Framing the Role of the Faith Community in Global Health

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Abstract

Globalization has brought many people and organizations together. Healthcare is one of the fields that has been the most prominent in global collaboration. Healthcare professionals working from the framework of Christian faith have been participants and leaders in global health for many years. The current challenges in global health call for the active involvement of all concerned players, Christian healthcare professionals among them. In this paper, the authors suggest a unique framework for Christians involved in global health to make contributions to research, scholarship, and practice innovation in this field.

Introduction

The inauguration of the *Christian Journal for Global Health* is welcomed by people around the world who share a commitment to global health and the unique role that people of Christian faith play in it. While the focus of the journal might seem implicit, in fact, the launching of this journal creates the opportunity for new paradigms to be explored.

The purpose of this article is to propose a way of framing the role of Christians in global health, and thereby invite others to work within and expand that framework. The approach of the paper is to define each of the terms, *global*, *health* and *Christian*, and then propose a way in which the intersection of the three concepts may be understood. It is the authors' contention that there is something distinctive about this intersection and that there is a paucity of current literature specifically describing the intersection.

Background

In order for Christians involved in global health to have impact that is distinctively Christian and results in improved health for people around the world, it is important that careful consideration be given to how this might happen. "Christian" is here taken to mean centered on Jesus Christ and faithful to the Bible. Since early church times, Christians have provided extensive health services at times when these did not exist on a public scale.[1] Both before and after the Reformation, Catholics and Protestants were deeply engaged in the establishment of healthcare and healing ministries across cultural and political boundaries.[2-4] And it can be argued that modern medicine was introduced to many regions of the world through the efforts of medical missionaries in the 19th and 20th centuries.[5] This rich tradition provides extensive resources from which to glean perspectives and models that might inform

current Christian contributions in global health and could still be of relevance today.

Today's global health stage is crowded with players, Christians being only one group among many.[6] Some, but not all, of the concerns of distinctively Christian organizations and those working from a secular or another faith-based perspective may be held in common. There has been an increase in the number and influence of humanitarian global health organizations in recent decades relative to faith-based organizations. Consequently, as the relative contribution of Christians in global health has become less, it is imperative that Christians expend additional effort to describe better their role and contributions in global health, in a way that is clear and winsome to people who may or may not share their Christian faith.

Proposed Framework

The following framework for understanding a distinctive "Christian global health" identity and role has been constructed by the authors through selective review of the literature and extensive discussion, developing the three dimensions of Christian global health.

Global

In the third millennium of the Christian era, the world has changed to become a more connected community. Western nations alone are not able to direct global affairs through their selective influence or expect passive responses from other nations. The economic and technological rise of nations such as China and India is beyond dispute. New global alliances among emerging markets, such as the group of BRICS nations (Brazil, Russia, India, China, and South Africa) challenge the assumption of unbroken Western dominance. In healthcare, it has become even more difficult to identify which countries are sending medical assistance and which receive it. By 2009, China had helped build 30 hospitals and provided $143.9 million USD in foreign aid to help African governments treat malaria.[7, 8] Therefore, any claim to be *global* must take seriously this reconfigured contextual reality.

This currently complex age calls for carefully considered strategies and innovative leadership. Medical missions now function in and deliver care through a multiplicity of agencies operating in international health — including NGOs, government agencies and multilateral organizations — which has resulted in a perceived loss of the unique presence of Christian medical missions in some settings.[9]

It is time to create new strategies and approaches by which Christian medical missions operations can establish even greater legitimacy and effectiveness.[10] This does not necessarily require multimillion-dollar investments or projects, but rather requires well-trained, well-placed individuals working together in highly effective teams for sufficiently long periods of time. It also includes partnership with the local church as appropriate. The healing mission of the church is expressed both through Christian healthcare organisations and the ministry of the local church to its community, as the communities of the world determine their political and cultural context for themselves.

