

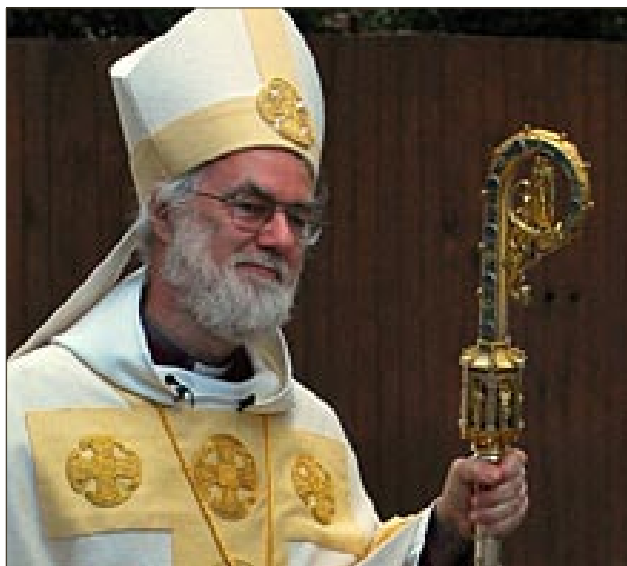
“He sent them out to proclaim the kingdom of God and to heal the sick.”

Luke 9:2



AHN NEWSLETTER

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WORLD MALARIA DAY

This year's marking of World Malaria Day on April 25 offered Anglicans the opportunity to highlight their action in the face of this continuing scourge. The Archbishop of Canterbury recorded a video message to demonstrate his support and to urge others to unite in the fight against malaria.

THE VIDEO CAN BE SEEN ON YOUTUBE:

<http://www.youtube.com/lambethpress#p/u/0/9SELq9rLqDM>

NEW FROM IMA WORLD HEALTH AND THE CENTRE FOR INTERFAITH ACTION ON GLOBAL POVERTY

STOPPING A KILLER: Preventing Malaria in Our Communities

A Guide to Help Muslim and Christian Faith Leaders Educate Congregations and Communities about Malaria

In Africa, a child dies from malaria every 30 seconds. Over 700,000 children died from malaria this past year alone, making it the leading cause of death for children in Africa. Thirty million women living in malaria-endemic areas around the world become pregnant each year. For these women, malaria is a threat both to themselves and to their babies, with up to 200,000 newborn deaths each year attributed to malaria in pregnancy.

However, religious leaders have a profound ability to change these statistics, and to lead the fight against malaria at the community level. As respected and trusted local leaders, they have credibility and influence in the lives of people in their communities. They simply need to be equipped to use this influence to educate their congregations about malaria control.

This sermon guide was designed to help Muslim and Christian religious leaders understand the dangers of malaria, and what they can do to help save the lives of the people under their care. It includes suggestions on how to protect and treat those in their community most vulnerable to this deadly disease. All of this is presented using sermons that contain faith-based principles and scriptures, to exhort and teach people of faith to fight malaria.

An electronic copy of this tool can be accessed at:

<http://www.cifa.org/initiatives/behavior-change-communication-tools> or
<http://www.imaworldhealth.org/get-involved/technical-publications.html>

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WORLD MALARIA DAY IN OWERRI, NIGERIA

The commemoration of World Malaria Day in the Diocese of Owerri, Nigeria inadvertently stretched to 5 days. On Sunday 25th of April the Bishop of Owerri, the Rt. Rev. Cyril Okorochoa reflected on the situation of his people as he presided over the commissioning of a water borehole project at one of his parishes. With a number of local dignitaries present, he observed that:

- Sleeping under insecticide-treated bed nets is one important part of the solution.
- Improving diagnosis, especially for any patient above 5 years of age, should be encouraged by all; that people should take advantage of the diocesan laboratory to verify the presence of the malaria parasites in their blood before embarking on treatment.
- Using the currently WHO recommended drugs, Artemisinin combination therapy (ACT) will



ensure complete eradication of the parasites in the blood, hence reducing the spread to others within our communities. He recognised the need to work with a range of partners in order to provide such treatments for those who have not the resources to purchase them.

