Disease epidemic response to emphasize the need for this approach," said Mandlhate, a Mozambican.

The theme of the 22-26 February conference was "The Role of Faith Based Health Services in Contributing to Universal Health Coverage in Africa."

"We are witnesses to changes in the global health financing landscape that points to the need to achieve a balance between reducing finances and increasing health challenges," said ACHAP chairperson Karen Sichinga in her closing remarks on 25 February.

The conference brings together FBOs from around Africa every two years to take stock of their contribution to health service delivery.



ACHAP chairperson Karen Sichinga. © WCC / Peter Kenny

This year, the conference brought together nearly 80 participants representing some 20 African countries.

"We need to engage the private sector in a more aggressive way that will yield partnerships that can bring dividends across the health system landscape," said Sichinga, from Zambia.

Peter Kenny is a journalist and communications consultant. He writes for Ecumenical News, The Wall Street Journal and The Star in Johannesburg and other media organizations.



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African church-based health experts discuss tackling Ebola and HIV

By Fredrick Nzwili, Nairobi

The fight against Ebola has made progress, but the campaign still has a long road to follow before it is eradicated.

Ebola has killed more than 9,500 people in Sierra Leone, Liberia and Guinea.

In recent weeks, the crisis has eased and the governments of the three countries have undertaken a commitment to achieve zero Ebola infections within two months.

Due to the on-going crisis, health experts from faith-based organizations in the continent met in Nairobi on 23 February to discuss how to deal with the Ebola scourge at a meeting held jointly by the World Council of Churches (WCC) and UNAIDS.

A key part of their discussion centred on how to scale up responses and enhance preparedness for the epidemic and the HIV and AIDS pandemic that has been likened to a sibling.

The experts were in Nairobi attending the 7th Biennial Conference of the Africa Christian Health Association Platform (ACHAP) between 22 and 26 February.

ACHAP is a networking forum for Christian Health Associations and Networks from Sub-Saharan Africa.

The forum was established through the inspiration and support of World Council of Churches (WCC).

At the pre-conference workshop on Ebola and HIV and AIDS held jointly by WCC and UNAIDS on 23 February, the participants discussed the role of Church Health Associations (CHAs) and Ecumenical Networks in preparedness, response, scale up, service delivery and advocacy.

When Ebola struck West Africa one year ago, the world including the faith-based organizations (FBOs) running many of the medical facilities there were caught flatfooted.

But the FBOs have since moved to respond in the affected countries and prepare in case of outbreaks in other countries, while drawing from the 24 years' experience in HIV interventions.



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“The outbreak went out of hand because health systems were not ready,” Dr Joyce Onsongo, a WHO Kenya disease and prevention officer told the conference.

“The international partners through WHO had to scale up facilities targeting safe burials, communication and behavioural change. What has pushed up the disease is how the people treat their loved ones,” she said.

Onsongo said there is a lot progress and the world.

“We are getting fewer cases, but we are not there yet. There is scale up of the quality, human resources, but the job is not yet done,” said Onsongo.

One key challenge, according to Onsongo, is community resistance which in mid-2014 led to the killing of some health workers Guinea and harassment which continues in some areas.

“We are advocating that unless we engage the community to understand the disease, they will not understand when we say not to do those things you used to do for ages, like why they should not bury their dead,” she said.

For people living with HIV who have survived or whose families have been exposed to Ebola, the stigma and discrimination is doubled, according to Maurine Murenga, an official from the International Community of Women Living with HIV (ICW).

“There is a need to leverage the experiences of communities living with HIV to combat stigma and discrimination,” said Murenga.

Although the Ebola epicentre has been Guinea, Sierra Leone and Liberia, health experts are concerned it emerged around a time the world was poised to bring have better results in the fight against HIV and AIDS, and this may make it difficult to achieve targets.

“We have not ended the HIV epidemic. It’s still a huge problem and if it goes off the radar, we risk HIV bouncing back,” warned Sally Smith, a partnership advisor at UNAIDS.

“We have a very narrow five-year window to break the epidemic before it springs back. UNAIDS is trying to present the model that demonstrates that, if we carry on at the same rate, things will become worse,” added Smith.



*Dr Joyce Onsongo, a WHO Kenya disease and prevention officer.
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At the same time, Millennium Development Goals (MDGs) are coming to an end this year, and the sustainable goals are just emerging with widespread implications for the health sector, said Dr Sue Parry from the WCC health and healing programme.

She said the disease had revealed the role communities can play at the health interface.

Within the community there are church health providers, church health providers and church medical experts, said Parry.

“The last mile is most critical and always the most difficult to cross. And who do find in that last mile? Who are the gate keepers to communities? It’s the faith sector.”

Karen Sichinga, ACHAP Board Chairperson, said at the start of the meeting that churches and faith based organizations had not applied enough from what they learned in HIV intervention to turn back Ebola.

“In HIV/AIDS, we have massive investment and it did not come easy. It came because of advocacy. We mounted a lot of advocacy and at all levels. Which is what I think we missed in addressing Ebola,” said Sichinga.

“What we need to learn from HIV is community mobilization, building confidences for communities to respond to Ebola. We need to learn that we were networking in HIV, that we did not do very well in Ebola. Community strengthening is a key issue. We have to be concerned if we are without it,” she said.

The health experts recommend that governments should include faith organization in their plans, since they complement the national health sectors, and Sichinga said the organizations must ask to be included.

“Government will not include us; we have to go and ask to be included. We have to make sure that we are in all technical working groups at the ministry of health. We cannot ask governments to include us, we have to make sure that we are on the table,” said Sichinga.

Fredrick Nzvili is a Nairobi-based journalist who writes for, among others, Religion News Service and the Christian Science Monitor.

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