In any given setting, a global health perspective is first informed by local health and faith movements, and then requires analyses of healthcare needs from within the local context and culture, finally being informed by models that have proven effective in other locations. Clearly, this brings greater opportunity for global partners to speak for themselves and for their voice to be heard.[11, 12] Global health focuses on shared challenges and problems, to which both rich and poor countries alike are vulnerable. These are best addressed by bringing global partners together to discuss solutions in settings of cooperative equality and mutual respect.[13]

Western nations have rapidly undergone an epidemiologic transition so they are now experiencing high rates of ageing and chronic diseases, such as diabetes and mental health disorders.

Most regions of the world are at various stages of experiencing a similar transition, including sub-Saharan Africa.[14, 15] Transitioning a healthcare system from an acute to a chronic care model is challenging, but lessons learned in one place can be shared with another country.[16] Conversely, middle income countries with highly organized healthcare systems, such as China and Cuba, have had success with community-based chronic disease management models and have much to offer other countries.[17, 18] The local response to HIV-AIDS in Africa has also informed both local healthcare delivery and national healthcare systems. A truly global perspective assumes that each country has something important to learn from every other country.[19]

This global approach assumes the concept of "sphere sovereignty," first comprehensively formulated by the theologian and Netherlands prime minister Abraham Kuyper.[20] Sphere sovereignty posits that each area of life or societal community has its own sovereign authority, which must be objectively appraised in its own space, and no one sphere is sovereign over another, except for God's sovereignty which is over all. Therefore, critique of a given country or method must begin with an objective appraisal of that country or method in its own context, with secondary critique from an external perspective then being dependent on the antecedent objective and local understanding.

The framework for global perspective being proposed is best built by the work of researchers and practitioners who are living long-term in the countries about which they write, whether as nationals or expatriates who have become culturally immersed in those countries. This assumes that one has first taken seriously what anthropologists call the *emic* (insider) perspective, with writing that reflects the full reality of someone who tries to understand complexity from an inside perspective.

Further, this approach should strive to avoid political or religious bias and must be factual and evidence-based. Any bias that might influence the direction of analyses must be declared. The work should respectfully represent the corner of the globe to which it speaks. The global friends about whom the publication speaks should be aware of what is being written and participate in providing context and explanatory power.

Health

Health has been defined by the World Health Organization as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." [21]
While not specifying spiritual health, this definition has space for Christian concepts of whole health to be included. Many Christian organizations, including the World Council of Churches, have defined health in a way that incorporates the essentiality of the spiritual dimension of health.

At the same time, it is important that evidence-based approaches are relied upon to substantiate any claims to efficacy of modern healthcare methods, the evidence having been generated by research and application. This proposed framework, therefore, assumes the use of a scientific approach to the evaluation of evidence, both qualitative and quantitative.

In the pursuit of a global *health* perspective, evidence must be followed wherever it leads.[22] For example, the discovery of *Helicobacter* as the agent responsible for gastric ulcers and the Chinese herbal medicine *Qinghaosu* (artemisinin) as an effective therapy for treating malaria, both required standing against intellectual inertia and prevailing wisdom. The possibility of medical breakthroughs may be uniquely open to those who are prepared to cross cultures and appreciate the special evidence then available to them.

In order to increase the scholarly productivity of research partners in low and middle income countries, it will be necessary to invest more time, personnel, and resources in strengthening their research capacity.[23] This will require

more training in research methods and providing opportunities and resources to these global colleagues to help them engage in research.

The highest standards for ethical research must be employed. Global research has past egregious examples of unethical treatment of research subjects,[24, 25] so the approval of institutional review boards must be sought in all research situations. If such boards do not exist in a country, they should be created for the desired purpose of providing ethical oversight of high quality research and ethical care there, with locally appropriate informed consent from participants for any use of personal data.[26]

Healthcare services are expected to provide the most cost-effective care to the greatest number of people, with the subjects of research being the first to benefit from whatever is discovered as a result of their participation. Therefore researchers and scholars will declare and avoid conflicts of interest with pharmaceutical companies, software designers or other financial interests that are driven by profit or control or that might compromise their commitment to bring the greatest benefit to those who need it most.

Christian

Just as healthcare information must be evidence-based, and one's global perspective must be fair and impartial, so Christian faith must adhere to historically and theologically sound criteria. As initially noted, for "*Christian* global health" to be truly Christian, it must center on Jesus Christ, be faithful to the Bible, and should reflect normative Christian practices and ethics.