- The practise of spraying interior walls of houses with long-lasting insecticide so that mosquitoes die when they land there to rest should be carried out by all.
- Special care of pregnant women by giving them the medically prescribed anti-malarial drugs at the prescribed intermittent periods of their pregnancy will not only prevent them from getting malaria but will minimize the risk of other dangerous complications such as abortions or delivery of malformed or preterm babies.

He further added that part of his reasoning for ensuring that every community within the Diocese has piped water (through the Bishop's Foundation for Mission and Development), besides reduction of the prevalent water borne diseases in the communities, is also to reduce water storage in homes in containers that may act as breeding sites for mosquitoes, "The war against malaria should be holistic - and we should deal with problem at source", he re-emphasized.

The celebration of World Malaria Day by the Ministry of Health (MOH), Imo State was the 28th of April. After a

brief prayer and admonition session at the Bishop's Chapel by the Diocesan participants, the group headed to the venue where the team from the Ministry of Health was already waiting. The Deputy Governor came to represent the State Governor in the ceremony. His address reinforced Bishop Cyril's statements on the Sunday and concluded with the issuing of some long lasting insecticidal treated nets (LLITNs) to some pregnant women.

There was a firm commitment by the director of vector control of the MOH that nets and drugs would soon be made available to most households. The Diocese of Owerri was strongly commended by the MOH for her collaboration so far and encouraged to partner with the state in the effort to defeat this disease. The National Television Authority then conducted an extensive interview with Dr. Ernest Nwaigbo, Director of the Anglican Diocese of Owerri Medical Services and one of the founding members of the Anglican Health Network. The interview focused on the various ways the diocese has been working to complement the efforts of the State in healthcare delivery. This includes all aspects of Malaria, HIV/AIDS, & TB control, and community outreach health services; reaching those at the margins of life, who are often forgotten.

On Thursday 29th of April the Medical Team met with the Bishop once again. He encouraged the team to be steadfast in this war against Malaria, which is so easily taken for granted. To support this, the Bishop's Foundation for Mission and Development is working to complete the refurbishment of the new building of the Diocesan Medical Centre: St. Luke's Referral Medical Centre. The new building will be a great improvement upon the previous site, leading to improvement for a whole range of health services. The laboratory section will have more rooms to accommodate updated laboratory and diagnostic equipment such as ultrasound scan, CT Scan, ECG and other diagnostic kits. It is hoped that this will go a long way to improve health outcomes for the people of the diocese.

*Compiled from a report by
Dr. Ernest Nwaigbo, Medical
Director of the Diocese of Owerri.*





NetsforLife®

NetsforLife® marked World Malaria Day on April 26 in Accra, Ghana by participating in a Health Summit led by Ghana's Ministry of Health. *NetsforLife*® launched the largest-ever net and education campaign, continuing to work towards the goal of distributing up to 7 million long-lasting insecticide-treated (LLITNs) nets in 17 sub-Saharan African countries by 2013.

Through this particular initiative, one million nets will be distributed in the Northern and Eastern Regions where malaria control agents will go door to door, hanging up nets with community members. This distribution, which is just one element of *NetsforLife*®'s multi-pronged approach to combat malaria, is made possible in partnership with the Anglican Diocesan Development and Relief Office (ADDRO), Ghana Health Service and the National Malaria Control Program.

"This campaign will be revolutionary in Ghana, where malaria is the number one cause of illness and responsible for the one-third of deaths in children under the age of five," said Meg DeRonghe, Director of Corporate, Government and Foundation Business for *NetsforLife*®. "The campaign also reflects the unique nature of the *NetsforLife*® partnership model, because the funding for this largest-ever net distribution comes from a wide variety of sources."

The President's Malaria Initiative/USAID, MalariaNoMore UK and Comic Relief are all supporting the monumental effort. Distribution will occur in partnership with the Ghana Health Service, which targets communities in Ghana that are the most difficult to reach.

This initiative will combine net distribution with education designed to promote "net culture," a community-wide understanding of the protective value of nets and the right way to use and maintain them. By helping a net culture take hold, even those who do not receive nets will benefit, because individuals are often moved to get their own nets as the message about net use becomes pervasive in a community. It is estimated that for every 10 nets distributed by *NetsforLife*® another community member will secure their own net.