Additionally, the work of Christians should be based on widely accepted best practices, and presented in a way that is discernible and reasonable to people who do not share their Christian faith position, yet retaining theological integrity.

A helpful concept here is that of "middle level axioms," as described by Reinhold Niebuhr.[27] Middle level axioms are middle-ground words and concepts that are understood by multiple groups of people, even those who may not share the same theoretical perspective. For example, from a materialist perspective a principal focus in palliative or aged care may be control of the physical symptom of pain. But from a Christian perspective, the hope of eternal life after death, living in God's presence where there shall be no mourning, crying, or pain is also very real. Therefore, for Christians to describe research into the impact of the hope of eternal life after death, upon present pain, or coping with a painful terminal condition, would require the use of middle level axioms to describe "the hope of eternal life," in a way that a reader who adheres to a materialist perspective would understand and could then value.

This might mean balancing increasing use of pain medication with a person's desire to be able to derive comfort from personal contemplation of future life. In this case, the middle level axiom is describing increased individual pain tolerance in a terminal patient, in terms of greater ability to endure pain at the moment because of the promise or hope of a future life that goes on forever, perfectly, and without pain.

Christians working in global health and having long-term residence in a foreign country have a unique opportunity to contribute with deep understanding of the history, language, and culture of that country. Many medical missionaries themselves are what William Easterly would call searchers.[28] These are people who are on the ground, attentive to what is happening, encouraging local initiatives, and providing close accountability.[29] Inasmuch as social transformation occurs at a community level, religious bodies are there, in the community, serving as a force for good, even if at times they might be perceived as being sectarian or isolationist.

Religious communities frequently have high levels of credibility in their local community. Taylor-Ide and Taylor identify three main players in community change: government, professionals and the community.[30] Faith-based organizations (FBOs) often function as an intimate

participant at both the professional and community level, so they are in the ideal position to be catalysts for good work that is appropriate for that community, uniquely validating the work done by Christians involved in global health. Even secular agencies like UNAIDS have identified the essential role of FBOs in delivering healthcare services to AIDS patients.[31]

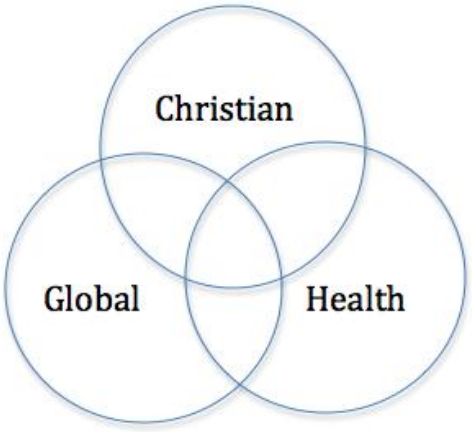
One feature of the Christian ethic is respect for the dignity of persons. This is shown both in the way in which one's work is done and the way in which it is portrayed. For example, the use of images of patients or people in the community, or their medical information, should be done with individual permission and adhere to normal standards of information privacy protection.[32]

The faith community thus has the opportunity to impact the direction of global health in a way that more truly reflects the needs, concerns, and hopes of communities most in need around the world. One thinks of the impact of medical missionaries through their work in the Christian Medical Commission (CMC) that came about as a result of the Tubingen Consultations, established because of concerns over the operation of church health services.[33] The CMC ultimately gained the hearing of the World Health Organization, driving the establishment of the concept of primary health care for all, first made explicit with the Alma Ata Declaration in 1979.[34-36] This serves as a reminder that Christians can have an impact that extends well beyond their own faith community, and people who do not share their Christian faith can still embrace their work, because it represents quality work and progressive ideas that uniquely address pressing needs.

Research and Scholarship Gaps

The three concepts of *Christian*, *global*, and *health* can be conceptualized by an interdependent relationship, as shown in Figure 1. We suggest that much scholarship has been done in each of the three disciplines individually, represented by each individual circle. However, scholarly contributions from the areas of intersection between any two circles, and the central region where all three overlap, is far less frequent.

Figure 1. A model for relating the concepts of Christian global health



The desire is to develop innovation and scholarship at the interface of evidence-based healthcare practice and contextualized global perspectives, with that interface being fully informed by Christian thinking. This clearly requires the engagement of healthcare professionals everywhere with interest in global health issues, who also have an ability to analyze the interface from a uniquely Christian perspective.

At the same time, the work should be inspiring to people of faith and testify to the veracity of their faith.[37] There are many ways that global health done by Christians can testify to the gospel, for example, by communicating and embodying the larger vision of human origin, nature and destiny. This involves upholding belief in the dignity of each person as created in God's image, while at the same time acknowledging the brokenness of humanity and the consequences on human experience. People who don't believe the Christian faith might not share this perspective, but Christians who illuminate these issues, and behave consistently, can set forth a clear and just vision for all to see and understand.

Christian global health also impacts society in a normative way by establishing a whole range of social, legal, and political norms that reflect

the values of the kingdom of God. The recent publication of Robert Woodbury's work on the social impact of what he calls "conversionary Protestant" Christian missionaries around the world has brought this to light in a convincing manner.[38] This process calls on Christians to build trusting relationships and to demonstrate honesty in one's work in a way that is winsome and transparent.

Finally, Christian global health testifies to the world in a truly holistic way by proclaiming the saving gospel of Jesus Christ to those in one's sphere of influence. Secular readers do not share this view, but it is a testimony from which sincere Christians will not shrink.

Table 1 presents a list of research areas and examples of research questions that lie within the intersection of the circles of healthcare and global need. While not exhaustive, this list represents areas where further research into a distinctively Christian approach may bring the intersection of the third Christian circle into clear focus. For instance, the first example in the table, "Geriatric and restorative care in an ageing world," could result in researching current clinical models in low and middle income countries, with a view to evaluating their preparedness for expanded numbers of geriatric and chronic disease patients. Each of the examples in Table 1, and many others that are not listed, could likewise be developed.

The process of conducting this work could unfold in many ways. For example, a group of concerned persons could come together for a collaborative discussion, applying their expertise to identify existing knowledge gaps, which could then lead to identifying research needing to be done, for example in relation to developing practicable models of care. Incremental research contributions would over time build a body of evidence that would be compelling.

The contributions of Christian healthcare workers to improved global health have been consistently reported.[39-42] However, there is much more that could be done to explore and explain the unique nature of medical care provided by Christians. As evidence is generated, analyses could be done to demonstrate the distinctive aspects of the faith perspective that predict improved outcomes in patients.[43, 44] Furthermore, this process could increase documentation of important work that has previously gone unrecorded.

***Table 1*. Research areas to pursue and examples of gaps to be filled.**

Research Area	Examples
Special populations	Geriatric and restorative care in an ageing world.
	Sustainable care for people with mental illness.
	End of life care in different contexts.
	Demonstrating the efficacy of cheaper drugs compared to more expensive new drugs.
Health services planning, delivery and evaluation	Impact of providing free services or free medications.
	Models of chronic disease management and supportive care.
	Design of instruments to measure spiritual impact or outcomes.
	Evidence for the effectiveness of distinctively Christian global health initiatives.
	Framework for prioritizing disease interventions using criteria reflective of the Christian ethic.
Healthcare leadership and workforce	Understanding the global mental health services shortage.
	Mental health status and risk factors for cross-cultural medical professionals.
	Servant leadership approaches in healthcare.
	Professionalism in healthcare rooted in Christian ethical values.
Social and behavioral sciences	Human decision-making processes in the face of health crises.
	Social, psychological and spiritual factors in holistic healthcare.
	Causes and solutions to global human trafficking.
	Variable distribution and causes of diseases in different populations.

Conclusion

The intersection of the circles called *Christian*, *global*, and *health* is a rich place awaiting further exploration. At the same time, this includes the challenge to conduct this work in a way that is appropriate to the core content of each of the three domains, without violating any of the three individually. Exploring the intersection of these three circles is sure to generate critical practical knowledge, which will result in expanding the evidence-base for all global health. This will ultimately improve the health of populations around the globe in a way that reflects the integrity of the Christian faith.

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