"This campaign is history in the making," said Rob Radtke, President of Episcopal Relief & Development. "To deliver a million nets and inspire collective action in these communities is an amazing accomplishment. Episcopal Relief & Development is proud to provide leadership as *NetsforLife*® and its partners continue this important work to fight malaria."

NetsforLife® is a program of Episcopal Relief and Development, ERD, and has been focused on 17 countries in Africa in linking up with many Dioceses throughout those countries. It brings together corporations, foundations, faith-based organizations and private donors in a collaborative initiative focused on eliminating malaria in Africa. To date it has distributed 2 million nets.

Check out the web site: <http://www.netsforlifeafrica.org/>

THE G20 AND GLOBAL HEALTH: CHATHAM HOUSE CONFERENCE

G8 pledges to global health initiatives have offered a good deal of hope in the past decade. Significant sums have been offered to support major disease programmes such as HIV, Malaria and TB. However, many commentators and analysts are noting a change in rhetoric and predicting a decline in revenue. The expectation that the G8 would fund resource limited health systems into shape is now diminishing. New strategies may be required.

It was in this context that Chatham House, the London-based forum for high-level global debate considered the recent statements about global health emerging from the G20. Would this alliance be the new conduit to strengthen health systems?

The G20 summit in Pittsburgh in September 2009 had considered the challenges ahead after the immediate global economic catastrophe had been contained. Amidst their many commitments they offered the following:

We also agree that certain key principles are fundamental, and in this spirit we commit to respect the following core values:

(including)

We have a responsibility to invest in people by providing education, job training, decent work conditions, health care and social safety net support, and to fight poverty, discrimination, and all forms of social exclusion.

The June event at Chatham House was planned to follow soon after the 2010 Toronto summit in order to make sense of the trajectory of rhetoric coming from the G20 in relation to health care.

The following points were made:

- There was less reference made to health in the Toronto summit
- The G20 lacks the organisational infrastructure of the G8 and may not find itself able to offer any coordinated action in global health
- There are still clear signs that the G20 wishes to broaden its development agenda beyond banking and investment regulation
- The G8 is pulling away from its high profile single-issue pledges

Amongst the varied political standpoints expressed by speakers, there remained the fundamental tension in the effectiveness of aid. Does the grandstanding of multi-billion dollar pledges really make a difference on the ground? Some argued for a renewed focus on community health systems and self-sustaining insurance models. Others called for greater investment in the capacity of the State to deliver. One reminder of the sheer scale of the challenge came from an African speaker, who pointed out that the high disease burden there means that the average child

misses 3 months of annual schooling because of sickness. Indeed, the cost of malaria treatments alone is equal to 1.3% of GDP.

For Anglicans concerned with the health of their communities, this conference highlighted that global health strategies are at a turning point. The ambitious promises of the past decade may now no longer be able to meet expectations. Already there are signs of 'flat-lining' in support of faith-based HIV programmes. There is talk of budget cuts in the corridors of the global health donors.

Of particular encouragement to the ambitions of the Anglican Health Network, was a presentation from a senior advisor to the Indian Government about health microinsurance (HMI). So far, 65 million people have become members of the Indian government's HMI programme. Independent from G8 or G20 support, this programme nevertheless brings new opportunity to a large segment of India's poor. In a time of uncertainty in the structure of global leadership, a self-sustaining programme such as the two we are offering in Karakonam and Dar es Salaam seem entirely appropriate.



G8 leaders confer together during the 2009 summit in L'Aquila (Abruzzo, Italy)

ARE WE THERE YET?

AN OPPORTUNITY TO SHARE OUR PASSION FOR THE WHOLE PERSON

Following the closure of St. Luke's Hospital for the Clergy in London, Burrswood remains the only Christian foundation hospital in the UK. Its origins lie in the healing ministry of Dorothy Kerin, which ensures that it offers a broad notion of holistic care. It is indeed situated in a beautiful rural location, with a great sense of peace surrounding it.

This second annual conference with its partners, the Acorn Christian Healing Foundation and Wholecare took place on the 2nd July. Paul Holley had the opportunity to present the work of AHN and to engage with presentations by others who are pursuing new paths in relating faith to health care.

The conference opened a stimulating debate on the two trajectories of faith and health which raised a whole set of fascinating questions and an exciting range of new possibilities. Dr. Ross Bryson of Karis Medical Centre in South Birmingham described how he and his colleagues had developed a role for Spiritual Care Advisors. As specially trained lay counsellors these staff are able to offer support in spiritual matters to people of any faith. They accept referrals from the General Practitioners and offer their services consistent with any regular counselling practice. Indeed Dr. Mike Seddon of Wholecare announced the launch of a training programme for this new cadre of advisors based at Gloucester University.

Revd Helen Wordsworth offered an overview of Parish Nursing Ministries in the UK. Drawn from a model developed in the United States over the past 25 years, the movement encourages voluntary commitment from professional nurses who are members of a congregation to assist others in the church or local community as they encounter health

problems and medical services. This is recognised as a ministry within the church. In some well-resourced settings, there are paid parish nurses who are members of a church leadership team. Various roles include health education, personal advice, training of supporter volunteers, medical referral agent, health advocate and faith/health integration.

On the one hand, therefore, we heard from medical professionals who are seeking to develop spiritual resources to broaden their medical services; reaching out to the spiritual needs of their patients. On the other hand we recognised the efforts of the Church in building bridges to the medical community. The Church reaching out; the medical community reaching out. The conference was able to reflect on these trends and begin to make sense of where we might journey together. Delegates who were hospital chaplains were particularly interested to see how this might relate to their own professional ideals and relationships.

This was an opportunity to open the picture so that we could begin to

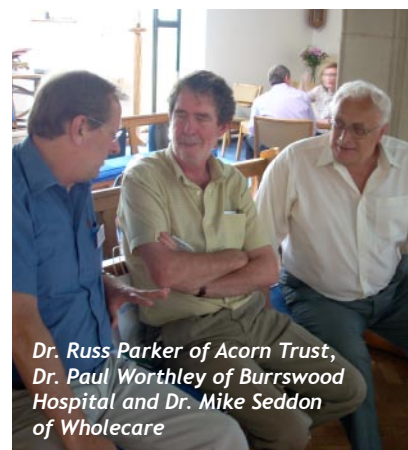
reflect on the future together. Continued practice and dialogue will allow us to better understand our work in the interface of faith and health. Thanks to Dr. Russ Parker of Acorn and Dr. Gareth Tuckwell of Burrswood for having the vision to pull these elements together. New paradigms are emerging in the UK. In the light of proposed reforms of the National Health Service, this could lead to some creative new trends.

Check out:

www.parishnursing.co.uk

www.burrswood.org.uk

www.wholecare.org



Dr. Russ Parker of Acorn Trust, Dr. Paul Worthley of Burrswood Hospital and Dr. Mike Seddon of Wholecare



Bishop Michael Nazir Ali chaired the conference and offered his encouragement for those taking new steps

RELIGIOUS HEALTH ASSETS MAPPING TOOL AND WHO-CIFA CONSULTATION FINAL REPORT



On the six-month anniversary of the Consultation on Describing Religious Health Assets held in Geneva in November 2009, the World Health Organization (WHO) and the Centre for Interfaith Action on Global Poverty (CIFA) published the final report and agreed mapping tools. Representing AHN and CAPA, Dr. Ernest Nwaigbo, Emmanuel Olatunji and Revd Paul Holley engaged in the process that led to the shaping of the Services Availability and Readiness Assessment tools that were adopted.

Several years ago, the WHO and its partners developed an initial inventory tool; expanding the use of the Services Availability Mapping and Readiness Assessment tool to collect essential data on health infrastructure, service mix and availability and readiness assessment. This is a key mechanism for filling data gaps and supporting more effective and accurate monitoring of service delivery. However, the SAM tool did not allow for the collection of any indicators relating to religious affiliation of specific institutions.

To address the need to put religious health assets “on the map,” CIFA and the WHO co-hosted the consultation. This served to initiate an open conversation between the WHO and international partners, including governments, NGOs/

FBOs, academic partners and international organizations, with the aim of establishing by consensus a standard protocol for assessing, monitoring and mapping faith-based or faith-inspired services in the health sector.

The Outputs and outcomes of the consultation included the following:

- Agreement on revisions of SAM that include adding indicators for describing religious health assets as part of the minimum standard datasets for mapping core health services;
- The WHO committed to testing (completed in March 2010) and distributing (April 2010) the updated survey along with guidelines to national governments regarding the importance of including religious health assets;
- Creation of a working group to devise standardized survey tools for faith-based community care (completed in January 2010);
- Strong interest in organizing a comprehensive mapping of religious health assets in one or more relatively well-mapped African countries, as part of the scale-up process;
- Expressions of interest by several institutions in participating in an international consortium to undertake a global inventory in Africa, Latin America and Asia in 2011, with an aim of developing a capacity for a more extensive, full-scale SAM mapping in 2012.

CIFA and its partners are currently drafting a proposal to undertake a global inventory of religious health assets using the revised SAM tool, commencing in those places where

mapping of health assets is already well under way. Initial countries may include Ghana, Lesotho, Tanzania, Kenya, Nigeria, D.R. Congo, Botswana, Namibia, Nigeria, Mali, Burkina Faso, Senegal, Ethiopia or Uganda, among others, or several countries in Asia and Latin America. The project is designed to begin in September 2010 with an implementation/planning consultation in Geneva. Mapping activities are expected to commence in January 2011, continuing for nine months.

This project will closely coordinate with established faith-based health networks, strengthening existing structures as needed or convening new partnerships if required to be fully inclusive of all interested faith-based partners in the country. In Africa, the data collection will be carried out under the auspices of the African Council of Christian Health Associations, working in each chosen country with the Christian Health Association (CHA) and other faith-based networks, as appropriate, to reach their networks of health services providers. CHAs will be supported to work with other non-CHA-member faith groups to ensure a comprehensive inventory of the religious health assets available.

Starting with a single pilot country, this project is intended to utilize the WHO’s SAM inventory as the initial tool to carry out comprehensive data-gathering and mapping of faith-affiliated religious health assets, including hospitals, clinics, and dispensaries within the pilot country.

This is an edited extract from the CIFA website. For a full text of this update, check out the following link: <http://www.centerforinterfaithaction.org/mapping/>



CAPA WOMEN'S LEADERSHIP EVENT

Dr. Maria Akrofi works as an anaesthetist in Liverpool UK, but supports the work of the Anglican Province of West Africa alongside her husband, Archbishop Justice Akrofi. During May and June she brought a group of senior women leaders from African Anglican provinces to undertake some training and formation in the UK. The programme incorporated a whole range of opportunities and issues to give the participants a wide spectrum of learning to take back to their home provinces.

On Wednesday 9th June, the Anglican Communion Office hosted a training day on health, to which Paul Holley contributed. This was an opportunity to encourage new participation in the network, as well as to explain more about the principles of the health microinsurance programme.

The participants expressed a good deal of concern about the challenges of dealing with malaria and HIV. Anglicans are deeply involved parish by parish in these issues and are looking for support to help develop health programmes.

Women have a key role in supporting and shaping health programmes. We look forward to working with these senior leaders in due course as they develop their diocesan and provincial roles further.

TACKLING POVERTY AND BRINGING HEALTH TO HAITI: FRESHMINISTRIES

Be The Change International (BTCI), an international arm of Jacksonville, Florida based nonprofit FreshMinistries, has signed memorandums of understanding with The Rt. Rev. Jean-Zache Duracin, Bishop of Episcopal Diocese of Haiti; and The Honorable Jacques-Edouard Alexis, former Haitian Prime Minister and National Director of Centre National de Recherche et de Formation (CENAREF), outlining their intentions to work together in the rebuilding of Haiti with a ten-year program called "Tomorrow's Haiti."

The program will address all of the UN's Millennium Development Goals at once. It will be modeled on FreshMinistries' successful HIV/AIDS education program in South Africa, Siyafundisa, in which it partnered with the Anglican Province of Southern Africa, as well as FreshMinistries/BTCI's thriving holistic approach to creating long-term sustainable change in inner-city Jacksonville.

"Tomorrow's Haiti" will create initiatives in Haiti that will simultaneously address education, economic development, health, safety, safe shelter and clean water, and family foundations.

Currently, the program is using the Episcopal churches and 254 schools as community centers from which to distribute relief aid to the Haitian people. To date, BTCI's emergency relief effort has shipped to the Haitian people many supplies, including three ambulances, emergency aid, food, water, water purification systems, clothing, school supplies, large generators, and 147 large tents to serve as temporary schools and shelter. BTCI plans to ship more than 100 additional large tents to serve as schools and shelter, as well as medical equipment such as surgical beds.

"Our advantage right now in the emergency relief phase is that we have people there [in Haiti] who can tell us exactly what is needed," said Dr. Robert V. Lee, Founder and CEO of FreshMinistries. "But what we're very quickly seeing, and what we've known for some time now, is that the people of Haiti need a long-term solution; a sustained effort for relief and development."

Once Haiti is stabilized and emergency relief transitions into the rebuilding phase, BTCI and BTCH will begin fully implementing "Tomorrow's Haiti." It will become a holistic initiative, based on UNICEF's Child-Friendly City model, which will address the needs stated by word leaders and the Haitian Prime Minister during the United Nations Haiti Donors Conference in 2010.



Fr. Oge Beauvoir, representing Be The Change International (left), presents the keys and vehicle title to the 2002 Mercedes Freightliner Type II Ambulance donated to Edwin Paraison, Ministere des Haitiens Vivant a l'Etranger (Minister of Haitians Living Abroad). The ambulance was a gift to the Haitian government from Be The Change International, a Jacksonville-based nonprofit working with the Haitian government to provide emergency relief and rebuilding of Haiti.

WEBSITE AND LANGUAGE GROUPS

Anglican Health Network communications are now in French and Spanish. Check out the website where in the top right hand corner of the home page you will be able to switch easily to one of the other languages. Some of you will find that your web settings will even take you automatically to your preferred language. You will see freshly designed logos to represent the translated names of our website.

This is a great step forward for AHN and will allow us to develop more effective interaction within the network where French and Spanish are the dominant languages. New listserv discussion groups are now available for each language so that language-specific interaction can begin to develop. Contact the network coordinator if you would like to be added. His language skills are limited, knowing only basic French. Elizabeth Barahona from the Episcopal Church of El Salvador has offered to assist with Spanish. Thanks to her and to Dominique MacNeill for their translation work so far.

INTRODUCTION OF PAUL AND JAPHET

On July 1st, AHN took another significant step forward with the appointment of two paid staff. Acting as voluntary coordinator over the past 12 months, Paul Holley was released from his parish ministry and contracted to work full time for the network. At the same time, AHN appointed Japhet Makau to be country representative for the health microinsurance project in Tanzania.

CHA BULLETIN AND WCC CONTACT NEWSLETTER

The most recent edition of the Africa Christian Health Associations newsletter contains articles on advocacy and human resources. Click the following link to download: <http://www.africachap.org/x5/images/stories/Policydocs/12th%20edition%20english.pdf>

The health and healing department of the World Council of Churches has also issued its most recent edition of Contact: <http://www.oikoumene.org/fileadmin/files/wcc-main/documents/p4/contact/Contact%20189%20English.pdf>

The geographical designations employed in this publication do not represent or imply any opinion or judgment on the part of the Anglican Health Network on the legal status of any country, territory, city or area, on its governmental or state authorities, or on the delimitation of its frontiers or boundaries.

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ANGLICAN HEALTH NETWORK

Route de St. Cergue 15
1260 Nyon
Switzerland

Tel: +41 22 548 1531
www.anglicanhealth.org

Revd Paul Holley
Network Coordinator
Email: paul.holley@anglicanhealth.org

Lee Hogan
Programme coordinator
Email: leewhogan@hotmail.com

